

nice, right? But, Mr. Speaker, what they really mean is that States will no longer have to meet standards that ensure quality, delivery of service, and eligibility.

The GOP budget argues that block grants will improve health care safety for seniors and low-income families. Again, sounds right, Mr. Speaker, sounds wonderful. But they fail to conveniently mention that the States would be required to spend below projected growth, forcing State governments to make up the difference by increasing spending. Again, that's a fat chance in this environment.

And so what they really want to do is to cap enrollment, cut eligibility, limit mandatory benefits, and lower provider reimbursement. Our doctors, our seniors, and our low-income families deserve so much better.

#### RECOGNIZING TWO SIGNIFICANT ATHLETIC ACHIEVEMENTS IN DELAWARE

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

Mr. CARNEY. Mr. Speaker, today, I'd like to recognize two significant athletic achievements that were recently announced in my home State of Delaware.

In March, the St. Mark's High School football team was named Team of the Year by the Delaware Sportswriters and Broadcasters Association. This fall, St. Mark's finished with an undefeated 12-0 record and captured their first football title since 1978.

Also last month, University of Delaware sophomore Elena Delle Donne was named Player of the Year in Delaware after earning First Team All-CAA honors in basketball for the second straight year.

As a St. Mark's alumnus and former high school and college athlete and coach, I know the hard work and commitment that goes into achieving success at such a high level. I also know that high school and college athletes learn lessons about teamwork, competition, and leadership that will serve them well for the rest of their lives.

And so I'd like to once again congratulate Elena Delle Donne, St. Mark's High School football coach Jim Wilson and his staff, and each member of this year's team.

We in Delaware wish you well and hope for your continued success.

#### PROVIDING FOR CONSIDERATION OF H.R. 1213, REPEALING MANDATORY FUNDING FOR STATE HEALTH INSURANCE EXCHANGES, AND PROVIDING FOR CONSIDERATION OF H.R. 1214, REPEALING MANDATORY FUNDING FOR SCHOOL HEALTH CENTER CONSTRUCTION

Mr. REED. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 236 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 236

*Resolved*, That at any time after the adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 1213) to repeal mandatory funding provided to States in the Patient Protection and Affordable Care Act to establish American Health Benefit Exchanges. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce. After general debate the bill shall be considered for amendment under the five-minute rule. The bill shall be considered as read. All points of order against provisions in the bill are waived. No amendment to the bill shall be in order except those printed in the report of the Committee on Rules accompanying this resolution. Each such amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. All points of order against such amendments are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions.

SEC. 2. At any time after the adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the State of the Union for consideration of the bill (H.R. 1214) to repeal mandatory funding for school-based health center construction. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce. After general debate the bill shall be considered for amendment under the five-minute rule. The bill shall be considered as read. All points of order against provisions in the bill are waived. No amendment to the bill shall be in order except those received for printing in the portion of the Congressional Record designated for that purpose in clause 8 of rule XVIII in a daily issue dated May 2, 2011, and except pro forma amendments for the purpose of debate. Each amendment so received may be offered only by the Member who caused it to be printed or a designee and shall be considered as read if printed. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions.

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

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

GENERAL LEAVE

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

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

There was no objection.

Mr. REED. House Resolution 236 provides one rule for consideration of H.R. 1213 under a structured process, making all five Democratic amendments in order that comply with the rules of the House; and H.R. 1214 under a modified open process that gives all Members an opportunity to preprint their amendments in the CONGRESSIONAL RECORD and have them considered on the floor.

Mr. Speaker, we are here today to offer a rule to allow us to debate H.R. 1213 and H.R. 1214. H.R. 1213 would repeal mandatory funding provided to States in the Patient Protection and Affordable Care Act to establish American health benefit exchanges. H.R. 1214 would repeal mandatory spending for school-based health center construction.

Quite simply, our country is broke, and we cannot continue to spend money like we have in the past. Our spending crisis is clear. Slush funds and unlimited tabs on the Treasury must be the first to go, particularly when they are being used to fund government-centered takeover of our Nation's health care system that does not improve care, does not lower costs and, simply, we cannot afford.

The American people sent a clear message last November: ObamaCare is not the answer; stop spending money that our country doesn't have, money we are borrowing and spending on the backs of our children and grandchildren who will be left footing the bill.

H.R. 1213, introduced by the distinguished chairman of the Energy and Commerce Committee who has been a leader in this fight, repeals the provision that gives the Secretary of Health and Human Services a blank check to determine how much to facilitate enrollment in the State health care exchanges set up by the underlying bill. The law includes no definition of what that means. For example, a 100 percent premium subsidy for individuals to enroll in the exchange would not be prohibited under the statute.

In the year since ObamaCare was enacted, it has already become clear the law set up an unworkable and an unaffordable system. There have been countless numbers of waivers given out and slush funds such as this to allow the Federal Government to continue to push more money onto the States,

force them to accept provisions that simply don't make sense and don't work. Just because the authors of ObamaCare could not determine the amount necessary to fund these programs does not mean American taxpayers should allow the Secretary to cash this blank check.

□ 1220

Secretary Sebelius, in a March 3 hearing, testified that there are no monetary limitations on the size of the appropriation and the law requires no further congressional action for the Secretary to spend these funds. CBO estimates a reduction in direct spending by an estimated \$14.6 billion over the next 10 years would be achieved by successful passage of this bill. And that is just an estimate. With a blank check, the spending could be much higher.

Mr. Speaker, I submit that giving any executive branch official a blank check is a bad idea, particularly when we already have a \$1.6 trillion deficit this year alone and a \$14 trillion national debt. We must vote to repeal this provision.

In regards to H.R. 1214, introduced by Representative BURGESS of Texas, who is one of the physician members of our Republican Conference, it repeals the school-based health center construction fund. ObamaCare provides \$200 million in direct appropriations through fiscal year 2013, which this legislation would rescind. This money is only for facilities with an express prohibition on using the funds for personnel or to provide health services at these newly constructed facilities. The facilities could be built with no guarantee, therefore, that the center would ever see or care for one single patient.

This fund is yet another example of the wasteful, duplicative spending that caused ObamaCare to have such a huge price tag and another example of spending we simply cannot afford. ObamaCare and the stimulus bill have already made \$3 billion available to the Department of Health and Human Services for facility improvements at community health centers. Providing an additional \$50 million a year is duplicative. We do not need to build for building's sake. Therefore, we must vote to repeal this provision.

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

Mr. POLIS. Mr. Speaker, I thank the gentleman from New York for giving me the customary 30 minutes, and I yield myself such time as I may consume.

It's my understanding this is his first rule that he is managing in his name on the floor of the House, and I congratulate him in that regard. In the 111th Congress, I had the opportunity to manage a number of rules, and I had a perfect record—I never lost a rule. This Congress as well, I too have a perfect record—I have never won a rule. I wish the gentleman from New York success in his efforts and congratulate him on his appointment to the Rules

Committee and look forward to working with him throughout the 112th Congress.

Mr. REED. I thank the gentleman.

Mr. POLIS. Today, while millions of Americans remain unemployed and millions more await the chance to receive affordable health care, the Republicans are spending another week rehashing old debates instead of talking about creating jobs and, in fact, in this case, undermining Americans' access to quality health care.

This rule brings forth two bills. First, the majority brings forth, under this bill, legislation that will prevent Americans from accessing the exchanges which are competitive marketplaces in which to buy private insurance.

Now, there's a lot of subterfuge and misinformation in this debate. For instance, there is no ObamaCare option. There is no public insurance option that we are even discussing here. What is being discussed is a marketplace in which individuals, primarily those who work in small businesses or are self-employed, will have access to choose from the private policy of their choice.

According to the Congressional Budget Office, under this Republican proposal, 2 million fewer Americans will be enrolled in exchanges in 2015. The Congressional Budget Office also says that H.R. 1213 will result in higher premiums in the exchange. Again, a bill that is delivering higher premiums for American citizens—hardly, hardly the outcry that I have heard on the stump.

I had a chance to have public meetings in the last 2 weeks back in our district, as many Members of Congress have. My constituents, Mr. Speaker, did not request that we deliver higher health insurance premiums. They wanted us to deal with the deficit. They wanted us to deal with jobs and the economy. Not a single constituent of mine asked for higher health insurance premiums, which seems to be a priority of this Congress.

Now, there may be a talking point involved, and certainly both of these bills today were also included in H.R. 2, which was a repeal of health care reform, largely. Now we are looking at individual pieces. But this new marketplace has historically been an idea that has had strong bipartisan support: to have competitive health care exchanges; to keep in tact America's employment-based system while expanding access to tens of millions of people, including small businesses and people who are self-employed. Truly, the exchanges represent an opportunity for a more competitive and a more transparent marketplace that empowers consumers to make the choice between private insurers.

The other bill that is brought forth under this particular rule, after we have dispensed with denying health care to an estimated 2 million more Americans through the exchanges, we are also, in this next bill, eliminating funding for school-based health clinic

construction, renovation, and equipment. That would particularly harm our Nation's health care services, especially for children, youth, and families and those with low incomes.

School-based health care clinics serve students whose access to health care is limited; and frequently, the scope of services is determined by school officials in partnership with parents and community-based health care initiatives. Services are designed to identify problems early, provide continuity of care, and improve academic participation. These programs save money by providing access to preventive care that frequently alludes many of the families affected.

And yet also, while we are denying basic preventive care to our Nation's youth, the passage of this bill will also deny job opportunities to Americans all across the country who are ready with shovel-ready projects to begin improving and building school-based health care clinics. So here we are with a bill: less jobs, less health care, less education—hardly the priorities that I think the voters wanted for the 112th Congress.

Democrats believe strongly that we need to make tough choices to end the deficit and end the climbing spiral of debt. But what we are left with with these two bills, as separate from H.R. 2, is actually the worst of both worlds. The Republicans leave in place the taxes that were used to pay for health care reform—they leave in place in these two bills the medical device tax; they leave in place the tax on unearned income—and yet they remove the benefits to the American people from these taxes.

Whenever the American people agree to any degree of taxes, they want to see a tangible result. But what is being done with these bills is leaving in place the taxes of health care reform and removing the benefits to the American people of health care reform. That's hardly a balanced and fair approach, and it's one that the House should reject.

I would remind my colleagues of House Resolution 9, which I supported on the floor of the House of Representatives. It dealt with 13 items out of the original jurisdiction of our Rules Committee before the gentleman from New York joined our Rules Committee. We instructed the House on replacing health care reform and what some areas for working on it would be.

I would like to submit to the RECORD in the context of this debate, Mr. Speaker, House Resolution 9, which was adopted by the House and, indeed, discusses changing existing health care law within the various committees of jurisdiction to foster economic growth and private sector job creation; to lower health care premiums, preserve a patient's ability to keep their health care plan, provide people with pre-existing conditions affordable access to health care; and many, many other good ideas.

But rather than discussing any of these 13 points that were contained in House Resolution 9, the business of the committees of jurisdiction has apparently been not only to repeal health care reform generally but now to repeal each of the individual components while leaving the taxes in place. We would encourage these committees to comply with House Resolution 9. And I think by rejecting this bill before us today, we are sending a powerful message to the committees of jurisdiction that rather than talking about repeal, repeal, repeal, they need to also discuss replace.

What are we going to do if the exchanges don't exist or are handicapped to provide people with preexisting conditions access to affordable health care? Again, if we repeal the support for the exchanges, how are we fostering economic growth and private sector growth? How are we encouraging small businesses and self-employed people to have access to the same health care services at a similar cost that large employers already have?

I call upon my colleagues to reject this rule and both underlying bills and begin the discussions of how to improve and build upon health care reform, finding a common ground between Members of both parties and saving taxpayers money to help reduce the deficit.

#### H. RES. 9

In the House of Representatives, U.S., January 20, 2011.

*Resolved*, That the Committee on Education and the Workforce, the Committee on Energy and Commerce, the Committee on the Judiciary, and the Committee on Ways and Means, shall each report to the House legislation proposing changes to existing law within each committee's jurisdiction with provisions that—

- (1) foster economic growth and private sector job creation by eliminating job-killing policies and regulations;
- (2) lower health care premiums through increased competition and choice;
- (3) preserve a patient's ability to keep his or her health plan if he or she likes it;
- (4) provide people with pre-existing conditions access to affordable health coverage;
- (5) reform the medical liability system to reduce unnecessary and wasteful health care spending;
- (6) increase the number of insured Americans;
- (7) protect the doctor-patient relationship;
- (8) provide the States greater flexibility to administer Medicaid programs;
- (9) expand incentives to encourage personal responsibility for health care coverage and costs;
- (10) prohibit taxpayer funding of abortions and provide conscience protections for health care providers;
- (11) eliminate duplicative government programs and wasteful spending;
- (12) do not accelerate the insolvency of entitlement programs or increase the tax burden on Americans; or
- (13) enact a permanent fix to the flawed Medicare sustainable growth rate formula used to determine physician payments under title XVIII of the Social Security Act to preserve health care for the nation's seniors and to provide a stable environment for physicians.

I reserve the balance of my time.

Mr. REED. Mr. Speaker, I now yield as much time as he may consume to the gentleman from California (Mr. DREIER), the chairman of the Rules Committee.

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

□ 1230

Mr. DREIER. Mr. Speaker, let me begin by extending congratulations to my good friend from Corning for his stellar management of his first rule on the House floor, and to say that we have managing this two of my favorite Members, including my friend from Boulder who serves on the Rules Committee with such distinction.

I have to say that I'm also glad to see that we have Dr. ROE here, who has, over the past couple of years, regaled us in the Rules Committee of the failures of massive, even State, government involvement in health care and the dramatic increase in costs that he's seen in his State of Tennessee because of the so-called TennCare program that has existed there. I know that we are going to look forward to hearing from him later.

Let me, at the outset, respond as the author of H. Res. 9 to the comments that my friend from Boulder has just offered, Mr. Speaker. First, I want to say that I believe that the measures before us are all about job creation and economic growth, improving health care and improving education, all three of the things that my friend from Boulder indicated that he doesn't believe that we are successfully addressing here.

Second, I have to say that as we looked at the litany of those 13 items included within H. Res. 9, mark my words, the committees of jurisdiction are already working on and focusing on those priority items. I believe that the purchase of health insurance across State lines needs to be a very high priority as we want to ensure that the American people have access to quality health care. We need to make sure that we have pooling to deal with pre-existing conditions. That continues to be a bipartisan priority. And, in fact, on the issue of the purchase of insurance across State lines, and obviously on pooling for preexisting conditions, President Obama, even though he opposed it in the measure, has indicated his support of those items.

We need to expand medical savings accounts so that people can be incentivized to put dollars aside for the purchase of direct health care needs and/or health insurance.

We also need to do what we can to expand something that actually passed the Republican House of Representatives but was killed by our colleagues in the other body 5 years ago, that is, associated health plans that allow for small businessmen and -women to come together and actually get reduced rates as larger corporations and entities have done.

And the fifth item that, of course, we heard the President of the United States say in his State of the Union message he supported but, of course, was not included in the measure and that is real, meaningful lawsuit abuse reform because we continue to see the dramatic increase in health care costs because of the number of frivolous lawsuits out there. We have a load of empirical evidence on that, Mr. Speaker.

Again, the President of the United States stood here and talked about how important it was to deal with it, and yet we hadn't. Those are five among the 13 items that are addressed in H. Res. 9. And I will tell you that the committees of jurisdiction are today working on that.

Why is it that we are here today?

Well, we all know that we did pass the repeal measure out of the House of Representatives. We felt very strongly that the need to focus on some of the most flagrant examples of abuse by passing legislation out of this House needs to continue to be a priority, and that's exactly what we're doing today.

Now, I don't like the use of the word "slush fund" to be thrown around. It makes me a little uncomfortable, I have to admit. But that is a term that has been used by more than a few people to describe the funds that are granted, such funds as may be necessary and open-ended, without congressional oversight to the Secretary of Health and Human Services. And it seems to me that one of the things we need to recognize in a bipartisan way is that enhancing congressional oversight of the executive branch is an institutional issue. We have a responsibility to the American people to make sure that we scrutinize every tax dollar that is being expended, and this legislation is designed to deal with one of the major flaws in the health care bill, that being the granting, without congressional oversight, of such funds as may be necessary.

Similarly, if you look at the expansion in every way of expenditures which are not going to do anything to improve the quality of health care in this country, it seems to me that this is the right thing for us to do.

Now, procedurally, I know that my friend joins me. I'm not going to ask him to join, as Mr. DICKS has repeatedly in the past in complimenting the work of the Rules Committee, in providing for a process that allows for greater deliberation. But these two items before us are, in fact, making in order every single amendment that was submitted to the Rules Committee that is germane, complies with CutGo, does not waive the rules of the House.

We had amendments that were submitted. One of these measures is going to be considered under a modified open rule, meaning that any Member of the House will have an opportunity, assuming that they submit their amendment into the CONGRESSIONAL RECORD and if it complies with the rules of the House, they will be able to offer their amendment to this measure. We had 13

amendments submitted to the Rules Committee; five were made in order. The other seven did not comply with the rules of the House, whether non-germane or did not comply with the CutGo rule that was put into place at the beginning of this Congress.

So what we've done procedurally here under the rule that my friend from Corning, Mr. REED, is managing is we are, Mr. Speaker, providing for a chance for a free-flowing debate, what Speaker BOEHNER indicated before the election last year was absolutely essential for us to do. These are commitments that were made to the American people throughout the election process. They sent a very strong message by sending 87 new Members of the House on the Republican side, nine Members on the Democratic side, 96 newly elected Members of the House of Representatives.

But their message was to deal with this issue, ensuring that Americans have access to quality health care, but don't expand the Federal Government's involvement in it, and ensure that since we had bills dropped on us in the middle of the night, one very famous one, the cap-and-trade bill, a 300-page amendment given to us that no one had seen at 3 o'clock in the morning as the measure was being reported out, they said, read the bill. They said, make sure that you have a degree of accountability and transparency in your deliberations.

I will say, Mr. Speaker, that if you look at what's happened in the last 4 months, we have had, I believe, more amendments considered, more debate. Just take the beginning of our continuing resolution when we had 200 amendments debated here on the House floor, 90 hours of debate, more Member involvement than we had had in the entire 4 years of the last speakership.

And so, Mr. Speaker, we, today are on the right track. In a very, very responsible, transparent and open way we are addressing an issue that the American people said they wanted us to address. Our priority with this legislation is to ensure that every American has access to quality, affordable health care. That's something that we want to make happen.

I believe that the legislation that is before us today will enhance our chance to do that as we seek to reduce the size, scope, reach and control of this behemoth, our Federal Government, which has a \$14 trillion debt. With one of these measures, we're going to be saving \$14 billion, a very important step in the direction which both Democrats and Republicans alike say they want us to achieve.

I urge support of the rule.

Mr. POLIS. Mr. Speaker, I yield myself 1 minute to respond before further yielding.

The gentleman from California again identified several areas where there are opportunities for both parties to work together: allowing the sale of insurance across State lines, something I cer-

tainly support; pooling for high-risk individuals; reforming the medical liability system.

Again, it really goes to a question of if we are, in fact, repealing in part or all various parts of the health care reform, what is replacing it. When we talk about pooling of high-risk individuals, if we can put together a way of doing that, that can effectively serve as a marketplace or as an exchange.

What this bill simply does is repeal the support for the exchanges, leaving many of these with preexisting conditions, particularly those who work for small businesses or are self-employed, entirely in the lurch. As we discuss how to improve health care for the American people, it's critical to actually have the solution to the policy problem that's been identified.

The gentleman talked about an inadequate selection process with regard to the use of funds, inadequate congressional oversight. Again, why not bring a bill forward that talks about setting the right process in place to allow for the correct oversight of the use of these funds? It's a question of making it work for the American people rather than throwing the baby out with the bath water.

With that, Mr. Speaker, I am proud to yield 2 minutes to my colleague, the gentlewoman from Maryland (Ms. EDWARDS).

Ms. EDWARDS. I thank the gentleman from Colorado for yielding.

Mr. Speaker, here we are, we are at month five, and I thought that we'd be talking about job creation and spurring economic development across this country. Instead, we are yet again talking about how we can repeal elements of a health care bill that passed some time ago.

□ 1240

Nonetheless, today I rise in opposition to the rule and to the underlying bills. Let me first just say a few words about the exchanges.

In my State of Maryland, our Governor, Martin O'Malley, in working with our legislature, has been in the process of actually trying to make this work—implementing the health insurance exchanges in the State to make sure that people don't fall through the cracks. In fact, our Secretary of Health has come out with a study that shows that, by going through this process of implementing the exchange and moving through reform, we are going to create jobs and provide health care for thousands and thousands of people across the State of Maryland and for our small businesses, which want to do right by their employees by providing health care.

So I don't understand what the problem is here, and I'm a bit confused. On the one hand, the majority doesn't want to pursue a public option for millions who are uninsured. On the other hand, they don't want to make a marketplace, which is what these exchanges are, available to people to get

health care in their States. You cannot have it both ways unless you want to continue to leave millions and millions of people uninsured across this country and without health care.

In the underlying bill as well, the majority proposes in the Act to eliminate funding provided to construct, renovate and improve services at school-based health centers. In my district, the elimination of these funds would mean something very specific: The centers at Fairmont Heights High School, one of the poorest communities in our district, would be without a health center. There is Northwestern High School in Adelphi, Maryland; Oxon Hill High School in Oxon Hill, Maryland; and Broad Acres Elementary School in Silver Spring, which are serving very needed communities.

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

Mr. POLIS. I yield the gentlewoman an additional 30 seconds.

Ms. EDWARDS. These school-based health care centers offer a wide range of services, from wellness checks to mental health services for our young people, which is care they wouldn't receive otherwise—or maybe they would in expensive emergency room visits in a crisis.

Studies show the link between affordable health care for our students and their education success, so I would urge my colleagues to oppose this legislation. Let's create jobs instead of dismantling a health care system.

Mr. REED. Mr. Speaker, I am pleased to yield 4½ minutes to the gentleman from Tennessee (Mr. ROE).

Mr. ROE of Tennessee. I thank the gentleman for yielding.

Mr. Speaker, I rise today in support of the rule and of the underlying bills. I would like to draw particular attention to H.R. 1213, which would repeal a provision in the health care law that gives the Secretary of Health and Human Services unlimited spending authority with regard to State-based exchanges.

Let me start by saying that two years ago, when I came to Congress, I looked at the American health care system, and I asked: What's the problem with it?

The problem with the American health care system is that it costs too much money. It's too expensive to go to the doctor or to go to the hospital to receive medical care. If it were affordable, we could all have it. Number two, we have a segment of our population that doesn't have access to affordable health care coverage. Let's say it's a drywall or a sheetrock worker or a carpenter who may be out, working. Maybe his spouse works in a diner, let's say, and they get along just fine, but they can't afford the high premiums. Number three, we have a liability crisis in this country that is forcing the cost of health care through the roof.

Well, what did the Affordable Health Care Act do? It did do number two. It

expanded coverage for some people in this 2,500-page bill—remember, it's this thick—but it did nothing to help curb the costs, and it did nothing for liability, which is forcing the costs of health insurance coverage higher for all of us. I've seen it in my own State of Tennessee. The enactment of this legislation we are talking about today will take \$14 billion that we don't have.

Let me just say this: What worries me about Washington, D.C., is that we didn't get the memo. We're broke here. Number two, what is that \$14 billion going to do? It's not going to put one more patient in my office who I can see and treat. It's going to the bureaucracy. I see it in education. I see it in commerce. I see the beast, the Federal Government beast, just getting larger and larger and larger. The money doesn't actually get down to a patient for whom I can write a prescription so he can then go to a pharmacy, get the prescription filled, and then get his health care.

So we talk about several simple things that the chairman spoke about just a moment ago very eloquently, and let me show you an example.

I have a Health Savings Account. This little card right here is a debit card. I don't have to fool with the insurance company. I don't have to fool with the Federal Government. I don't have to fool with anybody. I fool with me and my doctor; and who should be making health care decisions are patients and their physicians, not an exchange and not all of this. That's just going to complicate it. I go in with this, and I pay for it, and I usually get a significant discount when I do that.

There are a couple of other things that you can do. Just remember, as to this 2,500-page bill, Mr. Speaker, you could have done two-thirds of it with two paragraphs. One which I agree with, which is in the bill—and it's one of the few things I do agree with—is to simply let children stay on their parents' plans. Pick your age—25, 26, 27. Number two, simply sign up people who are already eligible for government programs. That's SCHIP and Medicaid. If you do those two things, you can cover nearly 20 million people without this complex, almost incomprehensible bill. We have a Secretary who really has a fungible account from which she can spend billions of dollars that are really unaccounted for. Also, we are knee-deep in red ink. That's the major problem with granting the Secretary access to the Federal Treasury.

The exchanges mandated by this affordable health care law are the first step for Washington bureaucrats in really getting more control of our health care system. Don't get me wrong. I am absolutely for consumer choice because I believe consumer-driven health care is the only way to keep costs down. I think, if we don't do that, you will never get the costs going in the right direction. Instead, this creates a top-down mandate for the type of insurance that will be made avail-

able in these exchanges. Remember, when you're looking at this Affordable Health Care Act, the government—not you, the patient, as an individual, as a person, and not the doctor—decides what is an adequate health care plan. So these exchanges are basically just an excuse for unelected Washington bureaucrats to really make our health care decisions for us.

Mr. Speaker, this is not a free market system. It's basically central planning. Patients should be allowed to choose which benefits they want when buying their insurance plans. By passing H.R. 1213, Congress would send a message that we want health care reform that puts the patients first.

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

Mr. REED. I yield the gentleman an additional minute.

Mr. ROE of Tennessee. There are another couple of things that are very simple in lowering the costs of health care.

It is difficult to cover people in small businesses. There is no question about that. Association health plans allow you to do that, to group and become large groups. There is a second thing you can do that really is so simple I don't know why we haven't done it. I spent a year, when I was running for Congress and after I left my medical practice, and I had to buy an individual insurance policy. It was very expensive. Many people out there in small businesses or individuals who work on farms or in other places do the same thing. To make that insurance more affordable, not only could you have an association health plan, but number two, as an individual, you could have allowed me to deduct my health premiums just like a big business does, just like a huge corporation does, and you would have automatically lowered my cost by 35 percent and would have made insurance more affordable.

So there are many things we could do. This is not what we should be doing. I would urge a vote for the rule.

Mr. POLIS. Mr. Speaker, I yield myself 30 seconds to respond really briefly.

In the minority report from the committee, it discusses the oversight of the exchanges. Specifically, the Government Accountability Office is required to review the operations and the administration of the exchanges. In addition, not one, not two, but three congressional committees—Energy and Commerce, Oversight and Government Reform, and other congressional committees—can provide the oversight of the implementation of the Affordable Health Care Act according to section 1311.

Again, if there is additional oversight, as the gentleman from California seeks, why are we not discussing a bill that provides additional oversight? We all want this money to be spent correctly and well.

With that, I am proud to yield 3 minutes to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE of Texas. Mr. Speaker, this is an open dialogue with the American people through their Members of Congress.

I thank the gentleman from Colorado, and I thank the manager of the majority, but this is an open dialogue.

To my good friend from Tennessee, who may not have read the bill the Affordable Health Care Act and who may have missed the fact that Health Savings Accounts are allowed, no one is blocking anyone, and the accounts are considered "sufficient" under that bill. So, if you desire to have a Health Savings Account, so be it, but those savings accounts really adhere to those who are more wealthy and who are more endowed with finances.

□ 1250

What these repeal bills will do, both H.R. 1213 and H.R. 1214—and I was hoping the Rules Committee would have voided these bills and not allow them to go forward, but they did not. I thank them for the amendment that they gave me and the respect they gave me in the time that we were before that committee.

But the fact is that the exchanges are to allow those who do not have means to get into an open market, the same thing that our Republican friends have been talking about, to allow people to go across State lines to buy the cheapest State policy or the policy that they can for families that have the sickest of the sick, children that are disabled, others that are in need who heretofore have been blocked.

By the way, the Affordable Care Act takes away the bar of anyone who has a preexisting condition, such as pregnancy, from not being able to get insurance. What is wrong with that?

By the way, the Congressional Budget Office, an independent budget office, says that if we repeal these provisions, the exchange, the premiums of the American people, the farmer, the small business will go up and not down. Go up. What more common sense can you have as a reason for voting against these bills and voting against the rule?

H.R. 1214 has to do with school-based clinics. That is an innovative concept. In fact, as a member of the Homeland Security Committee, we have begun to think of schools as a site for individuals if they are built in this new structure, the way they are funded, to be able to be designed in a way to ensure that they are secure as a site for evacuation, a place to go when there is a disaster. That means that a school-based clinic that can be part of the community health system will be available in times of emergencies. What sense does it make to eliminate the opportunity to improve a community's safety and security in these times of trouble and questioning about terrorism, finding a place where the community could go?

I don't know whether there are structures in Alabama that could have withstood these horrible tornados, but we are trying to build schools now to be

more safe and secure. So both of these bills make no common sense. Some 1,900 school-based clinics serve our children and their extended families. Do we want a community and a Nation that is healthier, or do we want to have a Nation of sick people?

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

Mr. POLIS. I yield an additional 30 seconds.

Ms. JACKSON LEE of Texas. I thank the gentleman from Colorado for his kindness.

This is what these two bills will allow us to become: One, to ignore those who don't have the resources for a health savings account, are not packing big wads of money in their pocket, to be able to say I can independently go out and get insurance based upon the monies that I am going to put into some kind of account.

Fine for those who can do it. But I can assure you, the Nation's farmers and small businesses are glad to be able to know that their employees can go into an exchange. They are also glad to know there are tax incentives just for them in this bill.

And, finally, I would say the Nation's parents, single parents, parents that are making ends meet are glad for school-based clinics.

Vote against the rule and the underlying bill.

Mr. REED. Mr. Speaker, I yield 1 minute to my colleague from Tennessee (Mr. ROE).

Mr. ROE of Tennessee. Mr. Speaker, I have read the bill, all pages of it. I won't say that says a whole lot about my intelligence, but I did read the entire health care bill. When you speak of HSAs only being for wealthy people, that is absolutely not correct.

In my own practice, we have offered the 300 people or so who get insurance through our practice, we allow them to get a traditional health insurance policy or an HSA, and over 3 out of 4 people choose an HSA. And why is that? Because they make the health care decisions, not an insurance company and not a bureaucrat.

Ms. JACKSON LEE of Texas. Will the gentleman yield?

Mr. ROE of Tennessee. I yield to the gentlelady from Texas.

Ms. JACKSON LEE of Texas. I thank the gentleman for his correction.

My point would be, is it not okay then for your patients to use the health savings account but also okay for those who still may not have the resources to go into an exchange? Aren't we trying to do the same thing, which is to make sure everyone of all means available can in fact have insurance?

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

Mr. REED. I yield the gentleman 2 additional minutes.

Mr. ROE of Tennessee. I thank the gentleman for yielding.

Absolutely. What our goal is is to provide affordable health insurance coverage for all Americans. There is no

question that I would like to see that in my tenure here in this House, in this body. The problem we have is, how do you get there?

I think the Democratic side is to expand the bureaucracy, more government control. IPAB is a perfect example, and the President spoke of that, and our Medicare patients. I think that is a terrible idea. As a matter of fact, it is a terrible idea. We want to do that. I know there is a way to do it. And, again, to hold the costs down. Remember, that is the problem.

The gentlelady from Texas made a point that insurance premiums would go up. Insurance premiums are going up in anticipation of this particular health plan because, why? The government decides what you must have. You don't get to make that decision yourself. That is done by a bureaucrat, it is done by Congress or whoever decides what is in the plan.

I will give you an example, Mr. Speaker. I don't need in my family fertility coverage at my age. I have three grown children that are raised, educated, have health insurance, good jobs. But I probably will have to have that, because that is a plan that someone else will decide I need—to have fertility coverage. There are things in those bills that I don't need to have personally that I should be able to pick out. And I am just one example. People across this country ought to be making those decisions, not the Federal Government and not a bureaucrat.

Ultimately, what is going to happen in our health care system is, because resources are finite, is that care is going to be rationed. Is the government going to ration it, or are a patient and a doctor going to make those health care decisions? I trust the patient and the doctor to make those health care decisions.

Mr. POLIS. I yield myself 15 seconds just to restate what my colleague, the gentlewoman from Maryland, stated: If the Republicans are against the public option, if they are against the private option in the form of the exchanges, the only option left is pay more insurance premium. That simply is not acceptable to the American people.

With that, Mr. Speaker, I yield 3½ minutes to the gentleman from California (Mr. GARAMENDI).

Mr. GARAMENDI. Mr. Speaker, I guess I don't understand. I don't understand what our Republican colleagues want to accomplish here.

They talk about free market. They talk about the need to provide options and opportunities. I think that is exactly what an exchange does, so I don't quite understand what this is all about.

I was the insurance commissioner, the elected insurance commissioner in California in 1991, and we set up an exchange. Unfortunately, Governor Wilson vetoed it; otherwise, we would have had this exchange years ago. And 1 year ago, the California legislature, with the signature of a Republican, Governor Schwarzenegger, created an

exchange based upon the Affordable Health Care Act and they want to put it into effect.

The Republican proposal here on the floor would make it impossible for California to do what it wants to do; that is, set up a marketplace in which people have access to insurance. The notion being that, by creating the exchange, you spread the risk over many, many different populations so that, like a huge corporation, you have an opportunity as an individual purchaser or a small business to participate in a large pool and accept the lower rate of insurance.

So what is this all about? What are you trying to accomplish here? Is it some ideology that you just simply can't stand the Affordable Health Care Act and you want to rip it apart piece by piece? Apparently so. And you just don't want to stop there. You are going after Medicare, a program that has been in effect for 42 years, that provides a universal insurance policy to anyone over 65. You are going to terminate Medicare. What is that all about? And give it to an insurance company and not have an exchange?

So what is an individual going to do when they are 65 and possessing all kinds of preexisting conditions? Go without insurance? Be at the mercy of the insurance company? And, by the way, you want to repeal all of the insurance reforms, all of the protections that individuals have in the Affordable Health Care Act.

This doesn't make much sense to me. I don't understand what your goal is here, except maybe to have some political scorecard you can say, yeah, we repealed the Affordable Health Care Act. Good for us. But what effect to the population of America? No exchanges? They are gone. No opportunity for small businesses to enjoy a large market, a large pool in which they can have a lower price? They are gone.

Oh, I see. You can have an association health plan. I spent 8 years of my life chasing after association health plans that were frauds. They were out and out frauds, sold across State lines.

□ 1300

Is that what you want? Apparently so. I don't get it.

I don't understand what the goal is here. The Affordable Health Care Act establishes an exchange allowing individuals and small businesses to be part of a large pool, to have four different options on their insurance. And you want to do away with it. I don't get it. You want to do away with clinics in schools so that kids can have access to health care. I don't understand.

You have cut all the money out from the community clinics so that people have to go to the emergency rooms in a more expensive situation. What is this all about? I don't understand what the goal is that our Republican colleagues have in mind. The exchanges make sense. They create a marketplace for small businesses.



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

Mr. POLIS. I will be happy to yield an additional 30 seconds to the gentleman from California.

Mr. GARAMENDI. The exchanges create a market, ladies and gentlemen. They create a market. It is a market-driven program in which competition occurs, competition between the insurance companies who have to offer quality and price.

Have you got a problem with competition? Apparently so. You want to do away with the exchanges. Apparently what you really want to do is to hand the entire game over to the insurance companies, removing all of the controls, removing all of the necessity for them to compete, and apparently create some sort of an association plan so the public can be ripped off.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are advised to address their comments to the Chair and not to others in the second person.

Mr. REED. Mr. Speaker, I yield 1 minute to my colleague from Tennessee (Mr. ROE).

Mr. ROE of Tennessee. I thank the gentleman for yielding.

Mr. Speaker, in Tennessee, 17, 18 years ago now, we tried TennCare with sort of an exchange. We have had seven or eight different plans competing for your business, and in 10 years the costs tripled in our State because of the intervention of the government.

Medicare, I want to speak to that very quickly. If you're 65 years of age and you have Medicare, you keep it. If you're 55, if the Ryan plan goes through, you keep it. If you're younger and you're a more affluent senior, like I am, you're going to pay for your health insurance. Yes, you are. If you're someone like me with a higher income, you are. If you're lower income and you're sick, you're not. The Federal Government will act like your employer does if you have the employer-based insurance. That part of the premium is paid by them. You pay your part of the premium. Again, it will be means-tested for a higher-income senior.

Why do we think that will work? Because the only plan that I have seen this government ever pass that has come in under budget is Medicare part D. So I think there is a real chance for this to help hold costs down.

Mr. POLIS. I am happy to yield 2 minutes to the gentleman from California (Mr. GARAMENDI).

Mr. GARAMENDI. Let's be very, very clear about this. The Republican proposal, the Republican budget proposal that is before this Congress, terminates Medicare as we have had it since 1965. For those young men and women who are not yet 55, they will never see Medicare. It's over. And instead of having Medicare, which is a guaranteed health insurance program, when they retire at the age of 65, they will be given a voucher that will be worth a

percentage of what the insurance will cost. They will be thrown into the market at an age where they have pre-existing conditions. And under the Republican proposal, there are no—there are no ways in which they are going to be protected from the insurance companies, who we know have one motive, and that is profit before people. Profit before people is the way it has been for the health insurance companies from the get-go, and that is precisely what the Republicans want to give us.

We will not have it. While they're at it, they want to take those reductions in Medicare expenditures and continue giving money to the wealthiest people in America so that the wealthiest people in America can continue to enjoy ever more wealth, while the middle class enjoys ever more poverty. It is an abomination, and there is no way this Nation should abandon a proven program that for 42 years has provided quality medical care to seniors.

Now, do you want to go after the cost in medicine? Then let's go after the overall cost of medicine, not deny tomorrow's seniors the benefit of Medicare. It is time to understand precisely what the Republican budget does. It terminates Medicare, while giving benefits to the wealthiest Americans. It should not happen.

Mr. REED. Mr. Speaker, I have no further requests for time, and I reserve the balance of my time.

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

Mr. Speaker, I want to further discuss the benefits of school-based health centers. A wide range of research and evaluations have demonstrated that school-based health centers are cost-effective investments in our Nation's health care safety net for children and adolescents and also help improve academic performance.

Now, each school-based health program is different, as they should be. Some of the services often include things like well-child and well-adolescent exams, immunizations, treatment for illness or injury, including management of chronic conditions, like obesity, diabetes and asthma; and they also frequently include services like mental health assessment and treatment, prevention programs to help reduce smoking, to help reduce teenage pregnancy rates, to help reduce violence. They frequently include substance abuse counseling and nutrition counseling, as well as dental cleaning.

These are services that prevent costly emergency services and hospitalizations later and help keep kids in school where they should be learning. Most importantly, stronger school-based health centers lead to stronger, more successful children and adolescents across the country. By bringing health care services to the children where they spend most of their day, at school, school-based health centers are a sensible and inexpensive way to deliver basic health care services to children all over the country.

This unwise legislation undermines our fiscal condition by wasting an opportunity to leverage local funding. Providing capital support to school-based health centers is a Federal investment that is a good deal for taxpayers. That is because when we provide modest Federal support to school capital projects, local and State funding, in partnership with nonprofits and community health clinics, is spent on operating activities, staffing and other equipment. What a great value for our Federal dollar.

Likewise, the value of this Federal investment is immense to local districts, many of whom are at their bonding capacity, who can't build school-based health centers on their own. However, many of these districts will benefit tremendously, and the students and families, from school-based health care clinics.

The research is clear, Mr. Speaker. Over a decade of studies consistently find positive benefits of school-based health centers. These benefits include better student academic achievement, increased school attendance and reduced tardiness among inner-city children who receive counseling in the school-based health center, fewer school discipline referrals for students who receive mental health services, and increased learning readiness and parental involvement.

As we discuss in this Congress reducing the learning gap, helping all students achieve, and ensuring that every American, regardless of where they live, has access to hope and opportunity through a quality education, school-based health care clinics are an important part of the solution.

In Colorado alone, there are 46 school-based health care clinics in 18 school districts, including one in the Summit County School District, which I represent, which is applying for funding under this program, and another applicant from Eagle County, Colorado. Eight other Colorado applications are going forward under this opportunity, as they are throughout the Nation.

This is the initiative, Mr. Speaker, that Republicans are seeking to eliminate. They say they want a fiscally responsible budget and more jobs, but what we see instead is their priority to stop programs that save money and create jobs and increase student achievement and learning, like school-based health care centers.

There can be no doubt about how the new majority is going about its business. There are no attempts to find common ground, like we have in House Resolution 9, and to work on ways to improve health care or to implement pooling mechanisms or to allow purchasing across State lines of insurance policies. Rather, we are dealing with press releases disguised as legislation that will neither pass the other body nor be signed into law.

□ 1310

That's not governance. That's immaturity. And the only Americans being

asked to sacrifice in the name of deficit reduction are those who have very little, if not nothing, left to lose and no real way to fight back. That's not leadership.

Mr. Speaker, we can and must do better. I urge my colleagues to oppose the rule and the underlying bill.

Mr. Speaker, if we defeat the previous question, I will offer an amendment to the rule to provide that immediately after the House adopts this rule, it will bring up H.R. 1366, the National Manufacturing Strategy Act of 2011. This bill, introduced by Mr. LIPINSKI of Illinois, will require the President to develop a national manufacturing strategy in order to boost traditional and high-tech manufacturing, spur American job growth, and strengthen the middle class.

This bill passed the House on a bipartisan vote of 379–38 in the 111th Congress. Manufacturing is a cornerstone of our Nation's economy. The U.S. Government, through its policies and programs, has major influence on our manufacturing base, and our national security, energy, and transportation systems rely on that base. We must unify government programs, leading to increased efficiency, and promote policies to promote our domestic manufacturing base to help our competitiveness in the global market.

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

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

There was no objection.

Mr. POLIS. Mr. Speaker, I urge my colleagues to vote "no" and defeat the previous question so we can debate and pass jobs legislation today, rather than legislation to increase the health care premiums that Americans pay.

I urge a "no" vote on the rule and the underlying bill, and I yield back the balance of my time.

Mr. REED. In closing on these two important bills that are now before this House, I say that H.R. 1213 and H.R. 1214 are dealing with an issue that the former Speaker of the House envisioned when she said during the debate on the underlying health care bill, ObamaCare, that Congress needed to pass the bill so the American public could find out what is in it. Well, we're finding out what's in it.

These two bills will address provisions that dictate and mandate billions of dollars of spending without any additional congressional oversight. To me, that is the critical piece. That is the critical piece and why I urge my colleagues to support this rule and pass this legislation, because this body must stand up and adhere to its institutional responsibilities of controlling the spending of our country because we are broke. That's what an army was sent here to do in November, and I'm proud to be part of that freshman class

of 87 Republican Members of the House that are coming here and looking at every dime, every dollar that is being spent here in our Nation's capital, because our Nation cannot afford it anymore, and no longer will we pass the buck on to our children and our grandchildren so that they have to pay this bill that we are no longer taking care of here in Washington, D.C.

I would say that what we're trying to do with this health care debate is put back into the debate in front of the American public the focus of this new Republican majority, and that is we are going to deal with this problem by getting to the root of the problem. The root of this problem is increasing health care costs that are going through the roof. What we're dealing with here when we look at the underlying ObamaCare package is we're trying to minimize and mitigate health insurance costs. That's a piece of the puzzle. But the crux of the issue and the fundamental issue that we face is the increasing costs of health care, and that is what we are doing on this side of the aisle. And we are focusing day and night to make sure that we engage in responsible oversight, we strip the mandatory language of spending that is being created out of these bills, and we go forward so our children and grandchildren will have a greater future than we envisioned and enjoyed in our lifetimes.

Mr. LIPINSKI. Mr. Speaker, while today our Nation continues to confront many challenges, I persist in believing that the primary challenge we must address is job creation and economic growth. So rather than considering more bills to chip away at minor provisions of the Affordable Care Act, we should be debating bills that will stimulate our economy, improve our competitiveness, and help people get back to work. For that reason, I urge my colleagues to oppose the previous question, and allow the House of Representatives to debate the National Manufacturing Strategy Act, H.R. 1366, a bipartisan bill which I was proud to reintroduce earlier this year.

A national manufacturing strategy would help produce more private sector jobs and shore-up America's defense capabilities. My legislation would require the Administration to collaborate with the private sector to conduct a thorough analysis of the various factors that affect American manufacturing, consider the multitude of current government programs related to manufacturing, and identify goals and recommendations for federal, State, local and private sector entities to pursue in order to achieve the greatest economic opportunity for manufacturers in America. The strategy's implementation would be assessed annually and the strategy as a whole would have to be revisited every four years, so that we can reassess the global market and technological development, and plot a revised framework.

Why is a national manufacturing strategy necessary? Because the federal government has significant and broad influence on the domestic environment for manufacturing and our national security, energy, and transportation systems all rely on our manufacturing base. Yet there is little to unify the various programs and policies that exist throughout the govern-

ment that impact our domestic manufacturing base and its place in world markets. Unfortunately, for too long the government's promotion of manufacturing has been ad hoc, stovepiped and too reactive to economic downturns. Instead, we need to be proactive, organized across the government, and encouraging of those who want to pursue emerging markets and competitive technologies.

Furthermore, it is a matter of international competitiveness for our Nation. A number of our economic competitors—including Brazil, Canada, China, Germany, India, Singapore, South Africa, Russia, and the United Kingdom, among others—have developed and implemented national manufacturing strategies. As a recent report from the Information Technology and Innovation Foundation, entitled "The Case for a National Manufacturing Strategy", stated: "But most U.S. manufacturers, small or large, cannot thrive solely on their own; they need to operate in an environment grounded in smart economic and innovation-supporting policies . . . Unfortunately, while many other nations—and indeed many U.S. states—are taking steps to boost the competitiveness of their manufacturing industries, the United States lacks a clear, coherent strategy to bolster the competitiveness of manufacturing firms of all sizes and all sectors, a shortcoming that must be rectified if the United States hopes to 'win the future' in manufacturing."

This legislation enjoys widespread, bipartisan support from a range of industrial sectors, labor, and the public. This bill passed the House last year by an overwhelming vote of 379–38, demonstrating that we have had the commitment to focus on the jobs and economy—a mission that we should be working to restore. This year, my legislation has also garnered the support of a bipartisan group of 26 of our colleagues who have cosponsored the bill, as well as the endorsement by the American Iron and Steel Institute, the Association of Manufacturing Technology, the AFL–CIO, the Precision Metalforming Association and the National Tooling & Machining Association. Finally, a bipartisan poll conducted last year for the Alliance for American Manufacturing found that 78 percent favor "a national manufacturing strategy aimed at getting economic, tax, labor, and trade policies working together," and 90 percent want some action to revitalize manufacturing.

I urge my colleagues in the House to join me in calling for action on jobs and the economy. While we have witnessed some positive economic progress, we still have a long way to go in getting Americans back to work. We cannot continue to sit idly as our manufacturing base and quality, well-paying jobs depart for China, India or elsewhere. We must take action to provide a competitive and focused foundation for those who will continue to make it in America, and we can do so now by passing the National Manufacturing Strategy Act.

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

AN AMENDMENT TO H. RES. 236 OFFERED BY  
MR. POLIS OF COLORADO

At the end of the resolution, add the following new sections:

SEC. 3. Immediately upon adoption of this resolution the Speaker shall, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole



House on the state of the Union for consideration of the bill (H.R. 1366) to require the President to prepare a quadrennial national manufacturing strategy, and for other purposes. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. The bill shall be considered as read. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the Majority Leader and Minority Leader or their respective designees. After general debate the bill shall be considered for amendment under the five-minute rule. All points of order against provisions in the bill are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommend with or without instructions. If the Committee of the Whole rises and reports that it has come to no resolution on the bill, then on the next legislative day the House shall, immediately after the third daily order of business under clause 1 of rule XIV, resolve into the Committee of the Whole for further consideration of the bill.

Sec. 4. Clause 1(c) of rule XIX shall not apply to the consideration of the bill specified in section 3 of this resolution.

(The information contained herein was provided by the Republican Minority on multiple occasions throughout the 110th and 111th Congresses.)

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Republican majority agenda and a vote to allow the opposition, at least for the moment, to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's Precedents of the House of Representatives (VI, 308-311), describes the vote on the previous question on the rule as "a motion to direct or control the consideration of the subject before the House being made by the Member in charge." To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that "the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition" in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R-Illinois) said: "The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition."

Because the vote today may look bad for the Republican majority they will say "the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever." But that is not what they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives (6th edition, page 135). Here's how the Republicans describe the previous question vote in their own manual: "Al-

though it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule. . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment."

In Deschler's Procedure in the U.S. House of Representatives, the subchapter titled "Amending Special Rules" states: "a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate." (Chapter 21, section 21.2) Section 21.3 continues: "Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon."

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Republican majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

Mr. REED. Mr. Speaker, I urge the adoption of this rule.

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

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

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

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, this 15-minute vote on ordering the previous question will be followed by a 5-minute vote on adoption of the resolution if it is ordered.

The vote was taken by electronic device, and there were—yeas 234, nays 185, not voting 13, as follows:

[Roll No. 279]

YEAS—234

Adams	Buchanan	Diaz-Balart
Aderholt	Bucshon	Dold
Akin	Buerkle	Dreier
Alexander	Burgess	Duffy
Altmire	Burton (IN)	Duncan (SC)
Amash	Calvert	Duncan (TN)
Austria	Camp	Ellmers
Bachmann	Campbell	Farenthold
Bachus	Canseco	Fincher
Barletta	Cantor	Fitzpatrick
Bartlett	Capito	Flake
Barton (TX)	Carter	Fleischmann
Bass (NH)	Chabot	Fleming
Benishek	Chaffetz	Flores
Berg	Coble	Forbes
Biggart	Coffman (CO)	Fortenberry
Bilirakis	Cole	Fox
Bishop (UT)	Conaway	Franks (AZ)
Black	Cravaack	Frelinghuysen
Blackburn	Crawford	Galleghy
Bonner	Crenshaw	Gardner
Bono Mack	Culberson	Garrett
Boren	Davis (KY)	Gerlach
Boustany	Denham	Gibbs
Brady (TX)	Dent	Gibson
Brooks	DesJarlais	Gingrey (GA)

Gohmert	Lungren, Daniel	Rohrabacher
Goodlatte	E.	Rokita
Gosar	Mack	Rooney
Gowdy	Manzullo	Ros-Lehtinen
Granger	Marino	Roskam
Graves (GA)	McCarthy (CA)	Ross (FL)
Graves (MO)	McCauley	Royce
Griffin (AR)	McClintock	Runyan
Griffith (VA)	McCotter	Ryan (WI)
Grimm	McHenry	Scalise
Guinta	McKeon	Schilling
Guthrie	McKinley	Schmidt
Hall	McMorris	Schock
Hanna	Rodgers	Schweikert
Harper	Meehan	Scott (SC)
Harris	Mica	Scott, Austin
Hartzler	Miller (FL)	Sensenbrenner
Hastings (WA)	Miller (MI)	Sessions
Hayworth	Miller, Gary	Shimkus
Heck	Mulvaney	Shuler
Hensarling	Murphy (PA)	Shuster
Herger	Myrick	Simpson
Herrera Beutler	Neugebauer	Smith (NE)
Huelskamp	Noem	Smith (NJ)
Huizenga (MI)	Nugent	Smith (TX)
Hunter	Nunes	Southerland
Hurt	Nunnelee	Stearns
Issa	Olson	Stivers
Jenkins	Palazzo	Stutzman
Johnson (IL)	Paul	Sullivan
Johnson (OH)	Paulsen	Terry
Jones	Pearce	Thompson (PA)
Jordan	Pence	Thornberry
Kelly	Petri	Tiberi
King (IA)	Pitts	Tipton
King (NY)	Platts	Turner
Kingston	Poe (TX)	Upton
Kinzinger (IL)	Pompeo	Walberg
Kline	Price (GA)	Posey
Labrador	Quayle	Walden
Lamborn	Reed	Walsh (IL)
Lance	Rehberg	Webster
Landry	Reichert	West
Lankford	Renacci	Westmoreland
Latham	Ribble	Whitfield
LaTourette	Rigell	Wilson (SC)
Latta	Rivera	Wittman
Lewis (CA)	Roby	Wolf
LoBiondo	Roe (TN)	Womack
Long	Rogers (AL)	Woodall
Lucas	Rogers (KY)	Yoder
Luetkemeyer	Rogers (MI)	Young (AK)
Lummis		Young (IN)

NAYS—185

Ackerman	Davis (IL)	Kaptur
Andrews	DeFazio	Keating
Baca	DeGette	Kildee
Baldwin	DeLauro	Kind
Barrow	Deutch	Kissell
Bass (CA)	Dicks	Kucinich
Becerra	Dingell	Langevin
Berkley	Doggett	Larsen (WA)
Berman	Donnelly (IN)	Larson (CT)
Bishop (GA)	Doyle	Lee (CA)
Bishop (NY)	Edwards	Levin
Blumenauer	Ellison	Lewis (GA)
Boswell	Engel	Loebsack
Brady (PA)	Eshoo	Lofgren, Zoe
Bralley (IA)	Farr	Lowe
Brown (FL)	Fattah	Lujan
Butterfield	Filner	Lynch
Capps	Frank (MA)	Maloney
Capuano	Fudge	Markey
Cardoza	Garamendi	Matheson
Carnahan	Gonzalez	Matsui
Carney	Green, Al	McCarthy (NY)
Carson (IN)	Green, Gene	McCollum
Castor (FL)	Grijalva	McDermott
Chandler	Gutierrez	McGovern
Chu	Hanabusa	McIntyre
Ciulline	Hastings (FL)	McNerney
Clarke (MI)	Heinrich	Meeks
Clarke (NY)	Higgins	Michaud
Clay	Hoyer	Miller (NC)
Cleaver	Hinchesy	Miller, George
Clyburn	Hinojosa	Moore
Cohen	Hirono	Moran
Connolly (VA)	Holden	Murphy (CT)
Conyers	Holt	Nadler
Cooper	Honda	Napolitano
Costa	Hoyer	Neal
Costello	Inslee	Olver
Courtney	Israel	Owens
Critz	Jackson (IL)	Pallone
Crowley	Jackson Lee	Pascarell
Cuellar	(TX)	Pastor (AZ)
Cummings	Johnson (GA)	Payne
Davis (CA)	Johnson, E. B.	Pelosi

Perlmutter	Sanchez, Loretta	Tonko	Huizenga (MI)	Meehan	Runyan	Schiff	Stark	Wasserman
Peters	Sarbanes	Towns	Hultgren	Mica	Ryan (WI)	Schrader	Sutton	Schultz
Peterson	Schakowsky	Tsongas	Hunter	Miller (FL)	Scalise	Schwartz	Thompson (CA)	Waters
Pingree (ME)	Schiff	Van Hollen	Hurt	Miller (MI)	Schilling	Scott (VA)	Thompson (MS)	Watt
Polis	Schrader	Velázquez	Issa	Miller, Gary	Schmidt	Scott, David	Tierney	Waxman
Price (NC)	Schwartz	Visclosky	Jenkins	Mulvaney	Schock	Serrano	Tonko	Weiner
Quigley	Scott (VA)	Walz (MN)	Johnson (IL)	Murphy (PA)	Schweikert	Sewell	Towns	Welch
Rahall	Scott, David	Wasserman	Johnson (OH)	Myrick	Scott (SC)	Sherman	Tsongas	Wilson (FL)
Rangel	Serrano	Schultz	Jones	Neugebauer	Scott, Austin	Sires	Van Hollen	Woolsey
Reyes	Sewell	Waters	Jordan	Noem	Sensenbrenner	Slaughter	Velázquez	Wu
Richardson	Sherman	Watt	Kelly	Nugent	Sessions	Smith (WA)	Visclosky	Yarmuth
Richmond	Sires	Waxman	King (IA)	Nunes	Shimkus	Speier	Walz (MN)	
Ross (AR)	Slaughter	Weiner	King (NY)	Nunnelee	Shuler			
Rothman (NJ)	Smith (WA)	Welch	Kingston	Olson	Shuster			
Roybal-Allard	Speier	Wilson (FL)	Kinzinger (IL)	Palazzo	Simpson	Bilbray	Giffords	Rush
Ruppersberger	Sutton	Woolsey	Kline	Paul	Smith (NE)	Broun (GA)	Heller	Young (FL)
Ryan (OH)	Thompson (CA)	Wu	Labrador	Paulsen	Smith (NJ)	Cassidy	Johnson, Sam	
Sánchez, Linda	Thompson (MS)	Yarmuth	Lamborn	Pearce	Smith (TX)	Emerson	Lipinski	
T.	Tierney		Lance	Pence	Southerland			

## NOT VOTING—13

Bilbray	Heller	Rush
Broun (GA)	Hultgren	Stark
Cassidy	Johnson, Sam	Young (FL)
Emerson	Lipinski	
Giffords	Marchant	

□ 1340

Messrs. HIGGINS, CLARKE of Michigan, Mrs. MALONEY, Mr. MCINTYRE, Ms. VELAZQUEZ and Mr. FATTAH changed their vote from “yea” to “nay.”

So the previous question was ordered. The result of the vote was announced as above recorded.

Stated for:

Mr. HULTGREN. Mr. Speaker, on rollcall No. 279 I was unavoidably detained. Had I been present, I would have voted “yea.”

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

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

## RECORDED VOTE

Mr. POLIS. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

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

The vote was taken by electronic device, and there were—ayes 237, noes 185, not voting 10, as follows:

[Roll No. 280]

AYES—237

Adams	Cansco	Foxx
Aderholt	Cantor	Franks (AZ)
Akin	Capito	Frelinghuysen
Alexander	Carter	Galleghy
Altmire	Chabot	Gardner
Amash	Chaffetz	Garrett
Austria	Coble	Gerlach
Bachmann	Coffman (CO)	Gibbs
Bachus	Cole	Gibson
Barletta	Conaway	Gingrey (GA)
Bartlett	Cravaack	Gohmert
Barton (TX)	Crawford	Goodlatte
Bass (NH)	Crenshaw	Gosar
Benishek	Culberson	Gowdy
Berg	Davis (KY)	Granger
Biggert	Denham	Graves (GA)
Billirakis	Dent	Graves (MO)
Bishop (UT)	DesJarlais	Griffin (AR)
Black	Diaz-Balart	Griffith (VA)
Blackburn	Dold	Grimm
Bonner	Dreier	Guinta
Bono Mack	Duffy	Guthrie
Boren	Duncan (SC)	Hall
Boustany	Duncan (TN)	Hanna
Brady (TX)	Ellmers	Harper
Brooks	Farenthold	Harris
Buchanan	Fincher	Hartzler
Bucshon	Fitzpatrick	Hastings (WA)
Buerkle	Flake	Hayworth
Burgess	Fleischmann	Heck
Burton (IN)	Fleming	Hensarling
Calvert	Flores	Heger
Camp	Forbes	Herrera Beutler
Campbell	Fortenberry	Huelskamp

Huizenga (MI)	Meehan	Runyan	Schiff	Stark	Wasserman
Hultgren	Mica	Ryan (WI)	Schrader	Sutton	Schultz
Hunter	Miller (FL)	Scalise	Schwartz	Thompson (CA)	Waters
Hurt	Miller (MI)	Schilling	Scott (VA)	Thompson (MS)	Watt
Issa	Miller, Gary	Schmidt	Scott, David	Tierney	Waxman
Jenkins	Mulvaney	Schock	Serrano	Tonko	Weiner
Johnson (IL)	Murphy (PA)	Schweikert	Sewell	Towns	Welch
Johnson (OH)	Myrick	Scott (SC)	Sherman	Tsongas	Wilson (FL)
Jones	Neugebauer	Scott, Austin	Sires	Van Hollen	Woolsey
Jordan	Noem	Sensenbrenner	Slaughter	Velázquez	Wu
Kelly	Nugent	Sessions	Smith (WA)	Visclosky	Yarmuth
King (IA)	Nunes	Shimkus	Speier	Walz (MN)	
King (NY)	Nunnelee	Shuler			
Kingston	Olson	Shuster			
Kinzinger (IL)	Palazzo	Simpson			
Kline	Paul	Smith (NE)			
Labrador	Paulsen	Smith (NJ)			
Lamborn	Pearce	Smith (TX)			
Lance	Pence	Southerland			
Landry	Petri	Stearns			
Lankford	Pitts	Stivers			
Latham	Platts	Stutzman			
LaTourette	Poe (TX)	Sullivan			
Latta	Pompeo	Terry			
Lewis (CA)	Posey	Thompson (PA)			
LoBiondo	Price (GA)	Thornberry			
Long	Quayle	Tiberi			
Lucas	Reed	Tipton			
Luetkemeyer	Rehberg	Turner			
Lummis	Reichert	Upton			
Lungren, Daniel	Renacci	Walberg			
E.	Ribble	Walden			
Mack	Rigell	Walsh (IL)			
Manzullo	Rivera	Webster			
Marchant	Roby	West			
Marino	Roe (TN)	Westmoreland			
McCarthy (CA)	Rogers (AL)	Whitfield			
McCaul	Rogers (KY)	Wilson (SC)			
McClintock	Rogers (MI)	Wittman			
McCotter	Rohrabacher	Wolf			
McHenry	Rokita	Womack			
McIntyre	Rooney	Woodall			
McKeon	Ros-Lehtinen	Yoder			
McKinley	Roskam	Young (AK)			
McMorris	Ross (FL)	Young (IN)			
Rodgers	Royce				

## NOES—185

Ackerman	Doggett	Lowey
Andrews	Donnelly (IN)	Luján
Baca	Doyle	Lynch
Baldwin	Edwards	Maloney
Barrow	Ellison	Markey
Bass (CA)	Engel	Matheson
Becerra	Eshoo	Matsui
Berkley	Farr	McCarthy (NY)
Berman	Fattah	McCullum
Bishop (GA)	Filner	McDermott
Bishop (NY)	Frank (MA)	McGovern
Blumenauer	Fudge	McNerney
Boswell	Garamendi	Meeks
Brady (PA)	Gonzalez	Michaud
Bralley (IA)	Green, Al	Miller (NC)
Brown (FL)	Green, Gene	Miller, George
Butterfield	Grijalva	Moore
Capps	Gutierrez	Moran
Capuano	Hanabusa	Murphy (CT)
Cardoza	Hastings (FL)	Nadler
Carnahan	Heinrich	Napolitano
Carney	Higgins	Neal
Carson (IN)	Himes	Olver
Castor (FL)	Hinchee	Owens
Chandler	Hinojosa	Pallone
Chu	Hirono	Pascarell
Ciilline	Holden	Pastor (AZ)
Clarke (MI)	Holt	Payne
Clarke (NY)	Honda	Pelosi
Clay	Hoyer	Perlmutter
Clay	Inslae	Peters
Cleaver	Israel	Peterson
Clyburn	Jackson (IL)	Pingree (ME)
Cohen	Jackson Lee	Polis
Connolly (VA)	(TX)	Price (NC)
Conyers	Johnson (GA)	Quigley
Cooper	Johnson, E. B.	Rahall
Costa	Kaptur	Rangel
Costello	Keating	Reyes
Courtney	Kildee	Richardson
Critz	Kind	Richmond
Crowley	Kissell	Ross (AR)
Culler	Kucinich	Rothman (NJ)
Cummings	Langevin	Roybal-Allard
Davis (CA)	Larsen (WA)	Ruppersberger
Davis (IL)	Larson (CT)	Ryan (OH)
DeFazio	Lee (CA)	Sánchez, Linda
DeGette	Levin	T.
DeLauro	Lewis (GA)	Sanchez, Loretta
Deutch	Loebsack	Sarbanes
Dicks	Lofgren, Zoe	Schakowsky

## NOT VOTING—10

Bilbray	Giffords	Rush
Broun (GA)	Heller	Young (FL)
Cassidy	Johnson, Sam	
Emerson	Lipinski	

□ 1347

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

## RE-REFERRAL OF H.R. 1425, CREATING JOBS THROUGH SMALL BUSINESS INNOVATION ACT OF 2011

Mr. HALL of Texas. Mr. Speaker, I ask unanimous consent that H.R. 1425 be re-referred to the Committee on Small Business and, in addition, to the Committees on Science, Space, and Technology and Armed Services.

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

There was no objection.

## GENERAL LEAVE

Mr. UPTON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks on H.R. 1213 and to insert extraneous material on the bill.

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

There was no objection.

## REPEALING MANDATORY FUNDING FOR STATE HEALTH INSURANCE EXCHANGES

The SPEAKER pro tempore. Pursuant to House Resolution 236 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 1213.

□ 1349

## IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 1213) to repeal mandatory funding provided to States in the Patient Protection and Affordable Care Act to establish American Health Benefit Exchanges, with Mr. LATOURETTE in the chair.

The Clerk read the title of the bill.

The CHAIR. Pursuant to the rule, the bill is considered read the first time.

The gentleman from Michigan (Mr. UPTON) and the gentleman from New