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``COMMITTEE PRINTS: PROPOSED MATTERS FOR INCLUSION IN RECONCILIATION RECOMMENDATIONS, H.R. 4471, THE GASOLINE REGULATIONS ACT OF 2012; AND H.R. 4480, THE STRATEGIC ENERGY PRODUCTION ACT OF 2012''

WEDNESDAY, APRIL 25, 2012

House of Representatives,

Committee on Energy and Commerce

Washington, D.C.

The Committee met, pursuant to call, at 10:24 a.m., in Room 2123 of the Rayburn House Office Building, Hon. Fred Upton [Chairman of the Committee] presiding.

Members present: Representatives Upton, Barton, Stearns, Whitfield, Shimkus, Pitts, Bono Mack, Walden, Terry, Myrick, Sullivan, Murphy, Burgess, Blackburn, Bilbray, Bass, Gingrey, Scalise, Latta, McMorris Rodgers, Harper, Lance, Cassidy,

Guthrie, Olson, McKinley, Gardner, Pompeo, Kinzinger, Griffith, Waxman, Dingell, Markey, Towns, Pallone, Rush, Eshoo, Engel, Green, DeGette, Capps, Doyle, Schakowsky, Gonzalez, Baldwin, Ross, Matheson, Butterfield, Barrow, Matsui, Christensen, Castor, and Sarbanes.

Staff present: Nick Abraham, Staff Assistant; Clay Alspach, Counsel, Health; Gary Andres, Staff Director; Michael Beckerman, Deputy Staff Director; Mike Bloomquist, General Counsel; Anita Bradley, Senior Policy Advisor to Chairman Emeritus; Allison Busbee, Legislative Clerk; Howard Cohen, Chief Health Counsel; Andy Duberstein, Deputy Press Secretary; Nancy Dunlap, Health Fellow; Paul Edattel, Professional Staff Member, Health; Kirby Howard, Legislative Clerk; Debbee Keller, Press Secretary; Peter Kielty, Associate Counsel; Ryan Long, Chief Counsel, Health; Carly McWilliams, Legislative Clerk; Katie Novaria, Legislative Clerk; John O'Shea, Professional Staff Member, Health; Monica Popp, Professional Staff Member, Health; Andrew Powaleny, Deputy Press Secretary; Chris Sarley, Policy Coordinator, Environment & Economy; Heidi Stirrup, Health Policy Coordinator; Tom Wilbur, Staff Assistant; Phil Barnett, Staff Director; Jen Berenholz, Chief Clerk; Alli Corr, Policy Analyst; Amy Hall, Senior Professional Staff Member; Ruth Katz, Chief Public Health Counsel; Purvee Kempf, Senior

Counsel; Elizabeth Letter, Assistant Press Secretary; Karen Lightfoot, Communications Director and Senior Policy Advisor; Karen Nelson, Deputy Committee Staff Director for Health; Anne Morris Reid, Professional Staff Member; Roger Sherman, Chief Counsel; and Will Wallace, Policy Analyst.

The {Chairman.} Good morning, everybody. I have just a couple of housekeeping guidelines that I want to go through before we resume the markup. As it relates to tomorrow and the scheduled subcommittee markup before the Health Subcommittee on the Prescription Drug and Medical Device User Fee, that markup is now going to be postponed until Tuesday, the 8th, to allow the staff, which has done a very good job, all of next week to try and resolve a number of issues that were mighty close on getting done. And I am very encouraged that in fact we will reach conclusion on that, but rather than starting without those issues completed, I think that we can fold it into our schedule so that by allowing that subcommittee markup to be postponed until Tuesday, the 8th, we could still do opening statements the following day, Wednesday, the 9th, for a full committee markup on Thursday and knowing that that is a getaway day so that we can finish by the time the House would normally adjourn. I think that will work.

Today, also, we have the memorial service for former Congressman Payne in Statuary Hall that begins at 11:00. I am told that it may be a 2-hour service or longer. So we will break at 11:00. We will plan to come back at noon, no recorded votes until the service is over after that span, but

we will still continue to roll the process. If Members have an amendment that they would have offered in one of the titles, by last unanimous consent do so now that they are able to go back to that title to actually offer that amendment. But any votes between 12:00 and when the service is over will be rolled until all Members are able to come back. So be it.

So the Committee obviously now comes back to order. At the conclusion of opening statements yesterday, the chair called up the committee print entitled, ``The Repeal of Certain ACA Funding Provisions.'' The committee print was open for amendment at any point. Are there any bipartisan amendments to the committee print?

[The Committee Print follows:]

********** INSERT 1 **********

|

The {Chairman.} Seeing that there are none, are there any other amendments?

And I would recognize Mr. Pallone. For what purpose do you seek recognition?

Mr. {Pallone.} Mr. Chairman, I have an amendment at the desk, looking at to see what the number is here. The only one I have is a Title I.

The {Chairman.} Okay. The clerk will report the title of the amendment.

The {Clerk.} Amendment to Committee Print of Title I, offered by Mr. Pallone of New Jersey.

[The amendment follows:]

********** INSERT 2 **********

|

The {Chairman.} And without objection, the amendment will be considered as read, and the gentleman from New Jersey is recognized for 5 minutes in support of his amendment.

Mr. {Pallone.} Thank you, Mr. Chairman.

This section of Committee Print #1 attacks one of the lynchpins of health reform, and those are the grants to States to establish their insurance exchanges. Exchanges are a work in progress, as we all know, and all the work that 49 States and the District of Columbia and four territories are engaged in would be fully undermined by a repeal of the Exchange Establishment Grants by H.R. 1213. These grants are structured to allow States to develop a state-specific solution and design for their individual marketplace. The exchanges are to be what States want to make of them giving them the kind of flexibility and choice as needed to meet the unique needs of their residents. Without this critical funding, States will not be able to develop robust exchanges that are meant to serve as a building block of state-based reform, a Republican mantra I might add. Without this funding, States will not be able to choose the type of marketplace that is best for their families and businesses.

In addition, repeal of these grants could not come at a worse time for States. Given current budget deficits in most

States, repeal would result in States not meeting the benchmarks for running their own state-based exchanges. The truth is that these funds are not taking away the exchanges because the Affordable Care Act requires every State to have a health insurance exchange. And instances where the State opts out, the Federal Government steps in. Therefore, the Federal Government would run the state exchange if the State doesn't set one up. And the Federal Government would decide how many exchanges there would be in a State. The Federal Government would decide how to open the marketplace. The Federal Government would set up a competitive, transparent marketplace. I mean that is all fine if you, you know, feel that you would like to have the Federal Government run things, but for States that want to run their own exchange, that is not ideal. And I think that Chairman Upton's bill is effectively taking that choice away from States.

So my amendment would prevent the repeal of these funds in States where the governor certifies that the governor does not want the Federal Government running their exchange marketplace and the governor wants to establish a state exchange. I urge my colleagues to support this important--what I really call a states' rights amendment.

I can't stress enough, Mr. Chairman, that I just don't see the point of the grants because if States want to be

repealing the grants because if the States want to set up their own exchange, they are really going to be hindered.

I also would point out that my understanding is that the way this works, it would rescind unobligated funds. So even if a State has been awarded a planning grant, if they haven't spent the money, they would even lose the unobligated funds which only, I think, points even more clearly why this is not a good thing.

I yield back. Thank you, Mr. Chairman.

The {Chairman.} The gentleman yields back.

Other Members wishing to respond? Let me yield myself 5 minutes.

I stand opposed to this amendment. I remember when in fact we passed this as a freestanding bill this last year. We do have a $1.3 trillion deficit, fourth straight year of trillion-dollar deficits. We are waiting for the Supreme Court to rule, to make a decision, and under ObamaCare, it does allow the Secretary to determine the amount that should be spent on state grants and provided the authority to spend that money from the Treasury. And just because the authors of the bill couldn't determine the amount necessary to fund these programs doesn't mean that the American taxpayer should allow the Secretary to cash that blank check.

So PPACA exchanges only have the veneer of providing

States the flexibility. In reality, the Federal Government through HHS will control what kind of essential benefits have to be included. States will be a servant, not a partner of Washington, so to continue to fund these state-based exchanges with the potential uncertainty regarding the Supreme Court decision, I think that we should keep this provision in the bill and therefore oppose the amendment to strike it.

I yield back. Let me yield first to the gentleman my time, Mr. Scalise, from Louisiana.

Mr. {Scalise.} Thanks, Mr. Chairman, and I agree in your opposition to the amendment because, first of all, you know, for anybody to try to purport this charade that States actually have flexibility when it comes to healthcare reform, you know, when you talk to States and of course, you know, I talk to our governor and his staff and they have serious problems with the way the Department of Health and Human Services is trying to run this. And in a lot of ways the Federal Government is trying to steamroll States and deny them the flexibility they want. If you look at how egregious it is, especially in the face of a $1.3 trillion deficit and, you know, of course the latest reports we see from ObamaCare is that it will add even more money to the deficit and we are trying to rein in a program that is actually steamrolling

over the States instead of giving them the flexibility that they really want and need.

I think it is important for us to look at all of this and especially in light of what the Supreme Court may do, you know. And I sure hope that the Supreme Court rules that the law itself is unconstitutional, not just the individual mandate but the entire thing because the entire law was built around the mandate. And then let us go back to the table and actually put real flexibility in place, let the States do what they have been asking to do for a long time is have the ability to manage their healthcare at the state level, improve the things that we can fix at the federal level, but not have the Federal Government just go and steamroll over States in a way that is going to give a blank check to the Federal Government and deny the flexibility that the States have been asking for. So, you know, I think--

Mr. {Waxman.} Would the gentleman yield?

Mr. {Scalise.} --when you look at the essential benefits, they are imposing a lot of things like price controls, taking away some of the abilities for States to best run their healthcare. And so I think the amendment actually takes away the flexibility that States have been asking for. Let us let the Supreme Court rule. Let us achieve some of these cost savings, lower the deficit for

once instead of what Obama does and goes in the opposite direction. So I would oppose the amendment.

Mr. {Waxman.} The gentleman yield?

Mr. {Scalise.} Would be happy to yield to the gentleman from California.

Mr. {Waxman.} I just wonder if the gentleman is aware that the bill before us does not change the law. And the law is either the States set up their own exchanges, or if they fail to, the Federal Government will set up the exchanges. So if a State is denied funds to set up an exchange, that in effect will mean the Federal Government will run it. And there are 49 States, District of Columbia, four territories that already moved beyond this ideology to work on planning or establishing an exchange and they are working diligently to find out what type of marketplace is best for their families and businesses. But if we don't give them the funds to help them set up the exchange, that just seems to be counterproductive.

Mr. {Scalise.} And reclaiming my time, I think the complaints that we hear from the States are that with this mandate from the Federal Government, it is not coming with the flexibility that they were promised. And in many cases, they are being forced to do things within their exchanges that they don't want to do that they don't think is best for

the healthcare of the people in their particular States. And that is not the way this was sold, all of those promises that were made. If you like what you have, you can keep it. We have seen that that promise by the President has been broken, that, you know, people that were going to be promised all this flexibility are now realizing that it is coming without flexibility; it is coming with mandates from the Federal Government that actually take away some of the things that allow healthcare to work for them best in their State.

And so when you consider the extra price tag to a mandate that actually takes away flexibility will probably lower health outcomes. I think this is a prudent step for us to take. So I appreciate that.

And I yield back the balance of my time.

The {Chairman.} My time is expired. I recognize the gentleman from California.

Mr. {Waxman.} Mr. Chairman, Nathan Deal, who had been a member of this committee and he is the governor now of the State of Georgia said, ``one of the real problems that some of us have as governors foresee is that if the mandate on States remain in place but the funding from the federal level to carry out those mandates is withheld, that is the worst possible condition that States could be left in.'' Obviously, Mr. Deal doesn't like the law but he is saying

that if you are not going to repeal the law, don't defund it. Don't defund it for the States to be able to do what they have the ability to do under the law. Health reform has not been repealed and it would irresponsible for us to defund state activities.

What this underlying bill does is it says we are going to save money on the reconciliation by not allowing funds to go the States, no funds to go to the States to help set up their exchanges. But the States still have to set up exchanges because if they fail to set up an exchange, then the Federal Government will come in and act in default. So that doesn't make sense from a state point of view. They should want to set up their own. Now, some may be praying for the Supreme Court to rescue them. Some may be praying for the Republicans in the House to be able to succeed in their promise to repeal and replace they say the Affordable Care Act. But in case that doesn't happen, the Affordable Care Act is the law of the land, even if some of you on this committee voted against it. And for governors and States, that means that within the context of the law they have to set up exchanges, or if they fail, the Federal Government will do it for them.

So I think the Pallone amendment is a commonsense amendment because it will allow the States to get the money

to help them plan the exchanges.

Now, I think the real objection that our chairman raised was this is a mandatory funding. That is what the Affordable Care Act provided, mandatory funding for the States to get this money. Well, I know there is objection that some people have to that, but if you withdraw mandatory funds, then perhaps you can go to the Appropriations Committee and get funds appropriated to help the States, but that seems highly unlikely. There are very severe limits on appropriations and in fact we are looking at by the end of this year sequestration of the defense appropriations and very, very strong sequestrations for some of the domestic funding as well. So in fact I am told that is exactly what will happen.

So there are not going to be funds for the States to do anything and if the States can't do anything, the Federal Government will do it for them. That seems contrary to what the Republicans have said. States ought to have more flexibility but they have flexibility to some extent and you are denying them the ability to work within the law because you don't like the law. But that, I think, is very self-defeating.

And I would like to yield to Mr. Pallone.

Mr. {Pallone.} Let me just join in with Mr. Waxman's remarks. I mean, first of all, I want to make clear that the

amendment would prevent the repeal where the governor certifies he does not want the Federal Government running the exchange and he or she wants to establish a state exchange. So we are clearly talking about those governors, be they Democrat or Republican, who want to exercise the option of having the state exchange.

And then the second thing I would say is, you know, one of my colleagues on the other side said that the States don't have flexibility or there are too many mandates. I mean there is a tremendous amount of flexibility. States can determine which insurers are permitted to offer products in the exchanges, they can choose benefit rules that meet the needs of their citizens, they--

The {Chairman.} Would the gentleman yield for just--

Mr. {Pallone.} --have discretion over Medicaid coverage--let me just finish and I will yield. Well, it is Mr. Waxman's time. They have new funding to modernize eligibility systems. There is a tremendous amount of flexibility that is written into the law and this is also true in what has followed. So I don't understand the argument that there is no flexibility

The {Chairman.} Well, the question that I just asked the gentleman is why is Utah, who actually set up an exchange, why have they been denied funding if they have all

that flexibility?

Mr. {Pallone.} I don't know the reason they have been denied funding, Mr. Chairman.

Mr. {Waxman.} Well, as I understand it, Massachusetts has received funding and I believe from what I am hearing that Utah also received funding although they already have their exchanges in place. So I don't know what they are going to do but I presume that dealt with how much money they were going to get for setting up their exchange, probably less than other States.

The {Chairman.} I was told that they took away their paddle.

Mr. {Waxman.} Their what?

The {Chairman.} The gentleman's time has expired.

Are there other Members wishing to speak on this amendment?

The chair would recognize the gentleman from Pennsylvania for 5 minutes.

Mr. {Pitts.} Thank you, Mr. Chairman.

Sections 1311(a) of ObamaCare created an unlimited tap on the Treasury for the HHS Secretary to issue these grants for exchanges that will be controlled by the Washington bureaucracy. And the Secretary of HHS, not the Congress, will determine the size of the appropriation. Now, CBO has

scored $14.5 billion in savings for the proposal but the Secretary can literally spend unlimited amounts of money. There is no limit, many, many billions of dollars without further congressional action.

In February of last year, the Congressional Research Service confirmed that ``the total amount of money the Secretary may spend for grants to the States under this section is indefinite.''  Money can be spent on anything that ``facilitates'' enrollment such as providing 100 percent subsidy for the purchase of coverage. Giving any Executive Branch official a blank check is a bad idea whether it is a Democrat administration or Republican administration and it is even more egregious in light of 4 straight years of over $1 trillion deficits.

We have talked about the veneer of providing States flexibility. Congress should protect the taxpayer resources. No one knows for sure what the Supreme Court is going to rule. However, in the interim, repealing this fund is the best thing we can do to protect our taxpayer resources at a time of record red ink.

And I will yield to the gentleman from Illinois, Mr. Shimkus.

Mr. {Shimkus.} Thank you, Mr. Chairman.

And let me just address this states' rights issue in a

different view. Washington will control these state exchanges and I have a three-page list of everything that Washington will mandate that the States do. So when we hear the outcries of states' rights, I would think a vote against the ObamaCare and the funding of it would be a blow to in support of states' rights. Congress and HHS will--this is what they will do to the States--choose the essential benefits that must be paid for by individuals and families.

The national government will control whether health savings accounts and other consumer-driven plans can be offered. The national government will select the doctors and other healthcare professionals that are allowed to provide care in the exchange plans. The Federal Government will decide if your plan's provider network is adequate. The Federal Government will decide whether a plan provides linguistically appropriate and culturally sensitive information. The national government will impose price controls on health coverage. The national government will pick who gets a waiver from annual limit requirements. The national government will establish cost-sharing requirement regardless of their effect on premiums. And the national government will enforce marketing requirements.

It will determine whether a plan is properly accredited. It will compel plans to follow a federal quality improvement

strategy. It will decide when individuals can enroll in an exchange plan. It will write rules related to offering standalone dental plans in the exchange. It will force state governments to pay for existing benefit requirements. It will impose certification and decertification plan requirements written by HHS and will judge the adequacy of the exchanges' internet website. It will also impose a rating system consistent with federal rules. The national government will create a notification requirement for States to inform employers and employee enrollment in an exchange. The national government will require consultation with healthcare stockholders during development of the exchange. The national government will restrict plans from offering coverage in an exchange if they fail to meet federal certification requirements or other rules promulgated by HHS. And finally, the national government will determine whether an exchange established rules that conflict with or prevent the application of regulations promulgated by the Secretary.

So let us be clear that the Obama healthcare tramples on states' rights in their constitutional-derived power to regulate insurance within their state boundaries and that is why I--

Mr. {Pallone.} Will the gentleman yield?

Mr. {Shimkus.} Well, the time is Mr. Pitts'.

Mr. {Pitts.} I yield.

Mr. {Pitts.} I just want to point out if the State established its own exchange and was funded because it probably had to be funded to do that, then they would be doing those things rather than the Federal Government. That is the whole point in our saying that we should not repeal the funding source.

Mr. {Shimkus.} If I reclaim Joe Pitts' time, I don't think that is correct. They are going to be mandated by the national government to do these things regardless of whether they do it or the Federal Government forces them to do it.

The {Chairman.} The gentleman's time is expired.

Are there other Members wishing to speak?

Gentleman from Texas.

Mr. {Gonzalez.} Thank you very much, Mr. Chairman.

I do have an amendment at the desk.

The {Chairman.} Wait, wait, I am sorry. We are still on this other amendment.

Mr. {Gonzalez.} Oh, I am sorry.

The {Chairman.} Is this an amendment to the amendment? I will come back to you.

Mr. {Gonzalez.} I apologize.

The {Chairman.} Are there other Members wishing to speak on this amendment? The gentlelady from Florida is

recognized for 5 minutes.

Ms. {Castor.} Thank you, Mr. Chairman.

I have a question for counsel or the staff. You know, I sit on the Budget Committee and during our examination of the Republican budget, there was a little bit of interesting information regarding how healthcare savings are counted, and if you can clarify it, it would be helpful.

Apparently, the Republican budget, even though my friends on the other side of the aisle advocate for repeal of the Affordable Care Act, the Republican budget actually kept all of the savings that the Affordable Care Act achieves over time. Can you speak to that, please?

{Counsel.} Ms. Castor, we don't have the Republican budget in front of us. I would urge you to ask that question of Members.

Ms. {Castor.} Okay. Because I am concerned that maybe there is some double counting going on that under the Republican budget they are counting all of the savings but then trying to tack on more on top of it by saying we are going to repeal exchanges.

{Counsel.} Again, Ms. Castor, I would urge you to ask Members that question. We don't have the budget in front of us at the moment.

Ms. {Castor.} But isn't this a reconciliation hearing

where those numbers are at issue?

{Counsel.} The bills in front of us are committee recommendations on the reconciliation mandatory savings.

Ms. {Castor.} Are there any rules in the Committee about double counting?

The {Chairman.} I just would ask the gentlelady, you know, the budget is not before us. You know, the question ought to be as it relates to this amendment to the bill.

Ms. {Castor.} Well, I think it is an important question and I will try to get some clarification to bring to the Committee later on that because it was clear during our deliberations on the Republican budget in the Budget Committee that the Republicans were taking credit for all of the savings to the budget under the Affordable Care Act.

But on point here on substance, I think repeal of the exchange is very poor public policy. These exchanges are important tools for individuals and small businesses especially back home so they can do some comparison shopping. What is wrong with that, actually being able to compare prices? I mean it works in the travel business; it works in other business so you can see all of the options in front of you with easy access. We are living in the internet age and why not have those prices in insurance products so you can compare prices? I think this is a very poor decision and it

is going to sock it to our families back home and to the small businesses who need all the help they can get when trying to compare cost between insurance that is available.

Mr. {Waxman.} Will the gentlelady yield to me?

Ms. {Castor.} I yield back to Mr. Waxman.

Mr. {Waxman.} Thank you. You were asking about the budget. What was your question about the budget?

Ms. {Castor.} During the Budget Committee deliberations, it became apparent when we were asking the staff and our Republican friends on the Budget Committee that in the Republican budget, they were assuming all of the savings under the Affordable Care Act while on the other hand asking for repeal of the entire Affordable Care Act. So there is some inconsistency there and I was hoping that we could get some clarification.

Mr. {Waxman.} Well, it is a good point that you raise because the Republicans have been scaring seniors for the last 2 years about Medicare cuts in order to pay for the Affordable Care Act, yet as I understand it, all those cuts in Medicare are preserved. They don't change that. If counsel has information otherwise, let me know.

And so if they keep the cuts that were in the Affordable Care Act, then we have to ask what do they do with Medicare for the future? Does counsel have any idea what happens with

Medicare in the future under the Ryan budget?

{Counsel.} Mr. Waxman, I don't have the budget resolution in front of me.

Mr. {Waxman.} This is the Energy and Commerce Committee and we have jurisdiction over Medicare that we share with the Ways and Means Committee. I think we ought to have that information.

Mr. {Walden.} Would the gentleman yield?

Mr. {Waxman.} Yeah, who is asking me to yield? Yes, Mr. Walden.

Mr. {Walden.} I am just curious having been here when the Senate bill came over, did the Energy and Commerce Committee ever have a hearing on the bill that became law from the Senate that dealt with all these issues?

Mr. {Waxman.} Well, what does that have to do with the price of--

Mr. {Walden.} Well, that is where that $500 billion cut came out of on Medicare.

Mr. {Waxman.} Well, it became law whether you like the way it became law or not--

Mr. {Walden.} Well, it would have been nice to have a hearing, a markup.

Mr. {Waxman.} It became law of the land but nobody--

Mr. {Walden.} Nobody had a chance to--

Mr. {Waxman.} It is my time as the gentlelady continues to yield to me. The fact of the matter is whatever objections there were by the Republicans to what was in the Affordable Care Act, whatever the process, they are accepting all those cuts and then they are adding things on top of it. And I think it is amazing to me that people here don't even have answers to these questions of what is in the Ryan budget and we are enacting legislation to accommodate that budget.

The {Chairman.} The gentlelady's time is expired. Are there other Members wishing to speak on the amendment?

Seeing none, the vote occurs on the amendment offered by Mr. Pallone.

All those in favor will say aye. All those opposed say no. Noes appear to have it.

Mr. {Waxman.} Roll call.

The {Chairman.} The gentleman asks for a roll call. The clerk will call the roll.

The {Clerk.} Mr. Barton?

[No response.]

The {Clerk.} Mr. Stearns?

Mr. {Stearns.} No.

The {Clerk.} Mr. Stearns votes no.

Mr. Whitfield?

Mr. {Whitfield.} No.

The {Clerk.} Mr. Whitfield votes no.

Mr. Shimkus?

Mr. {Shimkus.} No.

The {Clerk.} Mr. Shimkus votes no.

Mr. Pitts?

Mr. {Pitts.} No.

The {Clerk.} Mr. Pitts votes no.

Mrs. Bono Mack?

Mrs. {Bono Mack.} No.

The {Clerk.} Mrs. Bono Mack votes no.

Mr. Walden?

Mr. {Walden.} No.

The {Clerk.} Mr. Walden votes no.

Mr. Terry?

Mr. {Terry.} No.

The {Clerk.} Mr. Terry votes no.

Mr. Rogers?

[No response.]

The {Clerk.} Mrs. Myrick?

Mrs. {Myrick.} No.

The {Clerk.} Mrs. Myrick votes no.

Mr. Sullivan?

Mr. {Sullivan.} No.

The {Clerk.} Mr. Sullivan votes no.

Mr. Murphy?

[No response.]

The {Clerk.} Mr. Burgess?

[No response.]

The {Clerk.} Mrs. Blackburn?

[No response.]

The {Clerk.} Mr. Bilbray?

Mr. {Bilbray.} No.

The {Clerk.} Mr. Bilbray votes no.

Mr. Bass?

Mr. {Bass.} No.

The {Clerk.} Mr. Bass votes no.

Mr. Gingrey?

Dr. {Gingrey.} No.

The {Clerk.} Mr. Gingrey votes no.

Mr. Scalise?

Mr. {Scalise.} No.

The {Clerk.} Mr. Scalise votes no.

Mr. Latta?

Mr. {Latta.} No.

The {Clerk.} Mr. Latta votes no.

Mrs. McMorris Rodgers?

[No response.]

The {Clerk.} Mr. Harper?

Mr. {Harper.} No.

The {Clerk.} Mr. Harper votes no.

Mr. Lance?

Mr. {Lance.} No.

The {Clerk.} Mr. Lance votes no.

Mr. Cassidy?

Dr. {Cassidy.} No.

The {Clerk.} Mr. Cassidy votes no.

Mr. Guthrie?

Mr. {Guthrie.} No.

The {Clerk.} Mr. Guthrie votes no.

Mr. Olson?

Mr. {Olson.} No.

The {Clerk.} Mr. Olson votes no.

Mr. McKinley?

Mr. {McKinley.} No.

The {Clerk.} Mr. McKinley votes no.

Mr. Gardner?

Mr. {Gardner.} No.

The {Clerk.} Mr. Gardner votes no.

Mr. Pompeo?

[No response.]

The {Clerk.} Mr. Kinzinger?

Mr. {Kinzinger.} No.

The {Clerk.} Mr. Kinzinger votes no.

Mr. Griffith?

Mr. {Griffith.} No.

The {Clerk.} Mr. Griffith votes no.

Mr. Waxman?

Mr. {Waxman.} Aye.

The {Clerk.} Mr. Waxman votes aye.

Mr. Dingell?

[No response.]

The {Clerk.} Mr. Markey?

Mr. {Markey.} Aye.

The {Clerk.} Mr. Markey votes aye.

Mr. Towns?

[No response.]

The {Clerk.} Mr. Pallone?

Mr. {Pallone.} Aye.

The {Clerk.} Mr. Pallone votes aye.

Mr. Rush?

[No response.]

The {Clerk.} Ms. Eshoo?

Ms. {Eshoo.} Aye.

The {Clerk.} Ms. Eshoo votes aye.

Mr. Engel?

Mr. {Engel.} Aye.

The {Clerk.} Mr. Engel votes aye.

Mr. Green?

[No response.]

The {Clerk.} Ms. DeGette?

[No response.]

The {Clerk.} Mrs. Capps?

Mrs. {Capps.} Aye.

The {Clerk.} Mrs. Capps votes aye.

Mr. Doyle?

[No response.]

The {Clerk.} Ms. Schakowsky?

Ms. {Schakowsky.} Aye.

The {Clerk.} Ms. Schakowsky votes aye.

Mr. Gonzalez?

Mr. {Gonzalez.} Aye.

The {Clerk.} Mr. Gonzalez votes aye.

Ms. Baldwin?

[No response.]

The {Clerk.} Mr. Ross?

Mr. {Ross.} No.

The {Clerk.} Mr. Ross votes no.

Mr. Matheson?

[No response.]

The {Clerk.} Mr. Butterfield?

Mr. {Butterfield.} Aye.

The {Clerk.} Mr. Butterfield votes aye.

Mr. Barrow?

Mr. {Barrow.} Aye.

The {Clerk.} Mr. Barrow votes aye.

Ms. Matsui?

Ms. {Matsui.} Aye.

The {Clerk.} Ms. Matsui votes aye.

Mrs. Christensen?

[No response.]

The {Clerk.} Ms. Castor?

Ms. {Castor.} Aye.

The {Clerk.} Ms. Castor votes aye.

Mr. Sarbanes?

Mr. {Sarbanes.} Aye.

The {Clerk.} Mr. Sarbanes votes aye.

Chairman Upton?

The {Chairman.} Votes no.

The {Clerk.} Chairman Upton votes no.

The {Chairman.} Other Members wishing to vote?

Mrs. Blackburn?

Mrs. {Blackburn.} No.

The {Clerk.} Mrs. Blackburn votes no.

The {Chairman.} Mrs. McMorris Rodgers?

Mrs. {McMorris Rodgers.} No.

The {Clerk.} Mrs. McMorris Rodgers votes no.

The {Chairman.} Dr. Burgess?

Dr. {Burgess.} Votes no.

The {Clerk.} Mr. Burgess votes no.

The {Chairman.} Mr. Ross?

Mr. {Ross.} Changes from no to aye.

The {Chairman.} I don't know. Okay.

The {Clerk.} Mr. Ross votes aye.

The {Chairman.} Mr. Matheson?

Mr. {Matheson.} Aye.

The {Clerk.} Mr. Matheson votes aye.

The {Chairman.} Other Members wishing to cast their vote? Seeing none, the clerk will report the tally. Oh, I hear a voice.

The {Clerk.} Mr. Rush is not recorded.

Mr. {Rush.} Rush votes aye.

The {Clerk.} Mr. Rush votes aye.

The {Chairman.} Mr. Pompeo?

Mr. {Pompeo.} No.

The {Clerk.} Mr. Pompeo votes no.

The {Chairman.} Other Members wishing to vote? The clerk will report the tally.

The {Clerk.} Mr. Chairman, on that vote there were 16

ayes, 29 nays.

The {Chairman.} Sixteen ayes, twenty-nine nays, the amendment is not agreed to.

The Committee will stand in recess until 12 o'clock.

[Recess.]

The {Chairman.} It is 12 o'clock. I call the Committee back into session.

And I would recognize Mr. Gonzalez. For what purpose do you seek recognition?

Mr. {Gonzalez.} Mr. Chairman, I have an amendment at the desk.

The {Chairman.} The clerk will report the title of the amendment.

The {Clerk.} Amendment to Committee Print of Title I, offered by Mr. Gonzalez of Texas.

[The amendment follows:]

********** INSERT 3 **********

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The {Chairman.} Without objection, the amendment and the gentleman is recognized for 5 minutes in support of his amendment.

Mr. {Gonzalez.} Thank you very much, Mr. Chairman.

I think we all understand that we want to promote small businesses and level the playing field for them as they compete as we recover from this recession. We recognize that 27.5 million American small businesses provide roughly half of all private sector jobs. We applaud the fact that over the last 17 years American small businesses have generated 65 percent of jobs. We claim to want to foster small business growth. However, what we are attempting to do today in this reconciliation effort would be marking up something that eliminates an important remedy to one of the costliest endeavors facing these employers--the cost of providing health coverage to their employees.

This proposal repeals funding provided through the Affordable Care Act that will help States establish health information exchanges. This includes funding awarded to States to create a Small Business Health Options Program known as SHOP. My amendment is straightforward. It would simply retain federal funding for the state establishment of these particular exchanges that are targeting small

businesses.

I was very proud to have supported the Affordable Care Act when it was passed by Congress. Building on the private market, employer-sponsored system that we currently have, the law aims to increase Americans' access to affordable quality healthcare. For too long, small employers have faced crippling costs to provide insurance coverage to their employees. In fact, small businesses pay about 10 to 18 percent more than large firms for the same health insurance coverage for their employees. This makes providing insurance cost-prohibitive to many small business owners. In fact, since the year 200, employer-sponsored health coverage has declined while at the same time premiums have increased. And it bears mentioning that these premiums have increased at a faster rate than earnings.

Between 2000 and 2009, the number of small businesses offering coverage fell to under 50 percent to 46 percent. Those that do offer coverage often can only afford barebones plans. For instance, employers of small businesses are three times more likely to not have prescription drug coverage than their counterparts working for larger businesses. By allowing small businesses to purchase health insurance coverage for their employees through these health insurance exchanges, beginning in 2014 the law provides these

businesses with access to lower costs, higher-quality coverage for their employees. Small businesses will be able to pool their purchasing power. This leverage will lead to lower cost. Furthermore, insurance products will be more competitive so the quality of plans will indeed increase.

Small businesses will have greater choice of plans so they can choose a plan that best fits their needs. By being part of the larger pool, even the smallest of businesses will have the leveraging power of a bigger company. They will also no longer be subject to big increases in premiums based on the health conditions of a few employees.

Mr. Chairman, I would ask unanimous consent to make part of the record a letter dated April 25 from the Small business Majority in support of my amendment.

The {Chairman.} Without objection.

[The information follows:]

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Mr. {Gonzalez.} Thank you, Mr. Chairman.

I would urge my colleagues to please support this particular exception to what is attempting to be done here on behalf of all small businesses in the United States.

And with that, I would yield back.

The {Chairman.} The gentleman yields back his time.

Other Members wishing to speak for or against the amendment?

The gentleman from Mississippi, Mr. Harper.

Mr. {Harper.} Thank you, Mr. Chairman.

I speak in opposition on the Gonzalez amendment. This amendment would not allow the application of Section 101 to awards for the Small Business Health Options Program. Section 101 of the bill repeals the unlimited direct appropriation available to the Secretary to issue grants for exchanges saving $14.5 billion over 10 years as score by CBO. This amendment guts the savings impact of this provision by prohibiting the application of Section 101 to any award for the Small Business Health Options Program.

Section 1311(b) of ObamaCare requires each State to establish an exchange for both the individual and small employer through the Small Business Health Options Program, or SHOP, market. Since each State's exchange has to serve

both markets, it would be impossible to achieve any savings by limiting the amendment just to exchanges for individuals. Suffice it to say that ObamaCare is bad for small businesses.

The National Federation of Independent Businesses, NFIB, has stated that the effects of employer mandates could eliminate 1.6 million jobs nationally with more than a million of those lost in the small business sector.

This says also that the employer mandate will assess between $2,000 and $3,000 annual penalty per employee who is not provided with adequate health insurance. And if we talked about the tax on medical device makers, over 80 percent of medical device manufacturers employ less than 20 employees. Republicans are working to repeal this flawed healthcare law and replace it with reforms that focus on lowering cost and protecting small businesses. In fact, it does not appear that HHS has provided any exchange grants to a State specifically for the establishment of the SHOP programs. I urge a no vote on this amendment.

And I yield to the gentleman from West Virginia, Mr. McKinley.

Mr. {McKinley.} Thank you.

I too am in opposition to your effort. Coming from the small business sector, I think too many times we in Washington can't relate to small businesses. We are so

caught up here in the Beltway that I have been conducting town hall meetings, I have met with business owners, small businesses, roundtables, and to date for over a year now not one person has said the ObamaCare is going to reduce my cost. They are just saying this is not going to work. And so when the NFIB came out with its report that said 65 percent of small business owners do not believe ObamaCare will reduce their rate of healthcare costs, that is supported by all the evidence that we have been able to acquire so far in just listening to people at these meetings to find out are we going in the right direction? They think it is actually going to increase their taxes.

The NFIB report went on to conclude that tax on health insurers could reduce the private sector employment by 125 to 249,000 jobs. All those are just raw statistics and I am not going to argue with it, Congressman. Mr. Chairman, I am just saying from a business perspective it doesn't work. It looks good on paper. It doesn't work. They are fearful of it and it is adding to the uncertainty where people don't know whether or not they should hire again. And it is the small business community is where we are trying to foster more jobs. But they are not going to make the move until they have a better idea of what the impact is. And their impact right now says--

Mr. {Gonzalez.} Will the gentleman yield?

Mr. {McKinley.} --it is not positive.

Mr. {Gonzalez.} Will the gentleman yield? And I ask Mr. Harper.

Mr. {McKinley.} Yes, sir.

Mr. {Gonzalez.} I think we all recognize that small businesses have different challenges and the disparity in the way they are treated when they attempt to get insurance for their companies. What we know is not working is what we presently have in place. The Affordable Care Act and the mandate and the exchanges is revolutionary in the private sector in that it is truly healthcare insurance reform. This is a specific piece of the Affordable Care Act that addresses the needs of small businesses. I don't understand why we can't come to some agreement that we need to be doing something. The problem with the NFIB--

Mr. {McKinley.} If I could regain my time--

Mr. {Gonzalez.} Yes.

Mr. {McKinley.} --I would agree. I think we do need to do something and I hope we can in a bipartisan-- unfortunately, this isn't the best way to go about doing it. When we have an ability to have the HHS Secretary write a blank check just as though we have unlimited funds, I think businesses all across America understand if we continue to

spend money in healthcare at the federal level, it is ultimately going to be paid back in higher taxes and that deficit is only going to increase. They want us to stop. They don't want more government intruding into their small business. It is a consistent message. So I would respectfully say, Mr. Chairman, that we try to reach across the aisle and work with them a little bit, but right now this isn't the way to go. So I am going to be voting against your amendment.

The {Chairman.} The gentleman's time is expired.

The chair would recognize the gentlelady from California for 5 minutes.

Ms. {Eshoo.} Thank you, Mr. Chairman, and I would like to yield my 5 minutes to Mr. Gonzalez.

Mr. {Gonzalez.} And I thank my colleague from California.

I guess the issue really comes down to is I know that my colleagues on the other side of the aisle have opposed the Affordable Care Act from day one. I understand that. It is going to the Supreme Court and we still have so much work to do. This was the first order of business for my colleagues on the other side of the aisle in January of last year. The Act was already repealed. We simply come back to revisit it day in and day out to score some sort of political points.

This is not helping the small business man and woman of this country. And we know that they are in dire straits. They cannot provide insurance for their employees. They would like to. The question that I pose to all of us, where do those employees receive healthcare in America today? If you believe what we are doing is spending money mindlessly, I assure you the present model that is employed in this country far exceeds the investment that we on this side of the aisle are willing to make under the Affordable Care Act.

As the question where are all the employees of those small businesses whose employers cannot provide employer-sponsored health insurance getting their care? I think we all know, don't we? Public facilities, emergency rooms, the cost of this manner in which you can dispense and receive healthcare in America today. No one is looking at it.

And I am going to say, look, we do it, too. Both sides of the aisle will do it but at some point the political posturing has to cease and we have to provide some vehicle of relief. And I think this is it. And all I am saying is carve out the provision for the small businesses because they are so uniquely situated when it comes to the healthcare needs of their employees.

Mr. {Waxman.} Will the gentlelady yield to me if the gentleman is finished?

Ms. {Eshoo.} Yes.

Mr. {Waxman.} The marketplace right now for small businesses is that they pay on average 10 to 18 percent more than large employers to provide the same level of health benefits and these higher healthcare costs translate into substantial competitive disadvantages from small businesses. So if a small business wants to cover its employees, in order to get the same insurance, they have to pay much more for it.

It is harder for a small business to get the same level of care as a large business. For example, 48 percent of all small business employees have health insurance policies that cap their total amount of care compared to only 37 percent of all large firm employees. A small business employee has three times more likely than large firm employees to have health plans with no prescription drug coverage. So a small business, if they want to give coverage to their employees, has to give them much less coverage than what a large employer would have. And a lot of them look at it and say, well, we are not obligated under the law to provide anything and they provide nothing.

And the gentleman from Texas is absolutely right. What happens to these people? They don't have insurance. When they get sick, they go to an emergency room or they go to a clinic or they go to a public hospital. If people worry

about their taxes, their taxes are now paying for those inefficient ways of delivering care.

In the Affordable Care Act, it established a Small Business Health Options Program. It is an exchange that is going to be a critical step in helping these small businesses because in this exchange the small businesses can pool with other small businesses, and by pooling their employees with a larger group, they have a better bargaining position. They will have options in that exchange because the insurance companies will offer plans to employers, can't discriminate against these small businesses, they will provide the same benefits.

And so therefore, these small businesses will have a chance to get decent coverage for their employees if they choose to cover their employees. They are not obligated. But we want them to cover their employees and they want to cover their employees. According to a California study, 55 percent of California small business owners would like to participate in the exchange, 35 percent who currently offer insurance say having an exchange would make them more likely to continue offering coverage, 32 percent who are not currently offering insurance saying that having an exchange would make them more likely to offer coverage.

And I think this is an important amendment. The

Gonzalez amendment would allow small businesses to be able to have the access to this special exchange that would help small business provide the resources to overcome the disadvantages they face in the healthcare marketplace at the present time.

Thank you, Mr. Chair. I yield back.

Mr. {Barton.} [Presiding] Is the gentleman's time expired? I guess it is.

Is there further discussion of the Gonzalez amendment? Seeing--

Mr. {Gonzalez.} And I would ask for a recorded vote, Mr. Chairman.

Mr. {Barton.} You would ask for a recorded vote? Can we do it by voice vote and then I will call for the recorded vote? But I think the normal procedure is to first have the voice vote and then you ask for the recorded vote.

Dr. {Gingrey.} Point of order, Mr. Chairman.

Mr. {Barton.} We are rolling votes? Is that the--the gentleman from Texas has asked for a recorded vote, so prior to a previous agreement between the chairman and the ranking member, this vote is rolled.

Are there further amendments to the bill?

The gentlelady from California.

Ms. {Eshoo.} Thank you, Mr. Chairman. I have an

amendment at the desk.

Mr. {Barton.} The clerk will read the Eshoo amendment.

The {Clerk.} Amendment to Committee Print of Title I offered by Ms. Eshoo of California.

[The amendment follows:]

********** INSERT 4 **********

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Mr. {Barton.} The chair asks unanimous consent the amendment be considered and read and recognizes the gentlelady from California for 5 minutes in support of her amendment.

Ms. {Eshoo.} Thank you, Mr. Chairman.

This amendment would ensure that the repeal of state funds for insurance exchanges wouldn't exclude any money that would be used for certifying that a qualified health plan has no annual or lifetime limits, because what we are doing here today is we are essentially killing the baby in the crib. And make no mistake that is what it is. I mean it is a pillow that is being placed over the baby's mouth to snuff every last ounce of life out of it, which is obviously a top priority for my colleagues on the other side of the aisle.

I want to point something out and that is that until the passage of the Affordable Care Act--I see some heads being shaken in a negative way--let us face it. If you extract the money, it dies because the policies cannot be implemented. And that is why I described it the way I did.

Now, until the passage of the Affordable Care Act, and I don't know how many Members realize this, more than half of all existing private health insurance policies in our country have a lifetime limit in their fine print. It is in yours,

it is in mine, and anyone that has private insurance, it is buried very deep in the fine print. Now, what does that mean? Certainly for the people in the disabled community, they know what it means because they can hit that ceiling sooner. If, God forbid, anyone here or our families suffered a catastrophic illness or accident, you hit that ceiling, it is over for you. You have no health insurance coverage. Now, imagine, just imagine that happening to any one of us.

I first introduced legislation to address this issue back in 1996 and I couldn't get Republicans or Democrats interested in it. But I felt that it was something that absolutely needed to be addressed today because of that language being adopted and rolled into the Affordable Care Act, this is no longer the case. In other words, there are no caps and lifetime limits.

Now, I have heard stories about cancer patients in the middle of chemotherapy, teenage hemophiliacs in need of expensive blood clotting medications being released from their insure, the stories go on and on and on. So the provision to eliminate lifetime and annual limits has overwhelming public support. Your constituents support it, my constituents support it, and I don't think anyone here is going to be thanked. Your constituents are not going to thank you for doing this. Now, you are probably not going to

go home and brag and say that you did it most frankly because there isn't any source of pride by eliminating this.

So that is why I am--well, this is, you know, on a limb and a prayer. But you know what? I am an optimistic person. That is why I am offering the amendment. And I am saying please don't eliminate this benefit for all of the private health insurance owners in the country because when you do, you are not only placing yourself but your family in jeopardy, as well as your extended family, our extended family which are our constituents.

I feel so strongly about this and I am pleased to offer it and who knows? Maybe there will be some enlightenment on the other side. I understand your--well, I don't understand but I have gotten used to your vigorous opposition to the Affordable Care Act, but I think that hopefully there is some discernment on the other side of the aisle that this is something that is worthy of placing under your wing and protecting it. It is worth it, it is important, it could happen to any one of us and we made strides as a Nation by eliminating these lifetime caps.

And with that, Mr. Chairman, I yield back the balance of my time.

The {Chairman.} The gentlelady yields back. The chair would recognize the gentleman from Oregon, Mr. Walden, for 5

minutes.

Mr. {Walden.} I thank the gentleman for recognizing me and I recognize the gentlelady's amendment but I have to come out in opposition to it.

I want to ask the counsel, it is my understanding that the underlying bill that we are going to vote on today does not repeal that lifetime limit. Is that correct?

{Counsel.} That is correct.

Mr. {Walden.} And that the annual and lifetime limit waiver requirement is enforced through the Public Health Service Act, correct?

{Counsel.} That is correct.

Mr. {Walden.} And so am I correct that the underlying bill does not repeal the lifetime limit and that there is an enforcement mechanism in place to make sure it continues to be on the books and none of that changes in the underlying bill?

{Counsel.} Yes, Mr. Walden.

Mr. {Walden.} Thank you. So the point I would like to make here is it is not necessary to provide the Secretary--in this case Health and Human Services Secretary--with an unlimited slush fund. This is about a law that is on the books that was crammed through the House with no opportunity for this committee to take it up, to debate these issues.

There was never an opportunity to amend it on the Floor. Every single Republican amendment was precluded from being offered on the Floor by the Rules Committee under Speaker Pelosi's direction and leadership. And so part of what I think happened here is they didn't know how much some of this would cost, so they authorized such sums as necessary so that the Secretary could figure it out down the road. That is an open-ended blank check to an unelected government official to decide when and how the money is going to get spent.

This isn't about--I mean they want to cloud it in this notion that somehow we are going to repeal the underlying law that deals with lifetime limits. We are not. That is not what this bill does. What we are talking about--

Ms. {Eshoo.} Would the gentleman yield?

Mr. {Walden.} When I am finished, I would be happy to yield to my friend.

Ms. {Eshoo.} Thank you. Thank you.

Mr. {Walden.} But what we are trying to do is cut wasteful spending to get to the point where we are not borrowing 40 cents on every dollar and giving the bill to the next generation to prevent this country from going upside down and broke and to make sure that we can afford the healthcare that is being given.

Now, we have heard a lot about how this is going to

bring down rates. I am a small business owner, still am. We always provided health insurance for our employees. I understand these rate hikes. I understand the cost. And yet we know that the current law hasn't done anything to bring down the rates as President Obama pledged that it would. He said rates would go down and indeed rates have gone up.

And in fact, this same Health and Human Services Secretary has approved rate hikes of 26 percent in Alaska, 23.3 percent in Florida, 20.4 percent in Washington State. That is all on the HHS website. That is approving a hike of 18 percent for Montana insured in November. So rates have continued to go up.

The small business people I continue to talk to are so concerned about the implications of this law on them that many of them are holding off hiring decisions. I met with a group in my office just a couple of weeks ago and the majority of the employers in that group said they were looking at how they could convert their full-time employees to part-time employees because of the underlying law because they didn't think they could afford to comply with it. I have met with others who plan to cancel the insurance they have for their employees and put their employees into whatever the government is going to do because it is cheaper to do that and pay a fee or a fine than it is to provide the

insurance.

So, you know, we have got to get a better plan in place to make sure that we have a healthcare system that takes care of people who really need it, that it is affordable and it doesn't destroy jobs in America. And so I oppose this amendment because I think we need to rein in out-of-control federal spending. I think we need not give the Secretary of Health and Human Services the opportunity at her discretion to spend whatever amount she wants, sums as necessary at a time when we have these trillion-dollar deficits every year. That is really what this debate is about.

And I would be happy to yield to my friend and colleague on the Telecommunications Subcommittee.

Ms. {Eshoo.} I thank my friend for yielding just some time to me.

What this amendment does is it essentially protects funds that you are repealing for a very, very small piece--this is not ``runaway federal spending''--and orders that States be able to certify that the qualified health plans have no annual or lifetime limits. That is all this is. This is like something that you can fit on the head of a pin but it has a huge effect on the people in our country because, as you are wiping out by repealing all state funds, guess what--

Mr. {Walden.} Reclaiming--

Ms. {Eshoo.} So that is what the amendment is. Sure, thank you.

Mr. {Walden.} Reclaiming my time. My argument was we don't need an unlimited slush fund to do that. States could do that now if it is that inexpensive and so I would--

The {Chairman.} The gentleman's time is expired.

Are other Members wishing to speak? The gentleman from Texas, Mr. Gonzalez.

Mr. {Gonzalez.} Thank you. Now, I will be brief on a couple of points.

First of all, I support my colleague from California's amendment because I think again it provides drastically needed relief to those policyholders out there that find themselves confronted with circumstances way beyond their control that has horrible repercussions for their family.

But there was a comment made and I do want to address it in the context of the amendment but the overall debate and that is we have not seen rates go down and that is a common refrain. But all of us know that the meaningful reforms of the Affordable Care Act do not go into effect until 2014. And I know the Supreme Court is going to be ruling and maybe in a month or so we will find out. Because what it does at that point in time with the mandates and the exchanges is

that you have now increased the risk pool, a necessary element in any successful insurance model. In America today, the greatest percentage of the uninsured are represented by individuals between the ages--if I recall--28 or something in the late 20s I think to about 52, 53. The healthiest population in the United States are not part of the insurance pool. We know what that means.

So when you hear the criticism that we hadn't realized the savings that were being represented during the discussion of this debate, it is only because we haven't seen the most meaningful provision take effect.

The other question that I have--and to my dear friend and colleague who mentioned having to meet with proprietors of small businesses saying we may not invest, we are going to try get people reduced to part-time so that we don't have to cover them should the eventuality of the mandate be held constitutional--the question I always pose, and some of these are also--big friends of mine in San Antonio, do you presently cover your employees with any type of insurance? And if the answer is yes, what I want to know is what greater burden is going to be placed on you as a result of the Affordable Care Act, especially when we have tax provisions that will be assisting you, especially when you will be able to afford a comprehensive insurance product that provides

meaningful coverage to your employees which you probably don't do presently because it is not affordable.

To those employers that tell me I just don't cover them because I can't afford it, this is your only opportunity to afford it. To those that say, regardless, I don't want to provide it, the question still remains. Where do your employees receive their healthcare? Because someone is subsidizing that healthcare and it is every taxpayer in the 20th District of Texas, San Antonio, Texas.

There is cost and having no real alternative to what we have provided in the Affordable Care Act again I caution individuals. You are advocating and promoting a system of healthcare that is not just broken as to quality but will see ever-increasing cost to a fewer number in our population. That is the reality. And so again I know this is just one plank in the provisions of the Affordable Care Act but I stand--

Dr. {Gingrey.} Will the gentleman yield?

Mr. {Gonzalez.} I am sorry, yes. I only have a minute so I may have to reclaim some of my time.

Dr. {Gingrey.} It will only take me 20 seconds I think. I just want to refer back to what the offer of the amendment said, the gentlelady from California. This is just a little thing; this is not a big deal. This is just something that

you could put on the head of a pin. We know how many angels can you put on the head of a pin. I think this amendment would really kill the bill and allow the Democrats to take back all these savings in regard to these exchanges. So I would worry about--

Mr. {Gonzalez.} I reclaim my time.

Dr. {Gingrey.} --how many angels you can put on the head of the pin.

Mr. {Gonzalez.} I reclaim my time and I yield to Ms. Eshoo.

Ms. {Eshoo.} Thank you. For a moment if you can just set aside that we are Republicans and Democrats and understand that in the insurance policy that you have, that each one of us has as private insurers, that we could go back to having caps and lifetime limits. You have to be able to implement this. So you want to wipe it out? This isn't some $50 billion item in the Affordable Care Act, but you have a responsibility to read into it and understand what you are wiping away. You want to go home and brag to your constituents that you did this to them, be my guest. But again I don't think anyone is going to be rewarded for that.

And I thank the gentleman for yielding to me.

The {Chairman.} The gentleman's time is expired.

Are there other Members seeking time? Seeing none, the

vote occurs on the amendment.

All those in favor of the amendment will say aye. All those opposed say no. In the opinion of the chair, the noes have it. Roll call is requested and per the earlier agreement, we will roll the vote until a little bit later.

Are there other Members--yes, the gentlelady from Illinois is recognized to offer an amendment.

Ms. {Schakowsky.} Yes, thank you, Mr. Chairman. I have an amendment at the desk.

The {Chairman.} And the clerk will report the title of the amendment.

The {Clerk.} Which number?

Ms. {Schakowsky.} Number two, Schakowsky number two, is it? I don't know.

The {Clerk.} It is one or three. Amendment to Committee Print of Title I offered by Ms. Schakowsky of Illinois.

[The amendment follows:]

********** INSERT 5 **********

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The {Chairman.} The amendment will be considered as read and the staff will disperse the amendment.

And the gentlelady is recognized for 5 minutes in support of her amendment.

Ms. {Schakowsky.} Thank you, Mr. Chairman.

My amendment would prevent the repeal of funding for a key component of ObamaCare's coverage expansion, the state-based health insurance exchanges. And I also would like to note that I have used the term ObamaCare and I am very proud of ObamaCare and embrace that name as something very positive. My amendment would also protect consumers by providing state insurance commissioners and regulators and the Secretary of Health and Human Services with the authority to deny excessive and unjustified increases in health insurance premiums.

We all know families and businesses that have been locked out of the market, turned down by private insurers because they have a family member or employee with a health problem or offered premiums that they simply can't afford. Repealing this funding will not solve their problems. It will just prevent States from adopting solutions. This provision undermines the work already being done in Illinois along with 47 other States and the District of Columbia that

have received exchange grant funding. And given my State's budget situation, it will likely leave Illinois unable to create its own state-based health insurance exchange. Without funding to move to implementation, we won't have the resources to get our exchange up and running and millions of Illinoisans will have access to affordable, adequate health insurance coverage.

I fought hard to include transparency provisions in ObamaCare to require insurers to publish and justify unreasonable increases in insurance premiums. Sixteen States already have broad rate review authority and 10 others some authority to decide whether these increases are reasonable. And in States without rate review authority, this provision requires insurers to publicly justify increases of 10 percent or more.

ObamaCare made substantial improvements in many areas, including the insurance rate regulations. We need, however, to build on the law to add another critical protection that is missing from many health insurance policy purchasers. That protection is the knowledge that an insurance regulator will have the ability to review premiums and premium increases before they go into effect and the authority to block unjustified rates.

I hear from individuals and families and small

businesses in my district all the time about the high financial burden of high and rising insurance premiums as my colleague on the other side of the aisle just mentioned. It comes as a huge surprise to them in Illinois that we are not one of those States that has rate review authority. In Illinois and across the country, we have seen double-digit hikes proposed, some as high as 30 and 40 percent since 1999. The cost of coverage for a family of four climbed 131 percent and that isn't acceptable.

In Illinois and other States that lack the authority to deny excessive and unjustified premium increases, healthcare consumers need protection. Consumer Watchdog released a report last year documenting how industry self-regulation and lax oversight in many States has failed to contain premiums. The report found that States that instituted or strengthened state laws requiring review and approval of health insurance rates have seen positive cost control results. States without regulation of health insurance rates have seen massive and unjustified rate increases take effect with no power to stop them.

In Connecticut, the State stopped Anthem Blue Cross Blue Shield, the State's largest insurer, from hiking rates by a proposed 12.9 percent instead limiting it to a 3.9 percent increase. In Oregon, the State denied a proposed 22.1

percent rate hike by regents limiting it to 12.8 percent. In New York, the State denied rate increases from Emblem, Oxford, and Aetna that average 12.7 percent instead holding them to an 8.2 percent increase. In Rhode Island, the State denied rate hikes from United Healthcare of New England ranging from 8 to 20.1 percent instead seeing them cut to 9.6 to 10.6 percent.

Experience shows that consumers benefit when there is a cop on the beat, an insurance regulator, not just with the power to review premiums but with the authority to block increases that are not justified.

Protect funding for the state-based health insurance exchanges and protect healthcare consumers, and that is what my amendment does. I urge my colleagues to support it.

And I thank you, Mr. Chairman, and yield back the couple seconds balance of my time.

The {Chairman.} The gentlelady yields back.

The gentleman from Oregon, Mr. Walden, is recognized for 5 minutes.

Mr. {Walden.} Thank you, Mr. Chairman.

I speak in opposition to Ms. Schakowsky's amendment because again it changes an unlimited stream of funding for grants to States and now lets the Secretary use this. Again, this is about an unlimited spigot on the Federal Treasury to

conduct new unlimited and undefined authorities. Now, what is interesting is the author of the amendment could have provided this power to the Secretary when they wrote and passed this bill, yet the amendment as I understand it was never offered at that time. Of course, we never had a markup here on the legislation that became law but that is another matter.

Meanwhile, an analysis of ObamaCare itself has shown that the President's healthcare plan under that, premiums will increase for working Americans by at least $2,100 a year. Now, the President said he was going to take those premiums down by $2,500 a year by a typical family and now we are seeing the independent analyses showing a $2,100 a year increase. And so--

Ms. {Schakowsky.} Would the gentleman yield for just a few seconds?

Mr. {Walden.} Well, a couple of seconds. I have a few other points to make.

Ms. {Schakowsky.} That is why I want to give the States authority to lower the prices as your State did, as Oregon did, to lower those prices.

Mr. {Walden.} Reclaiming my time, though, what happens is the Secretary is going to be given this authority as I understand it and be the sole power to determine what is

necessary, et cetera, going forward when it comes to spending money. This is my argument. We can have all these arguments about caps and all these things but what we are doing here today is trying to stop unlimited, unrestricted government spending by the Secretary of Health and Human Services to spend money however she wants at whatever level she wants. And that is the underlying issue here.

This is about spending and it is out of control in Washington. The bureaucrats are in charge and this law that is on the books presently before the Supreme Court gives the Secretary unlimited authority to spend money. I don't know anybody in my family or my business, you know, that has unlimited authority to spend money and I sure as heck don't think the taxpayers sent us back here to give an unelected Cabinet head the authority to spend whatever sums as that person may think is necessary to spend to basically do whatever they want with the money. We are trying to rein that in and put some limits on runaway government spending and authority, bring some accountability to the process, and do real spending reform.

And again, the rhetoric just doesn't meet the reality when it comes to bringing down premiums. The President, in 2008, said he would bring down premiums by $2,500 for the typical family. Here we are 4 years later almost and

premiums are actually up by $2,100. And HHS has approved premium rate hikes of 26 percent in Alaska and 23 in Florida and 20 in Washington State. So we just have got to do a better job of controlling spending.

I would yield to the gentleman from Illinois, Mr. Shimkus.

Mr. {Shimkus.} And I thank my colleague. This is at the heart of the federalism debate on their constitutional principles. Under the federalist principles, what is not dictated or specified by the federal Constitution is the purview of the States. Insurance regulation, pricing is under the State. And what this law did was take this away from the State. Now, I think the fact that Illinois doesn't have the state government involved in pricing product is a good thing for the State of Illinois. That is why we have got a very thriving insurance presence. They are competitive based upon price. It is a good thing that we have that. And then to have a national government then meddle and get involved in that, I think it is unconstitutional. And if the States should move in this direction, then that should happen in Springfield with the General Assembly, and it says something that it must not be that important for the General Assembly in Springfield to not move on pricing.

I yield back.

Mr. {Walden.} I appreciate the gentleman yielding back because I just want to point out that in line 6 of the amendment and 7 it says--especially in line 7--the Secretary or the relevant state insurance commissioner or state regulator shall take corrective actions to ensure that any excessive or unjustified increases blah, blah, blah. This amendment empowers the Secretary in effect to trump state regulators the way it is written. The Secretary or the relevant state insurance commissioner, either one can do this.

So now you are further federalizing. It is further nationalization, it is further government-run, federal-directed healthcare. And this just takes us in the wrong direction by giving new authorities to the Secretary and unlimited spending. I yield back.

The {Chairman.} The gentleman's time is expired.

Are there other Members wishing to speak? Seeing none, the vote occurs on the amendment. Those in favor will say aye. Those opposed say no. In the opinion of the chair, the noes have it. The noes have it. The amendment is defeated.

Ms. {Schakowsky.} I would like a recorded vote.

The {Chairman.} The gentlelady asks for a recorded vote. Again, pursuant to the agreement that I have with Mr. Waxman, the amendment will be considered--we will have the

roll call later. We will roll that vote.

Are there other Members wishing to offer an amendment?

Gentlelady from California, Mrs. Capps.

Mrs. {Capps.} Thank you, Mr. Chairman. I have an amendment at the desk.

The {Chairman.} The clerk will report the title of the amendment.

The {Clerk.} Amendment to Committee Print of Title I offered by Mrs. Capps of California.

[The amendment follows:]

********** INSERT 6 **********

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The {Chairman.} The amendment will be considered as read. The staff will distribute the amendment.

And the gentlelady is recognized for 5 minutes in support of her amendment.

Mrs. {Capps.} Thank you. Today, we are witnessing yet another attempt by the majority to dismantle healthcare reform and attack the very programs that can help curb our Nation's rising healthcare costs.

Public health and prevention is a critical investment in both our Nation's health and economic future. Its value cannot be understated. A healthy parent can better raise a child. A healthy child will be able to concentrate in school. A healthy worker is more productive for American businesses. Moreover, this fund is the critical piece to bring down overall healthcare costs. Its targets have been the most prevalent and preventable of chronic diseases like diabetes and heart disease. And States and counties all over the country are realizing this.

In my home State of California, we are putting these funds to work by investing in programs to promote tobacco control and implement tobacco cessation services and campaigns. We are building up our state and local capacity to prevent, detect, and respond to infectious disease

outbreaks, and we are taking steps to slow the alarming rise in obesity rates. We are also using these funds to support and train our current and next generation of public health professionals to build our healthcare workforce.

That is why the National Association of Counties, the American Lung Association, as well as the Public Health Association are fully supportive of the fund. This investment is a long time coming, is already funding critical programs across the Nation. To stop it now would put us right back to square one when we can least afford to do it.

That isn't just my perspective. The nonpartisan Robert Wood Johnson Foundation and the University of Wisconsin recently released health rankings for every county in our Nation. These rankings allow us to identify where we are doing well and where we should target our resources. These are all locally highlighted.

For those of my colleagues who have not seen these rankings, the Energy and Commerce department staff has put together fact sheets on each of our districts. Our committee fact sheets look like this. I am holding a stack of them and I am proud that my home community seems to be a leader in some of these issues but some of us are not so lucky. I might point out that our chairman, Mr. Upton, five of his seven counties, Mr. Upton, that you represent fall below the

average health status for your State. St. John's County, for example, has a premature death rate that is one-and-a-half times that of the national benchmark and the smoking rate is nearly twice as high as the national rate. And yet you would suggest that the $22.8 million that has already gone to your State to improve public health is unnecessary.

Chairman Emeritus Barton, six of the seven counties that he represents are at the bottom half of Texas counties for health status. In fact, Houston County is ranked 205th out of all 221 Texas counties for health outcomes. Texas has received $38 million to date to address these issues but a vote to repeal the fund will be to cut them off completely.

I mention this not to call out areas that lag behind. As a nurse, I know there is room for improved health in all communities but I bring this up to highlight how desperately some of our communities need the targeted programs that this prevention fund can support and that is why I have offered this straightforward amendment. It would simply tie repeal of the prevention fund to achievement of the science-based Healthy People 2020 guidelines. These guidelines were set by our government and national experts for where our health outcomes as a Nation should be. Until we reach these goals, I believe it is irresponsible to stop the programs that will actually help us to get there. That is what this underlying

proposal does. So I urge a yes vote on my amendment to ensure that we do not lose a step in the fight against chronic disease and high healthcare costs and to give all Americans, regardless of where they live, the chance at a healthier life.

And at this point, I will yield back the balance of my time.

The {Chairman.} The gentlelady yields back.

The chair would recognize the gentleman from Kentucky, Mr. Guthrie.

Mr. {Guthrie.} Thank you, Mr. Chairman.

I believe we must oppose this amendment because it would allow the continuation of the Prevention and Public Health Fund, a $17.75 billion ObamaCare slush fund for the Secretary of Health and Human Services to spend as she wants on whatever she wants with no congressional oversight. This is unacceptable, especially when our country has faced 4 straight years of trillion dollar deficits.

This amendment would delay implementation of the bill until objectives in HHS' Healthy People 2020 related at 23 specific diseases and policy are met. Health People 2020 is an agency in the Office of the Assistant Secretary for Health that develops objectives to improve the level of healthcare. The objectives are determined even when there is no or

insufficient national data available. The objectives should not be used to make specific decisions on health policy and programs until there is sufficient data.

The Public Health slush fund was established in ObamaCare for prevention, wellness, and public health activities authorized in the Public Health Service Act and administered by the Secretary of Health and Human Services. This fund is funded through tens of billions of dollars advanced appropriations over 10 years in advanced appropriations continuing in perpetuity at a level of 2 billion per year.

This fund with its broad mandate and advanced authorization is a fund that the Secretary can use at will, in effect is a fund that escapes all oversight. Proponents of the fund may claim its elimination will cut certain programs, but those members have no control over which programs will be funded in the future. I urge my colleagues to defeat this amendment so we can get our fiscal house in order.

Mrs. {Capps.} Will the gentleman yield?

Mr. {Guthrie.} I will yield.

Mrs. {Capps.} If I could speak exactly to the section, it is Section 4002(d) of the healthcare law. It clearly states that actually the House and Senate Appropriations

Committee have explicit authority to allocate the fund. It is not the Secretary's slush fund. Only when Congress fails to pass an appropriations bill or fails to specify how the fund should be spent does the Secretary have the authority to allocate that. And the way the funds are described in the law, there are a variety of ways that grants can be written by communities and by groups to request the funding. It is not automatically dispersed according to the Secretary's wishes.

I actually stand with the nearly 800 national, state, and local organizations that support this investment because it is really geared toward getting a handle on healthcare costs before they escalate into the terrifically expensive care that is received in an intensive care unit or into a hospital where illnesses and conditions can be prevented. It is a much cheaper way to go about it. An ounce of prevention is worth a pound of cure. That is the old adage and it really is true in this case. And it is up to the appropriators in our own body to make these decisions. Only when they fail to do so is the Secretary given authority to use the funds.

Mr. {Guthrie.} Thank you. And reclaiming my time, you know, I will agree the appropriations process, we can always redirect money as we did when we had the health fund that was

being spent using some lobby in local areas. So the Appropriations Committee can always address that, but if the Appropriations Committee doesn't address it, it does go to the discretion of the Secretary.

So I yield back my time.

The {Chairman.} The gentleman yields back. Are there other members wishing to speak on--the chair would recognize the gentleman from California, Mr. Waxman, for 5 minutes.

Mr. {Waxman.} Mr. Chairman and my colleagues, I strongly support the Capps amendment. The Prevention and Public Health Fund is an unprecedented and dedicated investment in our Nation's health, the productivity of our people, and the infrastructure that allows local communities to detect and respond to public health emergencies. I think that we should all be supporting this; it shouldn't be partisan in any way.

Researchers at the New York Academy of Medicine concluded investments in proven community-based interventions to increase physical activity, improve nutrition, prevent smoking, the very programs that would be supported by this fund will generate a return of $5.60 for every dollar spent. This fund is certainly cost-effective. Mrs. Capps mentioned that my staff prepared fact sheets for each member of the committee making clear how a vote to repeal this fund will

hurt each of our States and districts. I represent a part of L.A. County and my fact sheet shows that there is certainly room for improvement on the measures for health outcomes and health factors. The Robert Wood Johnson Foundation and University of Wisconsin evaluated L.A. is ranked right in the middle of California counties on health outcomes like premature death and poor health. But my county is in the bottom half on all heath factors like mammography screening, access to primary care physicians and air pollutions.

Since the inception of the fund, over $90 million has gone out to California. Under current law, this prevention fund is slated to increase to $2 billion in available funding by fiscal year 2022. But instead of doubling down on our investment in California and other States, my Republican colleagues would take this money away.

The Capps amendment makes it clear we shouldn't get rid of this fund until we are making progress on the Healthy People 2020 objectives consistent with the county health rankings. We can't turn our back on progress we have already made and critical support for our States and our districts. I know we can come back and try to appropriate money. That is a good talking point, but in reality, we are not going to get appropriations because of the severe limitations on the amount of money that can be appropriated. We are cutting

back on appropriations very, very severely. This kind of fund would never be provided the money it needs if we don't leave it alone and keep it consistent with the Affordable Care Act.

So I urge support for the Capps amendment and I would be pleased to yield to anybody who wants me to. If not, I will yield back.

Yes, yield to the gentleman from Texas, Mr. Green.

Mr. {Green.} Thank you, Ranking Member, for yielding to me. I was going to get my own time but we might move it quicker.

I would like to thank Representative Capps for offering this important amendment. It is crucial to our Nation's health system if we retain the Prevention and Public Health Fund. It is a cornerstone of the health reform law and it is money well spent. I know it is an easy target for budget cutting but it is going to cost more in the long run to leave our preventative medicine and public health fields underfunded. We need a competent and well trained workforce to keep us healthy and prepare us for emergency.

One area I am specifically interested in is funding for our Nation's Preventative Health Residency Programs. We made funding for preventative medicine a priority during the health reform debate. Funding to Preventative Health

Residency will help our Nation stay healthy. Preventative medicine physicians are uniquely trained in both clinical medicine and public health. Congress created the PPHF to promote prevention and wellness in public health activities. Prevention medicine physicians are critical in the continued success and growth of disease prevention and healthcare.

The Republican plan eliminates the important funding. Prevention saves money and the Republican plan badly handicaps our ability to fund a robust prevention public health. We have to get the healthcare cost on the front end instead of on the back end, and if we are going to cut this money, it is just going to make it more expensive for Medicare and Medicaid in the long run. So that is why I am glad the Capps amendment. I urge an aye vote for it.

The {Chairman.} The gentleman yields back his time. Time is expired.

Are there other Members wishing to speak on this amendment? Seeing none, a question occurs on the amendment. Those in favor of the amendment will say aye. Those opposed say no. In the opinion of the chair the noes have it.

The gentlelady asks for a roll call vote. Pursuant to the agreement Mr. Waxman and I have, we will roll the vote until a little bit later but we will have a roll call vote.

Are there other amendments to Title I?

The chair would recognize the gentlelady from California, Ms. Matsui.

Ms. {Matsui.} Thank you, Mr. Chairman. I have an amendment at the desk.

The {Chairman.} The clerk will read the title.

The {Clerk.} Amendment to Committee Print of Title I offered by Ms. Matsui of California.

[The amendment follows:]

********** INSERT 7 **********

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The {Chairman.} By unanimous consent the amendment will be considered as read. The staff will distribute the amendment and the gentlelady is recognized for 5 minutes in support of her amendment.

Ms. {Matsui.} Thank you, Mr. Chairman.

Mr. Chairman, I am adamantly opposed to the repeal of the Prevention and Public Health Fund which I actively worked to get included in the Affordable Care Act as prevention is the best way to reduce medical expenditures. Mr. Chairman, repealing this fund is a very shortsighted and an inherently flawed approach to reducing healthcare expenditures.

Despite a growing body of evidence for the effectiveness of prevention, federal funding for prevention has been erratic, meaning that prevention priorities often go unfunded on an annual basis. Repeal would mark an unfortunate and major step backwards in our commitment to disease prevention and compromise our ability to make progress on cost containment, public health modernization, and wellness promotion.

And the economic rationale for this fund is simple. Our current inadequately funded public health infrastructure costs us billions of dollars a year in spending for treating chronic diseases that could have been prevented, illnesses

like heart disease, stroke, cancer, and diabetes which account for 84 percent of healthcare spending in the United States. It is far costlier to treat an individual patient's symptoms than it is to prevent the disease itself. In fact, recent reports indicate that investing $1 in proven community-based programs could yield a return of $5.60.

The health benefits of this fund are also clear. Prevention is important to all Americans but particularly for our Nation's seniors, which is why my amendment seeks to ensure that repealing the fund would not be at the expense of our seniors' health. Preventable chronic diseases common to seniors such as heart disease, cancers, stroke, and diabetes are responsible for 7 out of 10 deaths among Americans each year. These chronic diseases also account for 75 percent of all Medicare spending. My provision would not allow for the repeal of the fund until the date that the health objectives specified in Healthy People 2020 relating to older Americans have been met.

Some of the objectives put forth by HHS for older adults in Healthy People 2020 are increasing the proportion of older adults with reduced physical or cognitive function who engage in light, moderate, or vigorous leisure time physical activities; increasing the proportion of older adults with one or more chronic conditions who are confident in managing

those conditions; and reducing the proportion of older adults who have moderate to severe functional limitations. I believe that all of us would like to see these objectives reached and the Prevention and Public Health Fund would help get us there.

I urge my colleagues to vote yes on my amendment and show their support for older Americans, their support for reining in healthcare spending, and their support for improving public health.

And I yield back the balance of my time.

The {Chairman.} The gentlelady yields back.

Are there other Members wishing to speak on the amendment?

Mr. Guthrie is recognized for 5 minutes.

Mr. {Guthrie.} Thank you, Mr. Chairman.

This is the same fund from the previous amendment and again ties repeal to specific objectives from Healthy People 2020 agency. And as I said just previously, the objectives are determined even when there is no or insufficient national data available. And so I oppose this amendment.

I would like to yield to my friend from Pennsylvania, Mr. Murphy.

Mr. {Murphy.} I thank the gentleman from Kentucky.

Although all of us would certainly agree that the goals

of prevention are extremely important, what is also important is that we follow scientific principles in dealing with those. And although these lists from the previous amendment from Ms. Capps and also the current ones from Ms. Matsui are important; what is also important is to understand is what basically this fund turns into is something of an HHS earmark section that does not have accountability with it that research and action that takes place through programs such as through the departments that actually deal with research and deal with these kind of services.

I am deeply concerned that without proper congressional oversight to make sure that these have the kind of scrutiny needed that they will just become more spending without end.

I also note that when we have spending that takes place says we can't make cuts until goals are met and noting that I wish we could come up with goals to eliminate heart disease and stroke and all these other illnesses as well. It basically sets up an impossible goal and says that the funding will continue ad infinitum. We do need to emphasize prevention but I believe we need to do this in a sound scientific way that is really working with regard to very clear principles, very clear goals, and very clear oversight.

And our concerns with this through the Department of Health and Human Services, it is not there. It is

discretionary and we have seen spending in this government run amok with discretionary spending of that sort. So I think if you took a vote in terms of does everybody in this committee support these goals of prevention? Yes. And we have discussed them before. And I commend my colleagues across the aisle for continuing to push these issues of prevention and certainly we need to do this. But we need to also find ways of handling these things in ways that have a lot more scientific-based scrutiny. And with that, I yield back to the gentleman from Kentucky.

Mr. {Guthrie.} I yield back.

The {Chairman.} The gentleman yields back.

The chair would recognize the gentleman from New Jersey, Mr. Pallone.

Mr. {Pallone.} Thank you, Mr. Chairman.

I want to support the gentlewoman's amendment. I really can't believe we are sitting here considering the elimination of a fund for prevention. I mean it is critical that this fund exists. It is true that the prevention fund is one of the most cost-effective uses of our healthcare dollars, so, you know, we are not only making people well and preventing them from getting sick, we are also saving money. Seventy-five percent of the $2 trillion in healthcare costs are spent on treatment of chronic diseases, many of which can be

prevented. Obesity alone costs us $147 billion each year. Chronic diseases cost an additional trillion each year in lost productivity. I mean there is no question that prevention can save money. Probably the best example is immunization.

But, you know, the fact of the matter is that already in my district I could give you examples of different groups that are trying or applying for money through the prevention fund. A very good example is our visiting Nurses Association, which is trying to create a community-based program to prevent people from having to go to a nursing home or to a hospital, which obviously saves money in the long run. And it really bothers me, Mr. Chairman, that we have already cut back on this prevention fund. I remember when one of the pay-for's for the doc fix was the prevention fund.

And, you know, it is not only a question of repealing it here outright but also constantly trying to take money from it to pay for other things. I think it is a huge mistake. The hallmark of the healthcare reform and the Affordable Care Act was prevention. And to the extent that we either repeal the prevention fund or we take money away from it to pay for other things I think is, you know, the old--I don't know what it is but, you know, robbing Peter to pay Paul. That is exactly what is going on here and it is a huge mistake.

I yield back.

The {Chairman.} The gentleman yields back. Are there other Members wishing to speak? Seeing none, the question is on the amendment offered by the gentlelady from California. Those in favor will say aye. Those opposed say no. In the opinion of the chair the noes have it. The noes have it.

Ms. {Matsui.} Mr. Chairman, I would like a recorded vote, please.

The {Chairman.} The gentlelady asks for a recorded vote. Pursuant to the agreement Mr. Waxman and I have together, we will roll the vote as part of the amendments in Title I.

Are there other Members--gentlelady from Illinois.

Ms. {Schakowsky.} Thank you, Mr. Chairman. I have an amendment at the desk. It is number three.

The {Chairman.} The clerk will read the title of the amendment.

The {Clerk.} Amendment to Committee Print of Title I offered by Ms. Schakowsky of Illinois.

[The amendment follows:]

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The {Chairman.} The amendment will be considered as read. The staff will distribute the amendment and the gentlelady is recognized for 5 minutes in support of her amendment.

Ms. {Schakowsky.} Thank you, Mr. Chairman.

My amendment would ensure that we preserve funding under the Prevention and Public Health Fund for breast and cervical cancer screening programs and other women's health preventive services that would include screening for gestational diabetes, it would include vaccines, and domestic violence.

And I want to be very clear I am opposed to repealing the entire Prevention and Public Health Fund but if, as I suspect, the Republicans provision to repeal that fund is going to get through the Committee, at least I am asking that we preserve support under the fund for vital women's health preventive services.

Mammography and pap smears are considered basic, routine, and often lifesaving services for women. To the extent the prevention fund is supporting those services, we should not allow the authority for the fund to be repealed. My amendment would ensure those services would continue to be supported through the fund.

In the United States in 2011, an estimated 230,000 women

were diagnosed with breast cancer and nearly 40,000 women died from the disease. An estimated 12,000 women were diagnosed with cervical cancer and over 4,000 women died from cervical cancer. Data from the National Health Interview Survey from 2010 found that women are getting screened for breast cancer and cervical cancer at rates below national standards.

I also wanted to point out that the county I represent, Cook, as well as Hardin County, which Congressman Shimkus represents and Kankakee Counties all have something in common. These three counties all fall below the national benchmark of women who get recommended breast cancer screenings. And these three counties are also underperforming relative to other Illinois counties. So we need these kinds of services.

The breast cancer screening rate was 72 percent in 2010--that is nationwide--below the federal health target of 81 percent. The cervical cancer screening rates were 83 percent, below the 93 percent goal. The screening rates for both cancers were significantly lower among Asians and Hispanics, as well as those without health insurance or no usual source of healthcare. Breast and cervical cancer screening programs are not the root cause of our fiscal crisis and cutting them further will not balance the budget.

In fact, the data proves that we should be increasing our investment in early detection through screening and working to increase awareness about these diseases.

Eliminating the Prevention and Public Health Fund is not a responsible or economically efficient solution. Prevention is the key to reducing healthcare costs and creating a long-term path to a healthier and economically sound America. Cutting prevention now will only lead to increased healthcare costs down the road. We must continue our investment in the Prevention and Public Health Fund. At the very least, we should preserve the fund's support for breast and cervical cancer screening programs and not allow that authority for the fund to be repealed.

So I am asking my colleagues to vote in support of women's health and to vote for my amendment. And unless someone wants the time, I would be happy to yield back, Mr. Chairman.

The {Chairman.} The gentlelady yields back.

The chair would recognize the gentleman from Pennsylvania, Mr. Pitts, for 5 minutes.

Mr. {Pitts.} Thank you, Mr. Chairman.

I speak in opposition to the Schakowsky amendment and I will limit my remarks to the repeal of the Prevention and Public Health Fund. The proposal that we will consider today

2015 is identical to my bill, H.R. 1217, which this committee
2016 considered last year and which passed the House Floor by a
2017 vote of 236 to 183. This reconciliation proposal would
2018 repeal Section 4002 of PPACA, which established a Prevention
2019 and Public Health Fund. This section authorizes the
2020 appropriations of and appropriates to the fund from the
2021 Treasury $16 billion for the first 10 years of the program
2022 and a permanent $2 billion annually appropriations for the
2023 fund in perpetuity, 2 billion a year for as far out as you
2024 can see. The Secretary of Health and Human Services has the
2025 full authority to use this account to fund any programs or
2026 activities under the Public Health Service Act that she
2027 chooses without congressional approval, without congressional
2028 input or oversight.

2029 When Secretary Sebelius testified before the
2030 Subcommittee, I asked her whether she needed further
2031 congressional approval to spend the money from Section 4002
2032 fund and she answered no. I then asked her if she could fund
2033 activities above and beyond the level Congress appropriated.
2034 And she stated yes. The creation of such a slush fund should
2035 concern every Member. Please do not misunderstand me. The
2036 goals of the fund are laudable and there is no doubt that we
2037 must focus on preventing disease rather than simply treating
2038 people once they have become ill. However, it is important

to note that no money from this fund has been used for breast or cervical cancer screening according to review of the 2012 disbursements. We must remember that this funding is over and above the amount that Congress has already decided should go to these activities and the amount that Congress has already appropriated for these activities. No one here can tell us what this funding will be used for next year or 5 years or 10 years or 20 or 50 years from now. And this fund exists in perpetuity.

Also, the priorities of the next Secretary may be very different from those of Secretary Sebelius and that Secretary will also have complete discretion over the fund. We can't predict how the money will be spent, or worse, we can't even influence it.

Last year, my friends on the other side of the aisle brought up numerous positive uses for this funding. If you are hoping that the Secretary will use the fund for workforce development or to finance smoking prevention or cessation programs, or if you are hoping that money will be spent on obesity or disease prevention--and there is nothing wrong with any of these purposes--you must realize that you are not guaranteed a dime.

Ms. {Schakowsky.} Will the gentleman yield for just a second.

Mr. {Pitts.} I am almost finished. A direct appropriation should have been written into the law. By eliminating this fund, we are not cutting any specific program or activity because we have no idea what programs or activities will receive this funding. And I am not against prevention and wellness. That is not what this is about despite what some of my colleagues on the other side say. This is about reclaiming $11 billion of the taxpayer money, reclaiming our oversight role of how federal tax dollars should be used.

And I will yield first to the gentleman from Illinois.

Mr. {Shimkus.} Yeah, and we did check the HHS website today and still no money has gone for these type of public health cancer diagnostic issues out of this fund as of today. I will tell you what it has gone for. It has gone for scheduling an appointment for your animals to get spayed and neutered for free. And this is a flyer from Nashville, Tennessee. The Temporary Veterinary Clinic Initiative is funded in part by the U.S. Department of Health and Human Services as part of the Metro Public Health Department's Communities Putting Prevention to Work Campaign.

So that is the issue that we want and some accountability and responsibility versus what the HHS can decide on their own. I am not sure public health initiatives

should be paying for people to get free animal spayed and neutering for free. So with that I yield back to my colleague.

Mr. {Pitts.} My time is up. I yield back.

The {Chairman.} The gentleman's time is expired.

The chair would recognize the gentleman from California, Mr. Waxman, for 5 minutes.

Mr. {Waxman.} Mr. Chairman, my colleagues, I support this Prevention and Public Health Fund, but so far, the Republican majority seems to be of a mind that we should do away with it. And the Schakowsky amendment simply says at least preserve the support under the fund for breast and cervical cancer screening programs and other women's health preventive services.

I listened to Mr. Pitts. I don't understand his argument against this. You seem to be saying, well, we already appropriate money for that. Well, not enough. You seem to be saying we don't know what the priorities will be of a Secretary later on. I don't care what the priorities of any Secretary are. The fund would be preserved under this amendment for women's preventive health. Why are you worried about discretion of a Secretary? A Secretary is going to have to use the money for this purpose.

Now, we already have had enough instances in this

Congress of hostility to women's health. I hope that we could at least agree on protecting women to be able to have preventive services such as mammography and pap smears and other lifesaving services. If something else comes up in the future, this fund ought to be used for that. But to say we won't keep this fund available does not mean that we are going to have other funds available; it just means we may have no funds available at the rate this government is going.

We don't have appropriated dollars except year-by-year and that is a real threat as we face caps on the amount of entitlements. I think--

Mrs. {Capps.} When you are finished.

Mr. {Waxman.} Yes, I just think we ought to be very clear about this. It is very simple. These services would continue to be supported through the fund. Even if you don't like the rest of the fund, don't take it out on women's health.

I would be pleased to yield to my colleague from California.

Mrs. {Capps.} And then, actually, Mr. Waxman, I just want to underscore that the underlying message that is coming through with the arguments against these series of amendments--I want to lump them together if I could with my colleague, Ms. Matsui's--focus on preventive services for

seniors, which is such a vital part of Medicare, and women's preventive health services, which has been in the spotlight if you will in terms of cuts to services for women's health and my underlying amendment that goes to the heart of the recommendations put out by a very objective series of studies, the Robert Wood Johnson Foundation and the University of Wisconsin, that we are not meeting our standards of where we should be as a Nation in terms of outcomes for healthcare.

And the fact that the overwhelming story is that women and seniors and people in general want to prevent illnesses--they watch their family members with chronic conditions living lives that are costly and not productive, and they see the tragedies of lives lost. And we have the means to prevent the onset of many of these conditions and people want the services. And the story that will come from this debate and from the decisions that are made here are about the ways that secretaries use funds, yes, but stronger than that is the message that goes to people.

And I just want to add one fact that whatever you think of how the funds have been appropriated so far, the President's budget does ask for increases in preventive health services. So it is on the way. This is a bill that has become law and is now moving forward so that it can be

implemented. We want to cut off this possibility before it even gets out of the starting gate and the results of it are made clear.

And I will yield back to Mr. Waxman.

Mr. {Waxman.} You are absolutely right. Why punish women in this country by denying them money that would be automatically appropriated for breast and cervical cancer preventive services? Why? Because this is a reconciliation to a budget that would give tax breaks to billionaires at the expense of the women in this country. Let us just understand what is going on. And I urge my colleagues to vote for the amendment that is pending.

The {Chairman.} The gentleman's time is expired.

The chair would recognize the gentleman from Louisiana.

Dr. {Cassidy.} As many of you know, I work in a hospital for the uninsured, have for 20-something years. My wife is a retired breast cancer surgeon. I always figured, my gosh, if we just had these debates in my hospital, they would be a lot shorter debates. People would see what was going on.

As it turns out, through regular order, we have done a lot of this. Centers for Disease Control in 1999 had established the Breast and Cervical Cancer Mortality Prevention Act of 1990 and this is to provide breast and

cervical cancer screening exams to underserved women, including those with lower incomes or members of racial and ethnic minority groups. The program operates in all 50 States, District of Columbia, six U.S. territories, and 12 American Indian/Alaskan Native organizations.

Then in 2000, the Breast and Cervical Cancer Prevention and Treatment Act of 2000 gave an option through Medicaid for those with breast or cervical cancer, including precancerous lesion--so if something abnormal is picked up--it is now covered under Medicaid. In 2002, President Bush signed an amendment to this to extend that coverage to Native Americans. In January of 2003, Tommy Thompson approved 48 States and the District of Columbia to further expand a program like this. Let us see if I can pull it up on my website. Let us see. What am I in here?

Mr. {Pallone.} Will the gentleman yield?

Dr. {Cassidy.} Not yet. In fact, it says that this which is administered by the Centers for Disease Control provides free breast and cervical cancer screening and follow-up diagnostic services to women in need such as those who are uninsured or low-income. In 2010, CDC began its 20th year of this landmark program supporting early detection in all 50 States, District of Columbia, et cetera.

Now, we can go on. But let me just kind of hit another

point. As it turns out, right now, the Centers for Disease Control for breast cancer alone spent about $163 million. There is also money from NIH, from HRSA, from Title X, from Eternal and Child Grants, and there are also the aforementioned Medicaid grants which we have spoken of. Now, of course, we could throw another pot of money about it, make some political points and feel good, but that would frankly be--again, I wish you could just talk to the people who actually administer these programs.

I went to speak to my Department of Health and Hospitals Director and I said, well, what would you say about all these grants? And what he said was, man, we have overlapping grants for the same condition and every agency that has this grant has a different person to answer to.

Ms. {Schakowsky.} Could I respond to that?

Dr. {Cassidy.} No, I am not through yet.

Ms. {Schakowsky.} Okay.

Dr. {Cassidy.} Slightly different guidelines, different software, we have to assign more personnel to answer these overlapping grants. I tell you I will work with you if you want to find extra money through regular order to put in these programs, that is part of the mission I have been about for 20 years.

Ms. {Schakowsky.} Would you just yield just for 20

seconds?

Dr. {Cassidy.} No, I will not. Duplicative bureaucracies on the federal level mandating duplicative bureaucratic effort on the state level diverts money away from that which we are trying to do.

Mr. {Waxman.} Will the gentleman yield?

Dr. {Cassidy.} We should be able to bring prevention and health to these women who are underserved, not to score political points.

Mr. {Waxman.} Will the gentleman yield?

Ms. {Schakowsky.} Would you yield for just a minute?

Dr. {Cassidy.} Yes, ma'am.

Ms. {Schakowsky.} Thank you. I wanted to point out that you correctly identified the CDC as having this program. Because the CDC is short of money right now, where do you think that money is coming from? It is coming from the Prevention and Public Health Fund--

Dr. {Cassidy.} Reclaiming my time.

Ms. {Schakowsky.} --right now. Right now.

Dr. {Cassidy.} Reclaiming my time. It should come from regular order. I agree we should make this a priority. Believe me, I have been talking to people at CDC about hepatitis. What can we do to improve funding? They say, listen, we spend money as you tell us to spend. And so if

we, through regular order, say listen, we want to bump up that which is available for these women--which, by the way, I will be so with you--then we should do it through regular order.

Mr. {Waxman.} The gentleman yield?

Dr. {Cassidy.} I will.

Mr. {Waxman.} Under regular order, the budget is calling for increases in defense spending at the expense of health funding. So we are not going to get more money; we are getting less money for these programs--

Dr. {Cassidy.} Reclaiming my time.

Mr. {Waxman.} --which I authored--

Dr. {Cassidy.} As you know, of course--former chairman knows--that we can within health spending designate where that money goes. In fact, some of this argument here is do we just turn it over and absolve ourselves of responsibility or do we take our responsibility and direct that funding? If we say to the CDC we want you to go from 163 to 250, by golly, they will. And I don't think we should absolve ourselves of our responsibility; I think we should take it on.

I yield back.

The {Chairman.} The gentleman yields back.

Are there other Members wishing to speak? The gentleman

from New Jersey.

Mr. {Pallone.} Thank you, Mr. Chairman. You know, I am going to correct--I understand what my colleague from Louisiana is saying that he doesn’t like the Prevention Fund to be used for services that he thinks are already authorized or that could be authorized through regular order, and I don’t want to take away from the fact that some of the money is used because money has dried out in the normal course of things, but I would also point out that, you know, different groups are applying, states, different groups, non-profits, whatever, for Prevention Fund monies to look for different ways of doing things as well.

I mean, I don’t want to give the impression here that this is just a fund that is being used for things that are not otherwise paid for. That is not accurate. There are many non-profits and others that are actually seeking the Prevention Fund to come up with innovative ways of doing things, and in this case, in the case of Ms. Schakowsky’s amendment, it may be in particular for the screenings and other things, but, I mean, in general this was perceived as not only helping supplement funding for prevention that doesn’t exist but also to look for different ways of doing things that are preventative in nature. And, you know, this type of innovation is very important. I see it in my own

district.

Dr. {Cassidy.} Will the gentleman yield?

Mr. {Pallone.} If it is really going to make a difference in the way that we provide healthcare services, then we have to look at different ways of doing things, and so it really bothers me because it is almost like we are, you know, we are sticking our head in the sand, and we are saying, okay, you know, we can only do certain things, we can’t look towards the future, we can’t look at different ways of doing things.

Mr. {Waxman.} Will the gentleman yield?

Mr. {Pallone.} And I know that in particular, you know, when I talk about my hospitals, my nursing homes, the different providers and those that provide healthcare services, they look at this Prevention Fund as sort of a Godsend to try to do things in a way that will prevent people from being hospitalized and going to nursing homes and being institutionalized. That is how you have to see this, in a very positive way. It is not just, it is not a slush fund, and that is the way it is being described by my Republican colleagues. That is totally inaccurate.

I yield to Mr. Waxman.

Mr. {Waxman.} Thank you for yielding. There is competition for money because we don’t have unlimited money,

so competition between giving tax cuts to the upper income or spending money on poor people, the people are losing. There is competition when money is appropriated. If less money is appropriated for the health funding programs, then there is competition between those programs.

Mr. Cassidy seems to think that we all ought to make it clear that Congress wants health funds to be continued for breast and cervical cancer screening. It is an obvious need, and everybody on this committee supports it, but the obvious thing doesn’t always happen when there is competition for those dollars.

This fund that was created under the Affordable Care Act is not subject to the appropriations. It is money that will automatically be used. Now, the Republicans want to repeal that fund. The amendment that is before us is to at least allow the money from that fund that is for this specific purpose for women, health prevention, be continued. That is it, plain and simple, and I appreciate the sincerity of our friend from Louisiana. Sincerity and good intentions don’t always add up to the results we want. People at the Centers for Disease Control want to prevent diseases and yet they can’t do all the things that they should be doing under the law, and they are going to be able to do even less when we are through with the regular order through the appropriations

process.

So I would appeal to everyone here, don’t let the women down who need this attention. Just a history of our committee’s role. Our committee authorized the Breast and Cervical Cancer Program in 1990. At that time some members said, well, wait a second. What if you find out a woman has breast cancer, and they don’t have insurance? Should we make them eligible for Medicaid, and people said, oh, no, no, we can’t afford it. A couple years later when the Republicans were in control of this committee we changed the law to say that if a woman through screening is determined to have breast cancer or cervical cancer, she would be eligible if, for nothing else, Medicaid. We moved in the right direction. That is an entitlement.

This is also an entitlement. Don’t take away an entitlement that can keep women health, and I urge members to support the Schakowsky amendment. Thank you for yielding to me.

The {Chairman.} The time has expired. Are there other members seeking time? Seeing none--oh, all right. The gentlelady is recognized. I would be delighted to recognize the gentlelady from Florida, Mrs. Castor, for 5 minutes.

Ms. {Castor.} Thank you, Mr. Chairman.

You know, since the Republican budget was introduced and

the Republicans in the House passed it and deemed it passed, deemed provisions passed, you know, the reviews are in. It has been called harsh, it has been called severe, it has been called extreme, it has been called reverse Robin Hood, and here is a very clear example why we already have the clear example of their vision to end Medicare as we know it, but here is another very clear example for families across America to appreciate.

Ms. Schakowsky is right to stand up and fight for women’s health. This amendment simply says we are going--we think it is a priority in America that women have access to preventative services. This is smart. Prevention is smart, saves money, and it saves lives. This includes those all-important breast and cervical cancer screening initiatives.

On the other hand, here is the choice that has been put in front of us. We can fight to save Medicare. We can fight for these women’s, for women’s health, but the other side of the aisle in their vision for America, in their budget they say no, it is more important to provide millionaires with an average tax cut of $150,000 per year. They say it is more important to continue to protect big oil companies and their tax giveaways that they get in the budget.

I think that provides a very clear contrast in the priorities between our visions for the country. I think that

asking middle class families to pay higher taxes while wealthy Americans get a tax cut is not right. It is not consistent with our values as Americans. We should be focused on a budget that creates jobs, that addresses the deficit in a balanced way and doesn't put all of the burden on hardworking families, women's health, and our older neighbors that rely on Medicare.

And I yield--

Mr. {Pallone.} Will the gentlewoman yield?

Ms. {Castor.} I was going to yield to Ms. Christensen.

Mr. {Pallone.} Oh, I am sorry.

Dr. {Christensen.} Thank you for yielding, and thank you for pointing out the stark contrast in priorities. You know, I oppose every attempt to un-fund or cut the public health fund. We are behind every, we rank behind every industrial country in the world and some of the developing ones in the health status of our citizens, and when we look at the disparities and health status for people who live in rural areas, for the poor, for people of color, a lot of that is driven by the lack of preventative care.

And so I support both the amendment that I didn't speak to by Congresswoman Matsui to continue this fund, preventative care for seniors. It is critically important. Seniors have multiple health issues, and prevention is key.

And I just don’t understand how our Republican colleagues can oppose that amendment and oppose funding programs for prevention of illnesses in women. We need to support our seniors, we need to support women in this country, and Frank--

Mr. {Pallone.} I just wanted to follow up--

Dr. {Christensen.} If I have any time, I will yield.

Mr. {Pallone.} Yeah. If I could just follow up on what you said briefly, you know, I know that you and Mr. Cassidy are both physicians, and I respect you a great deal. The problem, though, I think with Mr. Cassidy’s remarks is that what I am trying to get across here is that too much of those programs that he is talking about, whether it be Medicaid, Medicare, other programs, is spent on end of the life, end of life--

Dr. {Cassidy.} Would the gentleman yield?

Mr. {Pallone.} And I think that what you do at the Prevention Fund that is so different is that the money is spent on prevention. And so it is not duplicative because, in fact, we spend so much, you know, on institutionalization, when people go to hospitals, when people go to nursing homes, and to set aside a certain amount of money that is not, you know, is for prevention purposes, which is often neglected, is what this is all about. And I understand what Mr.

Cassidy’s concern but I also think that, you know, you are kind of ignoring the fact that we just don’t have enough money around for innovative prevention type things. That is what is lacking. That is what is not necessarily provided in the hospitals and in, you know, the other things that you mentioned where we, you know, we rightfully have to pay for those things, but they are not necessarily preventative in nature.

Dr. {Cassidy.} Will the gentleman yield?

Mr. {Pallone.} It is not even my--I don’t think there is any time left.

Dr. {Cassidy.} It is the Breast Cancer and Prevention Fund. That is the name of the act. It is prevention fund.

The {Chairman.} Time has expired. Are there other members seeking time? Seeing none, the vote occurs on the amendment. Those in favor of the amendment will say aye. Those opposed say no. In the opinion of the chair--the gentlelady asks for a recorded vote pursuant to the agreement Mr. Waxman and I have, the amendment will be rolled until later on a roll call vote.

Are there further amendments to Title I?

Seeing none, the chair would ask unanimous consent that Title I be closed at this point so that we can go to Title II. Without objection.

Now, normally let me bring members up where Mr. Waxman and I are in terms of the process for the balance of the afternoon. We have finished amendments at Title I. At a point later in the afternoon we will have the vote on approving the Title I, perhaps as amended, depending upon the votes that are there or perhaps not, and then we will have the question on transmitting the recommendations from Title I to the Budget Committee at that point.

So we are now going to take up amendments to Title II, and we will consider the amendments offered. Pursuant to the agreement Mr. Waxman and I have, those votes, again, will be rolled. We will do the same thing with Title II. We will have a--the vote on Title II, perhaps as amended or not, will occur after the amendments themselves. Folks follow what I am saying? And also the motion to transmit that to the Budget Committee.

We will then take up amendments to Title III, close that, those amendments, same thing as with Title I and Title II, so in essence we will have one large vote-a-rama of the amendments to Title I, Title I, amendments to Title II, Title Ii, amendments to Title III, Title III, and go home for the day.

So without objection the chair would call up the committee print entitled, ``Medicaid.'' This is Title II and

ask the clerk to report.

The {Clerk.} Proposed matter for inclusion in reconciliation recommendations. Title II. Medicaid.

[The Committee Print follows:]

********** INSERT 9 **********

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The {Chairman.} So without objection the first reading of the committee print is dispensed with. So ordered.

Are there any bipartisan amendments to the committee print?

Seeing none, are there other amendments to--the chair would recognize the gentleman from Texas, Mr. Barton. For what purpose does he seek recognition?

Mr. {Barton.} Mr. Chairman, I have an amendment at the desk.

The {Chairman.} The clerk will read the amendment, read the title.

The {Clerk.} Amendment to Committee Print of Title II offered by Mr. Barton of Texas.

[The amendment follows:]

********** INSERT 10 **********

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Mr. {Barton.} Mr. Chairman, I would ask unanimous consent that the amendment considered as read.

The {Chairman.} And without objection, and the staff will distribute the amendment, and the gentleman is recognized for 5 minutes in support of the Barton amendment.

Mr. {Barton.} Mr. Chairman, when the Affordable Healthcare Act was passed, there was a provision included in it to provide incentives to states to increase enrollment in their Medicaid Low-Income Children Program not part of SCHIP. As we all know, the CMS has indicated that there has been more than $15 billion in improper payments in Medicaid associated with eligibility review errors, and this incentive program which under current law goes through, I believe 2014, states were encouraged to go out and increase the enrollment and in doing so were allowed to lessen or eliminate some of the review requirements concerning eligibility.

The amendment that I have just offered would eliminate this incentive program in this coming budget year and would save according to CBO $400 million, and it scores as a $400 million savings.

So the amendment is fairly straightforward. It is to eliminate a Bonus Incentive Program to the states to increase eligibility in Medicaid for their Low-Income Children’s

Program.

Mr. {Sarbanes.} Mr. Chairman.

The {Chairman.} Who seeks recognition? Oh, I am sorry. Mr. Sarbanes.

Mr. {Sarbanes.} Mr. Chairman, I have a second-degree amendment to the gentleman’s amendment.

The {Chairman.} The clerk will read the amendment to the amendment.

The {Clerk.} Amendment to amendment offered to committee print--

[The amendment follows:]

********** INSERT 11 **********

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Mr. {Sarbanes.} I ask unanimous consent to be considered as read.

The {Chairman.} Without objection and the staff will distribute the amendment, and the gentleman is recognized for 5 minutes in support of his amendment to the Barton amendment.

Mr. {Sarbanes.} Thank you, Mr. Chairman. It distresses me that we would not want to do everything we can to increase participation and access on behalf of children across this country to healthcare coverage, and I am disappointed that this markup is being used as an opportunity to repeal what has been a very, very successful program in terms of incentivizing states to step up their efforts to enroll children in the CHIP Program.

And in one sense I want to thank the gentleman for offering the amendment because he is calling attention to the fact that there is a discrepancy right now in the fact that you have the authorization of the CHIP Program that goes through 2015, but this Performance Bonus Funding Program is actually set to expire in 2013. And there is every reason to support extending this so that it matches the time period of the reauthorization.

If you look at what states have been doing, they have

been making tremendous progress in enrolling eligible but uninsured children. I want to say that again. These are eligible children. They have a right to be covered by this program. The only thing that stands in their way is reaching out and connecting them to those benefits, and this Performance Bonus Program that was put in place indicated that if states adopted a number of measures, it would streamline their procedure for enrolling children in the program so that they can get coverage and they can stay healthy and so forth, that they would be entitled to a Performance Bonus.

And that bonus money, by the way, is going to help support the additional costs that are associated with that coverage that is provided. In Maryland, my State, these measures were implemented, and the State benefited significantly last year, $28 million as a reward for improved enrollment of low-income children.

And as it was in my State, it has been successful other places as well in terms of making sure that the agencies that are responsible for creating this coverage opportunity for low-income children are stepping up and doing it as well as they can.

The number of children with health insurance has climbed over the past 3 years since the program was created, this

Performance Benefit, Bonus Program. Prior to the reauthorization, 91 percent of all children had health insurance. So you could say, well, that is terrific, 91 percent, but 9 percent are still not covered, and that represents a tremendous number of children across the country.

Three years after we enacted the CHIPRA improvements, an additional 1.2 million children had coverage, which is bringing the coverage levels to 93 percent. Maryland, Virginia, Wisconsin, Colorado, and Oregon were among the top recipients in 2011.

My concern is that the gentleman’s amendment is going in the wrong direction here. He would zero out this Bonus Program which has proved so tremendously successful. We need actually to go in the direction of furthering it, enhancing it, and extending it so that it coincides with the period of reauthorization of CHIPRA.

And for that reason I think that this is a sensible amendment in terms of bolstering up a program that has worked very, very effectively in terms of supporting children’s health across this country, and I can’t imagine that my colleagues on the other side of the aisle or even the gentleman who offered the amendment really intends to undermine efforts to increase coverage for low-income

children across the country, and with that I yield back.

Mr. {Barton.} [Presiding] The gentleman yields back. The chair recognizes himself in opposition to the Sarbanes perfecting amendment briefly.

The amendment is contrary to the intent of the primary amendment. The primary amendment is to end the program that by definition was intended to weaken enforcement of eligibility for the program. There were eight different review things required under this program that the states had to implement at least five of them, and these were things like eliminating the in-person review. That was one of the things that states had, that they could do, one of the eight things that they could do. They could also eliminate the asset test.

So in attempting to increase enrollment, the Federal Government was inviting states to weaken enforcement, weaken eligibility, and as has been pointed out earlier, we estimate at least $15 billion in fraud has been committed.

Mr. {Sarbanes.} Would the gentleman yield?

Mr. {Barton.} Sure.

Mr. {Sarbanes.} There is weakening and there is streamlining, and the research reflects that some of these very prescriptive procedures that were in place before some of these states took the streamlining measures that they did

was actually having the effect of denying coverage to a great majority of people who were eligible. So in other words, your concern about the fraud, and we are all concerned about potential fraud that can happen, but the evidence doesn't support the fact that the streamline procedures that are, that these states are being asked to implement in order to make sure that the coverage is available is leading to any significant level of fraud. In fact, what it shows is that those who are entitled to this kind of coverage will now be eligible for it and receive that coverage. I yield back.

Mr. {Barton.} Well, the states, reclaiming my time from the gentleman from Maryland, states can continue to try to expand coverage and increase enrollment if they so wish. We are just not going to have this bonus pool that in my opinion basically paid them to, if not do fraud, at least encourage it. I mean, but it, you know, different people can look at the same set of facts and come to different conclusions.

Mr. {Sarbanes.} Will the gentleman yield on that?

Mr. {Barton.} I would be happy to.

Mr. {Sarbanes.} The Performance Bonus the way you should look at those dollars is they are to reward states that are going, that are exceeding what the sort of average performance target has been in terms of enrolling low-income children, and the reason you want to reward them for that is

that by doing a good job and bringing more children in, they are going to incur more costs because there is a coverage cost associated once those children are brought into the mix. And so what you are really doing is you are rewarding them for doing a good job, you are giving them some extra dollars to help cover the costs that are associated, and again, I want to make this point as I did initially, children are entitled to these benefits under the CHIP Program. The only issue is whether they are getting connected to the benefits, and this program is designed to make sure that that happens and incentivizes states to do it, and that is why my interest, of course, is in extending it so that it coincides with the period of reauthorization.

Mr. {Barton.} I would oppose the Sarbanes amendment and ask the committee to oppose it.

The gentleman from California I assume seeks recognition.

Mr. {Waxman.} I seek recognition to support the Sarbanes amendment.

Mr. {Barton.} The gentleman is recognized.

Mr. {Waxman.} This committee should take pride in the CHIP Program. We were the ones to come up with it, and we supported the reauthorization in 2009, of the Child Health Insurance Program. In 2009, we said to the states, if you

will streamline the bureaucracy, if you will make the program run more efficiently, we are going to reward you with a bonus. The reason we were rewarding them with a bonus is because the consequence of trying to find more kids is that they discovered that a lot of these kids were eligible for the Medicaid Program. They had always been eligible for the Medicaid Program, and so instead of going into CHIP, they would go into Medicaid.

Medicaid requires the states to put up some money. CHIP was a block grant, and they used the block grant as best they could for kids who are from families with incomes and assets above Medicaid.

So what we have seen is a program that has been successful. I guess a program that we see as successful is one that the author of the amendment thinks has led to fraud. Now, I suppose if it weren’t poor kids, we would say, what a great success this is, because they found more kids. They don’t just find them and then put them in Medicaid. They have to go through all the eligibility screening to be sure they are eligible for Medicaid. And then they are eligible, and they become part of the Medicaid Program.

So I don’t think it is a fraud. We asked them to use good practices, go out and try to find these kids. Otherwise, what would a state do? If you are a governor,

especially now with all the fiscal problems the governors have, you wouldn’t want to find another kid to be possibly under the Medicaid Program because even if your Medicaid dollars are matched by the Federal Government or at 80 percent, you still have to come up with the 20 percent, and the 20 percent is a lot of money for the states. So they are not, they don’t have a reason to want to look for kids that might be eligible for Medicaid. In fact, they have a reason not to.

So we didn’t want to discourage the states from doing this job, and that is why we provided the bonuses. The gentleman from Maryland want me to yield?

Mr. {Sarbanes.} Yeah. I appreciate the gentleman yielding.

I just want to point out that, you know, a lot of the issue rises with respect to reenrolling these children in the program. So we are talking about children whose eligibility has been demonstrated. They are being covered under these programs. Then it comes time for reenrollment, and if you have these overly-restrictive measures in place, then you end up throwing a bunch of people off the rolls, a bunch of children off the rolls who are supposed to be there, which is the height of inefficiency. I mean, leave aside for the moment what it means for those families and for those

children to have their coverage interrupted, but it is a huge waste of money and focus and energy to have to adhere to these sort of out of date and overly restrictive approaches when there are these streamlined measures that are now available, the exact thing that is being encouraged here through the Performance Bonus. And then what you end up with is coverage that is uninterrupted for those people who deserve to get it.

I yield back.

Mr. {Waxman.} Well, reclaiming my time, what in effect you are saying is just because you streamline the application process doesn’t mean that you are going to have fraud. It means you are going to find more people without having to make them go through a lot of hoops to become eligible, and these are, of course, not people who are used to bureaucracy and all of that. They often come from homes that are quite dysfunctional and difficult family circumstances.

So we streamline the process to find them and get them eligible, but we don’t require their eligibility to be ignored. That eligibility has to be established the same as any other Medicaid child.

So I strongly support the Sarbanes amendment and oppose the underlying amendment should by any chance the Sarbanes amendment not pass.

Yield back my time.

Mr. {Barton.} The gentleman yields back his time.

The gentleman from Louisiana seeks recognition.

Mr. {Scalise.} Thank you. I move to strike the last word.

Mr. {Barton.} The gentleman is recognized.

Mr. {Scalise.} I want to ask a question for counsel because when you look at the criteria that were mandated when this law was passed and in many cases states have told us that the mandates actually increase the level of fraud that they are trying to root out, so I want to ask a question. If a state increases enrollment by let us say 20 percent, so they go out and actually increase enrollment by 20 percent but they didn’t implement a majority of those requirements that are in there that they think would actually lead to more fraud, so they increase their enrollment by 20 percent, but they didn’t put five of the eight or, you know, majority of those provisions in place. Would they still get that bonus?

{Counsel.} Congressman, no, they wouldn’t. You had to implement at least five out of the eight activities that were listed and actually the activities that were chosen most often was, were liberalization of the asset requirements, elimination of in-person interviews, and basically an automatic redetermination renewal process when somebody had

to be re-determined.

Mr. {Scalise.} Well, thanks, and I think that is an important point because, you know, I saw this in our state back, in fact, when our now governor, Bobby Jindal, was running our State Department of Health and Hospitals, one of the first things he did when he came into that job was he sought out a way to reduce waste, fraud, and abuse in Medicaid. We all know what happens. Everybody here talks about it, but our governor actually did it when he was the lead of the--the secretary of the Department. He actually went out and systematically started to root out the waste, fraud, and abuse, and he went to some of these clinics where kids would be sitting in a waiting room watching cartoons, not even seeing a doctor, and yet the doctor was billing the Federal Government. The doctor was billing Medicaid, not even treating the kids. They routed that out. We saved about $1 billion of waste, fraud, and abuse in Medicaid by doing that, and yet you look at some of these provisions, and this law is saying, hey, if you increase your enrollment but you also take steps to root out waste, fraud, and abuse, you are not going to get the bonus. You want to talk about a disincentive. This is absurd that you would--it is clearly not about increasing enrollment because the states that are increasing enrollment, while also managing and routing out

waste, fraud, and abuse don’t get the bonuses. The states that get the bonuses are the ones that do things that increase fraud.

So I want to ask a question--

Mr. {Sarbanes.} Would the gentleman yield?

Mr. {Scalise.} --again to counsel, how much cost is associated with fraud in the system? Do you have some numbers on that?

Mr. {Sarbanes.} I don’t even think you guys--

{Counsel.} There is annual studies called PERM, which look at the payment error rate measurement. That is the acronym for it, and basically they have identified $15.8 billion of eligibility either fraud, mistakes, errors at a $15.8 billion level, which probably makes up about 60 to 70 percent of the errors in fraud in Medicaid.

Mr. {Scalise.} So basically what we have is a situation where this program was set up, and they all under the guise of increasing enrollment, they also put criteria in place that said basically you can’t put fraud prevention in place, and if you put the fraud prevention in place, even if you do increase the enrollment, again, what they say publically was their intention, if you do that, you don’t get the bonus if you have actually put in mechanisms to root out fraud. You only get the money if you take out the measures that route

out fraud, and you are telling me that $15.8 billion of taxpayer money is wasted in fraud, and yet you are punishing the states, with the current system you are punishing the states that route out fraud.

Mr. {Sarbanes.} Would the gentleman yield?

Mr. {Scalise.} This is ludicrous, and, again, I saw this happen in our state. I was on our state Appropriations Committee when we went out, we had a secretary who is now our governor, that went out and actually put policies in place that routed out the fraud, and you know what? Healthcare outcomes actually increased. We saw an increase in healthcare outcomes, and we saved $1 billion in the system because we took a systematic approach to saying let us go give services to those people who need it, but let us also take away the fraud and the corruption, the stealing of taxpayer money--

Mr. {Sarbanes.} Would the gentleman yield?

Mr. {Scalise.} --that goes with it, and we were successful. It worked, and here you are penalizing those states. You are penalizing those states, and Mr. Barton has got an amendment to try to fix this, but right now under this current system and counsel has just pointed out, if you have got a state that actually did some things to increase enrollment but they said, by the way, we don’t want people

stealing the taxpayer money, we don’t want these fly-by-night operations to be getting the money, not treating the kids, and we see it happen in every state. Everybody knows it happens, and yet in the current policy you punish the states who route out fraud.

This is ludicrous. We need to stop wasting taxpayer money, and one way to do it by--you should reward the states that route out fraud, but under the current system that is in place that we trying to overturn, the states that actually--

Mr. {Barton.} The gentleman’s time has--

Mr. {Scalise.} --increase enrollment but root out fraud are penalized.

Mr. {Barton.} The gentleman’s time has expired.

Mr. {Scalise.} So I applaud the amendment. Let us move on, and I yield back the balance of my time.

Mr. {Barton.} The gentleman from New Jersey seeks recognition.

Mr. {Pallone.} You know I am just like in disbelief of what I am hearing from the other side of the aisle. First of all, what counsel was talking about was Medicaid fraud in general. Correct? I mean, you are not talking about this Bonus Payment Program, are you? You are talking about Medicaid.

{Counsel.} The number I get are eligibility errors in

fraud in general.

Mr. {Pallone.} In general. Yeah. I mean, that has--that is not this CHIP Bonus Program that we are talking about. He is talking about Medicaid in general. I don't want to belabor the point, but, you know, the other thing that I don't understand--

Mr. {Waxman.} Well, before the gentleman leaves that point, does counsel represent that in the State of Louisiana there is no Medicaid fraud? We are hearing the gentleman from Louisiana breaking his arm to pat himself on the back, but is there any evidence that there is no fraud whatsoever in Louisiana, and if we did away with the bonuses there would be no fraud in that state or any other state?

Mr. {Barton.} Would the gentleman yield?

Mr. {Pallone.} Would the gentleman yield? I would be happy to further expand upon--

Mr. {Scalise.} Well, you asked what I was talking about. I would like to tell you what I was talking about--

Mr. {Pallone.} Mr. Chairman.

Mr. {Scalise.} --if you really want--

Mr. {Pallone.} All I am asking is you are not talking about--that information you gave us about Medicaid in general. It wasn't specific to this Bonus Program for SCHIP and Medicaid. Correct? Yes or no if you could, because I

would like to move on.

{Counsel.} Yeah. The $15.8 is the entire program.

Mr. {Pallone.} Medicaid in general. Okay. Look, I want to talk about Louisiana because, you know, in my State of New Jersey we have received money for this program. We have enrolled a lot of kids, and Louisiana has done the same thing. Just let me give you the statistics.

Bobby Jindal as far as I know has been governor this whole time. ’09, Louisiana received $1.5 million for this Bonus Program. In 2010, $3.6 million, in 2011, $1.9 million, and what did they do? Let us look at what they did, and I am not--I think it is great. Thanks to Governor Jindal for this.

They basically changed the program so that for continuous eligibility to liberalize the asset requirements, to eliminate the in-person interview, to simplify the application and renewal form, and have automatic administrative renewal. So all these terrible things that, you know, some of the people on the Republican side of the aisle are concerned about is exactly what Louisiana did under Governor Jindal and got, you know, millions of dollars to do it and enroll a lot of kids. I think it is wonderful. Don’t knock it. We did the same thing in New Jersey, and it has been very successful.

Mr. {Scalise.} Would the gentleman yield?

Mr. {Pallone.} No. I have a few things I want to say. It has been very successful in getting a lot more kids enrolled. Now, you know, there was a time because I have been here a long time when my colleagues on the other side joined with us in expanding the SCHIP Program and were very supportive of the SCHIP Program. I don’t know what happened to you, frankly. It is like there is a new Republican out there, the ones that are on the walls here that I respected and, you know, supported all these things, and I respected you, have gone out the window, and now the SCHIP Program and the Bonus Program and all these things are awful. Meanwhile the Republican governors, including Mr. Jindal, who was on our committee and probably voted for it, too, they are now taking advantage of it. Everybody thinks it is wonderful, and now all of the sudden you think it stinks. I don’t understand it. These programs work.

I think you should be worried about the corporations and the millionaires that are getting the big tax breaks under this Republican Ryan Romney budget and are then--and now you have to cut the programs for the kids and SCHIP in order to pay for the corporations and the millionaires that are getting the big tax break. Why don’t you go after them and seek out the so-called fraud from the big corporations and

millionaires that are getting all the money under this Romney Ryan or whatever it is Republican budget instead of worrying about the little guy who is trying to go as Mr. Waxman said, I witnessed this is New Jersey. These people are poor. Many times they cannot sift through the system. I remember going to a community health center one day where they had a mobile unit outside where they were, you know, using the money for that mobile unit as far as I could tell to enroll a lot of kids, and a lot of the people weren't sophisticated enough to know what to do. So when you simplify the application, you make it the things they did in Louisiana, eliminate the in-person interview, liberalize the assets, that is all the things that Bobby Jindal did, you get more kids enrolled. And then those kids are insured, and the community health center gets reimbursed because they are getting the Medicaid dollars, and they can provide more services and cover more kids and do more prevention so people don't have to go to the hospital and emergency room.

I mean, this is a great thing, and I just can't believe, you know, you sit here and say you want to repeal the Affordable Care Act, whose goal is to provide universal coverage, but then what about the other programs? If you don't have the Affordable Care Act, then how are you going to cover these kids? Don't have Affordable Care Act, don't have

Medicare, don’t have Medicaid, don’t have SCHIP. What does everybody do? They are just going to lie in the streets and go to the emergency room. I mean, I just--this is just so mean-spirited--

Mr. {Barton.} The gentleman’s time--

Mr. {Pallone.} --I am shocked hearing it from my colleagues.

Mr. {Barton.} The shocked gentleman’s time has expired. Is there further discussion on the Sarbanes amendment to the Barton amendment?

The gentlelady from Tennessee.

Mrs. {Blackburn.} Thank you, Mr. Chairman, and I do oppose the Sarbanes amendment.

I just as a moment, taking a moment as a refresher to my colleagues. You have heard me talk throughout this entire Obama Care debate about Tenncare and the program that was put in place in Tenncare under a CMS 1115 waiver.

Well, there were admirable goals for this program. You know, they were going to lower the costs, they were going to increase the access, they were going to have better outcomes, and guess what, it didn’t work. And I just want to make a point about what Mr. Sarbanes is seeking to do.

If you increase money to the states and you incentivize enrolling children onto these programs, guess what? It does

not increase your outcomes. One of the things that we saw in Tennessee was that it actually ended up decreasing access to care, and we have been very cautious. You have had governors from both sides of the aisle that have tried to fix some of the problems that were there with this program.

Now, the gentleman from New Jersey mentioned emergency room use. You know, it was amazing. Tenncare was supposed to offset all of your care that was uncompensated care that came into your emergency rooms and all of the uncompensated care that is given by our hospitals. Guess what? The number never decreased. The percentage of care delivered by those hospitals never went down.

So I appreciate what Mr. Barton is--

Mr. {Sarbanes.} Will the gentlewoman yield?

Mrs. {Blackburn.} --seeking to do. I oppose what Mr. Sarbanes is seeking to do. I think it is important that we be mindful that what we should be doing is keeping our attention on how we get better outcomes. More money in the system does not yield a better outcome, and I yield to Mr. Scalise.

Mr. {Sarbanes.} Will the gentlewoman yield?

Mrs. {Blackburn.} Mr. Scalise.

Mr. {Scalise.} Thank the gentlelady from Tennessee for yielding. You know, a lot was said in the last discussion

about Louisiana’s program, and I am happy to talk about the program but especially about this perverse concept that Washington has rules in place right now that tell a state if you want to be eligible for the bonus money, we want you to increase enrollment, and that is the stated purpose, but the only way you get the bonus is if you loosen your fraud prevention. That is what they said. It is in there and--

Mr. {Sarbanes.} Would the gentleman yield?

Mr. {Scalise.} --you have to do five of the eight. You actually have to comply with a majority of the rules that make it harder to prevent fraud. It is in their rules, and so what they have said is, you know, a state, if you want money, you have got to do these things, and it is the big hammer. It is not, hey, if you are a state and you want to actually improve the outcomes, you get more money. No. They didn’t do that in their rules. They did the opposite. They said if you want to get the money, the only way you can do it is by doing things that have been proven to increase fraud.

And I want to go back to counsel. The number you had given, $15.8 billion associated with fraud in Medicaid. Right? That was the number you used?

{Counsel.} It is $15.8 associated with fraud--

Mr. {Scalise.} Billion.

{Counsel.} --determinations and other--

Mr. {Scalise.} Right. So in this program, this program is a program that deals with increasing eligibility. So if you increase eligibility, then it would seem that you would be increasing the fraud in that $15.8 billion number if you didn’t have measures in place to control the fraud, to actually route out waste, fraud, and abuse. If you actually forced a state, when they are increasing their eligibility, to take away some of the preventions against fraud, would you see that number, $15.8 billion, increase or decrease?

{Counsel.} I don’t want to make an estimate on the specific number, but clearly from a reasonable person’s standard when you loosen up eligibility determinations and verifications and other pieces, I don’t think it is unreasonable to think that you are going to get more errors and probably more fraud in your eligibility.

Mr. {Scalise.} And that is the point. If you have got a program that we know has fraud and we are trying to root out the fraud, we have found a program in the Federal Government, we found this program that actually incentivizes the states only if they take away fraud prevention. We should be trying to do the opposite. We should be incentivizing the states to increase fraud prevention because that saves the taxpayers billions of dollars, and it helps you improve health outcomes.

And yet they are defending the other side. They are saying, hey, look. You should only be able to get the money if you loosen your standards so that you get more fraud and waste more taxpayer money at a time--

Mr. {Barton.} The gentlelady's--

Mr. {Scalise.} --when we ought to be reducing the fraud--

Mrs. {Blackburn.} Reclaiming my time.

Mr. {Barton.} The gentlelady's time has expired.

Mr. {Scalise.} I yield back to the gentlelady from Tennessee.

Mrs. {Blackburn.} I yield back.

Mr. {Barton.} Is there further debate?

The gentlelady from Florida seeks recognition.

Ms. {Castor.} Thank you. I would yield my time to Mr. Sarbanes.

Mr. {Sarbanes.} Thank the gentlewoman.

It is preposterous to argue that this Performance Bonus System is set up to reward states that are not trying to, that are committing fraud, that we are loosening fraud prevention measures. And to make the argument you are making I would say that Louisiana is the worst possible example that you could offer because you have told us what a great job that officials in Louisiana are doing to combat fraud, and

yet Louisiana is one of the states that is qualifying for the Performance Bonus. So those are incompatible things according to your logic because you would say--

Mr. {Scalise.} Would the gentleman yield?

Mr. {Sarbanes.} --that if they are meeting these targets, hitting five out of eight as they have done, including things like eliminating the in-person interview, which is the sort of bogeyman everybody wants to point to, representing sort of a concession to fraud, that Louisiana has put all these things in place, earned a Performance Bonus in the last year of $1.9 million, and yet you would argue that Louisiana is doing all the good things that we need to do to try to curve fraud and abuse.

Mr. {Scalise.} Well, would the gentleman yield?

Mr. {Sarbanes.} So obviously you can do both of these things simultaneously, and that is the--it is that kind of effort, frankly, that the Performance Bonus System is meant to reward, states that are implementing not procedures that cease to combat fraud but streamlining procedures so that it is more efficient, and congratulations to the State of Louisiana for being able to accomplish both of those things simultaneously.

Mr. {Scalise.} Is the gentleman from Maryland aware that we put those fraud prevention measures in place before

these mandates came out that actually punish you for having fraud prevention?

Mr. {Sarbanes.} It is of no matter because it is--the point is they are compatible. You can have fraud prevention measures in place, and you can also implement the kinds of things that Louisiana has chosen to do, which is qualify for the Performance Bonus that it has received. So this is a beautiful case study, Louisiana is, of how you can do the right things, streamline your procedures, combat fraud, and make sure that an increasing number of low-income children are entitled to this coverage.

Mr. {Scalise.} And that was done in 1996--

Mr. {Sarbanes.} I yield back to the gentlewoman.

Mr. {Scalise.} --before this law.

Mr. {Pallone.} The gentleman yield, or who has the time?

Mr. {Barton.} The gentlelady from Florida’s time.

Mr. {Pallone.} The gentlelady have time, or she wants to use it?

Ms. {Castor.} I yield it to Mr. Pallone.

Mr. {Pallone.} Thank you. You know, I just found a statistic here. I mentioned before about what Louisiana did in terms of qualifying and getting the bonus money, but I found out that they increased their coverage 36,852 kids last

year qualified, you know, in other words that many more kids were covered because of this, in part because of this Bonus Program, and you know, I would say to Mr. Scalise, if Governor Jindal doesn’t want to take the money, he doesn’t have to, but I am glad he did, because by putting in all these changes with the bonus money and streamlining things, a lot more kids got coverage.

But it also goes back to the gentlewoman from Tennessee’s point, which is, you know, we are talking about insurance coverage here, and so when more kids are covered, then those institutions, the hospital, the emergency room, the community health center, they get the reimbursement for it. And, you know, that helps the state, too.

So, I mean, this is just something that is extremely helpful, I think, to everyone involved, you know, and what worries me, and I, now I am going to get really bad, I guess, is that, you know, I think that the Republicans are saving the money during the reconciliation here by saving the money that they give out in the bonus, you know, points, but maybe they are also trying to save the money by, you know, having fewer people covered, because that is the consequence of this, is that if they--if fewer kids gets enrolled and fewer people get covered, then I guess there is some way that, you know, in the short term the Federal Government saves money.

But it is a very, as I said, mean-spirited way of going about things. I mean, I think that we should be trying to encourage more insurance coverage. The consequence of that may be that it costs, you know, the state and the Federal Government more money, but it doesn't in the long run because, again, having coverage is a preventative measure. It means you don't end up in the emergency room, you don't end up with a more serious illness that in the long run costs the state and the Federal Government more money.

So, you know, all these things, all these consequences positive consequences will disappear if we repeal this Bonus Program. It doesn't save any money in the long run.

Mr. {Barton.} The gentlelady's time has expired.

Is there further discussion on the Sarbanes amendment to Barton amendment?

Seeing no hands raised, the vote now occurs on the Sarbanes perfecting amendment to the Barton amendment. All those in favor, say aye. All those opposed, say no. The no's appear to have it.

The gentleman requests a roll call vote, so we will roll the vote on the Sarbanes amendment, which means there won't be a vote on the underlying Barton amendment.

Are there other amendments to the bill in Title II?

The gentlelady from the Virgin Islands.

Dr. {Christensen.} Thank you, Mr. Chairman. It is amendment 1.

Mr. {Barton.} The chair would ask unanimous consent that the gentlelady’s amendment be considered as read, and the gentlelady is recognized for 5 minutes in support of her amendment.

[The amendment follows:]

********** INSERT 12 **********

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Dr. {Christensen.} Thank you, Mr. Chairman. My amendment would strike from the Committee Print language that would repeal the provisions in the Affordable Care Act that helped but did not come close to ending the unequal treatment that Americans in the five U.S. territories have long received under Medicaid.

Specifically, the bill cuts federal funding for Medicaid in the territories by 65 percent over the next decade. My amendment would restore the badly-needed funding that your legislation, that the legislation proposes to cut, because that cut would continue to leave hundreds of thousands of people in the territories without needed care.

Federal law imposes annual caps on funding in the territories which have historically been shockingly low. In addition to the spending caps, the federal contribution or FMAP for each of the territories is artificially set by statute at 50 percent, even though each of the territories should have an FMAP in the 75 percent to 83 percent range based on their poverty levels. And this issue is further complicated by some territories like the U.S. Virgin Islands' extremely high cost of living.

In June, 2005, the GAO published a report that found that annual per capita federal Medicaid spending in the

territories was only $50 compared to $565 in the U.S. as a whole and over $800 in our poorest states where there is a comparable poverty level. This is an injustice and discriminatory on its face.

Mr. Chairman, I also understand that some questions have been raised about whether and how the territories are using this money and whether they can sufficiently absorb it. Let me state some facts to this committee. Information that I have from CMS shows that Puerto Rico, American Samoa, and the Serranilla have not had any trouble spending either the 30 percent increase to the spending caps that the territory received in the Recovery Act or their portion of the $6.3 billion provided in the ACA. These three territories together represent 92 percent of the territorial funding. That is $5.8 billion of $6.3 billion provided in the bill.

So, Mr. Chairman and colleagues, if you are going to suggest that the repeal of our entire $6.3 billion is justified because the territories cannot absorb the funding, that would be factually and wholly inaccurate. The two remaining territories, Guam and the territory I am proud to represent, the U.S. Virgin Islands, together represent only 8 percent of that $6.3 billion or $500 million. These two territories have struggled to draw down their ACA funds, but it is critical to understand why that has been such a

struggle.

It is in no attributable to the lack of need, and no one on this committee should state or imply otherwise. Rather it is because my territory is in the midst of a severe economic crisis. Government workers have had an across-the-board 8 percent cut in their salaries, over 500 government workers have been laid off, our largest private employer, which used to employ over 2,000 people, shut down operations, and while we are making great strides to address this other issue, our households and businesses are being crushed by the cost of electricity, which is the highest in the Nation, at about 45 cents per kilowatt hour.

All of this makes it very difficult for the U.S. Virgin Islands to meet the onerous 45 percent match, which should be closer to 20 percent and which has also stymied Guam’s ability to spend down their funds as well.

However, this, too, is being addressed and when the proper infrastructure is in place, we intend to begin spending all of this money beginning in 2013, which for the first time will allow us to provide coverage to all of our citizens at and below the federal poverty level. Prior to ACA we could only afford to cover those at 50 percent of the federal poverty level and could only provide the individuals we did cover with limited services.

So, Mr. Chairman, we cannot sit back and quietly support going back to this unacceptable situation.

In closing, I want to remind the committee of the point which I made yesterday in my opening statement. Residents of the territories are proud, loyal Americans. They serve in disproportionate numbers in the U.S. Armed Forces, there are hundreds of thousands of veterans in the territories, tens of thousands of service members from all of our territories have been deployed to Iraq and Afghanistan since 2001, and nearly, unfortunately, 170 of them have lost their lives, have given their lives in service to this country.

So, again, I say with these proposed cuts you are sending a terrible message that these men and women are American enough to defend our country but not American enough to receive a modicum of fair treatment. I appreciate the Chairman’s offer to work with us, but I could not in good conscience let this pass without a fight. We have the support of a number of national organizations, and that list is growing. We have worked hard to get this increase in Medicaid funding for our constituents, and we are not going to give up that fight now on their behalf.

So I, in the name of fairness I urge the adoption of my amendment.

Mr. {Barton.} The gentlelady’s time has expired.

Who seeks recognition?

The gentleman from Nebraska.

Mr. {Terry.} Thank you, Mr. Chairman, and it is with some reluctance that I oppose this. I want to state from our friend and gentlelady from Virgin Islands, a great doctor, that, you know, they are a territory, and they are part of us, and I appreciate the people that have stood up and fought. I don’t think that is really questioned here today.

It is important to note in this discussion that the Medicaid funding to the territories is a separate stream, but similarly to the states after the--President Obama was elected and the Stimulus Package and the ACA increased the amount of fundings to the state, increased the federal shares commitments, and this was simply lowering it down to those pre-levels from just a couple of years ago.

And all states and the territories are just about treated the same here. States are taking a hit in here as well, going back to the pre-levels, pre-Obama Care levels. And so, you know, I just, I don’t want to feel that they are being separated, the territories are being separated out and picked on here on this effort to try and get control of spending on Congress.

Dr. {Christensen.} Would you yield for a question?

Mr. {Terry.} Gentlelady, I yield to the gentlelady.

Dr. {Christensen.} I don’t believe there is any state that has--is where its proposal their funding would be cut 65 percent.

Mr. {Terry.} Yeah, and the territories was raised, the cap match was raised from 50 percent to 55 percent match. We are just taking it down to the same levels that it was before Obama’s Act, the President’s Act was signed into law, and that is what we are doing with the other states.

So with that if there is anybody--

Mr. {Gonzalez.} Would the gentleman--

Mr. {Terry.} --else that would like to--

Mr. {Gonzalez.} --yield?

Mr. {Terry.} The gentleman from Texas. I yield.

Mr. {Gonzalez.} Well, I appreciate it very much, and let me join Congresswoman Christensen in support of her amendment, and I understand where my colleague from Nebraska is coming from simply saying we are just going back to the original number. The original number wasn’t fair. What we did is we simply plused up and addressed a shortcoming in something that truly was not equitable to begin with.

What we are doing now is going back and as has already been expressed, we are still looking at a substantial reduction in revenues that would allow medical care to our fellow American citizens. We never did reach any kind of

parity or equality. I think Congressman Terry is right. If we just simply raise it by about 5 percentage points, but every one of those percentage points really was something that was taken in the right direction to address the disparities and such.

Now, we all know that the citizens, the American citizens of the territories don't get to vote. Their representatives are here with us in committee. They come to the Floor, they may have a voice, but they don't vote. This is where in essence all of us represent the territories. This is in essence where we come together and help our delegates and commissioners that don't have votes in addressing what truly is something that inherently has been unfair.

What you might hear because I am going to have to excuse myself in a minute is that these individuals in the territories don't pay income taxes like other American citizens. They do pay payroll taxes, though, and what I wanted to point out was, and I remember this year-end tax debates but that payroll taxes now bring in about 96 percent as much revenue as the personal income tax.

For the year of 2009, income tax comprised 44 percent of federal revenue. Payroll tax comprised 42 percent. Because I have heard that argument advanced in responding to our

argument to have plused up, the percentage formula and the argument that I anticipate may be made in my absence. But I would simply ask my colleagues this is the one time that maybe we simply take this out, make the exception, make sure that it is not in any way jeopardized, but it is the right, fair thing to do in the way we treat all American citizens.

And I would yield back, and I appreciate--

Mr. {Terry.} Thank you, Mr. Gonzalez, and I yield back my--

Mr. {Barton.} The gentleman’s time is expired.

The gentleman from California.

Mr. {Waxman.} Mr. Chairman, from the very beginning of the Medicaid Program Americans living in the territories have been faced with a very inequitable situation. While the Federal Government shares in the cost of Medicaid for the 50 states, funding for residents of the territories is capped, regardless of need.

What this means in practice is that the territories get vastly less support for Medicaid than their mainline counterparts. Just to translate this for Puerto Rico, their cap payment into a match rate, for example, they get--if we took their cap payment and put that into what the rate would be if they got a federal match, it comes to 20 percent match, much lower than even the lowest mainland state of a 50

percent match.

So this means the territory on Medicaid Programs chronically underfunded, resulting in poor patient care and outcomes as their governments try to stretch limited funding to meet growing needs. The territories now have 55 percent match rate. The Republican bill would lower that to 50 percent, and I don’t see Republicans knocking 5 percent off the federal funding for Texas or Oklahoma or Michigan, reducing their FMAPs to 53 or 58 and 61 percent respectively, and I am certainly not urging that be done, but after that is done the Republican proposal would cut $6.3 billion out of the territories’ already-limited Medicaid funding for the next 10 years. This $6.3 billion cut translates into a 65 percent reduction of Medicaid funding over the next decade.

If the Committee Print cut 65 percent of Medicaid funding from a handful of states, there would be screams of outrage. I think that we are very fortunate to have Representative Christensen on this committee. She is the first one ever on this committee from the territories. In the past others might have made the case, but she can make it with a great deal of authority on how it is going to hurt the people in her territory, and we ought to pay recognition to that fact.

They start off with a cap, they are seriously

underfunded, and there are a lot of people who are very poor. They are American citizens, and they should get healthcare that we provide to the very poor. We pretend like they get it, but they don’t really get it fully to the extent other states in our Union get it, and even those states in the Union we know are underfunded as we can see by the efforts of the Republicans to try to take away the Bonus Match when we find that there are more kids eligible for healthcare services under Medicaid than we knew before when the streamlining going on under the CHIP Program.

So I want to say to Representative Christensen, and I want to say to everybody who is concerned about the territories, we are going to fight this all the way through. It may pass in this committee, I hope it doesn’t, but we are going to fight this, because this is just plain wrong, and I know Republicans outvote us on this committee, and they may outvote us in the House, but we are going to be going to the Senate, and we are going to be going to the President, and we are going to be saying any bill that does this sort of thing to the people in territories ought not to become law. They need more money, not less, and what this proposal that is before us would do is to make a 65 percent reduction in Medicaid funding for the territories over the next decade. It is just outrageous, we shouldn’t permit it, and I want to

compliment Ms. Christensen for raising this issue and fighting for it, and we are going to be with you on this fight.

Yield back the balance of my time.

Mr. {Barton.} Is there further discussion?

If not, the vote occurs on the Christensen amendment. All those in favor, say aye. Those opposed, say no. The no’s do appear to have it.

Mr. {Waxman.} Roll call vote.

Dr. {Christensen.} Yes. I would request a roll call vote.

Mr. {Barton.} In light of your request for a roll call vote, and the vote will be postponed.

Are there other amendments to Title II?

The gentleman from New Jersey.

Mr. {Pallone.} I have an amendment at the desk. It is Pallone Title II amendment. There is only one.

The {Clerk.} Amendment to Committee Print of Title II offered by Mr. Pallone of New Jersey.

[The amendment follows:]

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Mr. {Barton.} Has the majority seen this amendment? The majority seen it?

The chair would ask unanimous consent that the amendment be considered as read.

And the gentleman from New Jersey, the ranking member of the subcommittee, is recognized for 5 minutes in support of his amendment.

Mr. {Pallone.} Thank you, Mr. Chairman. The Republican proposal before us would place restrictions on the way states can raise revenue to pay for Medicaid coverage by limiting the amount of tax revenue states can raise. States rely on provider taxes to help fund quality care. In particular, many states have used these funds, or I should say used these provider funds, these taxes, to fund adequate payments for nursing home care.

Over the years this committee has led the way in identifying and addressing abuses and substandard care in nursing homes. Adequate reimbursement will help ensure that nursing homes can keep well-trained staff, appropriate staffing levels, and provide quality care.

Unjustified cuts in Medicaid nursing homes payments makes it more likely that nursing homes will cut corners and residents will suffer the consequences, abuse, bedsores, and

other serious harm.

The Republican proposal restricts states' ability to raise revenue for Medicaid and thus, in turn, can jeopardize Medicaid's care for people living in nursing homes.

So my amendment is simple. It says the Republican cuts do not apply to the extent that a state is using a tax to fund increased payments to nursing homes so those homes can maintain quality care.

I hope all my colleagues will join me in supporting this amendment. I believe that protecting our elders from abuse and ensuring that those who are living in nursing homes are properly cared for is critically important, and the Republican proposal would restrict the states' ability to fund quality nursing home care. If a state is using a tax to fund nursing home care, the state should be able to keep it in place. If a state wants to implement a tax to ensure nursing homes payments are adequate to promote or maintain quality, the Federal Government should not stand in the way.

That is all this amendment says, Mr. Chairman. It is very simple. There are a number of States like California, Nevada, Oklahoma, Pennsylvania, and Arkansas who would see their ability to fund nursing home care directly affected, because those states do use this type of funding mechanism.

And let me just say one thing before I yield back, the

only way that this Republican proposal to now allow these taxes can save the Federal Government from what I can see is by cutting back on the federal matching funds. In other words, if the state has raised money and that gets matched by the Federal Government, then they have more money to spend, and if they can't raise the revenue and then they don't get the matching funds, then I guess the Federal Government saves money, and that is how this supports the reconciliation effort.

But I--what my point is that that will go directly to providing less money for nursing homes, and frankly, I have noticed in the last few years the quality of care for nursing homes has increased, access to nursing homes has increased, but as we start to cut back and make less money available, I think we could very easily go back to the days, and I remember them in the '70s in my district where we had nursing home fires, we had all kinds of scandals involving nursing homes. Generally speaking nursing homes have improved significantly, and I just don't want to go back to the days when we had terrible nursing homes, and we had all the problems that existed 20, 30, 40 years ago.

I would also point out that in the Ryan budget, in the Romney Ryan Republican budget there is, there are huge cuts in Medicaid. I think it is about $700 billion, and there is

a proposal I think to block grant that money to states. So this inability to tax providers, coupled with the severe cuts in the Ryan, in the Republican Ryan budget for Medicaid, I think inevitably will result in loss of access to nursing homes and less quality of care and bring back all the problems we used to see years ago with abuse and bedsores and all the other things because of lack of personnel in nursing homes or not having enough funding.

So I think that I don’t want to see that happen. I think this is part of an overall effort that will lead to the decline of quality and access to nursing homes, and that is why I would urge that this amendment be adopted, Mr. Chairman.

I yield back.

Mr. {Barton.} Does the gentleman yield back?

Mr. {Pallone.} Yes.

Mr. {Barton.} The gentleman yields back.

Is there further discussion?

The gentleman from Texas, Dr. Burgess, is recognized.

Dr. {Burgess.} Thank you, Mr. Chairman. I would like to claim the time to speak in opposition to the amendment.

Mr. {Barton.} The gentleman is recognized.

Dr. {Burgess.} So the amendment--I will be upfront about this. I do not like the concept of provider taxes. I

feel that they are fundamentally a gimmick, but in the case of this amendment it completely ignores the fact that the underlying bill would simply return to the provider tax threshold where it was 7 months ago and where it had held steady for the previous 3 years.

Further, the amendment will create a carve out for a subcategory of Medicaid providers, and on the issue of quality, all nursing facilities that treat Medicaid beneficiaries must already meet stringent quality standards in Section 1919 of that statute, which carries and creates extensive quality standards for all aspects of nursing homes care. And if a facility cannot meet these standards, these quality standards, the facility would be decertified as a Medicaid provider.

Quality standards do not need to be built on essentially a budget gimmick like a provider tax. The underlying bill includes commonsense adjustment to provider taxes. In fact, the President’s budget for fiscal years 2012, and 2013, included a significantly more aggressive policy that would decrease the provider tax threshold to 3.5 percent. Under the base proposal we would simply adjust the provider tax threshold to--from current law, 6 percent, to what it was just 7 months ago, 5.5 percent, and over the next 10 years the Medicaid Program is going to grow dramatically, costing

the taxpayers in excess of $5 trillion in federal expenditures.

Richard Foster, the Chief Actuary for the Center for Medicare and Medicaid Services, has been quoted as saying, ``Medicaid is the largest source of general revenue-based spending on health services. Notably Medicaid is a larger source of federal expenditures than Medicare.'' The dramatic growth and now ending that quote, the dramatic growth in Medicaid spending is alarming. You have to question its sustainability, and furthermore we have got to ensure that there is transparency in every dollar spent in the Medicaid Program.

So for all of the reasons noted above, I would urge my colleagues to vote no on this amendment, and I will be happy to yield to someone else.

Mr. {Pallone.} Will the gentleman yield?

Dr. {Burgess.} Yes. Be happy to yield to the gentleman.

Mr. {Pallone.} You know, the problem that I see, well, first of all, if I could take the time to ask unanimous consent to enter into the record a letter from the American Healthcare Association that supports the amendment.

Mr. {Barton.} Without objection, so ordered.

[The information follows:]

3608 ********** COMMITTEE INSERT **********

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Mr. {Pallone.} I understand that the President has proposed something similar to Dr. Burgess, but, you know, I want to make it quite clear that I don’t agree with the President, and that is one of the reasons why I am supporting this amendment.

The problem that I see is that, you know, you can argue that, you know, it is not much of an increase of our, you know, by reducing the cap from 6 percent to 5.5, that this is not terribly significant, but I am just seeing increasingly because of Medicaid cuts and now because of what is being proposed in the Ryan budget and the Ryan Republican budget that less and less money is made available to nursing homes. And I am just extremely fearful that the combination of all these things, cutbacks on a state level, will actually result in what you said, nursing homes closing.

You know, it is not just a question of keeping up quality. You are right that they have to meet certain standards, but if because of lack of funds or reimbursement they can’t meet those quality standards and they start closing, then we have a problem with access as well.

So I understand what you are saying, but, you know, saying that the nursing home will close, and therefore, because it doesn’t meet the quality standards isn’t really an

answer because that is exactly what is happening. We are seeing the nursing homes close.

Dr. {Burgess.} If I could just reclaim my time, number one, I will just profess a big shock that you would disagree with the President, but it may have happened to me on occasion as well. So I will be very understanding of your disagreement, but I will just tell you that that the President’s budget was dramatically more aggressive than anything that has been proposed in this reconciliation bill, and the fact of the matter remains the expenditures under Medicaid are growing at a rate that really threaten the very fabric of our republic. I think this is an opportunity to begin to turn that in a little bit different direction, and, again, yield back my time, and urge opposition to the amendment.

Mr. {Barton.} The gentleman yields back his time.

Is there further discussion on the amendment?

Seeing none, the vote now occurs. All those in favor of the amendment would say aye.

Mr. {Pallone.} Could we have a roll called on this, Mr. Chairman?

Mr. {Barton.} Well, let me call this, and then you can.

All those opposed say no. The no’s appear to have it.

The gentleman wish a roll call? The gentleman asked for

a roll call vote. Prior agreement that roll call is added to the other roll calls at the end of the markup.

Are there other amendments?

The gentleman from New York.

Mr. {Engel.} Thank you very much, Mr. Chairman. The amendment I am proposing with--

Mr. {Barton.} Let us--

Mr. {Engel.} Yes.

Mr. {Barton.} --distribute the amendment and ask unanimous consent that the gentleman’s amendment be considered as read?

Without objection, so ordered, and the gentleman is recognized for 5 minutes.

[The amendment follows:]

********** INSERT 14 **********

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Mr. {Engel.} Thank you, Mr. Chairman. This amendment I am proposing with Representative Castor would strike Section 202 of the Committee Print, eliminating the DSH cut proposed for 2022.

Hospitals that treat a high number of low-income patients rely on Medicaid DSH funding to help offset the cost of care provided to Medicaid beneficiaries and the uninsured.

While the Affordable Healthcare Act will make great strides in reducing the number of uninsured Americans, the reality is there will always be a need for hospitals to serve as a safety net for our most vulnerable citizens, and as a result our hospitals will continue to need assistance with their uncompensated care costs. This is true in my community, in New York, and communities all across the country.

I believe the ACA’s 2020, Sunset for DSH Reductions, would have provided an appropriate opportunity to reevaluate the DSH payments needed to adequately assist our safety net providers once the ACA has been fully implemented.

However, I recognize an additional year of DSH cuts was used to help pay for the 10-month Medicare doc fix as part of the Middle Class Tax Relief and Job Creation Act. I didn’t like that. I was opposed to that. I was opposed to the use

of this pay for but voted for the overall package because of the need to prevent the 32 percent pay cut for physicians providing care to Medicare beneficiaries.

Now another year of DSH cuts are being proposed to help prevent the Budget Control Act's sequester-imposed cuts but only to prevent the defense cuts. In the name of the deficit reduction Republicans proposed through this committee to find nearly $97 billion in health-related cuts and would require healthcare providers to shoulder an additional 2 percent Medicare cut. It is absolutely ridiculous to me that the majority party wants the healthcare sector to be punished twice while leaving the defense industry with no role in our Nation's deficit reduction offers.

You know, we are facing these defense cuts with a proposal that many of my Republican friends voted for, I didn't vote for it, but they voted for it, and now the defense cuts are kicking in, they are saying, oh, my God, we didn't realize this was going to happen. We shouldn't have voted for it in the first place.

However, by now we shouldn't be surprised that our friends in the majority would prefer for some of these mean-spirited cuts to devastate the basis wellbeing of middle of low-income Americans instead of following through on the compromise that was struck in the Budget Control Act. There

are hospitals in my own district that provide terrific care, but when 75 percent of beneficiaries are either on Medicaid and or Medicare, to cut Medicaid DSH funding and allow a 2 percent Medicare provider cut to be implemented makes the task of providing quality healthcare much harder and would hurt the patients that rely on that care.

I urge my colleagues to strike these DSH cuts from the Committee Print and yield my remaining time to the co-leader of his amendment, Representative Castor of Florida.

I yield to her.

Ms. {Castor.} Well, I thank my colleague, Mr. Engel, from New York for providing leadership on behalf of hospitals all across the country of the hardworking people. This proposed cut under the Republican budget and reconciliation here in Energy and Commerce really socks it to the hospitals that are providing a lot of charity care. There are hospitals all across the country that often pick up the slack when folks come into the ER that do not have insurance. They are providing a lot of charity care over time. It has been very smart policy to provide those hospitals with some payment. They are taking care of a disproportionate share of the uninsured. It has been a smart policy to help those hospitals provide that care in a cost-effective way rather than just shift those costs to people that have health

insurance, to taxpayers.

So in passing this amendment what we are doing is we are avoiding kind of that backdoor tax increase, we are avoiding the backdoor hike in people's health insurance because we are providing a rational payment to hospitals that are providing that charity care.

What I am hearing from hospitals and doctors and providers back home is that when you eliminate this rational support for them, they are--it is going to cost jobs, and the Republican budget is already doing such great harm in not focusing on helping get the economy back on track and provide jobs, and we should not be providing a double whammy through eliminating the disproportionate share or making hospitals and providers pay a lot more.

And I thank, again, Mr. Engel, for his leadership on this.

Mr. {Barton.} Does the gentlelady yield back her time?

Is there further discussion on the amendment?

Distinguished subcommittee chairman, Mr. Pitts, is recognized.

Mr. {Pitts.} Thank you, Mr. Chairman. Obama Care includes annual aggregate reductions in disproportionate share hospital or DSH payments for fiscal year 2014, through fiscal year 2020, but allotments revert to levels prior to

the Affordable Care Act in 2021. The reductions were included to reflect a projected increase in insured Americans at a declining need for uncompensated care funding.

The Middle Class Tax Relief and Job Creation Act of 2012, also known as the Medicare and Medicaid Extenders Package, which was passed on February 17 of 2012, including a--included a rebasing of DSH payments for fiscal year 2021. This amendment would strike Section 202 of Title II Committee Print, which rebases the DSH, state DSH allotments for fiscal year 2022.

This amendment fails to address the budget gimmick that was included in Obama Care. While Obama Care included the DSH reductions from 2014, through 2020, it used a budget gimmick of a limited 10-year window, and it failed to properly align the DSH reductions for 2020, and beyond, creating a significant loophole in the federal budget and Medicaid-projected spending.

Supporters of the bill claim that such reductions were appropriate to reflect a projected increase in covered Americans and a declining need for uncompensated care, and we began that bipartisan process of fixing the loophole earlier as I said in the Middle Class Tax Relief Job Creation Act.

The underlying bill, which simply continues such a trend by rebasing DSH payments in 2022, to maintain the reductions

and determine future allotments, the President proposed an identical policy in his fiscal year 2012, 2013, budget proposal.

So I urge my colleagues to oppose this amendment as its passage would codify a budget gimmick that was first created in Obama Care, and I yield back.

Mr. {Barton.} The gentleman from California.

Mr. {Waxman.} Mr. Chairman and my colleagues, many of the members on this committee have safety net hospitals in our districts, and we are familiar with the great work they do providing care and services to the underserved, uninsured, and oftentimes disadvantaged. The Medicaid Disproportionate Share Hospital Program or DSH has been critical for America's safety net hospitals. The program provides support to hospitals to help cover the cost of care to the uninsured and to help make up for Medicare payment shortfalls.

The National Association of Public Hospitals, which represents the Nation's largest metropolitan safety net hospitals, reports that without the Medicaid DSH Program and other safety net financing payments its members would have seen a negative 12 percent margin in 2009. DSH payments helped these facilities make ends meet.

If we don't adopt this amendment and adopt the Republican proposal, we ought to just recognize that we are

carving a big hole in the safety net. The Affordable Care Act reduced the Medicaid DSH Program over time to account for the projected reductions in uncompensated care. The cuts begin in 2015, and under current law continue through 2021. That is a long time in the future, 9 years from now.

I was concerned when the last extender bill made additional cuts to the Medicaid DSH Program. We have no way to predict what situation safety net hospitals will be facing in 9 years, and I am concerned about the Republican approach that would make further cuts 10 years from now in our safety net system. We need to step back and consider the broader context in which these cuts are being made. These cuts are being made for the sole purpose of extending or protecting tax breaks for the wealthiest and protecting the defense industry from cuts.

Now, my Republican colleagues had the opportunity at the time of the Budget Control Act when it was drafted to protect the defense industry from sequester, but instead, they chose to protect the wealthiest American' tax cuts. Now Republicans are trying to shield defense as well as tax cuts and putting the burden on the poor and the working class.

I support this amendment. It would strike the cuts to Medicaid DSH hospital payments. Instead of putting forward a budget that reduces the deficit in a balanced way and calls

on all Americans to pay their fair share, Republicans are targeting the most vulnerable among us, and that just is not right. This DSH Program is an important one. It is not a gimmick. It is essential to make ends meet for these safety net institutions, and I think that we ought not to turn our back on them. That is why I proudly support this amendment and urge my colleagues to join me in doing so.

The {Chairman.} The gentleman yields back his time?

Mr. {Waxman.} I do.

The {Chairman.} Are there other members wishing to speak?

Seeing none, the question is on the amendment offered by the gentleman from New York. All those in favor will say aye. Those opposed say no. The no’s appear to have it. The no’s have it. Roll call is requested, and pursuant to the earlier agreement, we will consider that later on this afternoon.

Are there other amendments to Title II?

Ms. {Baldwin.} Mr. Chairman.

The {Chairman.} The gentlelady from Wisconsin.

Ms. {Baldwin.} Thank you, Mr. Chairman. I have an amendment at the desk.

The {Chairman.} The clerk will read the title of the amendment.

The {Clerk.} Which amendment? There is two here we have for you.

Ms. {Baldwin.} The amendment is MOE1.

The {Clerk.} Amendment to Committee Print of Title II--

Ms. {Baldwin.} And I would ask, Mr. Chairman, that the amendment be considered as read.

The {Chairman.} Considered as read. The staff will distribute the amendment, and the gentlelady is recognized for 5 minutes in support of her amendment.

[The amendment follows:]

********** INSERT 15 **********

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Ms. {Baldwin.} Thank you, Mr. Chairman.

My amendment would strike Section 203 of Title II of the Reconciliation Recommendations, the section to repeal the Medicaid and Children’s Health Insurance Plan Maintenance of Effort Requirements. Let us be forthright about what this provision would do in my home State of Wisconsin and across the Nation. It would kick our most vulnerable citizens including patients with cancer, pregnant woman, people with disabilities, and seniors in nursing homes off their health insurance and leave them without access to affordable health coverage.

States could scale back or even entirely eliminate the Children’s Health Insurance Program known at CHIP, leaving kids with everything from an ear infection to cancer without healthcare coverage. And Wisconsin’s current administration could refuse to provide coverage for parents and non-disabled adults with over 34 percent of the poverty line as their income.

Mr. Chairman, we often throw around numbers without thinking about what they really mean, so I want to explore the number that I just related. Thirty-four percent of the federal poverty line. This means that if a Wisconsinite makes a penny more than $3,702 a year, the state could refuse

to provide healthcare coverage. Three-thousand, seven-hundred and two dollars a year. That is 34 percent of the federal poverty line, and this idea is morally reprehensible.

We also know that there would be immediate consequences for Wisconsinites. Should this bill become law it would allow our governor, Governor Walker, to take the steps he has already proposed to gut our Medicaid Program. Governor Walker's proposal violates Wisconsin's proud tradition of providing comprehensive coverage for our most vulnerable citizens by eliminating coverage for an estimated 64,000 individuals, almost half of whom are children.

Thanks to the exact provision that today's Committee Print seeks to repeal, namely Maintenance of Effort, the Walker Administration has been unable so far to make drastic changes to our highly-successful Badger Care Program.

I would like us to consider some other relevant numbers. According to the non-partisan Congressional Budget Office repealing the Medicaid and CHIP Maintenance of Effort requirement would reduce federal Medicaid spending by $600 million. To put this number in perspective, our committee's task today is to reduce spending by nearly $100 billion. So this provision accounts for less than 1 percent of our spending cut goals. Yet according to the CBO this policy change would lead to hundreds of thousands of vulnerable

individuals losing their health insurance coverage. Approximately 100,000 individuals would lose their insurance coverage as early as next year, and 300,000 children would become uninsured by 2015.

I believe that deficit reduction is a priority, but we have to make smart choices. For example, if we wanted to reduce healthcare spending, we could allow Medicare prescription drug negotiation. This would result in $156 billion in savings and increased access to affordable prescription drugs for seniors. Instead, the majority and other proponents of this legislation, this Committee Print, has chosen to save $600 million and kick hundreds of thousands of children off their health insurance.

Is this a reflection of your priorities? It certainly is not a reflection of mine.

Furthermore, what proponents of Medicaid and CHIP Maintenance of Effort repeal fail to recognize is that this is not a solution that will save our states or the Federal Government money in the end. Rather, this repeal would simply shift costs and result in extremely expensive consequences.

When individuals are uninsured, they are much less likely to receive preventative care, leading to costly emergency room visits. This results in higher uncompensated

care costs for hospitals, which in turn increases health insurance premiums for families and small businesses. I really fail to see how this will help states or families recover from a severe economic downturn.

Mr. Chairman, if our goal is to reduce the deficit and help states that are struggling, let us focus on productive solutions that will create jobs and help bolster the economy. I urge my colleagues to support this amendment to strike this fiscally-flawed and I would add morally-flawed policy that will leave our vulnerable neighbors and citizens without access to healthcare, and I yield back the remainder of my time.

Thank you, Mr. Chairman.

The {Chairman.} The gentlelady’s time has expired.

The gentleman from Georgia, Dr. Gingrey, is recognized for 5 minutes.

Dr. {Gingrey.} Mr. Chairman, yes. I am very opposed to the Baldwin amendment. The amendment would strike Section 203 of the Medicaid Committee Print, which would repeal the Obama Care Maintenance of Effort.

The Medicare Program is a federal, state partnership with the states playing the principle role in administering their Medicaid Programs. Since the very beginning of Medicaid until this MOE requirement, states have complete

flexibility in deciding what optional eligibility groups to cover. They also had the flexibility to choose what methods they used to count income and assets of beneficiaries and establish verification procedures to ensure accuracy of eligibility determinations.

The MOE requirement in the Stimulus, ARRA, and the Healthcare Reform Law, PPACA, took this flexibility away from the states for the first time in history.

Now, look. The governors, the National Governors' Association, not just the Republican Governors' Association, they have been before this committee, they have been to Congress, they have written letters to the Secretary of Health and Human Services, pointing out that without the flexibility that has been allowed under the 1115 Waiver Program that almost all the states have used at one time or another, in good times the ability to cover more than up to 133 percent of the federal poverty level, which, of course, is the other provision under Obama Care, that as we all know, 2 weeks ago the Supreme Court heard the question of constitutionality of forcing the states, whether they want to or not, to accept that Medicaid expansion, and if they don't, to prohibit them from participating in the Medicaid Program at all.

So that provision is actually under the judicial review,

and the Supreme Court before the end of this session is going to make a determination whether or not that provision is even constitutional.

But this issue of Maintenance of Effort is unbelievable. It puts an unbelievable burden on the states so that if my State of Georgia as an example, when times were good, were able to expand coverage beyond what the law requires and to cover people in the Medicaid Program up to 185 percent of the federal poverty level and include things that they are not necessary required to include like dental and vision care and minimal copay and deductible and doing things under the 1115 Waiver in good times and then all of a sudden now we are going to say to them, well, you are stuck with that, even though looking at the aggregate of the 50 states, a $15 billion worth of unfunded mandate to the Medicaid Program in Obama Care.

So what are the states doing? They are laying off teachers, they are laying off corrections officers, they are releasing prisoners, they are putting our citizens, the ten million citizens in the State of Georgia in jeopardy because they are handcuffed in regard to 1115 Waivers that have always existed.

So, you know, with all due respect to my colleague from Wisconsin, this is clearly something that even if Obama Care,

even if the Supreme Court rules that the individual mandate is constitutional, they let the law continue, this requirement, this Maintenance of Effort requirement is something that is untenable to our states and to our governors.

So with all due respect to Mrs. Baldwin, the gentlewoman from--Ms. Baldwin, the gentlewoman from Wisconsin, I strongly oppose her amendment, and with that, Mr. Chairman, I will yield back the balance of my time.

The {Chairman.} The gentleman yields back.

The chair would recognize the gentleman from California, Mr. Waxman.

Mr. {Waxman.} The Affordable Care Act is about shared responsibility towards a healthier Nation. Shared with individuals, employers, the Federal Government, and the state government. We all share in that responsibility. The Medicaid Maintenance of Effort is the states' responsibility and protects access to healthcare for the most vulnerable populations.

Repealing it will result in at least 300,000 children losing health insurance, 300,000 children unable to access comprehensive preventative care, well-child visits, 300,000 children unable to afford eyeglasses or antibiotics or have a regular medical home.

In 2013, 100,000 individuals including low-income seniors, individuals with disabilities, pregnant women, and others will lose coverage. Now, we could tell them they have to understand that fiscal times are tight and so we just have to cut somewhere.

Cutting Medicaid eligibility by the states is not saving money. It is advocating responsibility and shifting costs to these beneficiaries and their providers. If states have budgetary deficits, they can certify the deficit and get a waiver of the Maintenance of Effort requirements to help alleviate their budgetary crisis.

Similarly, saying a repeal of the MOE is for program integrity, of course, that misses the whole point, it is a rouse, it doesn’t stop the states from implementing or changing eligibility procedures to address real program integrity issues. Cutting eligibility will undermine all the progress made in the last few years, turn back the clock on the money invested in covering kids, children’s coverage levels are the highest ever thanks to Medicaid and CHIP, where 22 million or 28 percent of all children are covered.

I support this amendment because we don’t want to cut Medicaid eligibility. Cutting Medicaid eligibility cuts jobs. Medicaid stimulates the economy. Every dollar spent is good economics. The attack on the Medicaid Maintenance of

Efforts is an extension of the attack of the Republicans on health reform, but instead of focusing on the ability of the sick people to see their doctors and hospitals, in times of recession the Republicans continue their ideological crusade against a bill that eliminated pre-existing condition provisions, extends healthcare access to over 30 million people.

Medicaid is the foundation upon which health reform rests, and it is integral to maintaining a strong foundation. I urge support of the Baldwin amendment. I understand the states' concerns, and let me just repeat again. If they are running a budget deficit, they can appeal to the Department for a waiver of the Maintenance of Effort requirements. But what we are doing is not holding down healthcare costs. We are shifting them onto people who have nowhere to go. They can't pay for it themselves. They have to get healthcare and then ask their providers not to be paid and if they will even see them.

So I strongly support this amendment.

Mr. {Green.} Will the gentleman yield?

Mr. {Waxman.} I yield back the balance.

The {Chairman.} The gentleman yields back his time.

Mr. {Waxman.} Oh, just a minute. The gentleman from Texas is asking me to yield?

The {Chairman.} Oh, I am sorry.

Mr. {Green.} I would just like to--whatever--well, I--

Mr. {Waxman.} Yes. I would be happy to yield to you.

Mr. {Green.} Okay. Mr. Chairman, I want to support the amendment. I appreciate my colleague for yielding me time, and I want to thank Representative Baldwin for offering this amendment.

I know we are discussing about Maintenance of Effort, but right now in the State of Texas we have over one million children who are qualified for Medicaid and SCHIP the state does not come up with the state match, and this amendment is awfully important to the district I represent in Houston and East Harris County. We also have because of the Affordable Care Act, we have some higher Medicaid enrollment rates, and we will have some help for children under SCHIP. When I go home and talk about how important this funding is, this program would cut nationwide 100,000 adults and 300,000 children, and how can we justify that when I am already looking at one million children in Texas who don’t cover under that.

So that is why the Affordable Care Act was so good, and we are going to expand Medicaid, so we will get to those working poor by doing this. We need to balance our budget, but I think there is a way we can do it and still cover a

whole lot of folks who need that healthcare, whether it be through expanded Medicaid or through the mandate that will go into effect in 2014.

This amendment is--will make it workable, and I appreciate my Wisconsin colleague for doing it. This bill itself is going to cause so many problems for low-income Americans, and I yield back my time. Thank you.

Mr. {Walden.} [Presiding] The gentleman’s time has expired.

The chair recognizes the gentleman from Louisiana.

Mr. {Scalise.} Move to strike the last word, Mr. Chairman, and would like to yield to the distinguished doctor from Georgia, Mr. Gingrey.

Dr. {Gingrey.} Well, I thank my colleague for yielding, and I want to point out to my friend from Houston, the gentleman from Texas, in regard to the children in Texas and in his particular Congressional district that are maybe going underserved, the importance here is to make sure that everybody that is served is eligible. There, it is estimated that there are $15 billion worth of erroneous payments associated with poor eligibility review each year, and states desperately need the flexibility to insure Medicaid and SCHIP Program integrity so that those youngsters that the gentleman from Texas is talking about get the proper coverage and that

folks that, whose income has changed, and I want to take just a moment to ask counsel about that so that I understand it completely and all my colleagues do as well.

In regard to the Maintenance of Effort requirement in the Stimulus Act and also in PPACA, Obama Care, is it not true that the states cannot after March 23, 2010, do anything to determine whether or not a recipient is still eligible for one of those two programs based on their income or their legality, indeed, in this country?

{Counsel.} Congressman, what the Maintenance of Effort does is it freezes in place eligibility methodologies and procedures that were in effect as of March 23, 2010. They cannot do anything in terms of eligibility methods, which, again, are the way you calculate incoming assets, or procedures, which is how you verify that the information is correct and the people actually should qualify. They can’t do anything to make those more restrictive, meaning that you cannot make a change, for example, on a procedure where if you made your determination once a year, you brought somebody in once a year, if you wanted to change that to twice a year, that would be more restrictive, so that, you couldn’t do something like that.

Dr. {Gingrey.} And further asking of counsel, in regard to a new methodology for determining eligibility in regard to

a computer software program, are the states allowed under this Maintenance of Effort provision, are they allowed to enact a better way of determining in regard to eligibility whether it is based on income, assets, legal residency, or anything of that sort?

{Counsel.} If the Secretary or the CMS Administrator determined that that computer software or algorithm was more restrictive, meaning that it was bouncing on more individuals, that would be considered more restrictive, and they could not do it.

Dr. {Gingrey.} And I thank counsel and with that I will yield back.

Mr. {Walden.} The gentleman yields back.

Dr. {Gingrey.} Yield back to the gentleman from Louisiana.

Mr. {Scalise.} Yield back.

Mr. {Walden.} The gentleman yields back his time.

Anyone else seeking recognition?

The gentlelady--oh, the gentleman from--all right. He is going to yield to you, the gentlelady from Florida is recognized for 5 minutes.

Ms. {Castor.} Thank you very much.

Republicans have a real fairness problem when it comes to this budget, to their budget. It has been described as

extreme, harsh, reverse Robin Hood, and here is one of the best examples of that as the Energy and Commerce Committee has to follow through with reconciliation.

What the Republicans do here under their budget is propose severe cuts and elimination of health services to children across America, severe cuts and elimination to our elderly neighbors in nursing homes, and to disabled Americans. When they say repeal the Maintenance of Effort or block grant Medicaid, that is simply code for cutting off health services to children who need to see a doctor. It is simply code for making it more difficult for families across America to afford nursing home care when that time comes, and it is piling on more burden to families with a disabled family member.

And here is where the fairness problem comes in. It is wrong and it is contrary to our values as Americans to say in this great country we are going to sock it to those hardworking families and make it more difficult for them to reach the middle class or maybe say to them, you are not going to stay in the middle class, while at the same time providing tax breaks for millionaires, tax breaks to folks on Wall Street, endorsing in the same budget a tax code that tilts further towards benefiting corporations, having provisions in your budget that continues giveaways to big oil

companies and other special interests, rewarding corporations that ship jobs overseas. These are seriously skewed priorities, and it is simply not up to the standard of this great country.

And at the same time as you are trying to tilt the balance to the millionaires, Wall Street executives, the big oil companies, you are asking us to end Medicare as we know it, and you are asking us to make it more difficult for children to see a doctor or for families to get the nursing home care they need. I think that is completely wrong.

So I urge support, strong support of the Baldwin amendment and ask my colleagues not to try to save a drowning person by throwing them an anchor.

Mr. {Walden.} The gentlelady yields back the balance of her time.

Anyone else seeking recognition?

The gentleman from New Jersey, Mr. Pallone, is recognized for 5 minutes.

Mr. {Pallone.} Thank you, Mr. Chairman.

There has been in my opinion a false criticism on the other side of the aisle that the Maintenance of Effort requirement does not permit states to make changes to their enrollment policies and procedures that would be responsive to loopholes that emerge that subvert the Medicaid

eligibility rules.

So I just wanted to say that the Administration has made clear that changes to ensure the integrity of the program are permitted so states can make changes to eligibility methods and standards to protect against documented eligibility abuses.

And just to prove that point I wanted to, Mr. Chairman, to enter into the record a letter from former CMS Administrator Don Berwick, and I have, if I could ask unanimous consent to enter the entire letter into the record.

Mr. {Walden.} Without objection.

[The information follows:]

********** COMMITTEE INSERT **********

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Mr. {Pallone.} But I just wanted to read this one-- thank you, this one section where he says, ``The Maintenance of Effort Provision does not hinder states in their efforts to fight fraud and abuse in the Medicaid and CHIP Programs. If any individual is supplying false information for failing to report resources in order to become eligible for the program properly, there is a program integrity issue that can, that should be pursued.''

But that is the letter, but I just wanted to say I still think we have to be cautious that states are actually addressing the documented program integrity issue. Otherwise a state could be erecting a barrier to Medicaid eligibility in violation of the law. If there is a real program integrity issue, I would certainly be willing to work with my fellow colleagues to address it, but I am still opposed to repealing the Medicaid and CHIP Maintenance of Effort requirements because that is going to knock up to 300,000 people off of insurance under the guise of program integrity, and I don’t really think, I think the program integrity problem can be addressed right now, which is what this letter shows.

The Maintenance of Effort does not prevent a state from submitting a new 1115 demonstration or require states to

renew a 1115 waiver demonstration, just to make that clear as well, Mr. Chairman.

I yield back.

Mr. {Walden.} The gentleman yields back the balance of his time.

Any other member seeking recognition? If not the question now arises on passage of the Baldwin amendment. All those in favor say aye. Those opposed, nay. The nays appear to have it. The amendment is defeated.

The gentlelady asked for a recorded vote.

Ms. {Baldwin.} Yes, I do, Mr. Chairman. Thank you.

Mr. {Walden.} And the vote will be rolled according to our agreement.

The chair now recognizes--for what purpose does the gentleman from Massachusetts seek recognition?

Mr. {Markey.} Mr. Chairman, I have an amendment at the desk.

Mr. {Walden.} The amendment, the clerk will report the amendment.

The {Clerk.} Amendment to Committee Print of Title II offered by Mr. Markey of Massachusetts.

[The amendment follows:]

********** INSERT 16 **********

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Mr. {Walden.} The chair now recognizes the gentleman from Massachusetts to speak on his amendment.

Mr. {Markey.} Thank you, Mr. Chairman, very much.

Let us step back for a second and just ask ourselves why are we here today. Well, the reason we are here today in the Energy and Commerce Committee is that the Budget Committee decided that they don’t want to cut the defense spending that was agreed to in the debt deal from last August. So, you know, they won on ensuring that billionaires would not have any of their tax breaks touched, they won on the question of whether or not the oil companies would have any of their tax breaks cut, but they agreed that there would be defense cuts in return for cuts in social programs.

And so the Budget Committee, though, it is reneging on its deal, and it is now saying that defense spending is sank-o-sank, and it should not be cut. So here is what we have got going here today. So here is how the Republican reconciliation game is played. Focus on the letters c-o-n for con game, and this is how it works.

You push the start button, and the Energy and Commerce Committee Republicans must in order to protect defense spending cut benefits, Medicaid benefits for grandma, for the disabled, for poor children, for all people in the country

that need Medicaid benefits. Then that money is provided to the Pentagon, which then, which is what they say, the defense contractors and the Republicans, they need more nuclear weapons in the United States, which cannot be cut, which then would result in all that extra spending, which would then contribute to the federal deficit, which next year would have us come back here to the Energy and Commerce Committee Republicans, which would call up for more cuts in Medicaid benefits for poor people. The Republican reconciliation game. Big, big con game.

Now, do we need more nuclear weapons in the United States? Let me ask you this. So here is grandma, here is poor children across the country. Here is disabled, here are the disabled in our country. Every nuclear submarine in the United States has 96 independently-targetable nuclear warheads. Hear that again. Every nuclear submarine in the United States has 96 independently-targetable nuclear warheads. So some kind who I named to the Naval Academy in 1980, is now out there commanding a submarine. They are about 54 years old, and they get the world that America has been attacked, attacked by China, probably unlikely, attached by Russia, we don’t think so. Attacked by Iran, attacked by North Korea, well, that person has 96 independently-targetable nuclear weapons.

So if they fire off one and they hit Tiran, there is no Tiran anymore. They fire off one, and they hit Byeon Yang, there is no Byeon Yang anymore, and each one of them still has 95 nuclear warheads onboard.

Now, the Pentagon says, well, the Defense Department says, well, the defense contractors say, well, the Republicans over here in the Budget Committee say we need more nuclear submarines and more nuclear warheads, and I am saying, are you kidding me? Are you kidding me? We don’t have any targets. The submarines that we have floating around already in the ocean 20 miles down, no one knows where they are, our enemies for sure, and each one of them can destroy the Chinese people totally. Ninety-six nuclear warheads aimed at China’s biggest 96 cities means there is no China. Ninety-six nuclear warheads aimed at Russia and their 96 biggest cities means there is no Russia. And they are saying we need even more, notwithstanding the fact that there is no defense analyst that thinks that there is any chance of a war breaking out between the United States and Russia or China, which only leaves us with Iran or North Korea at this point.

So why would we cut grandma, why would we cut the poorest children in America in order to provide more money for the Pentagon? What are the Republicans thinking? They

are putting nuclear bombs over poor children, more nuclear bombs over grandma in a nursing home with Alzheimer's, qualifying for Medicaid for some poor guy in a wheelchair for more nuclear weapons? You are really doing that?

Mr. {Walden.} The gentleman's time has expired.

{Voice.} I urge an aye vote on the Markey amendment.

Mr. {Walden.} The chair recognizes the gentleman from Georgia, Mr. Gingrey, for 5 minutes.

Dr. {Gingrey.} I appreciate the gentleman for recognizing me. I won't take 5 minutes in opposition to this amendment because I am opposed to the amendment for the very same reasons I expressed just a few minutes ago in regard to amendment 21, the Baldwin amendment.

Look, the gentleman from Massachusetts is very articulate, he had a fancy-looking poster there, but I think the bottom line, we cut to the chase is that his amendment basically says that Section 203 of the Medicaid Committee Print by preventing the repeal of the Maintenance of Effort until the Secretary of HHS can certify that disabled children are dual eligible, are not affected by its repeal.

Well, if that is the gentleman's major concern, and I think that it is, despite the fancy poster, that he should before eliminating $15 billion worth of expenditures in Medicaid and SCHIP because of erroneous payments, poor

checking on eligibility so that we get rid of this waste, fraud, and abuse, and folks that really are not eligible to be on these programs so that we can provide the limited resources for those children with disabilities and our seniors who are dual eligible.

So with all due respect to the gentleman, I will strongly oppose his amendment and yield back the balance of my time.

Mr. {Walden.} The gentleman yields back the balance of time. The chair recognizes the gentleman from New Jersey for 5 minutes.

Mr. {Pallone.} Thank you, Mr. Chairman. I also support the Markey amendment. I would like to yield time to Mr. Markey.

Mr. {Markey.} I thank the gentleman again. And again, this is the debate about the defense budget. The Budget Committee has brought the defense budget here to our committee, and what they have said is, and what the Republicans on this Committee are responding to and they are saying that we must do is, that we must hurt the defenseless rather than cutting from the defense budget. And we know they don't need any more nuclear weapons. We know they don't need any more nuclear submarines. We know we don't need at least $100 billion worth of these programs going forward.

There are no targets, ladies and gentlemen.

And so what we realize here is that this is really a war on the poor, a war on the defenseless, a war on those unable to defend themselves, the defenseless in our country, in order to protect the defense contractors in our country, and I just wish that the Republicans on our Committee focused more on that issue. You should be really looking at the Minuteman program, not the Medicaid program if you want to find those people who are vulnerable. Because all those expenditures on nuclear weapons, it is not going to do anything about terrorism. You can't fight terrorism with nuclear weapons. You can't fight any of these opponents that are out there right now with these nuclear weapons programs that are upwards of $600 billion on your budget projections over the next 10 years, new nuclear weapons programs. That is insanity. It is truly insanity. And to then turn to these poor people, these poor elderly, these poor children, these disabled and say you must give more?

Do you want to know who the people in America are really afraid of? The people in America are not afraid of an al Qaeda terrorist coming down their street and threatening their family. They are afraid of a phone call that tells them that that disease which has been in their family for a generation has hit yet another member of their family. That

is terrorism. That is a fear that a family just can't bear. That is a fear that will live with that family forever.

And so what you are saying right now is that you want to build that fear into these families. You want to cut grandma. I hope you all know that 50 percent of all people in nursing homes have Alzheimer's. Hear that again: 50 percent of all people in nursing homes have Alzheimer's, they are old and on Medicaid.

Dr. {Cassidy.} Will the gentleman yield?

Mr. {Markey.} I will not yield.

Dr. {Cassidy.} Will the gentleman yield?

Mr. {Markey.} Not at this time.

So that is what you are cutting. You are cutting poor kids their health care, the poorest children in America, and you are just going to take orders from the Budget Committee so that they can protect nuclear weapons programs. I just think it is unconscionable. I think it is unconscionable. First of all, you are backing out of the deal you cut last August that it would be even Steven, you know, programs for poor people as opposed to defense spending.

But if we are going to have an honest debate, it is all about those weapons programs that can't be justified. The Soviet Union has collapsed. China is taking us over with the money that we are borrowing from them. They are not going to

attack their assets here in the United States. It would be bad business policy. So you are left with really Iran, North Korea, a few other rogue states. New nuclear submarines isn't going to help with that. New facilities to manufacture nuclear material, that is not going to help with it.

And so in my opinion, this is something that you guys are willing to have 300,000 more disabled children, low-income seniors, widows and others to be uninsured by the year 2015. You would rather have that than see a cut in the number of nuclear weapons, the new nuclear weapons that they want to build, not the old nukes. I am not even talking about old nukes that we already have. This is new nukes that you believe have to be added. I mean, come on, let us be serious. Every submarine has 96 independently targetable nuclear weapons. One sub commander takes out the entire Chinese population. One. You don't need to do this to the poor children of America. This is bad. This is just kowtowing to the defense industry at the expense of the poorest children in our country. You make them vulnerable while adding nothing to the security of our country. You don't add one iota to our security by building more nuclear weapons, by having more nuclear weapon submarines. We don't have targets for them. What you do make vulnerable are the poorest people in our country. That is what you do.

Mr. {Walden.} The gentleman's time is expired.

Mr. {Markey.} And that is morally wrong. I yield back.

Mr. {Walden.} The gentleman's time is expired. And no other members seeking recognition, the question arises on passage of the Markey amendment. Those in favor will say aye. Those opposed, no. The no's seem to have it, the no's have it and the--

Mr. {Markey.} I request a roll call vote.

Mr. {Walden.} The motion is defeated and a recorded vote is requested.

As I understand it, there are no more amendments to be offered to Title II. Oh, there is another one to Title II? Okay.

Ms. {Baldwin.} Mr. Chairman.

Mr. {Walden.} For what purpose does the gentlelady from Wisconsin seek recognition?

Ms. {Baldwin.} Mr. Chairman, I have an amendment at the desk.

Dr. {Gingrey.} Mr. Chairman, I reserve a point of order.

Mr. {Walden.} Dr. Gingrey reserves a point of order. The clerk will report the amendment.

The {Clerk.} Amendment to Committee print of Title II offered by Ms. Baldwin of Wisconsin.

[The amendment follows:]

********** INSERT 17 **********

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Ms. {Baldwin.} Mr. Chairman, I ask unanimous consent that the amendment be considered as read.

Mr. {Walden.} Without objection, and the gentlelady is recognized to speak on her amendment.

Ms. {Baldwin.} Thank you, Mr. Chairman.

Our Nation's budget is a statement of our priorities and values, and I have to presume that the Committee print before us today is a demonstration of the priorities and values of its authors and proponents. They are certainly not my values and certainty not the priorities of the folks who I represent in Wisconsin.

We are here today as a result of the Paul Ryan Republican budget, which instructed House committees to identify more cuts on top of the already devastating cuts made in the Ryan budget. Our Committee has been instructed to identify approximately $100 billion in cuts. The majority, which has the flexibility to make these cuts in any programs within our Committee's jurisdiction, has chosen to make all of these cuts to health care programs, and the cuts selected by the majority will have serious consequences. I believe that we must reduce the deficit and get our Nation's fiscal house in order but we must make smart choices, and I reject Republicans' premise that the only way to accomplish

this goal is to kick our most vulnerable neighbors such as children with cancer and seniors in nursing homes off their health insurance and leave them without access to affordable health care coverage.

I am offering an amendment to provide my colleagues with an alternative to reduced spending without having to hurt our vulnerable neighbors. My amendment would allow the Secretary of Health and Human Services to negotiate prescription drug prices for plans offered under Medicare Part D. This important reform would lead to significant cost savings for the federal government as well as seniors and individuals with disabilities.

In addition, this policy change would also strengthen Medicare for current and future beneficiaries. According to a 2008 report by the House Committee on Oversight and Government Reform, taxpayers would save approximately $156 billion over 10 years should the HHS Secretary have the authority to negotiate Medicare prescription drug prices. Moreover, seniors could save up to $27 billion for their own expenses over the same period of time. We have seen evidence of how this commonsense solution saves taxpayers money. In Wisconsin, in our popular prescription drug program called Senior Care, the State negotiates lower drug prices. Senior Care has saved the federal government $50 million in 2009

alone.

We have also seen how allowing HHS Secretaries to negotiate saves taxpayer money. Following the anthrax attacks in 2001, former HHS Secretary and former Wisconsin Governor Tommy Thompson negotiated with drug manufacturers to ensure that Americans had a sufficient and affordable supply of Cipro and other antibiotic that could be used to treat anthrax. Former Secretary Thompson acknowledged the importance of his role in negotiating, the importance that that role played in saving the government money. At the time he stated, and I quote, ``I can assure you, taxpayers will get a very good deal from my negotiations with Bayer,'' the maker of Cipro.

As further evidence of the effectiveness of negotiating prescription drug prices, we can look at other federal programs such as Medicaid, which has price controls for prescription drugs. According to a recent report by the Office of the Inspector General at HHS, Medicaid's net costs for the 100 most prescribed brand-name drugs were 34 percent lower than net costs under Medicare Part D. Clearly, allowing the HHS Secretary to negotiate prescription drug prices would lead to significant deficit reduction while also helping seniors afford prescription drugs during tough economic times.

Now, let me take a quick moment to address the question that will likely be posed as to whether my amendment is germane to the consideration of the reconciliation recommendations. I would remind my colleagues that our Committee's instructions are to identify savings within our Committee's jurisdiction. This certainly includes Medicare prescription drug negotiation. I urge my colleagues to choose to save the federal government money in a way that will benefit seniors and not hurt our most vulnerable neighbors.

To put into perspective the choices that we have before us today, we could adopt my amendment that would save the federal government $156 billion over 10 years, save seniors additional billions of dollars, and strength Medicare for current and future beneficiaries, or we can accept the Republican plans to kick hundreds of thousands of vulnerable adults and children off their health insurance. I urge my colleagues to support this amendment, and I yield back my time. Thank you.

Mr. {Walden.} The gentlelady's time is expired. The gentleman from Georgia, Mr. Gingrey.

Dr. {Gingrey.} Well, Mr. Chairman, thank you. I am surprised that the gentlewoman from Wisconsin didn't withdraw this amendment because clearly it has a germaneness problem

and also a jurisdictional problem. This is an amendment that is not within the jurisdiction of what we are dealing with here today in the Committee print of Energy and Commerce. This would be more appropriately introduced in the Ways and Means Committee, and I would like counsel to comment on the jurisdictional issue in my point of order.

{Counsel.} Congressman, it certainly has a germaneness problem because we have not opened up anything in Title XVIII, but in terms of jurisdiction, just general jurisdiction, the Committee of Energy and Commerce has jurisdiction over the Medicare prescription drug benefit.

Mr. {Walden.} If the gentleman from Georgia would yield, does the gentlelady from Wisconsin plan to withdraw her amendment?

Ms. {Baldwin.} I would urge the majority to press on with this amendment. As I said in my remarks, it gives us an extraordinary opportunity to meet our goals.

Mr. {Walden.} I understand. We are on Mr. Gingrey's time.

Ms. {Baldwin.} And you have that authority, of course, if you don't press the point of order.

Mr. {Walden.} I am sorry. I was under the understanding that you were going to offer and withdraw. That is why I asked the question. So I think the gentleman

from Georgia will insist on--

Dr. {Gingrey.} And I would, Mr. Chairman. Thank you. In that case, I would insist on my point of order on the Baldwin amendment.

Mr. {Walden.} The chair is prepared to rule. The chair will now rule on the point of order. As the gentleman noted, clause 7 of rule 16 of the Rules of the House prohibit the Commerce Committee from considering non-germane amendments. The precedents the House set forth several general tests for germaneness. These include the fundamental purpose test, of course, the jurisdiction test and the subject matter test. Having reviewed the amendment, the chair finds that the amendment violates the Committee jurisdiction test because it amends the Way and Means jurisdiction. So for that reason, the amendment is not germane and the chair sustains the point of order.

If there are no other amendments to Title II, I would not ask unanimous consent to close Title II. Hearing no objections, it is now closed.

A reminder that all votes on Title II amendments are rolled under after Title III. At that time we will then vote on approving Title II and to transmit the recommendations to the Budget Committee.

Are there now amendments to Title III? The clerk will

report Title III.

The {Clerk.} Proposed matter for inclusion in reconciliation recommendation, Title III, liability reform, section 301, finding and purpose.

[The Committee Print follows:]

********** INSERT 18 **********

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Mr. {Walden.} Without objection, the first reading of the Committee print is dispensed with. So ordered.

Are there any bipartisan amendments to the Committee's print? Seeing none, are there other amendments?

Mr. {Waxman.} Mr. Chairman, may I ask a unanimous consent request? As I understand it, we have three amendments pending. I would like to ask unanimous consent that there be 5 minutes for the amendment and no more than 5 minutes on the Republican side.

Mr. {Walden.} I think the Republicans would accept that, and if you wanted to do three and three, we could do that.

Mr. {Waxman.} I will ask the sponsors of the amendments. Mr. Barrow, are you willing to go along with that request for 5 minutes? Okay. And Ms. Castor?

Mr. {Walden.} We would--

Mr. {Waxman.} And it is not necessary that you take a full 5 minutes.

Mr. {Walden.} Right, because the House is going to go back into vote at 4:45 and we were trying to wrap up these amendments and/or votes. Otherwise we have got to come back later tonight after the votes on the House Floor.

Are there members seeking recognition for amendments to

Title III? The gentlelady from Wisconsin is recognized. For what purpose does she seek recognition?

Ms. {Baldwin.} Mr. Chairman, I have an amendment at the desk to Title III.

Mr. {Walden.} The clerk will report the amendment.

The {Clerk.} Amendment to the Committee print of Title III offered by Ms. Baldwin of Wisconsin.

[The amendment follows:]

********** INSERT 19 **********

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Mr. {Walden.} Without objection, the amendment is considered read and I recognize the gentlelady from Wisconsin to speak on her amendment.

Ms. {Baldwin.} Thank you, Mr. Chairman.

If there is one consistent message I have heard loudly and clearly from my colleagues on the other side of the aisle, it is that the federal government should not impose its will on States or intrude on States' rights. This is precisely what Title III of the Committee print would do.

Medical malpractice liability is governed by State law but the proposal before us would preempt State law and impose a federal mandate on medical malpractice liability. This intrusion on States' rights violates a State's ability to oversee its own citizens to an extreme level, which I suspect violates the principles of many in this body.

My amendment is simple. It would protect a State's right to maintain authority over its medical malpractice or medical product liability cases. The amendment states the following: ``Nothing in this Act shall be construed to modify or preempt any substantive or procedural State law governing medical malpractice or medical product liability cases or to impair State authority regarding legal standards or procedures used in medical malpractice or medical product

liability cases.''

This language may sound familiar to some of you for two reasons. First, a bipartisan group of my colleagues joined me in supporting this amendment when I offered it during the markup of H.R. 5 last May in this Committee. Second, this language may sound familiar because it is 100 percent identical to the language in Section 2, subsection C of H.R. 816, the Provider Shield Act of 2011, another bill relating to medical malpractice and medical product liability cases. This bill was drafted and sponsored by my colleague, Dr. Gingrey, and cosponsored by members of this Committee including my colleagues, Dr. Burgess and Mr. Murphy.

I would assume that my colleagues included this critical language in their bill because they understand the importance of ensuring that States maintain the right to establish a method to handle medical malpractice cases that best suits each State's needs. I am sure that Dr. Gingrey, Dr. Burgess and Mr. Murphy understand what will work best in a State like my home State of Wisconsin may not as well in Georgia, Texas or Pennsylvania. Rather, each State should maintain the authority to determine what works best without federal intrusion.

I would like to tell you a little bit about what is working in my home State. Since the 1970s, Wisconsin has

maintained a medical malpractice policy that has produced successful outcomes for both doctors and patients. With the flexibility to act creatively, Wisconsin designed and established a system in which health professionals have guaranteed access to affordable medical liability coverage and injured patients and their families are able to receive reasonable monetary relief for their injuries. Wisconsin's law requires physicians, hospitals and other health care professionals to have medical liability insurance. This private health insurance pays claims of up to $1 million for each claim arising from an occurrence in a year or up to $3 million for all claims arising from all occurrences in a year. The medical malpractice claims that exceed the limits of primary medical liability insurance coverage, all physicians in the State have access to the injured patients and family compensation fund. Physicians contribute to this fund on an annual basis. Notably, this fund typically makes more in interest than it pays out in any typical year. As of June 30, 2010, the fund has assets of $855.1 million.

And Mr. Chairman, Wisconsin's medical malpractice laws have produced successful outcomes. Medical liability insurance premiums paid by Wisconsin doctors have been nearly the lowest in the Nation and the number of medical negligence cases has decreased significantly since these laws were

enacted. The number of people per year who have been compensated for injuries has been nearly the lowest per capita in the Nation, and Wisconsin's medical malpractice insurers have had the lowest loss ratio of all States' medical malpractice insurers.

But it is important to note that Wisconsin's medical malpractice laws are a solution that work in Wisconsin. It may not work in Georgia, Texas or Pennsylvania but this system works in my home State.

Mr. {Walden.} And the gentlelady's time has expired.

Ms. {Baldwin.} I urge my colleagues to stand up for States' rights and adopt the amendment.

Thank you, Mr. Chairman. I yield back.

Mr. {Walden.} The gentlelady's time is expired, and for the members who just walked in, we limited now 5 minutes to each side on the amendment, so if there are other members on either side seeking time, that has to come out of that 5 minutes.

I now recognize the gentleman from Georgia, Mr. Gingrey.

Dr. {Gingrey.} Mr. Chairman, thank you very much. I am very much opposed to the gentlewoman's amendment. In regard to, she mentioned my bill, the Provider Shield Act, H.R. 816, which basically--and we brought this up as an amendment to PPACA 2 years ago when that bill was marked up in Energy and

Commerce Committee, worried, concerned about the fact that the provisions in Obamacare in regard to what the federal government thinks the standard of care has to be in regard to preventative services. We remember the brouhaha over mammography when the Preventative Service Committee, when they were just a recommending body said that it was not necessary to do mammograms on women under the age of 50. Well, unfortunately, as part of PPACA, that advisory committee is now an organization that tells providers what they can do and what they cannot do, and despite the fact that it may be in opposition to what the specialty society, my specialty society, the American College of OB/GYN recommends that mammograms be used to screen women during the decade between age 40 and 50 and how important that it is, and if a physician follows those guidelines, then there is created additional liability in Obamacare, and that is exactly what H.R. 816 is designed to prevent. It is a provider shield. And I am not exactly sure what the gentlewoman's amendment does, but if the State has not spoken to the issue, as an example, whether it is Wisconsin or maybe in my State of Georgia, when the legislature with an overwhelming majority passed medical liability reform legislation to enact caps, not like what they did in Texas, but it wasn't a constitutional amendment. So activist

judges, indeed, the appellate courts in the State of Georgia, the state Supreme Court, struck down these caps saying that it was unconstitutional in regard to the State of Georgia's constitution. So clearly, these provisions in H.R. 5, the HEALTH Act, would then be applicable to the State of Georgia since they had not addressed the issue or the issue was struck down. And the same thing would apply to the State of Wisconsin.

So I am very much in opposition to the gentlewoman's amendment and I want to yield time to my colleague from Texas, Representative Olson, who knows of what he speaks because of what they have done in the State of Texas and what is different from what was done in the State of Georgia.

Mr. {Olson.} I thank my colleague from Georgia for yielding me some time here, and I just want to follow up on my colleague's comments.

This provision in no way, no way preempts State laws that provide for caps on any kind of damages, and furthermore, this provision does not, does not infringe upon States' laws that provide more strict provisions for health care providers which in turn results in greater health benefits to patients. Medical liability reform is absolutely a federal issue because of the financial impact on federal programs--Medicare, Medicaid and others--and the cost impact

to our national health care system. Additionally, there are numerous accounts of physicians leaving States such as New Jersey, New York and Pennsylvania for States that have enacted meaningful medical liability reforms such as my home State of Texas and California.

I will discuss some of the things that have happened in Texas. We had a crisis in medical liability in the late 1990s and early 2000s. Our State stepped up and passed medical liability reform in 2001 and 2003. Almost immediately, within 2 years, malpractice premiums had dropped over 40 percent. That is more money for patients to be treated by their doctors. Doctors were flocking to our State from all 49 States. Rural OB/GYNs grew three times the population of rural areas, meaning lower costs and better care.

Kelsey-Seybold is a great example of the benefits of medical liability reform. In the late 1990s, Kelsey-Seybold had to drop their private insurance because it was so expensive. They self-insured, $6 million per year. After medical liability reform in Texas, that dropped to $1 million. What did they do with those $5 million? They invested it in a state-of-the-art electronic medical records system. Tort reform works. And again, this is not a mandate on all the States. It has recognized the federal

government's proper role in our constitutional system of law.

I yield back the balance of my time.

The {Chairman.} All time has expired on the amendment. Those in favor of the amendment will say aye. Those opposed, say no. The no's appear to have it. The gentlelady asks for a roll call vote. Pursuant to the earlier amendment, it will be part of that roll.

Are there other amendments to Title III? Mr. Barrow has an amendment.

Mr. {Barrow.} Mr. Chairman, I have an amendment at the desk.

The {Chairman.} The clerk will read the title of the amendment.

The {Clerk.} Amendment to the Committee print of Title III offered by Mr. Barrow of Georgia.

[The amendment follows:]

********** INSERT 20 **********

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The {Chairman.} The amendment will be considered as read. The staff will distribute the amendment and the gentleman is recognized for no longer than 5 minutes.

Mr. {Barrow.} Thank you, Mr. Chairman.

Mr. Chairman, constitutions can sometimes be annoying things. Constitutions sometimes get in the way of what folks think they want to do, and in their rush to change things, they can sometimes have to run up against harsh truths in the constitutions that we deal with. That applies not only to the U.S. Constitution but also the constitutions of the various States. I have in my hand, for example, a pocket copy of the Constitution they give us to hand out to constituents. It has got the 10th Amendment to the U.S. Constitution written in there, and it is something we swear to uphold and it is worth bearing in mind. It says, and I quote, ``The powers not delegated to the United States by the Constitution nor prohibited by it to the States are reserved to the States respectively or to the people.'' This is in our 10th Amendment that binds everything this Congress does.

In the constitutions of the various States, you find certain provisions which represent the State's assertion of the power to regulate the relations between physician and patient, between hospital and patient, and everywhere and at

all times the power to regulate the relationship between doctor and patient has been deemed to be and is in both in fact and in law a matter that is within the exclusive subject matter jurisdiction of the States of the union. Nothing in the U.S. Constitution gives Congress the power to regulate the relationship between physician and patient, and nothing in the Constitution as I read it prohibits the States from regulating this relationship that has always been within the police power and subject matter jurisdiction of the States. And so as I read Amendment 10, it makes it quite plain that whatever the financial impact may be, however much Congress may choose to wade into this area that is exclusively within the jurisdiction of the States, however much it may choose to condition the granting of benefits or the paying of benefits in the marketplace that is subject to regulation by the States, it is nonetheless a matter within the sovereignty of the States to regulate this relationship, there being nothing in the Constitution giving Congress the power to do that and nothing in the Constitution prohibiting the States from regulating that relationship.

Now, my amendment is very modest. It does not seek to insulate or remove from the power of this legislation any and all laws, regulations, ordinances or what have you at the State level that attend to affect or regulate the

relationship between physician and patient but it does say that when it is in the constitution of the States themselves, when the States through their elected representatives and the voters have enshrined in their highest law of their land that such matters governed by this statute are going to be governed in a different way by the State constitutions, then the State constitutions will prevail. In other words, when it is prohibited by both the 10th Amendment to the U.S. Constitution and prohibited by the State constitutions, this act will in no way affect the issue at hand.

Now, it seems to me that is a very modest reach to the amendment. It is consistent with our obligations not to go further than the 10th Amendment allows us, and preserves and protects those States' rights to decide these matters provided they have gone so far as to put it in their own constitutions.

Now, five States have constitutional language in their constitutions that explicitly prohibit caps on non-economic damages. Six other States including my State of Georgia have had the highest court of their land say that any statutory caps violate the State constitutions as those constitutions already exist in their States. Now, it seems to me that there are matters that Congress has the power to regulate and matters that they do not have the power to regulate. When it

is clear that the 10th Amendment does not allow us to regulate in this area and the States have chosen to regulate this matter through their highest law, we should not interfere with that. My amendment would go only so far as to say that if it violates both the 10th Amendment to the U.S. Constitution and violates the constitutions of the States as interpreted by the highest authorities on those laws in their States, then this law will have no effect, and that is what my amendment says and that is all it says.

Mr. {Waxman.} Will the gentleman yield for a question?

Mr. {Barrow.} Yes, sir, I will be happy to yield.

Mr. {Waxman.} What if a State does not have a provision in its constitution but has a statutory law dealing with torts?

Mr. {Barrow.} My amendment would not embrace it. It would differ from the previous amendment in this respect. My amendment says unless it is in the State constitution as interpreted by the highest courts of the States, then it is fair game to whatever it is in this law. This legislation will only not apply in the case where the State constitution prohibits some of the provisions.

Mr. {Waxman.} What would be the policy reason to deny the States the ability to have their own tort law, medical malpractice tort law in statute? Ordinarily, States don't

like to encumber their constitutions with all the laws. They leave it for the legislature.

Mr. {Barrow.} The fact remains, the States can decide for themselves whether or not they want to elevate this to the highest level of law in their State beyond the power of the politicians to amend at any session of the general assembly. The fact remains that the States have chosen to put it there, I think we should respect it. If you are not willing to go so far as to say we shouldn't regulate in this area at all, let us at least take our hands off when the States have put this in their own constitutions.

And with that, Mr. Chairman, I yield back the balance of my time.

Mr. {Walden.} [Presiding] The gentleman yields back the balance of his time. The chair recognizes the gentleman from Georgia, Mr. Gingrey, for 1 minute.

Dr. {Gingrey.} Mr. Chairman, thank you, and my colleague from Georgia, I have got great respect for him. He is an attorney and a good one. I am not an attorney, but look, the colloquy between Mr. Barrow and Mr. Waxman, Mr. Barrow says this is only to do with what it says in the State constitution but his amendment, as I read it right here in front of me, including any provision construed by case law of that State. Medical liability reform is absolutely a federal

issue because of the financial impact on federal programs, Medicare, Medicaid and others, and the cost impact to our national health care system. Additionally, there are numerous accounts, numerous accounts of physicians leaving States such as New Jersey, New York, Pennsylvania for States that have enacted meaningful medical liability reform such as Texas and California, and before our Supreme Court in Georgia struck down the majority opinion of the State legislature in the State of Georgia.

I would just refer my colleague to the Constitution Article I, section 8, clause 3, in regard to the commerce clause, and I rest my case in opposition to his amendment, and I yield back.

Mr. {Walden.} The gentleman yields back his time.

Mr. {Barrow.} Would the gentleman yield for a question before he yields the balance of his time?

Mr. {Walden.} The gentleman has yielded back the balance of his time.

Mr. {Waxman.} Mr. Chairman, I ask unanimous consent that the author of the amendment be able to ask a question for 1 minute.

Mr. {Walden.} Without objection, for 1 minute. I would just remind members that when we are done with the next amendment, we are going to go into votes and try to get them

done before we have to go to the House Floor and vote.

Mr. {Barrow.} Insofar as the impact upon interstate commerce is concerned, as put forth by my colleague in his last remarks, I hasten to point out that the reason why this is exclusively within the subject matter jurisdiction of the States and within the police power of the States themselves is that this is one relationship where only the States where the patient is being treated has the right to regulate the mission of the practice of medicine and to regulate the practice of medicine on that patient, and if the State should over-regulate the practice of medicine in that State by giving excessive rights to those who are aggrieved by the doctors' treatment of them, the impact upon interstate commerce is not adverse as far as sister States are concerned. It actually benefits them. Likewise--

Dr. {Gingrey.} If the gentleman would yield?

Mr. {Barrow.} Well, I haven't finished stating my question yet. Likewise, if the State under-regulates the practice to such an extent that excessive awards are allowed, it only affects the folks in that State because if it drives folks away from the State, it causes no adverse impact upon commerce with sister States. They actually benefit from this by picking up doctors who fleeing the excessively lax routine. This is the nature of interstate commerce. If you

have no adverse impact on your neighbors, our power does not reach it. Is that not the case?

Dr. {Gingrey.} Was there a question there?

Mr. {Barrow.} Is that not the holding of interstate commerce cases unless you have an adverse impact on folks doing business in your State from outside from your State, it doesn't apply?

Dr. {Gingrey.} The gentleman gave such a speech that I am not sure I got the question, but basically he said that the State licensure is explicit to the physician in the State, let us say our State of Georgia, but in fact, a physician licensed in the State of Georgia literally can practice medicine in all 50 States by virtue of the Internet, and that is going on every day as we speak. I remain opposed to his amendment.

Mr. {Walden.} The gentleman is opposed to the amendment.

Mr. {Olson.} Parliamentary inquiry, sir?

Mr. {Walden.} Yes, the gentleman from Texas.

Mr. {Olson.} How much time do we have left on our side of the aisle?

Mr. {Walden.} Well, the gentleman had yielded back his time. If the gentleman from Texas seeks time, we had about 2-1/2 minutes or so left on the gentleman from Georgia's

time, and I am sure the Committee would indulge the gentleman from Texas as we did the gentleman from Georgia, so I would recognize the gentleman for 1 minute.

Mr. {Olson.} I thank the chairman for his courtesy. While I have great respect for my colleague from Georgia, I speak in opposition to his amendment.

In the late 1990s in Texas, frivolous lawsuits were killing health care. Docs were fleeing our State. Costs were increasing because doctors were being sued mercilessly by trial lawyers seeking unlimited non-economic damages. These monies weren't going to injured plaintiffs. They were going into the pockets of the trial lawyers. Our State stepped up in 2001 and 2003 and enacted meaningful health care medical liability reform. One of the things done in my great State of Texas, charity care. Charity care has grown 24 percent in 6 years. That is medical doctors stepping up and taking a chance on people that have no way of paying for it. Because of medical liability reform in Texas, 24 percent increase in 6 years. The CBO estimated a $63.9 billion savings over 10 years even in today's Washington, D.C. That is real money.

So I urge my colleagues to reject the amendment from my colleague and good friend from Georgia. I yield back the balance of my time.

Mr. {Walden.} I thank the gentleman from Texas who yields back the balance of his time.

The question arises on the gentleman from Georgia, Mr. Barrow's, amendment. Those in favor say aye. Those opposed, nay. The nays seem to have it. The nays have it and the amendment is defeated, and the gentleman asks for a recorded vote. That will be rolled.

Is there anyone else seeking--I thought so. The gentlelady from Florida, for what purpose do you seek recognition?

Ms. {Castor.} I have an amendment at the desk.

Mr. {Walden.} The clerk will report the amendment.

The {Clerk.} Amendment to the Committee print of Title III offered by Ms. Castor of Florida.

[The amendment follows:]

********** INSERT 21 **********

|

Mr. {Walden.} The amendment will be considered as read. Before I recognize the gentlelady from Florida, for those who may be observing our proceedings, I will let you know that it is time to come back because when we are done with this exchange, we will begin voting. The House goes into session at 4:45 to resume voting there.

I now recognize the gentlelady from Florida, Ms. Castor, for 5 minutes.

Ms. {Castor.} Thank you, Mr. Chairman.

Mr. Chairman and colleagues, this is an amendment that protects women's health. My amendment removes the Title III's required liability caps when you have a lawsuit, if the lawsuit is brought because of an action constituting a violation of the Affordable Care Act with respect to women's preventive health services.

Now, over the past year and a half, Republicans in the House of Representatives have maintained a constant attack on women's health including family planning, contraception and preventive care, and this has been an awakening for many across the country who questioned the Republicans' policy direction, their restrictions on women's health. It has been an awakening because they have stirred up debates that many thought were settled in the 1960s, 1950s even. But despite

all that, I hope we can all agree that it is smart to focus on prevention. Prevention saves money and it saves lives. And before we adopted the Affordable Care Act, too many Americans did not get the preventive health services that they needed to stay healthy. They didn't get the type of preventive care to avoid the onset of disease and reduce health care costs overall. Many studies have demonstrated that Americans use preventive services at about half of the recommended rate. So one of the best things about the Affordable Care Act was focusing more on prevention rather than just a health care system in this country that tries to treat the sick.

So thanks to the Affordable Care Act, it also recognizes that women have unique health needs during their lifetime. For example, preventative health services such as mammograms, screenings for cervical cancer, breastfeeding help, domestic violence screenings now will wisely be included in health insurance policies. That is smart.

So what my amendment does, it simply disallows a liability shield if a health care organization doesn't provide preventive services and then a lawsuit is brought. Access to quality, low-cost preventive services is crucial to improving the health of all Americans and reducing the overall cost to our health care systems so I want the

incentive to remain intact, and if you grant some kind of--when you fool around with liability, you are taking away the important incentive for women across the country to use preventive services to stay well and save us all money.

Therefore, I encourage my colleagues to support my amendment to preserve and protect women's health in America.

Mr. {Walden.} And the gentlelady yields back the balance of her time, I assume?

Ms. {Castor.} I yield back.

Mr. {Walden.} And I recognize the gentleman from Georgia, Mr. Gingrey, for a response.

Dr. {Gingrey.} Mr. Chairman, thank you, and I certainly rise in opposition to the Castor amendment.

On March 21, 2010, 2 years ago, Ranking Member Waxman submitted comments during Floor debate on Obamacare that stated in part it was not the intent of H.R. 3590 to create any new actions or claims based on the issuance or implementation of any guidance or other standard of care in the Obamacare law. Now, with this amendment, what Congresswoman Castor is doing is confirming what we all know to be true: Obamacare will cause new lawsuits against physicians and other medical providers simply because they choose to follow their own medical training and the advice of their peers and specialty societies and not the treatment

mandates of Obamacare. Not only does the Castor amendment now codified by fear that physicians practicing their art for their patients' wellbeing can be sued if they choose not to follow federal guidelines but things like, as we talked about earlier, mammogram screenings and other Obamacare dictates that are against the interest of women's health.

But this amendment will also make it harder for female patients to access lifesaving services if federal bureaucrats say women shouldn't access them like mammogram screening for women under the age of 50. And not only that, the liability then according to her amendment removes the caps on non-economic and raises that to infinity. It is a wrongheaded, wrong amendment and I strongly oppose it, and I yield back. Well, I yield to my colleague from the State of Virginia.

Mr. {Griffith.} Mr. Chairman, I am going to oppose this amendment as well for completely different reasons. The male reproductive organs also have preventive health screenings, and to single out women and not throw men into this amendment, frankly, I am shocked that there would be a war on men, and I really think this shows this is just a political amendment and not one that was offered in seriousness and therefore I urge defeat.

Mr. {Olson.} I thank the chairman for recognizing me.

Mr. {Walden.} Well, it is only Mr. Gingrey's time if he

yields to you. Mr. Gingrey, do you yield to the gentleman from Texas who is seeking your recognition?

Dr. {Gingrey.} I yield to the gentleman from Texas.

Mr. {Olson.} I thank my colleague from Georgia for yielding and I speak in opposition to my friend from Florida, her amendment.

I submit to my colleague from Florida that medical liability reform promotes women's health. Look at Texas. Look what happened. Before medical liability reform, we have got 254 counties, still do, less than 100 of them had OB/GYNs, and that particularly hurts rural health, women's health in Texas. The last thing a woman wants if she has a problem pregnancy is to drive over 100 miles to the nearest OB/GYN or emergency physician. When Texas enacted comprehensive medical health reform, within 2 years the rural OBs grew three times the population of the rural counties, three times. It is a woman's health issue.

Again, the constitutionality of the issue is being addressed. This provision in on way preempts State laws that provide for caps of any damages. And furthermore, this provision does not infringe upon States' laws that provide more strict protections for health care providers which in turn results in greater benefits to patients.

Next week, we are going back to our home districts for

the district work period, and I am happy to take any of my colleagues, come down to Fort Bend County. I will take you across to all these great medical facilities. You can see and hear how medical liability reform in Texas works. It is a real savings, $63.9 billion according to the CBO over 10 years.

I urge my colleagues to reject the amendment. I yield back the balance of my time.

Dr. {Gingrey.} Mr. Chairman, I yield back the balance of my time.

Mr. {Walden.} The gentleman yields back the balance of his time. All time has been consumed. Those in favor of the amendment will say aye. Those opposed, no. The nos have it. The amendment is defeated.

That concludes the amendments to Title III, and we will now move on--

Ms. {Schakowsky.} Mr. Chairman. Oh, I am sorry.

Mr. {Walden.} Oh, you wanted a recorded vote on that. Okay. We will back up.

The gentlelady asks for a recorded vote on her amendment. That will be added to the list.

Ms. {Schakowsky.} Mr. Chairman, I am just wondering if I could make a unanimous consent to correct the record. It will take me 2 seconds.

Mr. {Walden.} Yes, the gentlelady is recognized.

Ms. {Schakowsky.} I just wanted to report that both the Department of Health and Human Services and the Centers for Disease Control and Prevention have confirmed that no prevention and public health funds were used for the spaying of animals, as was earlier reported.

Mr. {Walden.} Okay. Just for the members' notice, we have 22 votes, 22 votes, and the House is due to go into session at 4:45. So that means we will get as many as we can now, and then we will come back.

The first amendment vote is the Gonzalez amendment, and the clerk will call the roll.

The {Clerk.} Mr. Barton?

[No response.]

The {Clerk.} Mr. Stearns?

[No response.]

The {Clerk.} Mr. Whitfield?

Mr. {Whitfield.} No.

The {Clerk.} Mr. Whitfield votes no.

Mr. Shimkus?

Mr. {Shimkus.} No.

The {Clerk.} Mr. Shimkus votes no.

Mr. Pitts?

Mr. {Pitts.} No.

The {Clerk.} Mr. Pitts votes no.

Mr. {Walden.} Walden votes no.

The {Clerk.} Mr. Walden votes no.

Mr. Terry?

Mr. {Terry.} Nay.

The {Clerk.} Mr. Terry votes no.

Mr. Rogers?

[No response.]

The {Clerk.} Mrs. Myrick?

[No response.]

The {Clerk.} Mr. Sullivan?

[No response.]

The {Clerk.} Mr. Murphy?

[No response.]

The {Clerk.} Mr. Burgess?

Dr. {Burgess.} No.

The {Clerk.} Mr. Burgess votes no.

Mrs. Blackburn?

[No response.]

The {Clerk.} Mr. Bilbray?

Mr. {Bilbray.} No.

The {Clerk.} Mr. Bilbray votes no.

Mr. Bass?

[No response.]

The {Clerk.} Mr. Gingrey?

Dr. {Gingrey.} No.

The {Clerk.} Mr. Gingrey votes no.

Mr. Scalise?

Mr. {Scalise.} No.

The {Clerk.} Mr. Scalise votes no.

Mr. Latta?

Mr. {Latta.} No.

The {Clerk.} Mr. Latta votes no.

Mrs. McMorris Rodgers?

[No response.]

The {Clerk.} Mr. Harper?

[No response.]

The {Clerk.} Mr. Lance?

Mr. {Lance.} No.

The {Clerk.} Mr. Lance votes no.

Mr. Cassidy?

Dr. {Cassidy.} No.

The {Clerk.} Mr. Cassidy votes no.

Mr. Guthrie?

Mr. {Guthrie.} No.

The {Clerk.} Mr. Guthrie votes no.

Mr. Olson?

[No response.]

The {Clerk.} Mr. McKinley?

Mr. {McKinley.} No.

The {Clerk.} Mr. McKinley votes no.

Mr. Gardner?

Mr. {Gardner.} No.

The {Clerk.} Mr. Gardner votes no.

Mr. Pompeo?

Mr. {Pompeo.} No.

The {Clerk.} Mr. Pompeo votes no.

Mr. Kinzinger?

Mr. {Kinzinger.} No.

The {Clerk.} Mr. Kinzinger votes no.

Mr. Griffith?

Mr. {Griffith.} No.

The {Clerk.} Mr. Griffith votes no.

Mr. Waxman?

Mr. {Waxman.} Aye.

The {Clerk.} Mr. Waxman votes aye.

Mr. Dingell?

[No response.]

The {Clerk.} Mr. Markey?

Mr. {Markey.} Aye.

The {Clerk.} Mr. Markey votes aye.

Mr. Towns?

Mr. {Towns.} Aye.

The {Clerk.} Mr. Towns votes aye.

Mr. Pallone?

Mr. {Pallone.} Aye.

The {Clerk.} Mr. Pallone votes aye.

Mr. Rush?

Mr. {Rush.} Aye.

The {Clerk.} Mr. Rush votes aye.

Ms. Eshoo?

[No response.]

The {Clerk.} Mr. Engel?

[No response.]

The {Clerk.} Mr. Green?

Mr. {Green.} Aye.

The {Clerk.} Mr. Green votes aye.

Ms. DeGette?

Ms. {DeGette.} Aye.

The {Clerk.} Ms. DeGette votes aye.

Mrs. Capps?

Mrs. {Capps.} Aye.

The {Clerk.} Mrs. Capps votes aye.

Mr. Doyle?

[No response.]

The {Clerk.} Ms. Schakowsky?

Ms. {Schakowsky.} Aye.

The {Clerk.} Ms. Schakowsky votes aye.

Mr. Gonzalez?

[No response.]

The {Clerk.} Ms. Baldwin?

Ms. {Baldwin.} Aye.

The {Clerk.} Ms. Baldwin votes aye.

Mr. Ross?

Mr. {Ross.} Aye.

The {Clerk.} Mr. Ross votes aye.

Mr. Matheson?

Mr. {Matheson.} Aye.

The {Clerk.} Mr. Matheson votes aye.

Mr. Butterfield?

Mr. {Butterfield.} Aye.

The {Clerk.} Mr. Butterfield votes aye.

Mr. Barrow?

Mr. {Barrow.} Votes aye.

The {Clerk.} Mr. Barrow votes aye.

Ms. Matsui?

Ms. {Matsui.} Aye.

The {Clerk.} Ms. Matsui votes aye.

Mrs. Christensen?

Dr. {Christensen.} Aye.

The {Clerk.} Mrs. Christensen votes aye.

Ms. Castor?

Ms. {Castor.} Aye.

The {Clerk.} Ms. Castor votes aye.

Mr. Sarbanes?

[No response.]

The {Clerk.} Chairman Upton?

The {Chairman.} Votes no.

The {Clerk.} Chairman Upton votes no.

The {Chairman.} Are there other members wishing to cast a vote? Ms. Myrick?

Mrs. {Myrick.} No.

The {Clerk.} Mrs. Myrick votes no.

The {Chairman.} Mrs. Bono Mack?

Mrs. {Bono Mack.} No.

The {Clerk.} Mrs. Bono Mack votes no.

The {Chairman.} Mr. Olson?

Mr. {Olson.} No.

The {Clerk.} Mr. Olson votes no.

The {Chairman.} Mr. Bass?

Mr. {Bass.} No.

The {Clerk.} Mr. Bass votes no.

The {Chairman.} Mrs. Blackburn?

Mrs. {Blackburn.} No.

The {Clerk.} Mrs. Blackburn votes no.

The {Chairman.} Dr. Murphy?

Mr. {Murphy.} No.

The {Clerk.} Mr. Murphy votes no.

The {Chairman.} Mr. Sullivan?

Mr. {Sullivan.} No.

The {Clerk.} Mr. Sullivan votes no.

The {Chairman.} Mrs. McMorris Rodgers?

Mrs. {McMorris Rodgers.} No.

The {Clerk.} Mrs. McMorris Rodgers votes no.

The {Chairman.} Mr. Barton?

Mr. {Barton.} No.

The {Clerk.} Mr. Barton votes no.

The {Chairman.} Mr. Stearns?

Mr. {Stearns.} No.

The {Clerk.} Mr. Stearns votes no.

The {Chairman.} Mr. Harper?

Mr. {Harper.} No.

The {Clerk.} Mr. Harper votes no.

The {Chairman.} The Democratic side, Mr. Engel?

Mr. {Engel.} Votes aye.

The {Clerk.} Mr. Engel votes aye.

The {Chairman.} Ms. Eshoo?

Ms. {Eshoo.} Aye.

The {Clerk.} Ms. Eshoo votes aye.

The {Chairman.} Are there members still seeking to vote on the Gonzalez amendment? Mr. Gonzalez?

Mr. {Gonzalez.} Yes.

The {Clerk.} Mr. Gonzalez votes aye.

The {Chairman.} If there are no other members wishing to cast a vote on this amendment, the clerk will report the tally. And I might just ask for a little order. We are going to try to proceed as fast as we can.

The {Clerk.} Mr. Chairman, on that vote, there were 20 ayes, 30 nays.

The {Chairman.} Twenty ayes, 30 nays. The amendment is not agreed to.

The next amendment recorded vote comes on the Eshoo amendment to Title I. We will just do the roll call. The clerk will call the roll.

The {Clerk.} Mr. Barton?

Mr. {Barton.} No.

The {Clerk.} Mr. Barton votes no.

Mr. Stearns?

[No response.]

The {Clerk.} Mr. Whitfield?

Mr. {Whitfield.} No.

The {Clerk.} Mr. Whitfield votes no.

Mr. Shimkus?

Mr. {Shimkus.} No.

The {Clerk.} Mr. Shimkus votes no.

Mr. Pitts?

Mr. {Pitts.} No.

The {Clerk.} Mr. Pitts votes no.

Mrs. Bono Mack?

Mrs. {Bono Mack.} No.

The {Clerk.} Mrs. Bono Mack votes no.

Mr. Walden?

Mr. {Walden.} No.

The {Clerk.} Mr. Walden votes no.

Mr. Terry?

Mr. {Terry.} No.

The {Clerk.} Mr. Terry votes no.

Mr. Rogers?

[No response.]

The {Clerk.} Mrs. Myrick?

Mrs. {Myrick.} No.

The {Clerk.} Mrs. Myrick votes no.

Mr. Sullivan?

Mr. {Sullivan.} No.

The {Clerk.} Mr. Sullivan votes no.

Mr. Murphy?

Mr. {Murphy.} No.

The {Clerk.} Mr. Murphy votes no.

Mr. Burgess?

Dr. {Burgess.} No.

The {Clerk.} Mr. Burgess votes no.

Mrs. Blackburn?

Mrs. {Blackburn.} No.

The {Clerk.} Mrs. Blackburn votes no.

Mr. Bilbray?

Mr. {Bilbray.} No.

The {Clerk.} Mr. Bilbray votes no.

Mr. Bass?

Mr. {Bass.} No.

The {Clerk.} Mr. Bass votes no.

Mr. Gingrey?

Dr. {Gingrey.} No.

The {Clerk.} Mr. Gingrey votes no.

Mr. Scalise?

Mr. {Scalise.} No.

The {Clerk.} Mr. Scalise votes no.

Mr. Latta?

Mr. {Latta.} No.

The {Clerk.} Mr. Latta votes no.

Mrs. McMorris Rodgers?

Mrs. {McMorris Rodgers.} No.

The {Clerk.} Mrs. McMorris Rodgers votes no.

Mr. Harper?

Mr. {Harper.} No.

The {Clerk.} Mr. Harper votes no.

Mr. Lance?

Mr. {Lance.} No.

The {Clerk.} Mr. Lance votes no.

Mr. Cassidy?

[No response.]

The {Clerk.} Mr. Guthrie?

Mr. {Guthrie.} No.

The {Clerk.} Mr. Guthrie votes no.

Mr. Olson?

[No response.]

The {Clerk.} Mr. McKinley?

Mr. {McKinley.} No.

The {Clerk.} Mr. McKinley votes no.

Mr. Gardner?

Mr. {Gardner.} No.

The {Clerk.} Mr. Gardner votes no.

Mr. Pompeo?

Mr. {Pompeo.} No.

The {Clerk.} Mr. Pompeo votes no.

Mr. Kinzinger?

Mr. {Kinzinger.} No.

The {Clerk.} Mr. Kinzinger votes no.

Mr. Griffith?

Mr. {Griffith.} No.

The {Clerk.} Mr. Griffith votes no.

Mr. Waxman?

Mr. {Waxman.} Aye.

The {Clerk.} Mr. Waxman votes aye.

Mr. Dingell?

Mr. {Dingell.} Dingell votes aye.

The {Clerk.} Mr. Dingell votes aye.

Mr. Markey?

Mr. {Markey.} Aye.

The {Clerk.} Mr. Markey votes aye.

Mr. Towns?

Mr. {Towns.} Aye.

The {Clerk.} Mr. Towns votes aye.

Mr. Pallone?

Mr. {Pallone.} Aye.

The {Clerk.} Mr. Pallone votes aye.

Mr. Rush?

Mr. {Rush.} Aye.

The {Clerk.} Mr. Rush votes aye.

Ms. Eshoo?

Ms. {Eshoo.} Aye.

The {Clerk.} Ms. Eshoo votes aye.

Mr. Engel?

Mr. {Engel.} Aye.

The {Clerk.} Mr. Engel votes aye.

Mr. Green?

Mr. {Green.} Aye.

The {Clerk.} Mr. Green votes aye.

Ms. DeGette?

Ms. {DeGette.} Aye.

The {Clerk.} Ms. DeGette votes aye.

Mrs. Capps?

Mrs. {Capps.} Aye.

The {Clerk.} Mrs. Capps votes aye.

Mr. Doyle?

[No response.]

The {Clerk.} Ms. Schakowsky?

Ms. {Schakowsky.} Aye.

The {Clerk.} Ms. Schakowsky votes aye.

Mr. Gonzalez?

Mr. {Gonzalez.} Aye.

The {Clerk.} Mr. Gonzalez votes aye.

Ms. Baldwin?

Ms. {Baldwin.} Aye.

The {Clerk.} Ms. Baldwin votes aye.

Mr. Ross?

Mr. {Ross.} Aye.

The {Clerk.} Mr. Ross votes aye.

Mr. Matheson?

Mr. {Matheson.} Aye.

The {Clerk.} Mr. Matheson votes aye.

Mr. Butterfield?

Mr. {Butterfield.} Aye.

The {Clerk.} Mr. Butterfield votes aye.

Mr. Barrow?

Mr. {Barrow.} Votes aye.

The {Clerk.} Mr. Barrow votes aye.

Ms. Matsui?

Ms. {Matsui.} Aye.

The {Clerk.} Ms. Matsui votes aye.

Mrs. Christensen?

Dr. {Christensen.} Aye.

The {Clerk.} Mrs. Christensen votes aye.

Ms. Castor?

Ms. {Castor.} Aye.

The {Clerk.} Ms. Castor votes aye.

Mr. Sarbanes?

[No response.]

The {Clerk.} Chairman Upton?

The {Chairman.} Votes no.

The {Clerk.} Chairman Upton votes no.

The {Chairman.} Are there other members wishing to vote? Mr. Stearns?

Mr. {Stearns.} Votes no.

The {Clerk.} Mr. Stearns votes no.

The {Chairman.} Mr. Cassidy?

Dr. {Cassidy.} No.

The {Clerk.} Mr. Cassidy votes no.

The {Chairman.} Mr. Olson?

Mr. {Olson.} No.

The {Clerk.} Mr. Olson votes no.

The {Chairman.} Members on the Democratic side wishing--is everyone recorded? Anyone seeking to vote? The clerk will report the roll.

The {Clerk.} Mr. Chairman, on that vote, there were 21 ayes, 30 nays.

The {Chairman.} Twenty-one ayes, 30 nays. The amendment is not agreed to.

The next amendment is the Schakowsky amendment, and the clerk will read the roll.

The {Clerk.} Mr. Barton?

[No response.]

The {Clerk.} Mr. Stearns?

Mr. {Stearns.} No.

The {Clerk.} Mr. Stearns votes no.

Mr. Whitfield?

Mr. {Whitfield.} No.

The {Clerk.} Mr. Whitfield votes no.

Mr. Shimkus?

Mr. {Shimkus.} No.

The {Clerk.} Mr. Shimkus votes no.

Mr. Pitts?

Mr. {Pitts.} No.

The {Clerk.} Mr. Pitts votes no.

Mrs. Bono Mack?

Mrs. {Bono Mack.} No.

The {Clerk.} Mrs. Bono Mack votes no.

Mr. Walden?

Mr. {Walden.} No.

The {Clerk.} Mr. Walden votes no.

Mr. Terry?

[No response.]

The {Clerk.} Mr. Rogers?

[No response.]

The {Clerk.} Mrs. Myrick?

Mrs. {Myrick.} No.

The {Clerk.} Mrs. Myrick votes no.

Mr. Sullivan?

Mr. {Sullivan.} No.

The {Clerk.} Mr. Sullivan votes no.

Mr. Murphy?

Mr. {Murphy.} No.

The {Clerk.} Mr. Murphy votes no.

Mr. Burgess?

Dr. {Burgess.} No.

The {Clerk.} Mr. Burgess votes no.

Mrs. Blackburn?

Mrs. {Blackburn.} No.

The {Clerk.} Mrs. Blackburn votes no.

Mr. Bilbray?

Mr. {Bilbray.} No.

The {Clerk.} Mr. Bilbray votes no.

Mr. Bass?

Mr. {Bass.} No.

The {Clerk.} Mr. Bass votes no.

Mr. Gingrey?

Dr. {Gingrey.} No.

The {Clerk.} Mr. Gingrey votes no.

Mr. Scalise?

Mr. {Scalise.} No.

The {Clerk.} Mr. Scalise votes no.

Mr. Latta?

Mr. {Latta.} No.

The {Clerk.} Mr. Latta votes no.

Mrs. McMorris Rodgers?

Mrs. {McMorris Rodgers.} No.

The {Clerk.} Mrs. McMorris Rodgers votes no.

Mr. Harper?

Mr. {Harper.} No.

The {Clerk.} Mr. Harper votes no.

Mr. Lance?

Mr. {Lance.} No.

The {Clerk.} Mr. Lance votes no.

Mr. Cassidy?

Dr. {Cassidy.} No.

The {Clerk.} Mr. Cassidy votes no.

Mr. Guthrie?

Mr. {Guthrie.} No.

The {Clerk.} Mr. Guthrie votes no.

Mr. Olson?

[No response.]

The {Clerk.} Mr. McKinley?

Mr. {McKinley.} No.

The {Clerk.} Mr. McKinley votes no.

Mr. Gardner?

Mr. {Gardner.} No.

The {Clerk.} Mr. Gardner votes no.

Mr. Pompeo?

Mr. {Pompeo.} No.

The {Clerk.} Mr. Pompeo votes no.

Mr. Kinzinger?

Mr. {Kinzinger.} No.

The {Clerk.} Mr. Kinzinger votes no.

Mr. Griffith?

Mr. {Griffith.} No.

The {Clerk.} Mr. Griffith votes no.

Mr. Waxman?

Mr. {Waxman.} Aye.

The {Clerk.} Mr. Waxman votes aye.

Mr. Dingell?

Mr. {Dingell.} Dingell votes aye.

The {Clerk.} Mr. Dingell votes aye.

Mr. Markey?

Mr. {Markey.} Aye.

The {Clerk.} Mr. Markey votes aye.

Mr. Towns?

Mr. {Towns.} Aye.

The {Clerk.} Mr. Towns votes aye.

Mr. Pallone?

Mr. {Pallone.} Aye.

The {Clerk.} Mr. Pallone votes aye.

Mr. Rush?

Mr. {Rush.} Aye.

The {Clerk.} Mr. Rush votes aye.

Ms. Eshoo?

Ms. {Eshoo.} Aye.

The {Clerk.} Ms. Eshoo votes aye.

Mr. Engel?

Mr. {Engel.} Aye.

The {Clerk.} Mr. Engel votes aye.

Mr. Green?

Mr. {Green.} Aye.

The {Clerk.} Mr. Green votes aye.

Ms. DeGette?

Ms. {DeGette.} Aye.

The {Clerk.} Ms. DeGette votes aye.

Mrs. Capps?

Mrs. {Capps.} Aye.

The {Clerk.} Mrs. Capps votes aye.

Mr. Doyle?

[No response.]

The {Clerk.} Ms. Schakowsky?

Ms. {Schakowsky.} Aye.

The {Clerk.} Ms. Schakowsky votes aye.

Mr. Gonzalez?

Mr. {Gonzalez.} Aye.

The {Clerk.} Mr. Gonzalez votes aye.

Ms. Baldwin?

Ms. {Baldwin.} Aye.

The {Clerk.} Ms. Baldwin votes aye.

Mr. Ross?

Mr. {Ross.} No.

The {Clerk.} Mr. Ross votes no.

Mr. Matheson?

Mr. {Matheson.} No.

The {Clerk.} Mr. Matheson votes no.

Mr. Butterfield?

Mr. {Butterfield.} Aye.

The {Clerk.} Mr. Butterfield votes aye.

Mr. Barrow?

Mr. {Barrow.} Votes no.

The {Clerk.} Mr. Barrow votes no.

Ms. Matsui?

Ms. {Matsui.} Aye.

The {Clerk.} Ms. Matsui votes aye.

Mrs. Christensen?

Dr. {Christensen.} Aye.

The {Clerk.} Mrs. Christensen votes aye.

Ms. Castor?

Ms. {Castor.} Aye.

The {Clerk.} Ms. Castor votes aye.

Mr. Sarbanes?

[No response.]

The {Clerk.} Chairman Upton?

The {Chairman.} Votes no.

The {Clerk.} Chairman Upton votes no.

The {Chairman.} Are there other members wishing to vote? Mr. Barton?

Mr. {Barton.} No.

The {Clerk.} Mr. Barton votes no.

The {Chairman.} Mr. Terry?

Mr. {Terry.} No.

The {Clerk.} Mr. Terry votes no.

The {Chairman.} Mr. Olson?

Mr. {Olson.} No.

The {Clerk.} Mr. Olson votes no.

The {Chairman.} Other members wishing to cast a vote? Seeing none, the clerk will report the tally.

The {Clerk.} Mr. Chairman, on that vote, there were 19

ayes, 33 nays.

The {Chairman.} Nineteen ayes, 30--

The {Clerk.} Sorry, 18 ayes, 33 nays.

The {Chairman.} Eighteen ayes, 33 nays. The amendment is not agreed to.

The next amendment is the Capps amendment. The clerk will call the roll.

The {Clerk.} Mr. Barton?

Mr. {Barton.} No.

The {Clerk.} Mr. Barton votes no.

Mr. Stearns?

Mr. {Stearns.} No.

The {Clerk.} Mr. Stearns votes no.

Mr. Whitfield?

Mr. {Whitfield.} No.

The {Clerk.} Mr. Whitfield votes no.

Mr. Shimkus?

Mr. {Shimkus.} No.

The {Clerk.} Mr. Shimkus votes no.

Mr. Pitts?

Mr. {Pitts.} No.

The {Clerk.} Mr. Pitts votes no.

Mrs. Bono Mack?

Mrs. {Bono Mack.} No.

The {Clerk.} Mrs. Bono Mack votes no.

Mr. Walden?

Mr. {Walden.} No.

The {Clerk.} Mr. Walden votes no.

Mr. Terry?

Mr. {Terry.} No.

The {Clerk.} Mr. Terry votes no.

Mr. Rogers?

[No response.]

The {Clerk.} Mrs. Myrick?

Mrs. {Myrick.} No.

The {Clerk.} Mrs. Myrick votes no.

Mr. Sullivan?

Mr. {Sullivan.} No.

The {Clerk.} Mr. Sullivan votes no.

Mr. Murphy?

Mr. {Murphy.} No.

The {Clerk.} Mr. Murphy votes no.

Mr. Burgess?

Dr. {Burgess.} No.

The {Clerk.} Mr. Burgess votes no.

Mrs. Blackburn?

Mrs. {Blackburn.} No.

The {Clerk.} Mrs. Blackburn votes no.

Mr. Bilbray?

Mr. {Bilbray.} No.

The {Clerk.} Mr. Bilbray votes no.

Mr. Bass?

Mr. {Bass.} No.

The {Clerk.} Mr. Bass votes no.

Mr. Gingrey?

Dr. {Gingrey.} No.

The {Clerk.} Mr. Gingrey votes no.

Mr. Scalise?

Mr. {Scalise.} No.

The {Clerk.} Mr. Scalise votes no.

Mr. Latta?

Mr. {Latta.} No.

The {Clerk.} Mr. Latta votes no.

Mrs. McMorris Rodgers?

Mrs. {McMorris Rodgers.} No.

The {Clerk.} Mrs. McMorris Rodgers votes no.

Mr. Harper?

Mr. {Harper.} No.

The {Clerk.} Mr. Harper votes no.

Mr. Lance?

Mr. {Lance.} No.

The {Clerk.} Mr. Lance votes no.

Mr. Cassidy?

Dr. {Cassidy.} No.

The {Clerk.} Mr. Cassidy votes no.

Mr. Guthrie?

Mr. {Guthrie.} No.

The {Clerk.} Mr. Guthrie votes no.

Mr. Olson?

[No response.]

The {Clerk.} Mr. McKinley?

Mr. {McKinley.} No.

The {Clerk.} Mr. McKinley votes no.

Mr. Gardner?

Mr. {Gardner.} No.

The {Clerk.} Mr. Gardner votes no.

Mr. Pompeo?

Mr. {Pompeo.} No.

The {Clerk.} Mr. Pompeo votes no.

Mr. Kinzinger?

Mr. {Kinzinger.} No.

The {Clerk.} Mr. Kinzinger votes no.

Mr. Griffith?

Mr. {Griffith.} No.

The {Clerk.} Mr. Griffith votes no.

Mr. Waxman?

Mr. {Waxman.} Aye.

The {Clerk.} Mr. Waxman votes aye.

Mr. Dingell?

Mr. {Dingell.} Aye.

The {Clerk.} Mr. Dingell votes aye.

Mr. Markey?

Mr. {Markey.} Aye.

The {Clerk.} Mr. Markey votes aye.

Mr. Towns?

Mr. {Towns.} Aye.

The {Clerk.} Mr. Towns votes aye.

Mr. Pallone?

Mr. {Pallone.} Aye.

The {Clerk.} Mr. Pallone votes aye.

Mr. Rush?

Mr. {Rush.} Aye.

The {Clerk.} Mr. Rush votes aye.

Ms. Eshoo?

Ms. {Eshoo.} Aye.

The {Clerk.} Ms. Eshoo votes aye.

Mr. Engel?

Mr. {Engel.} Aye.

The {Clerk.} Mr. Engel votes aye.

Mr. Green?

Mr. {Green.} Aye.

The {Clerk.} Mr. Green votes aye.

Ms. DeGette?

Ms. {DeGette.} Aye.

The {Clerk.} Ms. DeGette votes aye.

Mrs. Capps?

Mrs. {Capps.} Aye.

The {Clerk.} Mrs. Capps votes aye.

Mr. Doyle?

[No response.]

The {Clerk.} Ms. Schakowsky?

Ms. {Schakowsky.} Aye.

The {Clerk.} Ms. Schakowsky votes aye.

Mr. Gonzalez?

Mr. {Gonzalez.} Aye.

The {Clerk.} Mr. Gonzalez votes aye.

Ms. Baldwin?

Ms. {Baldwin.} Aye.

The {Clerk.} Ms. Baldwin votes aye.

Mr. Ross?

Mr. {Ross.} Aye.

The {Clerk.} Mr. Ross votes aye.

Mr. Matheson?

Mr. {Matheson.} Aye.

The {Clerk.} Mr. Matheson votes aye.

Mr. Butterfield?

Mr. {Butterfield.} Aye.

The {Clerk.} Mr. Butterfield votes aye.

Mr. Barrow?

Mr. {Barrow.} Aye.

The {Clerk.} Mr. Barrow votes aye.

Ms. Matsui?

Ms. {Matsui.} Aye.

The {Clerk.} Ms. Matsui votes aye.

Mrs. Christensen?

Dr. {Christensen.} Aye.

The {Clerk.} Mrs. Christensen votes aye.

Ms. Castor?

Ms. {Castor.} Aye.

The {Clerk.} Ms. Castor votes aye.

Mr. Sarbanes?

[No response.]

The {Clerk.} Chairman Upton?

The {Chairman.} Votes no.

The {Clerk.} Chairman Upton votes no.

The {Chairman.} Are there other members wishing to cast a vote? The gentleman from Pennsylvania?

Mr. {Doyle.} Votes aye.

The {Clerk.} Mr. Doyle votes aye.

The {Chairman.} Mr. Olson?

Mr. {Olson.} No.

The {Clerk.} Mr. Olson votes no.

The {Chairman.} Other members? Seeing none, the clerk will report the tally.

The {Clerk.} Mr. Chairman, on that vote, there were 22 ayes, 30 nays.

The {Chairman.} Twenty-two ayes, 30 nays. The amendment is not agreed to.

The next amendment is the Matsui amendment. The clerk will read the roll.

The {Clerk.} Mr. Barton?

[No response.]

The {Clerk.} Mr. Stearns?

Mr. {Stearns.} No.

The {Clerk.} Mr. Stearns votes no.

Mr. Whitfield?

Mr. {Whitfield.} No.

The {Clerk.} Mr. Whitfield votes no.

Mr. Shimkus?

Mr. {Shimkus.} No.

The {Clerk.} Mr. Shimkus votes no.

Mr. Pitts?

Mr. {Pitts.} No.

The {Clerk.} Mr. Pitts votes no.

Mrs. Bono Mack?

Mrs. {Bono Mack.} No.

The {Clerk.} Mrs. Bono Mack votes no.

Mr. Walden?

Mr. {Walden.} No.

The {Clerk.} Mr. Walden votes no.

Mr. Terry?

Mr. {Terry.} No.

The {Clerk.} Mr. Terry votes no.

Mr. Rogers?

[No response.]

The {Clerk.} Mrs. Myrick?

Mrs. {Myrick.} No.

The {Clerk.} Mrs. Myrick votes no.

Mr. Sullivan?

Mr. {Sullivan.} No.

The {Clerk.} Mr. Sullivan votes no.

Mr. Murphy?

Mr. {Murphy.} No.

The {Clerk.} Mr. Murphy votes no.

Mr. Burgess?

Dr. {Burgess.} No.

The {Clerk.} Mr. Burgess votes no.

Mrs. Blackburn?

Mrs. {Blackburn.} No.

The {Clerk.} Mrs. Blackburn votes no.

Mr. Bilbray?

Mr. {Bilbray.} No.

The {Clerk.} Mr. Bilbray votes no.

Mr. Bass?

Mr. {Bass.} No.

The {Clerk.} Mr. Bass votes no.

Mr. Gingrey?

Dr. {Gingrey.} No.

The {Clerk.} Mr. Gingrey votes no.

Mr. Scalise?

Mr. {Scalise.} No.

The {Clerk.} Mr. Scalise votes no.

Mr. Latta?

Mr. {Latta.} No.

The {Clerk.} Mr. Latta votes no.

Mrs. McMorris Rodgers?

Mrs. {McMorris Rodgers.} No.

The {Clerk.} Mrs. McMorris Rodgers votes no.

Mr. Harper?

Mr. {Harper.} No.

The {Clerk.} Mr. Harper votes no.

Mr. Lance?

Mr. {Lance.} No.

The {Clerk.} Mr. Lance votes no.

Mr. Cassidy?

[No response.]

The {Clerk.} Mr. Guthrie?

Mr. {Guthrie.} No.

The {Clerk.} Mr. Guthrie votes no.

Mr. Olson?

[No response.]

The {Clerk.} Mr. McKinley?

Mr. {McKinley.} No.

The {Clerk.} Mr. McKinley votes no.

Mr. Gardner?

Mr. {Gardner.} No.

The {Clerk.} Mr. Gardner votes no.

Mr. Pompeo?

Mr. {Pompeo.} No.

The {Clerk.} Mr. Pompeo votes no.

Mr. Kinzinger?

Mr. {Kinzinger.} No.

The {Clerk.} Mr. Kinzinger votes no.

Mr. Griffith?

Mr. {Griffith.} No.

The {Clerk.} Mr. Griffith votes no.

Mr. Waxman?

Mr. {Waxman.} Aye.

The {Clerk.} Mr. Waxman votes aye.

Mr. Dingell?

Mr. {Dingell.} Aye.

The {Clerk.} Mr. Dingell votes aye.

Mr. Markey?

Mr. {Markey.} Aye.

The {Clerk.} Mr. Markey votes aye.

Mr. Towns?

Mr. {Towns.} Aye.

The {Clerk.} Mr. Towns votes aye.

Mr. Pallone?

[No response.]

The {Clerk.} Mr. Rush?

Mr. {Rush.} Aye.

The {Clerk.} Mr. Rush votes aye.

Ms. Eshoo?

Ms. {Eshoo.} Aye.

The {Clerk.} Ms. Eshoo votes aye.

Mr. Engel?

Mr. {Engel.} Aye.

The {Clerk.} Mr. Engel votes aye.

Mr. Green? Mr. Green?

Mr. {Green.} Aye.

The {Clerk.} Mr. Green votes aye.

Ms. DeGette?

Ms. {DeGette.} Aye.

The {Clerk.} Ms. DeGette votes aye.

Mrs. Capps?

Mrs. {Capps.} Aye.

The {Clerk.} Mrs. Capps votes aye.

Mr. Doyle?

Mr. {Doyle.} Yes.

The {Clerk.} Mr. Doyle votes aye.

Ms. Schakowsky?

Ms. {Schakowsky.} Aye.

The {Clerk.} Ms. Schakowsky votes aye.

Mr. Gonzalez?

Mr. {Gonzalez.} Aye.

The {Clerk.} Mr. Gonzalez votes aye.

Ms. Baldwin?

Ms. {Baldwin.} Aye.

The {Clerk.} Ms. Baldwin votes aye.

Mr. Ross?

Mr. {Ross.} Aye.

The {Clerk.} Mr. Ross votes aye.

Mr. Matheson?

Mr. {Matheson.} Aye.

The {Clerk.} Mr. Matheson votes aye.

Mr. Butterfield?

Mr. {Butterfield.} Aye.

The {Clerk.} Mr. Butterfield votes aye.

Mr. Barrow?

Mr. {Barrow.} Aye.

The {Clerk.} Mr. Barrow votes aye.

Ms. Matsui?

Ms. {Matsui.} Aye.

The {Clerk.} Ms. Matsui votes aye.

Mrs. Christensen?

Dr. {Christensen.} Aye.

The {Clerk.} Mrs. Christensen votes aye.

Ms. Castor?

Ms. {Castor.} Aye.

The {Clerk.} Ms. Castor votes aye.

Mr. Sarbanes?

[No response.]

The {Clerk.} Chairman Upton?

The {Chairman.} Votes no.

The {Clerk.} Chairman Upton votes no.

The {Chairman.} Members wishing to vote? Mr. Cassidy?

Dr. {Cassidy.} No.

The {Clerk.} Mr. Cassidy votes no.

The {Chairman.} Mr. Barton?

Mr. {Barton.} No.

The {Clerk.} Mr. Barton votes no.

The {Chairman.} Mr. Olson?

Mr. {Olson.} No.

The {Clerk.} Mr. Olson votes no.

The {Chairman.} Mr. Pallone?

Mr. {Pallone.} Aye.

The {Clerk.} Mr. Pallone votes aye.

The {Chairman.} Other members? Seeing none, the clerk will report the tally. While she is adding up, we are hoping to do more votes and then we will recess to vote.

The {Clerk.} Mr. Chairman, on that vote, there were 22 ayes, 30 nays.

The {Chairman.} Twenty-two ayes, 30 nays. The amendment is not agreed to.

The next vote is on the Schakowsky amendment. The clerk will call the roll.

The {Clerk.} Mr. Barton?

Mr. {Barton.} No.

The {Clerk.} Mr. Barton votes no.

Mr. Stearns?

Mr. {Stearns.} No.

The {Clerk.} Mr. Stearns votes no.

Mr. Whitfield?

Mr. {Whitfield.} No.

The {Clerk.} Mr. Whitfield votes no.

Mr. Shimkus?

Mr. {Shimkus.} No.

The {Clerk.} Mr. Shimkus votes no.

Mr. Pitts?

Mr. {Pitts.} No.

The {Clerk.} Mr. Pitts votes no.

Mrs. Bono Mack?

Mrs. {Bono Mack.} No.

The {Clerk.} Mrs. Bono Mack votes no.

Mr. Walden?

Mr. {Walden.} No.

The {Clerk.} Mr. Walden votes no.

Mr. Terry?

Mr. {Terry.} No.

The {Clerk.} Mr. Terry votes no.

Mr. Rogers?

[No response.]

The {Clerk.} Mrs. Myrick?

Mrs. {Myrick.} No.

The {Clerk.} Mrs. Myrick votes no.

Mr. Sullivan? Mr. Sullivan?

Mr. {Sullivan.} No.

The {Clerk.} Mr. Sullivan votes no.

Mr. Murphy?

Mr. {Murphy.} No.

The {Clerk.} Mr. Murphy votes no.

Mr. Burgess?

Dr. {Burgess.} No.

The {Clerk.} Mr. Burgess votes no.

Mrs. Blackburn?

Mrs. {Blackburn.} No.

The {Clerk.} Mrs. Blackburn votes no.

Mr. Bilbray?

Mr. {Bilbray.} No.

The {Clerk.} Mr. Bilbray votes no.

Mr. Bass?

Mr. {Bass.} No.

The {Clerk.} Mr. Bass votes no.

Mr. Gingrey?

[No response.]

The {Clerk.} Mr. Scalise?

Mr. {Scalise.} No.

The {Clerk.} Mr. Scalise votes no.

Mr. Latta?

Mr. {Latta.} No.

The {Clerk.} Mr. Latta votes no.

Mrs. McMorris Rodgers?

Mrs. {McMorris Rodgers.} No.

The {Clerk.} Mrs. McMorris Rodgers votes no.

Mr. Harper?

Mr. {Harper.} No.

The {Clerk.} Mr. Harper votes no.

Mr. Lance?

Mr. {Lance.} No.

The {Clerk.} Mr. Lance votes no.

Mr. Cassidy?

Dr. {Cassidy.} No.

The {Clerk.} Mr. Cassidy votes no.

Mr. Guthrie?

Mr. {Guthrie.} No.

The {Clerk.} Mr. Guthrie votes no.

Mr. Olson?

[No response.]

The {Clerk.} Mr. McKinley?

Mr. {McKinley.} No.

The {Clerk.} Mr. McKinley votes no.

Mr. Gardner?

Mr. {Gardner.} No.

The {Clerk.} Mr. Gardner votes no.

Mr. Pompeo?

Mr. {Pompeo.} No.

The {Clerk.} Mr. Pompeo votes no.

Mr. Kinzinger?

Mr. {Kinzinger.} No.

The {Clerk.} Mr. Kinzinger votes no.

Mr. Griffith?

Mr. {Griffith.} No.

The {Clerk.} Mr. Griffith votes no.

Mr. Waxman?

Mr. {Waxman.} Aye.

The {Clerk.} Mr. Waxman votes aye.

Mr. Dingell?

Mr. {Dingell.} Aye.

The {Clerk.} Mr. Dingell votes aye.

Mr. Markey?

Mr. {Markey.} Aye.

The {Clerk.} Mr. Markey votes aye.

Mr. Towns?

Mr. {Towns.} Aye.

The {Clerk.} Mr. Towns votes aye.

Mr. Pallone?

[No response.]

The {Clerk.} Mr. Rush?

Mr. {Rush.} Aye.

The {Clerk.} Mr. Rush votes aye.

Ms. Eshoo?

Ms. {Eshoo.} Aye.

The {Clerk.} Ms. Eshoo votes aye.

Mr. Engel?

Mr. {Engel.} Aye.

The {Clerk.} Mr. Engel votes aye.

Mr. Green?

Mr. {Green.} Aye.

The {Clerk.} Mr. Green votes aye.

Ms. DeGette?

Ms. {DeGette.} Aye.

The {Clerk.} Ms. DeGette votes aye.

Mrs. Capps?

[No response.]

The {Clerk.} Mr. Doyle?

Mr. {Doyle.} Yes.

The {Clerk.} Mr. Doyle votes aye.

Ms. Schakowsky?

Ms. {Schakowsky.} Aye.

The {Clerk.} Ms. Schakowsky votes aye.

Mr. Gonzalez?

Mr. {Gonzalez.} Aye.

The {Clerk.} Mr. Gonzalez votes aye.

Ms. Baldwin?

Ms. {Baldwin.} Aye.

The {Clerk.} Ms. Baldwin votes aye.

Mr. Ross?

Mr. {Ross.} Aye.

The {Clerk.} Mr. Ross votes aye.

Mr. Matheson?

Mr. {Matheson.} Aye.

The {Clerk.} Mr. Matheson votes aye.

Mr. Butterfield?

Mr. {Butterfield.} Aye.

The {Clerk.} Mr. Butterfield votes aye.

Mr. Barrow?

Mr. {Barrow.} Aye.

The {Clerk.} Mr. Barrow votes aye.

Ms. Matsui?

Ms. {Matsui.} Aye.

The {Clerk.} Ms. Matsui votes aye.

Mrs. Christensen?

Dr. {Christensen.} Aye.

The {Clerk.} Mrs. Christensen votes aye.

Ms. Castor?

Ms. {Castor.} Aye.

The {Clerk.} Ms. Castor votes aye.

Mr. Sarbanes?

[No response.]

The {Clerk.} Chairman Upton?

The {Chairman.} Votes no.

The {Clerk.} Chairman Upton votes no.

The {Chairman.} Are there other members wishing to cast vote? Mr. Olson?

Mr. {Olson.} No.

The {Clerk.} Mr. Olson votes no.

The {Chairman.} Dr. Gingrey?

Dr. {Gingrey.} Votes no.

The {Clerk.} Mr. Gingrey votes no.

The {Chairman.} Mrs. Capps?

The {Clerk.} Mrs. Capps is not recorded.

Ms. {Capps.} Votes yes.

The {Clerk.} Mrs. Capps votes aye.

The {Chairman.} Mr. Pallone?

Mr. {Pallone.} Aye.

The {Clerk.} Mr. Pallone votes aye.

The {Chairman.} Other members? Seeing none, the clerk

will report the tally.

The {Clerk.} Mr. Chairman, on that vote, there were 22 ayes, 30 nays.

The {Chairman.} Twenty-two ayes, 30 nays. The amendment is not agreed to.

We are now going to do final passage, and after this vote, we will recess until 5 minutes after the conclusion of the votes on the House Floor. The clerk will read the roll.

The {Clerk.} Mr. Barton?

[No response.]

The {Chairman.} Final passage on Title I.

The {Clerk.} Mr. Stearns?

Mr. {Stearns.} Yes.

The {Clerk.} Mr. Stearns votes aye.

Mr. Whitfield?

Mr. {Whitfield.} Aye.

The {Clerk.} Mr. Whitfield votes aye.

Mr. Shimkus?

Mr. {Shimkus.} Aye.

The {Clerk.} Mr. Shimkus votes aye.

Mr. Pitts?

Mr. {Pitts.} Aye.

The {Clerk.} Mr. Pitts votes aye.

Mrs. Bono Mack? Mrs. Bono Mack?

Mrs. {Bono Mack.} Aye.

The {Clerk.} Mrs. Bono Mack votes aye.

Mr. Walden?

Mr. {Walden.} Aye.

The {Clerk.} Mr. Walden votes aye.

Mr. Terry?

Mr. {Terry.} Aye.

The {Clerk.} Mr. Terry votes aye.

Mr. Rogers?

[No response.]

The {Clerk.} Mrs. Myrick?

Mrs. {Myrick.} Aye.

The {Clerk.} Mrs. Myrick votes aye.

Mr. Sullivan?

Mr. {Sullivan.} Aye.

The {Clerk.} Mr. Sullivan votes aye.

Mr. Murphy?

Mr. {Murphy.} Aye.

The {Clerk.} Mr. Murphy votes aye.

Mr. Burgess?

Dr. {Burgess.} Aye.

The {Clerk.} Mr. Burgess votes aye.

Mrs. Blackburn?

Mrs. {Blackburn.} Aye.

The {Clerk.} Mrs. Blackburn votes aye.

Mr. Bilbray?

Mr. {Bilbray.} Aye.

The {Clerk.} Mr. Bilbray votes aye.

Mr. Bass?

Mr. {Bass.} Aye.

The {Clerk.} Mr. Bass votes aye.

Mr. Gingrey?

Dr. {Gingrey.} Aye.

The {Clerk.} Mr. Gingrey votes aye.

Mr. Scalise?

Mr. {Scalise.} Aye.

The {Clerk.} Mr. Scalise votes aye.

Mr. Latta?

Mr. {Latta.} Aye.

The {Clerk.} Mr. Latta votes aye.

Mrs. McMorris Rodgers?

Mrs. {McMorris Rodgers.} Aye.

The {Clerk.} Mrs. McMorris Rodgers votes aye.

Mr. Harper?

Mr. {Harper.} Aye.

The {Clerk.} Mr. Harper votes aye.

Mr. Lance?

Mr. {Lance.} Aye.

The {Clerk.} Mr. Lance votes aye.

Mr. Cassidy?

Dr. {Cassidy.} Aye.

The {Clerk.} Mr. Cassidy votes aye.

Mr. Guthrie?

Mr. {Guthrie.} Aye.

The {Clerk.} Mr. Guthrie votes aye.

Mr. Olson?

Mr. {Olson.} Aye.

The {Clerk.} Mr. Olson votes aye.

Mr. McKinley?

Mr. {McKinley.} Aye.

The {Clerk.} Mr. McKinley votes aye.

Mr. Gardner?

Mr. {Gardner.} Aye.

The {Clerk.} Mr. Gardner votes aye.

Mr. Pompeo?

Mr. {Pompeo.} Aye.

The {Clerk.} Mr. Pompeo votes aye.

Mr. Kinzinger?

Mr. {Kinzinger.} Aye.

The {Clerk.} Mr. Kinzinger votes aye.

Mr. Griffith?

Mr. {Griffith.} Aye.

The {Clerk.} Mr. Griffith votes aye.

Mr. Waxman?

Mr. {Waxman.} No.

The {Clerk.} Mr. Waxman votes no.

Mr. Dingell?

Mr. {Dingell.} Votes no.

The {Clerk.} Mr. Dingell votes no.

Mr. Markey?

Mr. {Markey.} No.

The {Clerk.} Mr. Markey votes no.

Mr. Towns?

Mr. {Towns.} No.

The {Clerk.} Mr. Towns votes no.

Mr. Pallone?

Mr. {Pallone.} No.

The {Clerk.} Mr. Pallone votes no.

Mr. Rush?

Mr. {Rush.} No.

The {Clerk.} Mr. Rush votes no.

Ms. Eshoo?

Ms. {Eshoo.} No.

The {Clerk.} Ms. Eshoo votes no.

Mr. Engel?

Mr. {Engel.} No.

The {Clerk.} Mr. Engel votes no.

Mr. Green?

Mr. {Green.} No.

The {Clerk.} Mr. Green votes no.

Ms. DeGette?

Ms. {DeGette.} No.

The {Clerk.} Ms. DeGette votes no.

Mrs. Capps?

Mrs. {Capps.} No.

The {Clerk.} Mrs. Capps votes no.

Mr. Doyle?

Mr. {Doyle.} No.

The {Clerk.} Mr. Doyle votes no.

Ms. Schakowsky?

Ms. {Schakowsky.} No.

The {Clerk.} Ms. Schakowsky votes no.

Mr. Gonzalez?

Mr. {Gonzalez.} No.

The {Clerk.} Mr. Gonzalez votes no.

Ms. Baldwin?

Ms. {Baldwin.} No.

The {Clerk.} Ms. Baldwin votes no.

Mr. Ross?

Mr. {Ross.} No.

The {Clerk.} Mr. Ross votes no.

Mr. Matheson?

Mr. {Matheson.} No.

The {Clerk.} Mr. Matheson votes no.

Mr. Butterfield?

Mr. {Butterfield.} No.

The {Clerk.} Mr. Butterfield votes no.

Mr. Barrow?

Mr. {Barrow.} No.

The {Clerk.} Mr. Barrow votes no.

Ms. Matsui?

Ms. {Matsui.} No.

The {Clerk.} Ms. Matsui votes no.

Mrs. Christensen?

Dr. {Christensen.} No.

The {Clerk.} Mrs. Christensen votes no.

Ms. Castor?

Ms. {Castor.} No.

The {Clerk.} Ms. Castor votes no.

Mr. Sarbanes?

[No response.]

The {Clerk.} Chairman Upton?

The {Chairman.} Votes aye.

The {Clerk.} Chairman Upton votes aye.

The {Chairman.} Are there other members wishing to vote? Mr. Barton?

Mr. {Barton.} Aye.

The {Clerk.} Mr. Barton votes aye.

The {Chairman.} Other members wishing to vote? This is the vote on approving Title I of the Committee print. Seeing none, the clerk will report the tally.

The {Clerk.} Mr. Chairman, on that vote, there were 30 ayes, 22 nays.

The {Chairman.} Thirty ayes, 22 nays. The Committee print is approved.

We will now recess and come back 5 minutes after the conclusion of the votes on the House Floor to take up the favorable transmission of this to the Committee, and we will resume. We have 15 recorded votes left.

[Recess.]

The {Chairman.} I have some good news, by the way. I am told that all sides have tentatively agreed to go by voice the favorably transmitting Title I, II and III to the Budget Committee, so that will be three less recorded votes. It is then 5 minutes, and that is the vote that is pending. I would like to get someone from Mr. Waxman's staff to confirm that. Right, we are okay doing it by voice?

So we come back into session. The question now occurs

on transmitting the recommendations of the Committee and all appropriate accompanying material including additional supplemental or dissenting views to the House Committee on the Budget in order to comply with the reconciliation directive included in Section 201 of H. Con Res 112 and consistent with Section 310 of the Congressional Budget and Empowerment Control Act of 1974. This is for Title I. All those in favor will say aye. Those opposed, say no. The ayes appear to have it. The ayes have it and the motion to transmit is agreed to.

Without objection, the staff is authorized to make technical and conforming changes to the Committee print considered today.

We are now in Title II, where we have eight votes. The first vote is the Sarbanes second-degree amendment to the Barton amendment, and the clerk will call the roll.

The {Clerk.} Mr. Barton?

[No response.]

The {Clerk.} Mr. Stearns?

[No response.]

The {Clerk.} Mr. Whitfield?

Mr. {Whitfield.} No.

The {Clerk.} Mr. Whitfield votes no.

Mr. Shimkus?

Mr. {Shimkus.} No.

The {Clerk.} Mr. Shimkus votes no.

Mr. Pitts?

Mr. {Pitts.} No.

The {Clerk.} Mr. Pitts votes no.

Mrs. Bono Mack?

Mrs. {Bono Mack.} No.

The {Clerk.} Mrs. Bono Mack votes no.

Mr. Walden?

Mr. {Walden.} No.

The {Clerk.} Mr. Walden votes no.

Mr. Terry?

Mr. {Terry.} No.

The {Clerk.} Mr. Terry votes no.

Mr. Rogers?

[No response.]

The {Clerk.} Mrs. Myrick?

Mrs. {Myrick.} No.

The {Clerk.} Mrs. Myrick votes no.

Mr. Sullivan?

Mr. {Sullivan.} No.

The {Clerk.} Mr. Sullivan votes no.

Mr. Murphy?

Mr. {Murphy.} No.

The {Clerk.} Mr. Murphy votes no.

Mr. Burgess?

Dr. {Burgess.} No.

The {Clerk.} Mr. Burgess votes no.

Mrs. Blackburn?

Mrs. {Blackburn.} No.

The {Clerk.} Mrs. Blackburn votes no.

Mr. Bilbray?

Mr. {Bilbray.} No.

The {Clerk.} Mr. Bilbray votes no.

Mr. Bass?

Mr. {Bass.} No.

The {Clerk.} Mr. Bass votes no.

Mr. Gingrey?

Dr. {Gingrey.} No.

The {Clerk.} Mr. Gingrey votes no.

Mr. Scalise?

[No response.]

The {Clerk.} Mr. Latta?

Mr. {Latta.} No.

The {Clerk.} Mr. Latta votes no.

Mrs. McMorris Rodgers?

Mrs. {McMorris Rodgers.} No.

The {Clerk.} Mrs. McMorris Rodgers votes no.

Mr. Harper?

Mr. {Harper.} No.

The {Clerk.} Mr. Harper votes no.

Mr. Lance?

Mr. {Lance.} No.

The {Clerk.} Mr. Lance votes no.

Mr. Cassidy?

Dr. {Cassidy.} No.

The {Clerk.} Mr. Cassidy votes no.

Mr. Guthrie?

Mr. {Guthrie.} No.

The {Clerk.} Mr. Guthrie votes no.

Mr. Olson?

Mr. {Olson.} No.

The {Clerk.} Mr. Olson votes no.

Mr. McKinley?

Mr. {McKinley.} No.

The {Clerk.} Mr. McKinley votes no.

Mr. Gardner?

Mr. {Gardner.} No.

The {Clerk.} Mr. Gardner votes no.

Mr. Pompeo?

Mr. {Pompeo.} No.

The {Clerk.} Mr. Pompeo votes no.

Mr. Kinzinger?

Mr. {Kinzinger.} No.

The {Clerk.} Mr. Kinzinger votes no.

Mr. Griffith?

Mr. {Griffith.} No.

The {Clerk.} Mr. Griffith votes no.

Mr. Waxman?

Mr. {Waxman.} Aye.

The {Clerk.} Mr. Waxman votes aye.

Mr. Dingell?

Mr. {Dingell.} Aye.

The {Clerk.} Mr. Dingell votes aye.

Mr. Markey?

[No response.]

The {Clerk.} Mr. Towns?

[No response.]

The {Clerk.} Mr. Pallone?

[No response.]

The {Clerk.} Mr. Rush?

[No response.]

The {Clerk.} Ms. Eshoo?

Ms. {Eshoo.} No.

The {Clerk.} Ms. Eshoo votes no.

Mr. Engel?

Mr. {Engel.} Aye.

The {Clerk.} Mr. Engel votes aye.

Mr. Green?

Mr. {Green.} Aye.

The {Clerk.} Mr. Green votes aye.

Ms. DeGette?

[No response.]

The {Clerk.} Mrs. Capps?

Mrs. {Capps.} Aye.

The {Clerk.} Mrs. Capps votes aye.

Mr. Doyle?

[No response.]

The {Clerk.} Ms. Schakowsky?

Ms. {Schakowsky.} Aye.

The {Clerk.} Ms. Schakowsky votes aye.

Mr. Gonzalez?

Mr. {Gonzalez.} Aye.

The {Clerk.} Mr. Gonzalez votes aye.

Ms. Baldwin?

Ms. {Baldwin.} Aye.

The {Clerk.} Ms. Baldwin votes aye.

Mr. Ross?

Mr. {Ross.} Aye.

The {Clerk.} Mr. Ross votes aye.

Mr. Matheson?

Mr. {Matheson.} Aye.

The {Clerk.} Mr. Matheson votes aye.

Mr. Butterfield?

Mr. {Butterfield.} Aye.

The {Clerk.} Mr. Butterfield votes aye.

Mr. Barrow?

Mr. {Barrow.} Votes aye.

The {Clerk.} Mr. Barrow votes aye.

Ms. Matsui?

Ms. {Matsui.} Aye.

The {Clerk.} Ms. Matsui votes aye.

Mrs. Christensen?

Dr. {Christensen.} Aye.

The {Clerk.} Mrs. Christensen votes aye.

Ms. Castor?

Ms. {Castor.} Aye.

The {Clerk.} Ms. Castor votes aye.

Mr. Sarbanes?

Mr. {Sarbanes.} Aye.

The {Clerk.} Mr. Sarbanes votes aye.

Chairman Upton?

The {Chairman.} Votes no.

The {Clerk.} Chairman Upton votes no.

The {Chairman.} Are there members wishing to vote or change a vote? Mr. Barton?

Mr. {Barton.} No.

The {Clerk.} Mr. Barton votes no.

The {Chairman.} Mr. Stearns?

Mr. {Stearns.} Votes no.

The {Clerk.} Mr. Stearns votes no.

The {Chairman.} Ms. Eshoo?

Ms. {Eshoo.} How am I recorded?

The {Clerk.} Ms. Eshoo voted no.

The {Chairman.} She wants--

Ms. {Eshoo.} Votes aye.

The {Clerk.} Ms. Eshoo votes aye.

The {Chairman.} Mr. Pallone?

Mr. {Pallone.} Aye.

The {Clerk.} Mr. Pallone votes aye.

The {Chairman.} Mr. Scalise?

Mr. {Scalise.} No.

The {Clerk.} Mr. Scalise votes no.

The {Chairman.} Other members wishing to cast a vote? Seeing none, the clerk will report the tally.

The {Clerk.} Mr. Chairman, on that vote, there were 18 ayes, 30 nays.

The {Chairman.} Eighteen ayes, 30 nays. The Sarbanes

second-degree amendment is not agreed to.

The vote now occurs on the Barton amendment, and the clerk will call the roll.

The {Clerk.} Mr. Barton?

Mr. {Barton.} Aye.

The {Clerk.} Mr. Barton votes aye.

Mr. Stearns?

Mr. {Stearns.} Aye.

The {Clerk.} Mr. Stearns votes aye.

Mr. Whitfield?

Mr. {Whitfield.} Aye.

The {Clerk.} Mr. Whitfield votes aye.

Mr. Shimkus?

Mr. {Shimkus.} Aye.

The {Clerk.} Mr. Shimkus votes aye.

Mr. Pitts?

Mr. {Pitts.} Aye.

The {Clerk.} Mr. Pitts votes aye.

Mrs. Bono Mack?

Mrs. {Bono Mack.} Aye.

The {Clerk.} Mrs. Bono Mack votes aye.

Mr. Walden?

Mr. {Walden.} Aye.

The {Clerk.} Mr. Walden votes aye.

Mr. Terry?

Mr. {Terry.} Aye.

The {Clerk.} Mr. Terry votes aye.

Mr. Rogers?

[No response.]

The {Clerk.} Mrs. Myrick?

Mrs. {Myrick.} Aye.

The {Clerk.} Mrs. Myrick votes aye.

Mr. Sullivan?

Mr. {Sullivan.} Aye.

The {Clerk.} Mr. Sullivan votes aye.

Mr. Murphy?

Mr. {Murphy.} Aye.

The {Clerk.} Mr. Murphy votes aye.

Mr. Burgess?

Dr. {Burgess.} Aye.

The {Clerk.} Mr. Burgess votes aye.

Mrs. Blackburn?

[No response.]

The {Clerk.} Mr. Bilbray?

Mr. {Bilbray.} Aye.

The {Clerk.} Mr. Bilbray votes aye.

Mr. Bass?

Mr. {Bass.} Aye.

The {Clerk.} Mr. Bass votes aye.

Mr. Gingrey?

Dr. {Gingrey.} Aye.

The {Clerk.} Mr. Gingrey votes aye.

Mr. Scalise?

Mr. {Scalise.} Aye.

The {Clerk.} Mr. Scalise votes aye.

Mr. Latta?

Mr. {Latta.} Aye.

The {Clerk.} Mr. Latta votes aye.

Mrs. McMorris Rodgers?

Mrs. {McMorris Rodgers.} Aye.

The {Clerk.} Mrs. McMorris Rodgers votes aye.

Mr. Harper?

Mr. {Harper.} Aye.

The {Clerk.} Mr. Harper votes aye.

Mr. Lance?

Mr. {Lance.} Aye.

The {Clerk.} Mr. Lance votes aye.

Mr. Cassidy?

Dr. {Cassidy.} Aye.

The {Clerk.} Mr. Cassidy votes aye.

Mr. Guthrie?

Mr. {Guthrie.} Aye.

The {Clerk.} Mr. Guthrie votes aye.

Mr. Olson?

Mr. {Olson.} Aye.

The {Clerk.} Mr. Olson votes aye.

Mr. McKinley?

Mr. {McKinley.} Aye.

The {Clerk.} Mr. McKinley votes aye.

Mr. Gardner?

Mr. {Gardner.} Aye.

The {Clerk.} Mr. Gardner votes aye.

Mr. Pompeo?

Mr. {Pompeo.} Aye.

The {Clerk.} Mr. Pompeo votes aye.

Mr. Kinzinger?

Mr. {Kinzinger.} Aye.

The {Clerk.} Mr. Kinzinger votes aye.

Mr. Griffith?

Mr. {Griffith.} Aye.

The {Clerk.} Mr. Griffith votes aye.

Mr. Waxman?

Mr. {Waxman.} No.

The {Clerk.} Mr. Waxman votes no.

Mr. Dingell?

Mr. {Dingell.} No.

The {Clerk.} Mr. Dingell votes no.

Mr. Markey?

Mr. {Markey.} No.

The {Clerk.} Mr. Markey votes no.

Mr. Towns?

[No response.]

The {Clerk.} Mr. Pallone?

Mr. {Pallone.} No.

The {Clerk.} Mr. Pallone votes no.

Mr. Rush?

[No response.]

The {Clerk.} Ms. Eshoo?

Ms. {Eshoo.} No.

The {Clerk.} Ms. Eshoo votes no.

Mr. Engel?

Mr. {Engel.} No.

The {Clerk.} Mr. Engel votes no.

Mr. Green?

Mr. {Green.} No.

The {Clerk.} Mr. Green votes no.

Ms. DeGette?

Ms. {DeGette.} No.

The {Clerk.} Ms. DeGette votes no.

Mrs. Capps?

Mrs. {Capps.} No.

The {Clerk.} Mrs. Capps votes no.

Mr. Doyle?

[No response.]

The {Clerk.} Ms. Schakowsky?

Ms. {Schakowsky.} No.

The {Clerk.} Ms. Schakowsky votes no.

Mr. Gonzalez?

Mr. {Gonzalez.} No.

The {Clerk.} Mr. Gonzalez votes no.

Ms. Baldwin?

Ms. {Baldwin.} No.

The {Clerk.} Ms. Baldwin votes no.

Mr. Ross?

Mr. {Ross.} No.

The {Clerk.} Mr. Ross votes no.

Mr. Matheson?

Mr. {Matheson.} No.

The {Clerk.} Mr. Matheson votes no.

Mr. Butterfield?

Mr. {Butterfield.} No.

The {Clerk.} Mr. Butterfield votes no.

Mr. Barrow?

Mr. {Barrow.} No.

The {Clerk.} Mr. Barrow votes no.

Ms. Matsui?

Ms. {Matsui.} No.

The {Clerk.} Ms. Matsui votes no.

Mrs. Christensen?

Dr. {Christensen.} No.

The {Clerk.} Mrs. Christensen votes no.

Ms. Castor?

Ms. {Castor.} No.

The {Clerk.} Ms. Castor votes no.

Mr. Sarbanes?

[No response.]

The {Clerk.} Chairman Upton?

The {Chairman.} Votes aye.

The {Clerk.} Chairman Upton votes aye.

The {Chairman.} Are there other members wishing to vote? Mrs. Blackburn?

Mrs. {Blackburn.} Aye.

The {Clerk.} Mrs. Blackburn votes aye.

The {Chairman.} Other members wishing to cast a vote? Seeing none, the clerk will report the tally.

The {Clerk.} Mr. Chairman, on that vote, there were 30 ayes, 19 nays.

The {Chairman.} Thirty ayes, 19 nays. Mr. Towns, have

you voted?

Mr. {Towns.} I vote no.

The {Chairman.} We will add Mr. Towns' vote.

The {Clerk.} Mr. Towns votes no.

The {Chairman.} Mr. Rush, have you voted?

Mr. {Rush.} No.

The {Clerk.} Mr. Rush votes no.

The {Chairman.} On that vote, it is 30 ayes, 20 nos. The amendment is--

The {Clerk.} Twenty-one nos.

The {Chairman.} The amendment is agreed to.

The next vote is the Christensen amendment, and the clerk will call the roll.

The {Clerk.} Mr. Barton?

Mr. {Barton.} No.

The {Clerk.} Mr. Barton votes no.

Mr. Stearns?

Mr. {Stearns.} No.

The {Clerk.} Mr. Stearns votes no.

Mr. Whitfield?

Mr. {Whitfield.} No.

The {Clerk.} Mr. Whitfield votes no.

Mr. Shimkus?

Mr. {Shimkus.} No.

The {Clerk.} Mr. Shimkus votes no.

Mr. Pitts?

Mr. {Pitts.} No.

The {Clerk.} Mr. Pitts votes no.

Mrs. Bono Mack?

Mrs. {Bono Mack.} No.

The {Clerk.} Mrs. Bono Mack votes no.

Mr. Walden?

Mr. {Walden.} No.

The {Clerk.} Mr. Walden votes no.

Mr. Terry?

Mr. {Terry.} No.

The {Clerk.} Mr. Terry votes no.

Mr. Rogers?

[No response.]

The {Clerk.} Mrs. Myrick?

Mrs. {Myrick.} No.

The {Clerk.} Mrs. Myrick votes no.

Mr. Sullivan? Mr. Sullivan?

Mr. {Sullivan.} No.

The {Clerk.} Mr. Sullivan votes no.

Mr. Murphy?

Mr. {Murphy.} No.

The {Clerk.} Mr. Murphy votes no.

Mr. Burgess?

Dr. {Burgess.} No.

The {Clerk.} Mr. Burgess votes no.

Mrs. Blackburn?

[No response.]

The {Clerk.} Mr. Bilbray?

Mr. {Bilbray.} No.

The {Clerk.} Mr. Bilbray votes no.

Mr. Bass?

Mr. {Bass.} No.

The {Clerk.} Mr. Bass votes no.

Mr. Gingrey?

Dr. {Gingrey.} No.

The {Clerk.} Mr. Gingrey votes no.

Mr. Scalise?

Mr. {Scalise.} No.

The {Clerk.} Mr. Scalise votes no.

Mr. Latta?

Mr. {Latta.} No.

The {Clerk.} Mr. Latta votes no.

Mrs. McMorris Rodgers?

Mrs. {McMorris Rodgers.} No.

The {Clerk.} Mrs. McMorris Rodgers votes no.

Mr. Harper?

Mr. {Harper.} No.

The {Clerk.} Mr. Harper votes no.

Mr. Lance?

Mr. {Lance.} No.

The {Clerk.} Mr. Lance votes no.

Mr. Cassidy?

Dr. {Cassidy.} No.

The {Clerk.} Mr. Cassidy votes no.

Mr. Guthrie?

Mr. {Guthrie.} No.

The {Clerk.} Mr. Guthrie votes no.

Mr. Olson?

Mr. {Olson.} No.

The {Clerk.} Mr. Olson votes no.

Mr. McKinley?

Mr. {McKinley.} No.

The {Clerk.} Mr. McKinley votes no.

Mr. Gardner?

Mr. {Gardner.} No.

The {Clerk.} Mr. Gardner votes no.

Mr. Pompeo?

Mr. {Pompeo.} No.

The {Clerk.} Mr. Pompeo votes no.

Mr. Kinzinger?

Mr. {Kinzinger.} No.

The {Clerk.} Mr. Kinzinger votes no.

Mr. Griffith?

Mr. {Griffith.} No.

The {Clerk.} Mr. Griffith votes no.

Mr. Waxman?

Mr. {Waxman.} Aye.

The {Clerk.} Mr. Waxman votes aye.

Mr. Dingell?

Mr. {Dingell.} Aye.

The {Clerk.} Mr. Dingell votes aye.

Mr. Markey?

Mr. {Markey.} Aye.

The {Clerk.} Mr. Markey votes aye.

Mr. Towns?

Mr. {Towns.} Aye.

The {Clerk.} Mr. Towns votes aye.

Mr. Pallone?

Mr. {Pallone.} Aye.

The {Clerk.} Mr. Pallone votes aye.

Mr. Rush?

Mr. {Rush.} Aye.

The {Clerk.} Mr. Rush votes aye.

Ms. Eshoo?

Ms. {Eshoo.} Aye.

The {Clerk.} Ms. Eshoo votes aye.

Mr. Engel?

Mr. {Engel.} Aye.

The {Clerk.} Mr. Engel votes aye.

Mr. Green?

Mr. {Green.} Aye.

The {Clerk.} Mr. Green votes aye.

Ms. DeGette?

Ms. {DeGette.} Aye.

The {Clerk.} Ms. DeGette votes aye.

Mrs. Capps?

Mrs. {Capps.} Aye.

The {Clerk.} Mrs. Capps votes aye.

Mr. Doyle?

[No response.]

The {Clerk.} Ms. Schakowsky?

Ms. {Schakowsky.} Aye.

The {Clerk.} Ms. Schakowsky votes aye.

Mr. Gonzalez?

Mr. {Gonzalez.} Aye.

The {Clerk.} Mr. Gonzalez votes aye.

Ms. Baldwin?

Ms. {Baldwin.} Aye.

The {Clerk.} Ms. Baldwin votes aye.

Mr. Ross?

Mr. {Ross.} Aye.

The {Clerk.} Mr. Ross votes aye.

Mr. Matheson?

Mr. {Matheson.} Aye.

The {Clerk.} Mr. Matheson votes aye.

Mr. Butterfield?

Mr. {Butterfield.} Aye.

The {Clerk.} Mr. Butterfield votes aye.

Mr. Barrow?

Mr. {Barrow.} Votes aye.

The {Clerk.} Mr. Barrow votes aye.

Ms. Matsui?

Ms. {Matsui.} Aye.

The {Clerk.} Ms. Matsui votes aye.

Mrs. Christensen?

Dr. {Christensen.} Aye.

The {Clerk.} Mrs. Christensen votes aye.

Ms. Castor?

Ms. {Castor.} Aye.

The {Clerk.} Ms. Castor votes aye.

Mr. Sarbanes?

[No response.]

The {Clerk.} Chairman Upton?

The {Chairman.} Votes no.

The {Clerk.} Chairman Upton votes no.

The {Chairman.} Are there other members? Mrs. Blackburn?

Mrs. {Blackburn.} No.

The {Clerk.} Mrs. Blackburn votes no.

The {Chairman.} Other members wishing to cast a vote? Seeing none, the clerk will report the tally.

The {Clerk.} Mr. Chairman, on that vote, there were 21 ayes, 30 nays.

The {Chairman.} Twenty-two one, 30 nays. The amendment is not agreed to.

The next amendment is the Pallone amendment, and the clerk will call the roll.

The {Clerk.} Mr. Barton?

Mr. {Barton.} No.

The {Clerk.} Mr. Barton votes no.

Mr. Stearns?

Mr. {Stearns.} No.

The {Clerk.} Mr. Stearns votes no.

Mr. Whitfield?

Mr. {Whitfield.} No.

The {Clerk.} Mr. Whitfield votes no.

Mr. Shimkus?

Mr. {Shimkus.} No.

The {Clerk.} Mr. Shimkus votes no.

Mr. Pitts?

Mr. {Pitts.} No.

The {Clerk.} Mr. Pitts votes no.

Mrs. Bono Mack?

Mrs. {Bono Mack.} No.

The {Clerk.} Mrs. Bono Mack votes no.

Mr. Walden?

Mr. {Walden.} No.

The {Clerk.} Mr. Walden votes no.

Mr. Terry?

Mr. {Terry.} No.

The {Clerk.} Mr. Terry votes no.

Mr. Rogers?

[No response.]

The {Clerk.} Mrs. Myrick?

Mrs. {Myrick.} No.

The {Clerk.} Mrs. Myrick votes no.

Mr. Sullivan?

[No response.]

The {Clerk.} Mr. Murphy?

Mr. {Murphy.} No.

The {Clerk.} Mr. Murphy votes no.

Mr. Burgess?

[No response.]

The {Clerk.} Mrs. Blackburn?

Mrs. {Blackburn.} No.

The {Clerk.} Mrs. Blackburn votes no.

Mr. Bilbray?

Mr. {Bilbray.} No.

The {Clerk.} Mr. Bilbray votes no.

Mr. Bass?

Mr. {Bass.} No.

The {Clerk.} Mr. Bass votes no.

Mr. Gingrey?

[No response.]

The {Clerk.} Mr. Scalise?

Mr. {Scalise.} No.

The {Clerk.} Mr. Scalise votes no.

Mr. Latta?

Mr. {Latta.} No.

The {Clerk.} Mr. Latta votes no.

Mrs. McMorris Rodgers?

Mrs. {McMorris Rodgers.} No.

The {Clerk.} Mrs. McMorris Rodgers votes no.

Mr. Harper?

Mr. {Harper.} No.

The {Clerk.} Mr. Harper votes no.

Mr. Lance?

Mr. {Lance.} No.

The {Clerk.} Mr. Lance votes no.

Mr. Cassidy?

Dr. {Cassidy.} No.

The {Clerk.} Mr. Cassidy votes no.

Mr. Guthrie?

Mr. {Guthrie.} No.

The {Clerk.} Mr. Guthrie votes no.

Mr. Olson?

Mr. {Olson.} No.

The {Clerk.} Mr. Olson votes no.

Mr. McKinley?

Mr. {McKinley.} No.

The {Clerk.} Mr. McKinley votes no.

Mr. Gardner?

Mr. {Gardner.} No.

The {Clerk.} Mr. Gardner votes no.

Mr. Pompeo?

Mr. {Pompeo.} No.

The {Clerk.} Mr. Pompeo votes no.

Mr. Kinzinger?

Mr. {Kinzinger.} No.

The {Clerk.} Mr. Kinzinger votes no.

Mr. Griffith?

Mr. {Griffith.} No.

The {Clerk.} Mr. Griffith votes no.

Mr. Waxman?

Mr. {Waxman.} Aye.

The {Clerk.} Mr. Waxman votes aye.

Mr. Dingell?

Mr. {Dingell.} Aye.

The {Clerk.} Mr. Dingell votes aye.

Mr. Markey?

Mr. {Markey.} Aye.

The {Clerk.} Mr. Markey votes aye.

Mr. Towns?

Mr. {Towns.} Aye.

The {Clerk.} Mr. Towns votes aye.

Mr. Pallone?

Mr. {Pallone.} Aye.

The {Clerk.} Mr. Pallone votes aye.

Mr. Rush?

Mr. {Rush.} Aye.

The {Clerk.} Mr. Rush votes aye.

Ms. Eshoo?

Ms. {Eshoo.} Aye.

The {Clerk.} Ms. Eshoo votes aye.

Mr. Engel?

Mr. {Engel.} Aye.

The {Clerk.} Mr. Engel votes aye.

Mr. Green?

Mr. {Green.} Aye.

The {Clerk.} Mr. Green votes aye.

Ms. DeGette?

Ms. {DeGette.} Aye.

The {Clerk.} Ms. DeGette votes aye.

Mrs. Capps?

Mrs. {Capps.} Aye.

The {Clerk.} Mrs. Capps votes aye.

Mr. Doyle?

[No response.]

The {Clerk.} Ms. Schakowsky?

Ms. {Schakowsky.} Aye.

The {Clerk.} Ms. Schakowsky votes aye.

Mr. Gonzalez?

Mr. {Gonzalez.} Aye.

The {Clerk.} Mr. Gonzalez votes aye.

Ms. Baldwin?

Ms. {Baldwin.} Aye.

The {Clerk.} Ms. Baldwin votes aye.

Mr. Ross?

Mr. {Ross.} Aye.

The {Clerk.} Mr. Ross votes aye.

Mr. Matheson?

Mr. {Matheson.} Aye.

The {Clerk.} Mr. Matheson votes aye.

Mr. Butterfield?

Mr. {Butterfield.} Aye.

The {Clerk.} Mr. Butterfield votes aye.

Mr. Barrow?

Mr. {Barrow.} Votes aye.

The {Clerk.} Mr. Barrow votes aye.

Ms. Matsui?

Ms. {Matsui.} Aye.

The {Clerk.} Ms. Matsui votes aye.

Mrs. Christensen?

Dr. {Christensen.} Aye.

The {Clerk.} Mrs. Christensen votes aye.

Ms. Castor?

Ms. {Castor.} Aye.

The {Clerk.} Ms. Castor votes aye.

Mr. Sarbanes?

[No response.]

The {Clerk.} Chairman Upton?

The {Chairman.} Votes no.

The {Clerk.} Chairman Upton votes no.

The {Chairman.} Are there other members wishing to cast a vote? Dr. Gingrey?

Dr. {Gingrey.} Am I recorded?

The {Clerk.} Mr. Gingrey is not recorded.

Dr. {Gingrey.} I vote no.

The {Clerk.} Mr. Gingrey votes no.

The {Chairman.} Dr. Burgess?

Dr. {Burgess.} No.

The {Clerk.} Mr. Burgess votes no.

The {Chairman.} Other members? Seeing none, the clerk will report the tally.

The {Clerk.} Mr. Chairman, on that vote, there were 21 ayes, 29 nays.

The {Chairman.} Twenty-one ayes, 29 nays. The amendment is not agreed to.

The next vote is the Engel amendment, and the clerk will call the roll.

The {Clerk.} Mr. Barton?

Mr. {Barton.} No.

The {Clerk.} Mr. Barton votes no.

Mr. Stearns?

Mr. {Stearns.} No.

The {Clerk.} Mr. Stearns votes no.

Mr. Whitfield?

Mr. {Whitfield.} No.

The {Clerk.} Mr. Whitfield votes no.

Mr. Shimkus?

Mr. {Shimkus.} No.

The {Clerk.} Mr. Shimkus votes no.

Mr. Pitts?

Mr. {Pitts.} No.

The {Clerk.} Mr. Pitts votes no.

Mrs. Bono Mack?

Mrs. {Bono Mack.} No.

The {Clerk.} Mrs. Bono Mack votes no.

Mr. Walden?

Mr. {Walden.} No.

The {Clerk.} Mr. Walden votes no.

Mr. Terry?

Mr. {Terry.} No.

The {Clerk.} Mr. Terry votes no.

Mr. Rogers?

[No response.]

The {Clerk.} Mrs. Myrick?

Mrs. {Myrick.} No.

The {Clerk.} Mrs. Myrick votes no.

Mr. Sullivan? Mr. Sullivan?

Mr. {Sullivan.} No.

The {Clerk.} Mr. Sullivan votes no.

Mr. Murphy?

Mr. {Murphy.} No.

The {Clerk.} Mr. Murphy votes no.

Mr. Burgess?

Dr. {Burgess.} No.

The {Clerk.} Mr. Burgess votes no.

Mrs. Blackburn?

Mrs. {Blackburn.} No.

The {Clerk.} Mrs. Blackburn votes no.

Mr. Bilbray?

Mr. {Bilbray.} No.

The {Clerk.} Mr. Bilbray votes no.

Mr. Bass?

Mr. {Bass.} No.

The {Clerk.} Mr. Bass votes no.

Mr. Gingrey?

Dr. {Gingrey.} No.

The {Clerk.} Mr. Gingrey votes no.

Mr. Scalise?

Mr. {Scalise.} No.

The {Clerk.} Mr. Scalise votes no.

Mr. Latta?

Mr. {Latta.} No.

The {Clerk.} Mr. Latta votes no.

Mrs. McMorris Rodgers?

Mrs. {McMorris Rodgers.} No.

The {Clerk.} Mrs. McMorris Rodgers votes no.

Mr. Harper?

Mr. {Harper.} No.

The {Clerk.} Mr. Harper votes no.

Mr. Lance?

Mr. {Lance.} No.

The {Clerk.} Mr. Lance votes no.

Mr. Cassidy?

Dr. {Cassidy.} No.

The {Clerk.} Mr. Cassidy votes no.

Mr. Guthrie?

Mr. {Guthrie.} No.

The {Clerk.} Mr. Guthrie votes no.

Mr. Olson?

Mr. {Olson.} No.

The {Clerk.} Mr. McKinley?

Mr. {McKinley.} No.

The {Clerk.} Mr. McKinley votes no.

Mr. Gardner?

Mr. {Gardner.} No.

The {Clerk.} Mr. Gardner votes no.

Mr. Pompeo?

Mr. {Pompeo.} No.

The {Clerk.} Mr. Pompeo votes no.

Mr. Kinzinger?

Mr. {Kinzinger.} No.

The {Clerk.} Mr. Kinzinger votes no.

Mr. Griffith?

Mr. {Griffith.} No.

The {Clerk.} Mr. Griffith votes no.

Mr. Waxman?

Mr. {Waxman.} Aye.

The {Clerk.} Mr. Waxman votes aye.

Mr. Dingell?

Mr. {Dingell.} Aye.

The {Clerk.} Mr. Dingell votes aye.

Mr. Markey?

Mr. {Markey.} Aye.

The {Clerk.} Mr. Markey votes aye.

Mr. Towns?

Mr. {Towns.} Aye.

The {Clerk.} Mr. Towns votes aye.

Mr. Pallone?

Mr. {Pallone.} Aye.

The {Clerk.} Mr. Pallone votes aye.

Mr. Rush?

Mr. {Rush.} Aye.

The {Clerk.} Mr. Rush votes aye.

Ms. Eshoo?

Ms. {Eshoo.} Aye.

The {Clerk.} Ms. Eshoo votes aye.

Mr. Engel?

Mr. {Engel.} Aye.

The {Clerk.} Mr. Engel votes aye.

Mr. Green?

Mr. {Green.} Aye.

The {Clerk.} Mr. Green votes aye.

Ms. DeGette?

Ms. {DeGette.} Aye.

The {Clerk.} Ms. DeGette votes aye.

Mrs. Capps?

Mrs. {Capps.} Aye.

The {Clerk.} Mrs. Capps votes aye.

Mr. Doyle?

[No response.]

The {Clerk.} Ms. Schakowsky?

Ms. {Schakowsky.} Aye.

The {Clerk.} Ms. Schakowsky votes aye.

Mr. Gonzalez?

Mr. {Gonzalez.} Aye.

The {Clerk.} Mr. Gonzalez votes aye.

Ms. Baldwin?

Ms. {Baldwin.} Aye.

The {Clerk.} Ms. Baldwin votes aye.

Mr. Ross?

Mr. {Ross.} Aye.

The {Clerk.} Mr. Ross votes aye.

Mr. Matheson?

Mr. {Matheson.} Aye.

The {Clerk.} Mr. Matheson votes aye.

Mr. Butterfield?

Mr. {Butterfield.} Aye.

The {Clerk.} Mr. Butterfield votes aye.

Mr. Barrow?

Mr. {Barrow.} Aye.

The {Clerk.} Mr. Barrow votes aye.

Ms. Matsui?

Ms. {Matsui.} Aye.

The {Clerk.} Ms. Matsui votes aye.

Mrs. Christensen?

Dr. {Christensen.} Aye.

The {Clerk.} Mrs. Christensen votes aye.

Ms. Castor?

Ms. {Castor.} Aye.

The {Clerk.} Ms. Castor votes aye.

Mr. Sarbanes?

[No response.]

The {Clerk.} Chairman Upton?

The {Chairman.} Votes no.

The {Clerk.} Chairman Upton votes no.

The {Chairman.} Are there members wishing to cast a vote? Seeing none, the clerk will report the tally.

The {Clerk.} Mr. Chairman, on that vote, there were 21 ayes, 30 nays.

The {Chairman.} Twenty-one ayes, 30 nays. The amendment is not agreed to.

The next amendment is the Baldwin amendment, and the clerk will call the roll.

The {Clerk.} Mr. Barton?

Mr. {Barton.} No.

The {Clerk.} Mr. Barton votes no.

Mr. Stearns?

Mr. {Stearns.} No.

The {Clerk.} Mr. Stearns votes no.

Mr. Whitfield?

Mr. {Whitfield.} No.

The {Clerk.} Mr. Whitfield votes no.

Mr. Shimkus?

Mr. {Shimkus.} No.

The {Clerk.} Mr. Shimkus votes no.

Mr. Pitts?

Mr. {Pitts.} No.

The {Clerk.} Mr. Pitts votes no.

Mrs. Bono Mack?

Mrs. {Bono Mack.} No.

The {Clerk.} Mrs. Bono Mack votes no.

Mr. Walden?

Mr. {Walden.} No.

The {Clerk.} Mr. Walden votes no.

Mr. Terry?

Mr. {Terry.} No.

The {Clerk.} Mr. Terry votes no.

Mr. Rogers?

[No response.]

The {Clerk.} Mrs. Myrick?

Mrs. {Myrick.} No.

The {Clerk.} Mrs. Myrick votes no.

Mr. Sullivan?

Mr. {Sullivan.} No.

The {Clerk.} Mr. Sullivan votes no.

Mr. Murphy?

Mr. {Murphy.} No.

The {Clerk.} Mr. Murphy votes no.

Mr. Burgess?

[No response.]

The {Clerk.} Mrs. Blackburn?

Mrs. {Blackburn.} No.

The {Clerk.} Mrs. Blackburn votes no.

Mr. Bilbray?

Mr. {Bilbray.} No.

The {Clerk.} Mr. Bilbray votes no.

Mr. Bass?

Mr. {Bass.} No.

The {Clerk.} Mr. Bass votes no.

Mr. Gingrey?

Dr. {Gingrey.} No.

The {Clerk.} Mr. Gingrey votes no

Mr. Scalise?

Mr. {Scalise.} No.

The {Clerk.} Mr. Scalise votes no.

Mr. Latta?

Mr. {Latta.} No.

The {Clerk.} Mr. Latta votes no.

Mrs. McMorris Rodgers?

Mrs. {McMorris Rodgers.} No.

The {Clerk.} Mrs. McMorris Rodgers votes no.

Mr. Harper?

Mr. {Harper.} No.

The {Clerk.} Mr. Harper votes no.

Mr. Lance?

Mr. {Lance.} No.

The {Clerk.} Mr. Lance votes no.

Mr. Cassidy?

Dr. {Cassidy.} No.

The {Clerk.} Mr. Cassidy votes no.

Mr. Guthrie?

Mr. {Guthrie.} No.

The {Clerk.} Mr. Guthrie votes no.

Mr. Olson?

Mr. {Olson.} No.

The {Clerk.} Mr. Olson votes no.

Mr. McKinley?

Mr. {McKinley.} No.

The {Clerk.} Mr. McKinley votes no.

Mr. Gardner?

Mr. {Gardner.} No.

The {Clerk.} Mr. Gardner votes no.

Mr. Pompeo?

Mr. {Pompeo.} No.

The {Clerk.} Mr. Pompeo votes no.

Mr. Kinzinger?

Mr. {Kinzinger.} No.

The {Clerk.} Mr. Kinzinger votes no.

Mr. Griffith?

Mr. {Griffith.} No.

The {Clerk.} Mr. Griffith votes no.

Mr. Waxman?

Mr. {Waxman.} Aye.

The {Clerk.} Mr. Waxman votes aye.

Mr. Dingell?

Mr. {Dingell.} Dingell votes aye.

The {Clerk.} Mr. Dingell votes aye.

Mr. Markey?

Mr. {Markey.} Aye.

The {Clerk.} Mr. Markey votes aye.

Mr. Towns?

Mr. {Towns.} Aye.

The {Clerk.} Mr. Towns votes aye.

Mr. Pallone?

Mr. {Pallone.} Aye.

The {Clerk.} Mr. Pallone votes aye.

Mr. Rush?

Mr. {Rush.} Aye.

The {Clerk.} Mr. Rush votes aye.

Ms. Eshoo?

Ms. {Eshoo.} Aye.

The {Clerk.} Ms. Eshoo votes aye.

Mr. Engel?

Mr. {Engel.} Aye.

The {Clerk.} Mr. Engel votes aye.

Mr. Green?

Mr. {Green.} Aye.

The {Clerk.} Mr. Green votes aye.

Ms. DeGette?

Ms. {DeGette.} Aye.

The {Clerk.} Ms. DeGette votes aye.

Mrs. Capps?

Ms. {Capps.} Aye.

The {Clerk.} Mrs. Capps votes aye.

Mr. Doyle?

[No response.]

The {Clerk.} Ms. Schakowsky?

Ms. {Schakowsky.} Aye.

The {Clerk.} Ms. Schakowsky votes aye.

Mr. Gonzalez?

Mr. {Gonzalez.} Aye.

The {Clerk.} Mr. Gonzalez votes aye.

Ms. Baldwin?

Ms. {Baldwin.} Aye.

The {Clerk.} Ms. Baldwin votes aye.

Mr. Ross?

Mr. {Ross.} Aye.

The {Clerk.} Mr. Ross votes aye.

Mr. Matheson?

Mr. {Matheson.} Aye.

The {Clerk.} Mr. Matheson votes aye.

Mr. Butterfield?

Mr. {Butterfield.} Aye.

The {Clerk.} Mr. Butterfield votes aye.

Mr. Barrow?

Mr. {Barrow.} Votes aye.

The {Clerk.} Mr. Barrow votes aye.

Ms. Matsui?

Ms. {Matsui.} Aye.

The {Clerk.} Ms. Matsui votes aye.

Mrs. Christensen?

Dr. {Christensen.} Aye.

The {Clerk.} Mrs. Christensen votes aye.

Ms. Castor?

Ms. {Castor.} Aye.

The {Clerk.} Ms. Castor votes aye.

Mr. Sarbanes?

[No response.]

The {Clerk.} Chairman Upton?

The {Chairman.} Votes no.

The {Clerk.} Chairman Upton votes no.

The {Chairman.} Other members wishing to cast a vote? Dr. Burgess?

Mr. {Burgess.} Votes no.

The {Clerk.} Mr. Burgess votes no.

The {Chairman.} Other members? Seeing none, the clerk will report the tally.

The {Clerk.} Mr. Chairman, on that vote, there were 21 ayes, 30 nays.

The {Chairman.} I am starting to see a pattern. Twenty-one ayes, 30 nays. The amendment is not agreed to.

The next amendment is the Markey amendment. The clerk will call the roll.

The {Clerk.} Mr. Barton?

Mr. {Barton.} No.

The {Clerk.} Mr. Barton votes no.

Mr. Stearns?

Mr. {Stearns.} No.

The {Clerk.} Mr. Stearns votes no.

Mr. Whitfield?

Mr. {Whitfield.} No.

The {Clerk.} Mr. Whitfield votes no.

Mr. Shimkus?

Mr. {Shimkus.} No.

The {Clerk.} Mr. Shimkus votes no.

Mr. Pitts?

Mr. {Pitts.} No.

The {Clerk.} Mr. Pitts votes no.

Mrs. Bono Mack?

Mrs. {Bono Mack.} No.

The {Clerk.} Mrs. Bono Mack votes no.

Mr. Walden?

Mr. {Walden.} No.

The {Clerk.} Mr. Walden votes no.

Mr. Terry?

Mr. {Terry.} No.

The {Clerk.} Mr. Terry votes no.

Mr. Rogers?

[No response.]

The {Clerk.} Mrs. Myrick?

Mrs. {Myrick.} No.

The {Clerk.} Mrs. Myrick votes no.

Mr. Sullivan?

Mr. {Sullivan.} No.

The {Clerk.} Mr. Sullivan votes no.

Mr. Murphy?

Mr. {Murphy.} No.

The {Clerk.} Mr. Murphy votes no.

Mr. Burgess?

Dr. {Burgess.} No.

The {Clerk.} Mr. Burgess votes no.

Mrs. Blackburn?

Mrs. {Blackburn.} No.

The {Clerk.} Mrs. Blackburn votes no.

Mr. Bilbray?

Mr. {Bilbray.} No.

The {Clerk.} Mr. Bilbray votes no.

Mr. Bass?

Mr. {Bass.} No.

The {Clerk.} Mr. Bass votes no.

Mr. Gingrey?

Dr. {Gingrey.} No.

The {Clerk.} Mr. Gingrey votes no.

Mr. Scalise?

Mr. {Scalise.} No.

The {Clerk.} Mr. Scalise votes no.

Mr. Latta?

Mr. {Latta.} No.

The {Clerk.} Mr. Latta votes no.

Mrs. McMorris Rodgers?

Mrs. {McMorris Rodgers.} No.

The {Clerk.} Mrs. McMorris Rodgers votes no.

Mr. Harper?

Mr. {Harper.} No.

The {Clerk.} Mr. Harper votes no.

Mr. Lance?

Mr. {Lance.} No.

The {Clerk.} Mr. Lance votes no.

Mr. Cassidy?

Dr. {Cassidy.} No.

The {Clerk.} Mr. Cassidy votes no.

Mr. Guthrie?

Mr. {Guthrie.} No.

The {Clerk.} Mr. Guthrie votes no.

Mr. Olson?

Mr. {Olson.} No.

The {Clerk.} Mr. Olson votes no.

Mr. McKinley?

Mr. {McKinley.} No.

The {Clerk.} Mr. McKinley votes no.

Mr. Gardner?

Mr. {Gardner.} No.

The {Clerk.} Mr. Gardner votes no.

Mr. Pompeo?

Mr. {Pompeo.} No.

The {Clerk.} Mr. Pompeo votes no.

Mr. Kinzinger?

Mr. {Kinzinger.} No.

The {Clerk.} Mr. Kinzinger votes no.

Mr. Griffith?

Mr. {Griffith.} No.

The {Clerk.} Mr. Griffith votes no.

Mr. Waxman?

Mr. {Waxman.} Aye.

The {Clerk.} Mr. Waxman votes aye.

Mr. Dingell?

Mr. {Dingell.} Votes aye.

The {Clerk.} Mr. Dingell votes aye.

Mr. Markey?

Mr. {Markey.} Aye.

The {Clerk.} Mr. Markey votes aye.

Mr. Towns?

Mr. {Towns.} Aye.

The {Clerk.} Mr. Towns votes aye.

Mr. Pallone?

Mr. {Pallone.} Aye.

The {Clerk.} Mr. Pallone votes aye.

Mr. Rush?

Mr. {Rush.} Aye.

The {Clerk.} Mr. Rush votes aye.

Ms. Eshoo?

Ms. {Eshoo.} Aye.

The {Clerk.} Ms. Eshoo votes aye.

Mr. Engel?

Mr. {Engel.} Aye.

The {Clerk.} Mr. Engel votes aye.

Mr. Green?

Mr. {Green.} Aye.

The {Clerk.} Mr. Green votes aye.

Ms. DeGette?

Ms. {DeGette.} Aye.

The {Clerk.} Ms. DeGette votes aye.

Mrs. Capps?

Mrs. {Capps.} Aye.

The {Clerk.} Mrs. Capps votes aye.

Mr. Doyle?

[No response.]

The {Clerk.} Ms. Schakowsky?

Ms. {Schakowsky.} Aye.

The {Clerk.} Ms. Schakowsky votes aye.

Mr. Gonzalez?

Mr. {Gonzalez.} Aye.

The {Clerk.} Mr. Gonzalez votes aye.

Ms. Baldwin?

Ms. {Baldwin.} Aye.

The {Clerk.} Ms. Baldwin votes aye.

Mr. Ross?

[No response.]

The {Clerk.} Mr. Matheson?

Mr. {Matheson.} Aye.

The {Clerk.} Mr. Matheson votes aye.

Mr. Butterfield?

Mr. {Butterfield.} Aye.

The {Clerk.} Mr. Butterfield votes aye.

Mr. Barrow?

Mr. {Barrow.} Aye.

The {Clerk.} Mr. Barrow votes aye.

Ms. Matsui?

Ms. {Matsui.} Aye.

The {Clerk.} Ms. Matsui votes aye.

Mrs. Christensen?

Dr. {Christensen.} Aye.

The {Clerk.} Mrs. Christensen votes aye.

Ms. Castor?

Ms. {Castor.} Aye.

The {Clerk.} Ms. Castor votes aye.

Mr. Sarbanes?

[No response.]

The {Clerk.} Chairman Upton?

The {Chairman.} Votes no.

The {Clerk.} Chairman Upton votes no.

The {Chairman.} Other members? Mr. Ross?

Mr. {Ross.} Aye.

The {Clerk.} Mr. Ross votes aye.

The {Chairman.} Any other member wishing to cast a vote? Seeing none, the clerk will report the tally.

The {Clerk.} Mr. Chairman, on that vote, there were 21 ayes, 30 nays.

The {Chairman.} Twenty-one ayes, 30 nays. The amendment is not agreed to.

The question now occurs on approving the Committee print for Title II as amended. All those in favor will say aye. Those opposed, say no. The ayes appear to have it. A roll call is asked and the clerk will call the roll.

The {Clerk.} Mr. Barton?

Mr. {Barton.} Aye.

The {Clerk.} Mr. Barton votes aye.

Mr. Stearns?

Mr. {Stearns.} Aye.

The {Clerk.} Mr. Stearns votes aye.

Mr. Whitfield?

Mr. {Whitfield.} Aye.

The {Clerk.} Mr. Whitfield votes aye.

Mr. Shimkus?

Mr. {Shimkus.} Aye.

The {Clerk.} Mr. Shimkus votes aye.

Mr. Pitts?

Mr. {Pitts.} Aye.

The {Clerk.} Mr. Pitts votes aye.

Mrs. Bono Mack?

Mrs. {Bono Mack.} Aye.

The {Clerk.} Mrs. Bono Mack votes aye.

Mr. Walden?

Mr. {Walden.} Aye.

The {Clerk.} Mr. Walden votes aye.

Mr. Terry?

Mr. {Terry.} Aye.

The {Clerk.} Mr. Terry votes aye.

Mr. Rogers?

[No response.]

The {Clerk.} Mrs. Myrick?

Mrs. {Myrick.} Aye.

The {Clerk.} Mrs. Myrick votes aye.

Mr. Sullivan?

Mr. {Sullivan.} Aye.

The {Clerk.} Mr. Sullivan votes aye.

Mr. Murphy?

Mr. {Murphy.} Aye.

The {Clerk.} Mr. Murphy votes aye.

Mr. Burgess?

Dr. {Burgess.} Aye.

The {Clerk.} Mr. Burgess votes aye.

Mrs. Blackburn?

Mrs. {Blackburn.} Aye.

The {Clerk.} Mrs. Blackburn votes aye.

Mr. Bilbray?

Mr. {Bilbray.} Aye.

The {Clerk.} Mr. Bilbray votes aye.

Mr. Bass?

Mr. {Bass.} Aye.

The {Clerk.} Mr. Bass votes aye.

Mr. Gingrey?

Dr. {Gingrey.} Aye.

The {Clerk.} Mr. Gingrey votes aye.

Mr. Scalise?

Mr. {Scalise.} Aye.

The {Clerk.} Mr. Scalise votes aye.

Mr. Latta?

Mr. {Latta.} Aye.

The {Clerk.} Mr. Latta votes aye.

Mrs. McMorris Rodgers?

Mrs. {McMorris Rodgers.} Aye.

The {Clerk.} Mrs. McMorris Rodgers votes aye.

Mr. Harper?

Mr. {Harper.} Aye.

The {Clerk.} Mr. Harper votes aye.

Mr. Lance?

Mr. {Lance.} Aye.

The {Clerk.} Mr. Lance votes aye.

Mr. Cassidy?

Dr. {Cassidy.} Aye.

The {Clerk.} Mr. Cassidy votes aye.

Mr. Guthrie?

Mr. {Guthrie.} Aye.

The {Clerk.} Mr. Guthrie votes aye.

Mr. Olson?

Mr. {Olson.} Aye.

The {Clerk.} Mr. Olson votes aye.

Mr. McKinley?

Mr. {McKinley.} Aye.

The {Clerk.} Mr. McKinley votes aye.

Mr. Gardner?

Mr. {Gardner.} Aye.

The {Clerk.} Mr. Gardner votes aye.

Mr. Pompeo?

Mr. {Pompeo.} Aye.

The {Clerk.} Mr. Pompeo votes aye.

Mr. Kinzinger?

Mr. {Kinzinger.} Aye.

The {Clerk.} Mr. Kinzinger votes aye.

Mr. Griffith?

Mr. {Griffith.} Aye.

The {Clerk.} Mr. Griffith votes aye.

Mr. Waxman?

Mr. {Waxman.} No.

The {Clerk.} Mr. Waxman votes no.

Mr. Dingell?

Mr. {Dingell.} No.

The {Clerk.} Mr. Dingell votes no.

Mr. Markey?

Mr. {Markey.} No.

The {Clerk.} Mr. Markey votes no.

Mr. Towns?

Mr. {Towns.} No.

The {Clerk.} Mr. Towns votes no.

Mr. Pallone?

Mr. {Pallone.} No.

The {Clerk.} Mr. Pallone votes no.

Mr. Rush?

[No response.]

The {Clerk.} Ms. Eshoo?

Ms. {Eshoo.} No.

The {Clerk.} Ms. Eshoo votes no.

Mr. Engel?

Mr. {Engel.} No.

The {Clerk.} Mr. Engel votes no.

Mr. Green?

Mr. {Green.} No.

The {Clerk.} Mr. Green votes no.

Ms. DeGette?

Ms. {DeGette.} No.

The {Clerk.} Ms. DeGette votes no.

Mrs. Capps?

Mrs. {Capps.} No.

The {Clerk.} Mrs. Capps votes no.

Mr. Doyle?

[No response.]

The {Clerk.} Ms. Schakowsky?

Ms. {Schakowsky.} No.

The {Clerk.} Ms. Schakowsky votes no.

Mr. Gonzalez?

Mr. {Gonzalez.} No.

The {Clerk.} Mr. Gonzalez votes no.

Ms. Baldwin?

Ms. {Baldwin.} No.

The {Clerk.} Ms. Baldwin votes no.

Mr. Ross?

[No response.]

The {Clerk.} Mr. Matheson?

Mr. {Matheson.} No.

The {Clerk.} Mr. Matheson votes no.

Mr. Butterfield?

Mr. {Butterfield.} No.

The {Clerk.} Mr. Butterfield votes no.

Mr. Barrow?

Mr. {Barrow.} No.

The {Clerk.} Mr. Barrow votes no.

Ms. Matsui?

Ms. {Matsui.} No.

The {Clerk.} Ms. Matsui votes no.

Mrs. Christensen?

Dr. {Christensen.} No.

The {Clerk.} Mrs. Christensen votes no.

Ms. Castor?

Ms. {Castor.} No.

The {Clerk.} Ms. Castor votes no.

Mr. Sarbanes?

[No response.]

The {Clerk.} Chairman Upton?

The {Chairman.} Votes aye.

The {Clerk.} Chairman Upton votes aye.

The {Chairman.} Are there other members wishing to cast a vote? Mr. Ross?

Mr. {Ross.} No.

The {Clerk.} Mr. Ross votes no.

The {Chairman.} Other members? Seeing none, the clerk will report the tally.

The {Clerk.} Mr. Chairman, on that vote, there were 30 ayes, 20 nays.

The {Chairman.} Thirty ayes, 20 nays. Title II as amended of the Committee print is approved.

The question now occurs on transmitting the recommendations of the Committee and all appropriate

accompanying material including additional supplemental or dissenting views to the House Committee on the Budget in order to comply with the reconciliation directive included in Section 201 of H. Con. Res. 112 and consistent with Section 310 of the Congressional Budget and Empowerment Control Act of 1974. All those in favor will say aye. All those opposed, say no. The ayes appear to have it. The ayes have it and the motion to transmit is agreed to.

Without objection, staff is authorized to make technical and conforming changes to the Committee print considered today.

We now come to the final title, Title III. We have three amendments and then final passage and the transmittal motion. So the first amendment is the Baldwin amendment, and the clerk will call the roll.

The {Clerk.} Mr. Barton?

Mr. {Barton.} No.

The {Clerk.} Mr. Barton votes no.

Mr. Stearns?

Mr. {Stearns.} No.

The {Clerk.} Mr. Stearns votes no.

Mr. Whitfield?

Mr. {Whitfield.} No.

The {Clerk.} Mr. Whitfield votes no.

Mr. Shimkus?

Mr. {Shimkus.} No.

The {Clerk.} Mr. Shimkus votes no.

Mr. Pitts?

Mr. {Pitts.} No.

The {Clerk.} Mr. Pitts votes no.

Mrs. Bono Mack?

Mrs. {Bono Mack.} No.

The {Clerk.} Mrs. Bono Mack votes no.

Mr. Walden?

Mr. {Walden.} No.

The {Clerk.} Mr. Walden votes no.

Mr. Terry?

Mr. {Terry.} Yes.

The {Clerk.} Mr. Terry votes aye.

Mr. Rogers?

[No response.]

The {Clerk.} Mrs. Myrick?

Mrs. {Myrick.} No.

The {Clerk.} Mrs. Myrick votes no.

Mr. Sullivan? Mr. Sullivan?

Mr. {Sullivan.} No.

The {Clerk.} Mr. Sullivan votes no.

Mr. Murphy?

Mr. {Murphy.} No.

The {Clerk.} Mr. Murphy votes no.

Mr. Burgess?

Dr. {Burgess.} No.

The {Clerk.} Mr. Burgess votes no.

Mrs. Blackburn?

Mrs. {Blackburn.} No.

The {Clerk.} Mrs. Blackburn votes no.

Mr. Bilbray?

Mr. {Bilbray.} No.

The {Clerk.} Mr. Bilbray votes no.

Mr. Bass?

Mr. {Bass.} No.

The {Clerk.} Mr. Bass votes no.

Mr. Gingrey?

Dr. {Gingrey.} No.

The {Clerk.} Mr. Gingrey votes no.

Mr. Scalise?

Mr. {Scalise.} No.

The {Clerk.} Mr. Scalise votes no.

Mr. Latta?

Mr. {Latta.} No.

The {Clerk.} Mr. Latta votes no.

Mrs. McMorris Rodgers?

Mrs. {McMorris Rodgers.} No.

The {Clerk.} Mrs. McMorris Rodgers votes no.

Mr. Harper?

Mr. {Harper.} No.

The {Clerk.} Mr. Harper votes no.

Mr. Lance?

Mr. {Lance.} No.

The {Clerk.} Mr. Lance votes no.

Mr. Cassidy?

Dr. {Cassidy.} No.

The {Clerk.} Mr. Cassidy votes no.

Mr. Guthrie?

Mr. {Guthrie.} No.

The {Clerk.} Mr. Guthrie votes no.

Mr. Olson?

Mr. {Olson.} No.

The {Clerk.} Mr. Olson votes no.

Mr. McKinley?

Mr. {McKinley.} No.

The {Clerk.} Mr. McKinley votes no.

Mr. Gardner?

Mr. {Gardner.} No.

The {Clerk.} Mr. Gardner votes no.

Mr. Pompeo?

Mr. {Pompeo.} No.

The {Clerk.} Mr. Pompeo votes no.

Mr. Kinzinger?

Mr. {Kinzinger.} No.

The {Clerk.} Mr. Kinzinger votes no.

Mr. Griffith?

Mr. {Griffith.} Aye.

The {Clerk.} Mr. Griffith votes aye.

Mr. Waxman?

Mr. {Waxman.} Aye.

The {Clerk.} Mr. Waxman votes aye.

Mr. Dingell?

Mr. {Dingell.} Aye.

The {Clerk.} Mr. Dingell votes aye.

Mr. Markey?

Mr. {Markey.} Aye.

The {Clerk.} Mr. Markey votes aye.

Mr. Towns?

Mr. {Towns.} Aye.

The {Clerk.} Mr. Towns votes aye.

Mr. Pallone?

Mr. {Pallone.} Aye.

The {Clerk.} Mr. Pallone votes aye.

Mr. Rush?

Mr. {Rush.} Aye.

The {Clerk.} Mr. Rush votes aye.

Ms. Eshoo?

Ms. {Eshoo.} Aye.

The {Clerk.} Ms. Eshoo votes aye.

Mr. Engel?

Mr. {Engel.} Aye.

The {Clerk.} Mr. Engel votes aye.

Mr. Green?

Mr. {Green.} Aye.

The {Clerk.} Mr. Green votes aye.

Ms. DeGette?

Ms. {DeGette.} Aye.

The {Clerk.} Ms. DeGette votes aye.

Mrs. Capps?

Mrs. {Capps.} Aye.

The {Clerk.} Mrs. Capps votes aye.

Mr. Doyle?

[No response.]

The {Clerk.} Ms. Schakowsky?

Ms. {Schakowsky.} Aye.

The {Clerk.} Ms. Schakowsky votes aye.

Mr. Gonzalez?

Mr. {Gonzalez.} Aye.

The {Clerk.} Mr. Gonzalez votes aye.

Ms. Baldwin?

Ms. {Baldwin.} Aye.

The {Clerk.} Ms. Baldwin votes aye.

Mr. Ross?

Mr. {Ross.} Aye.

The {Clerk.} Mr. Ross votes aye.

Mr. Matheson?

[no response.]

The {Clerk.} Mr. Butterfield?

Mr. {Butterfield.} Aye.

The {Clerk.} Mr. Butterfield votes aye.

Mr. Barrow?

Mr. {Barrow.} Aye.

The {Clerk.} Mr. Barrow votes aye.

Ms. Matsui?

Ms. {Matsui.} Aye.

The {Clerk.} Ms. Matsui votes aye.

Mrs. Christensen?

Dr. {Christensen.} Aye.

The {Clerk.} Mrs. Christensen votes aye.

Ms. Castor?

Ms. {Castor.} Aye.

The {Clerk.} Ms. Castor votes aye.

Mr. Sarbanes?

[No response.]

The {Clerk.} Chairman Upton?

The {Chairman.} Votes no.

The {Clerk.} Chairman Upton votes no.

The {Chairman.} Other members wishing to cast a vote? Mr. Matheson?

The {Clerk.} Mr. Matheson is not recorded.

Mr. {Matheson.} No.

The {Clerk.} Mr. Matheson votes no.

The {Chairman.} Other members wishing to cast a vote? Seeing none, the clerk will report the tally.

The {Clerk.} Mr. Chairman, on that vote, there were 21 ayes, 29 nays.

The {Chairman.} Twenty-one ayes, 29 nays. The amendment is not agreed to.

The next amendment is the Barrow amendment. The clerk will call the roll.

The {Clerk.} Mr. Barton?

Mr. {Barton.} No.

The {Clerk.} Mr. Barton votes no.

Mr. Stearns?

Mr. {Stearns.} No.

The {Clerk.} Mr. Stearns votes no.

Mr. Whitfield?

Mr. {Whitfield.} No.

The {Clerk.} Mr. Whitfield votes no.

Mr. Shimkus?

Mr. {Shimkus.} No.

The {Clerk.} Mr. Shimkus votes no.

Mr. Pitts?

Mr. {Pitts.} No.

The {Clerk.} Mr. Pitts votes no.

Mrs. Bono Mack?

Mrs. {Bono Mack.} No.

The {Clerk.} Mrs. Bono Mack votes no.

Mr. Walden?

Mr. {Walden.} No.

The {Clerk.} Mr. Walden votes no.

Mr. Terry?

Mr. {Terry.} Yes.

The {Clerk.} Mr. Terry votes aye.

Mr. Rogers?

[No response.]

The {Clerk.} Mrs. Myrick?

Mrs. {Myrick.} No.

The {Clerk.} Mrs. Myrick votes no.

Mr. Sullivan?

Mr. {Sullivan.} No.

The {Clerk.} Mr. Sullivan votes no.

Mr. Murphy?

Mr. {Murphy.} No.

The {Clerk.} Mr. Murphy votes no.

Mr. Burgess?

Dr. {Burgess.} No.

The {Clerk.} Mr. Burgess votes no.

Mrs. Blackburn?

Mrs. {Blackburn.} No.

The {Clerk.} Mrs. Blackburn votes no.

Mr. Bilbray?

Mr. {Bilbray.} No.

The {Clerk.} Mr. Bilbray votes no.

Mr. Bass?

Mr. {Bass.} No.

The {Clerk.} Mr. Bass votes no.

Mr. Gingrey?

Dr. {Gingrey.} No.

The {Clerk.} Mr. Gingrey votes no.

Mr. Scalise?

Mr. {Scalise.} No.

The {Clerk.} Mr. Scalise votes no.

Mr. Latta?

Mr. {Latta.} No.

The {Clerk.} Mr. Latta votes no.

Mrs. McMorris Rodgers?

Mrs. {McMorris Rodgers.} No.

The {Clerk.} Mrs. McMorris Rodgers votes no.

Mr. Harper?

Mr. {Harper.} No.

The {Clerk.} Mr. Harper votes no.

Mr. Lance?

Mr. {Lance.} No.

The {Clerk.} Mr. Lance votes no.

Mr. Cassidy?

Dr. {Cassidy.} No.

The {Clerk.} Mr. Cassidy votes no.

Mr. Guthrie?

Mr. {Guthrie.} No.

The {Clerk.} Mr. Guthrie votes no.

Mr. Olson?

Mr. {Olson.} No.

The {Clerk.} Mr. Olson votes no.

Mr. McKinley?

Mr. {McKinley.} No.

The {Clerk.} Mr. McKinley votes no.

Mr. Gardner?

Mr. {Gardner.} No.

The {Clerk.} Mr. Gardner votes no.

Mr. Pompeo?

Mr. {Pompeo.} No.

The {Clerk.} Mr. Pompeo votes no.

Mr. Kinzinger?

Mr. {Kinzinger.} No.

The {Clerk.} Mr. Kinzinger votes no.

Mr. Griffith?

Mr. {Griffith.} Aye.

The {Clerk.} Mr. Griffith votes aye.

Mr. Waxman?

Mr. {Waxman.} Aye.

The {Clerk.} Mr. Waxman votes aye.

Mr. Dingell?

Mr. {Dingell.} Aye.

The {Clerk.} Mr. Dingell votes aye.

Mr. Markey?

Mr. {Markey.} Aye.

The {Clerk.} Mr. Markey votes aye.

Mr. Towns?

Mr. {Towns.} Aye.

The {Clerk.} Mr. Towns votes aye.

Mr. Pallone?

Mr. {Pallone.} Aye.

The {Clerk.} Mr. Pallone votes aye.

Mr. Rush?

Mr. {Rush.} Aye.

The {Clerk.} Mr. Rush votes aye.

Ms. Eshoo?

Ms. {Eshoo.} Aye.

The {Clerk.} Ms. Eshoo votes aye.

Mr. Engel?

Mr. {Engel.} Aye.

The {Clerk.} Mr. Engel votes aye.

Mr. Green?

Mr. {Green.} Aye.

The {Clerk.} Mr. Green votes aye.

Ms. DeGette?

Ms. {DeGette.} Aye.

The {Clerk.} Ms. DeGette votes aye.

Mrs. Capps?

Mrs. {Capps.} Aye.

The {Clerk.} Mrs. Capps votes aye.

Mr. Doyle?

[No response.]

The {Clerk.} Ms. Schakowsky?

Ms. {Schakowsky.} Aye.

The {Clerk.} Ms. Schakowsky votes aye.

Mr. Gonzalez?

Mr. {Gonzalez.} Aye.

The {Clerk.} Mr. Gonzalez votes aye.

Ms. Baldwin?

Ms. {Baldwin.} Aye.

The {Clerk.} Ms. Baldwin votes aye.

Mr. Ross?

Mr. {Ross.} Aye.

The {Clerk.} Mr. Ross votes aye.

Mr. Matheson?

Mr. {Matheson.} No.

The {Clerk.} Mr. Matheson votes no.

Mr. Butterfield?

Mr. {Butterfield.} Aye.

The {Clerk.} Mr. Butterfield votes aye.

Mr. Barrow?

Mr. {Barrow.} Aye.

The {Clerk.} Mr. Barrow votes aye.

Ms. Matsui?

Ms. {Matsui.} Aye.

The {Clerk.} Ms. Matsui votes aye.

Mrs. Christensen?

Dr. {Christensen.} Aye.

The {Clerk.} Mrs. Christensen votes aye.

Ms. Castor?

Ms. {Castor.} Aye.

The {Clerk.} Ms. Castor votes aye.

Mr. Sarbanes?

[No response.]

The {Clerk.} Chairman Upton?

The {Chairman.} Votes no.

The {Clerk.} Chairman Upton votes no.

The {Chairman.} Other members wishing to cast a vote? Seeing none, the clerk will report the tally.

The {Clerk.} Mr. Chairman, on that vote, there were 22 ayes, 29 nays.

The {Chairman.} Twenty-two ayes, 29 nays. The amendment is not agreed to.

The last amendment in this Title III is the Castor amendment, and the clerk will call the roll.

The {Clerk.} Mr. Barton?

Mr. {Barton.} No.

The {Clerk.} Mr. Barton votes no.

Mr. Stearns?

Mr. {Stearns.} No.

The {Clerk.} Mr. Stearns votes no.

Mr. Whitfield?

Mr. {Whitfield.} No.

The {Clerk.} Mr. Whitfield votes no.

Mr. Shimkus?

Mr. {Shimkus.} No.

The {Clerk.} Mr. Shimkus votes no.

Mr. Pitts?

Mr. {Pitts.} No.

The {Clerk.} Mr. Pitts votes no.

Mrs. Bono Mack?

Mrs. {Bono Mack.} No.

The {Clerk.} Mrs. Bono Mack votes no.

Mr. Walden?

Mr. {Walden.} No.

The {Clerk.} Mr. Walden votes no.

Mr. Terry?

Mr. {Terry.} No.

The {Clerk.} Mr. Terry votes no.

Mr. Rogers?

[No response.]

The {Clerk.} Mrs. Myrick?

Mrs. {Myrick.} No.

The {Clerk.} Mrs. Myrick votes no.

Mr. Sullivan?

Mr. {Sullivan.} No.

The {Clerk.} Mr. Sullivan votes no.

Mr. Murphy?

Mr. {Murphy.} No.

The {Clerk.} Mr. Murphy votes no.

Mr. Burgess?

[No response.]

The {Clerk.} Mrs. Blackburn?

Mrs. {Blackburn.} No.

The {Clerk.} Mrs. Blackburn votes no.

Mr. Bilbray?

[No response.]

The {Clerk.} Mr. Bass?

Mr. {Bass.} No.

The {Clerk.} Mr. Bass votes no.

Mr. Gingrey?

Dr. {Gingrey.} No.

The {Clerk.} Mr. Gingrey votes no.

Mr. Scalise?

Mr. {Scalise.} No.

The {Clerk.} Mr. Scalise votes no.

Mr. Latta?

Mr. {Latta.} No.

The {Clerk.} Mr. Latta votes no.

Mrs. McMorris Rodgers?

Mrs. {McMorris Rodgers.} No.

The {Clerk.} Mrs. McMorris Rodgers votes no.

Mr. Harper?

Mr. {Harper.} No.

The {Clerk.} Mr. Harper votes no.

Mr. Lance?

Mr. {Lance.} No.

The {Clerk.} Mr. Lance votes no.

Mr. Cassidy?

Dr. {Cassidy.} No.

The {Clerk.} Mr. Cassidy votes no.

Mr. Guthrie?

Mr. {Guthrie.} No.

The {Clerk.} Mr. Guthrie votes no.

Mr. Olson?

Mr. {Olson.} No.

The {Clerk.} Mr. Olson votes no.

Mr. McKinley?

Mr. {McKinley.} No.

The {Clerk.} Mr. McKinley votes no.

Mr. Gardner?

Mr. {Gardner.} No.

The {Clerk.} Mr. Gardner votes no.

Mr. Pompeo?

Mr. {Pompeo.} No.

The {Clerk.} Mr. Pompeo votes no.

Mr. Kinzinger?

Mr. {Kinzinger.} No.

The {Clerk.} Mr. Kinzinger votes no.

Mr. Griffith?

Mr. {Griffith.} No.

The {Clerk.} Mr. Griffith votes no.

Mr. Waxman?

Mr. {Waxman.} Aye.

The {Clerk.} Mr. Waxman votes aye.

Mr. Dingell?

Mr. {Dingell.} Aye.

The {Clerk.} Mr. Dingell votes aye.

Mr. Markey?

Mr. {Markey.} Aye.

The {Clerk.} Mr. Markey votes aye.

Mr. Towns?

Mr. {Towns.} Aye.

The {Clerk.} Mr. Towns votes aye.

Mr. Pallone?

Mr. {Pallone.} Aye.

The {Clerk.} Mr. Pallone votes aye.

Mr. Rush?

Mr. {Rush.} Aye.

The {Clerk.} Mr. Rush votes aye.

Ms. Eshoo?

Ms. {Eshoo.} Aye.

The {Clerk.} Ms. Eshoo votes aye.

Mr. Engel?

Mr. {Engel.} Aye.

The {Clerk.} Mr. Engel votes aye.

Mr. Green?

Mr. {Green.} Aye.

The {Clerk.} Mr. Green votes aye.

Ms. DeGette?

Ms. {DeGette.} Aye.

The {Clerk.} Ms. DeGette votes aye.

Mrs. Capps?

Mrs. {Capps.} Aye.

The {Clerk.} Mrs. Capps votes aye.

Mr. Doyle?

[No response.]

The {Clerk.} Ms. Schakowsky?

Ms. {Schakowsky.} Aye.

The {Clerk.} Ms. Schakowsky votes aye.

Mr. Gonzalez?

Mr. {Gonzalez.} Aye.

The {Clerk.} Mr. Gonzalez votes aye.

Ms. Baldwin?

Ms. {Baldwin.} Aye.

The {Clerk.} Ms. Baldwin votes aye.

Mr. Ross?

Mr. {Ross.} Aye.

The {Clerk.} Mr. Ross votes aye.

Mr. Matheson?

Mr. {Matheson.} No.

The {Clerk.} Mr. Matheson votes no.

Mr. Butterfield?

Mr. {Butterfield.} Aye.

The {Clerk.} Mr. Butterfield votes aye.

Mr. Barrow?

Mr. {Barrow.} Aye.

The {Clerk.} Mr. Barrow votes aye.

Ms. Matsui?

Ms. {Matsui.} Aye.

The {Clerk.} Ms. Matsui votes aye.

Mrs. Christensen?

Dr. {Christensen.} Aye.

The {Clerk.} Mrs. Christensen votes aye.

Ms. Castor?

Ms. {Castor.} Aye.

The {Clerk.} Ms. Castor votes aye.

Mr. Sarbanes?

[No response.]

The {Clerk.} Chairman Upton?

The {Chairman.} Votes no.

The {Clerk.} Chairman Upton votes no.

The {Chairman.} Are there other members wishing to cast a vote? Dr. Burgess?

Dr. {Burgess.} No.

The {Clerk.} Mr. Burgess votes no.

The {Chairman.} Mr. Bilbray?

The {Clerk.} Mr. Bilbray is not recorded.

Mr. {Bilbray.} Votes no.

The {Clerk.} Mr. Bilbray votes no.

The {Chairman.} Other members? Seeing none, the clerk will report the tally.

The {Clerk.} Mr. Chairman, on that vote, there were 21 ayes, 31 nays.

The {Chairman.} Twenty-one ayes, 31 nays. The amendment is not agreed to.

The question now occurs on approving Title III, the Committee print. This should be the last recorded vote as the transmittal vote hopefully will go by voice. All those in favor will say aye. All those opposed, say no. The ayes

appear to have it. The ayes have it. The clerk will call the roll.

The {Clerk.} Mr. Barton?

Mr. {Barton.} Aye.

The {Clerk.} Mr. Barton votes aye.

Mr. Stearns?

Mr. {Stearns.} Aye.

The {Clerk.} Mr. Stearns votes aye.

Mr. Whitfield?

Mr. {Whitfield.} Aye.

The {Clerk.} Mr. Whitfield votes aye.

Mr. Shimkus?

Mr. {Shimkus.} Aye.

The {Clerk.} Mr. Shimkus votes aye.

Mr. Pitts?

Mr. {Pitts.} Aye.

The {Clerk.} Mr. Pitts votes aye.

Mrs. Bono Mack?

Mrs. {Bono Mack.} Aye.

The {Clerk.} Mrs. Bono Mack votes aye.

Mr. Walden?

Mr. {Walden.} Aye.

The {Clerk.} Mr. Walden votes aye.

Mr. Terry?

Mr. {Terry.} No.

The {Clerk.} Mr. Terry votes no.

Mr. Rogers?

[No response.]

The {Clerk.} Mrs. Myrick?

Mrs. {Myrick.} Aye.

The {Clerk.} Mrs. Myrick votes aye.

Mr. Sullivan?

Mr. {Sullivan.} Aye.

The {Clerk.} Mr. Sullivan votes aye.

Mr. Murphy?

Mr. {Murphy.} Aye.

The {Clerk.} Mr. Murphy votes aye.

Mr. Burgess?

Dr. {Burgess.} Aye.

The {Clerk.} Mr. Burgess votes aye.

Mrs. Blackburn?

Mrs. {Blackburn.} Aye.

The {Clerk.} Mrs. Blackburn votes aye.

Mr. Bilbray?

Mr. {Bilbray.} Aye.

The {Clerk.} Mr. Bilbray votes aye.

Mr. Bass?

Mr. {Bass.} Aye.

The {Clerk.} Mr. Bass votes aye.

Mr. Gingrey?

Dr. {Gingrey.} Aye.

The {Clerk.} Mr. Gingrey votes aye.

Mr. Scalise?

Mr. {Scalise.} Aye.

The {Clerk.} Mr. Scalise votes aye.

Mr. Latta?

Mr. {Latta.} Aye.

The {Clerk.} Mr. Latta votes aye.

Mrs. McMorris Rodgers?

Mrs. {McMorris Rodgers.} Aye.

The {Clerk.} Mrs. McMorris Rodgers votes aye.

Mr. Harper?

Mr. {Harper.} Aye.

The {Clerk.} Mr. Harper votes aye.

Mr. Lance?

Mr. {Lance.} Aye.

The {Clerk.} Mr. Lance votes aye.

Mr. Cassidy?

Dr. {Cassidy.} Aye.

The {Clerk.} Mr. Cassidy votes aye.

Mr. Guthrie?

Mr. {Guthrie.} Aye.

The {Clerk.} Mr. Guthrie votes aye.

Mr. Olson?

Mr. {Olson.} Aye.

The {Clerk.} Mr. Olson votes aye.

Mr. McKinley?

Mr. {McKinley.} Aye.

The {Clerk.} Mr. McKinley votes aye.

Mr. Gardner?

Mr. {Gardner.} Aye.

The {Clerk.} Mr. Gardner votes aye.

Mr. Pompeo?

Mr. {Pompeo.} Aye.

The {Clerk.} Mr. Pompeo votes aye.

Mr. Kinzinger?

Mr. {Kinzinger.} Aye.

The {Clerk.} Mr. Kinzinger votes aye.

Mr. Griffith?

Mr. {Griffith.} No.

The {Clerk.} Mr. Griffith votes no.

Mr. Waxman?

Mr. {Waxman.} No.

The {Clerk.} Mr. Waxman votes no.

Mr. Dingell?

Mr. {Dingell.} No.

The {Clerk.} Mr. Dingell votes no.

Mr. Markey?

Mr. {Markey.} No.

The {Clerk.} Mr. Markey votes no.

Mr. Towns?

Mr. {Towns.} No.

The {Clerk.} Mr. Towns votes no.

Mr. Pallone?

Mr. {Pallone.} No.

The {Clerk.} Mr. Pallone votes no.

Mr. Rush?

Mr. {Rush.} No.

The {Clerk.} Mr. Rush votes no.

Ms. Eshoo?

Ms. {Eshoo.} No.

The {Clerk.} Ms. Eshoo votes no.

Mr. Engel?

Mr. {Engel.} No.

The {Clerk.} Mr. Engel votes no.

Mr. Green?

Mr. {Green.} No.

The {Clerk.} Mr. Green votes no.

Ms. DeGette?

Ms. {DeGette.} No.

The {Clerk.} Ms. DeGette votes no.

Mrs. Capps?

Mrs. {Capps.} No.

The {Clerk.} Mrs. Capps votes no.

Mr. Doyle?

[No response.]

The {Clerk.} Ms. Schakowsky?

Ms. {Schakowsky.} No.

The {Clerk.} Ms. Schakowsky votes no.

Mr. Gonzalez?

Mr. {Gonzalez.} No.

The {Clerk.} Mr. Gonzalez votes no.

Ms. Baldwin?

Ms. {Baldwin.} No.

The {Clerk.} Ms. Baldwin votes no.

Mr. Ross?

Mr. {Ross.} No.

The {Clerk.} Mr. Ross votes no.

Mr. Matheson?

Mr. {Matheson.} Aye.

The {Clerk.} Mr. Matheson votes aye.

Mr. Butterfield?

Mr. {Butterfield.} No.

The {Clerk.} Mr. Butterfield votes no.

Mr. Barrow?

Mr. {Barrow.} Votes no.

The {Clerk.} Mr. Barrow votes no.

Ms. Matsui?

Ms. {Matsui.} No.

The {Clerk.} Ms. Matsui votes no.

Mrs. Christensen?

Dr. {Christensen.} No.

The {Clerk.} Mrs. Christensen votes no.

Ms. Castor?

Ms. {Castor.} No.

The {Clerk.} Ms. Castor votes no.

Mr. Sarbanes?

[No response.]

The {Clerk.} Chairman Upton?

The {Chairman.} Votes aye.

The {Clerk.} Chairman Upton votes aye.

The {Chairman.} Are there other members wishing to cast a vote on this final passage? Seeing none, the clerk will report the tally.

The {Clerk.} Mr. Chairman, on that vote, there were 29 ayes, 22 nays.

The {Chairman.} Twenty-nine ayes, 22 nays. Title III is approved.

The question now occurs on transmitting the recommendations of the Committee and all appropriate accompanying material including additional supplemental or dissenting views to the House Committee on the Budget in order to comply with the reconciliation directive included in Section 201 of H. Con. Res. 112 and consistent with Section 310 of the Congressional Budget and Empowerment Control Act of 1974. All those in favor will say aye. Those opposed, say no. The ayes appear to have it. The ayes have it and the motion to transmit is agreed to.

Without objection, staff is authorized to make technical and conforming changes to the Committee print considered today.

I will remind my colleagues that today's subcommittee markup has been postponed until Tuesday, May 8th. And with that, the Committee stands adjourned.

[Whereupon, at 6:21 p.m., the Committee was adjourned.]