

new grand prize, a big-dollar award. Unfortunately, the contest has been rigged so that your name is not in the winner's circle. Instead, the world leaders in prescription price gouging, highest drug prices to Americans than just about anywhere, are declared the winners of the grand prize in the Trump Republican sweepstakes that they call repealing ObamaCare.

With Big Pharma's exceptional, distinguished service in charging astronomical prices and blocking competition to their government-approved monopolies, these Republicans have included a no-strings-attached \$25 billion tax windfall for Big Pharma in their so-called ObamaCare repeal.

Now, with their latest late-night amendment, the prize is already growing bigger and bigger by the moment. And all of those American families that are out there struggling, trying to access lifesaving drugs, they don't win a dime in this contest.

Mr. Speaker, let's reject this phony Republican giveaway where only Big Pharma is the big winner.

HONORING THE LEGENDARY CHUCK BERRY

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

Mr. CLAY. Mr. Speaker, I rise to honor a legendary American musical genius, an inaugural member of the Rock and Roll Hall of Fame, and a former neighbor and friend of the Clay family for six decades, the father of rock and roll, the immortal Chuck Berry, who died this past Saturday at the age of 90.

I grew up just a few blocks away from the Berry residence. My sisters and I came up with his kids, and our families knew each other very well. Chuck Berry was one of the first Black superstars whose innovative music was not only popular with African-American audiences, but with young music fans around the world.

Since his death, tributes from across every spectrum of music have poured in, including The Rolling Stones, U2, Sir Paul McCartney, Stevie Wonder, Bruce Springsteen, and hundreds of other internationally known artists who were deeply influenced by Chuck Berry's magical music.

On behalf of my family, I want to express our deepest condolences to the Berry family; and on behalf of music fans everywhere, I want to give thanks for the life of this legendary American treasure whose legacy and unique sound will live on for generations, a true St. Louis original, the real king of rock and roll: Chuck Berry.

TRUMPCARE IS A TOTAL DISASTER FOR AMERICA

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

Mr. SOTO. Mr. Speaker, TrumpCare—a total disaster for America. Here it is by the numbers, per our own nonpartisan Congressional Budget Office: 24 million Americans will lose coverage, with 14 million Americans losing coverage in year one; 15 to 20 percent increases in health insurance premiums in year one; and if you are paying \$1,700, you will be paying \$14,600 in premium increases if you are a 64-year-old making \$26,500 per year.

But where does the money go? \$592 billion in tax cuts for the rich. That is where it is going.

The conclusions: TrumpCare robs health care from American working families to give tax cuts to the rich.

So vote "no" on TrumpCare to vote "yes" on health care for America's working families.

EMBRACE THE GOAL OF HEALTH CARE FOR ALL OUR CITIZENS

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

Mr. WELCH. Mr. Speaker, this country, since Harry Truman, has had an illusive but desirable goal, and that is health care for all of our citizens. We made two strides: one in 1964, with the passage of Medicare; another in 2010, with the passage of ObamaCare.

We should be moving towards Medicare for all our citizens. Instead, this bill does not move forward. It goes back.

Number one, 24 million Americans will lose their health care.

Number two, Americans who have been living a life of toil and effort all of their lives from the ages of 50 to 64—at a time when they need health care the most—are in danger of losing it with the excessive tax that is being imposed on them by this bill.

Number three, our community hospitals, from the prairies of Nebraska to the hills of Vermont, those are critical institutions providing care. They have gone from red ink to black ink as a result of the Affordable Care Act. Every single one of those is in jeopardy, and that is going to deprive our citizens in those communities of access to affordable health care.

This bill must be defeated. Let's embrace the goal of health care for all our citizens.

REPUBLICANS SHOULD JOIN DEMOCRATS IN REJECTING TRUMPCARE

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

Mr. KILDEE. Mr. Speaker, thousands of my constituents have contacted me very concerned about the Republican healthcare bill—TrumpCare—which would mean higher costs and worse care for hardworking families.

On the campaign trail, then-candidate Trump promised that "everyone

would be covered" under his plan. We now know that is a broken promise, that under TrumpCare 24 million Americans will lose their health insurance—24 million people.

What kind of promise is that?

Then-candidate Trump promised that there would be no cuts to Medicaid, but he will cut \$880 billion from Medicaid.

What kind of promise is that? A broken promise.

Seniors overwhelmingly voted for President Trump, but he has already forgotten them, imposing an age tax on them. If you are 50 to 64, fasten your seatbelts. You are going to pay five times what a younger, healthier person would pay for worse coverage.

This is a terrible bill. Democrats and Republicans should reject it.

TRUMPCARE MISSES THE MARK

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

Mr. POLIS. Mr. Speaker, there is kind of a rather ridiculous healthcare bill that this body may or may not be considering soon.

First of all, it creates an entirely new entitlement program at the State level rather than the Federal level.

Second of all, in an unrelated matter, it provides huge tax cuts to millionaires and billionaires—mostly in New York and California—which has nothing to do with making health care affordable. I mean, it is fine. Republicans want to do that. We get that. They always want to cut taxes for millionaires, but don't put it in the same bill as we are here trying to provide health care for people and bring down our insurance rates.

Third of all, this bill that is supposed to somehow help is going to increase insurance costs to American families by 15 to 20 percent. Most families can't afford that, and 24 million people will lose their insurance.

So there is just no way, shape, or form that this bill makes any sense.

There are a lot of positive improvements and suggestions that we can make to the Affordable Care Act. There are a lot of great ideas with us providing a public option, more pricing transparency, a lot of great ideas that probably Democrats and Republicans support; but, frankly, they missed the mark on this bill.

These aren't ideas that Democrats or Republicans support, because they are bad ideas that cost families money.

PROVIDING FOR CONSIDERATION OF H.R. 372, COMPETITIVE HEALTH INSURANCE REFORM ACT OF 2017

Mr. COLLINS of Georgia. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 209 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 209

Resolved, That upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 372) to restore the application of the Federal antitrust laws to the business of health insurance to protect competition and consumers. All points of order against consideration of the bill are waived. In lieu of the amendment in the nature of a substitute recommended by the Committee on the Judiciary now printed in the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 115-8 shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto, to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on the Judiciary; and (2) one motion to recommit with or without instructions.

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

□ 1230

Mr. COLLINS of Georgia. 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 purpose of debate only.

GENERAL LEAVE

Mr. COLLINS of Georgia. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and to include any extraneous material on House Resolution 209, currently under consideration.

The SPEAKER pro tempore (Mr. STEWART). Is there objection to the request of the gentleman from Georgia?

There was no objection.

Mr. COLLINS of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Today I am pleased to bring forward this rule on behalf of the Rules Committee. The rule provides for consideration of H.R. 372, the Competitive Health Insurance Reform Act. The rule provides for 1 hour of debate for the bill, equally divided between the chairman and ranking member of the Judiciary Committee. The rule also provides for a motion to recommit.

Yesterday, the Rules Committee had the opportunity to hear from Judiciary Committee Chairman BOB GOODLATTE and Congressman DAVID CICILLINE on behalf of the Judiciary Committee.

I thank Chairman GOODLATTE and the Judiciary Committee staff for their work on this legislation. As a member of the Judiciary Committee, I had the opportunity to review this legislation at both a committee hearing and a markup.

We heard from several witnesses at the Judiciary Committee hearing, including the bill's primary sponsor, Congressman PAUL GOSAR of Arizona.

In addition to the bill's sponsor and the Judiciary Committee, I would also like to recognize one of my colleagues from Georgia, Representative AUSTIN SCOTT, for his interest in this topic and leadership on this legislation. Congressman AUSTIN SCOTT of Georgia testified before the Judiciary Committee on this bill and has worked actively to highlight this issue.

The issue of competition in the health insurance marketplace is not a new one, but it is one that deserves more attention. Legislation similar to the Competitive Health Insurance Reform Act passed the House under a Democrat-led Congress in 2010 and under a Republican Congress in 2012.

Mr. Speaker, much of our attention on the floor this week is focused on making health care more affordable and accessible to the American people. The Competitive Health Insurance Reform Act is part of that plan.

From shore to shore, we have seen and heard stories about the soaring costs of health care and the health insurance markets that have been hamstrung by ACA regulations. As a result, insurers have fled the exchanges while consumer choice and access to quality care have disappeared along with them.

Today, more than ever, we need to institute reforms that restore options for Americans by encouraging healthy competition in the health insurance market. The problem actually dates back to the 1940s, and the Competitive Health Insurance Reform Act helps address a problem that has increasingly demanded attention.

In 1944, Mr. Speaker, the Supreme Court held, for the first time, that insurance was part of interstate commerce and was, therefore, subject to Federal antitrust laws. Congress responded a year later by passing the McCarran-Ferguson Act, which established certain exemptions from the Federal antitrust regulations for the business of insurance. That law remains in place today, and reexamining it in the context of our health insurance market has received bipartisan support.

The Competitive Health Insurance Reform Act would amend the 1945 McCarran-Ferguson Act to apply our three main antitrust laws—the Clayton Act, the Sherman Act, and the FTC Act—to the health insurance industry.

To be clear, this bill does not impose new or radical regulations upon the health insurance industry. It merely applies longstanding antitrust laws to the business of health insurance, laws that have applied to the rest of the economy for decades. By restoring the application of our competition and antitrust laws to the health insurance industry, we strengthen the foundation for a competitive health insurance market.

The high prices and lack of choices that patients find in health insurance flow back from a lack of competition in the market and a barrage of regulations. So it is past time that we rees-

tablish a basis for a system in which insurance providers compete for customers in a patient-driven marketplace.

While we work to bring common sense back to health care, we also have to look at the broad context of where the industry is and how it got there. In that spirit, this bill recognizes the importance of open and free competition across the economy, including the healthcare marketplace. Part of the government's role is to guard the American people rather than creating special interest exemptions that ultimately work against the hardworking citizens. H.R. 372 establishes that there is no basis for further exemption of the health insurance industry from the Federal antitrust law.

Importantly, however, H.R. 372 also contains narrowly defined safe harbors to protect historically procompetitive collaborative activities that are unique to the business of insurance, including the collection and distribution of historical loss data and the performance of actuarial services that do not involve a restraint of trade.

The Competitive Health Insurance Reform Act is not a magic pill or a silver bullet, but it is a key component of our broader plan to restore competition and common sense to the healthcare marketplace.

The principles captured by this bill are part of our House Republican Better Way plan and a part of our plan to address the harm done that ObamaCare has brought on our healthcare system and those who depend on it.

I look forward to the underlying legislation once again receiving broad support from both sides of the aisle.

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

Mr. POLIS. Mr. Speaker, I yield myself such time as I may consume, and I thank the gentleman from Georgia (Mr. COLLINS) for yielding me the customary 30 minutes.

Mr. Speaker, I rise in opposition to this rule today, one that provides for consideration of H.R. 372, the Competitive Health Insurance Reform Act of 2017, a good bill that I support.

Mr. Speaker, the Competitive Health Insurance Reform Act amends the McCarran-Ferguson Act so that the health insurance companies would no longer be exempt from Federal antitrust regulation.

Currently, unfortunately, most types of insurance, including property or life insurance, are exempt from Federal antitrust regulations and statutes. The McCarran-Ferguson Act makes it clear that the insurance industry heretofore has been regulated only by States. Additionally, the Department of Justice and the Federal Trade Commission have retained authority for antitrust enforcement involving mergers and acquisitions of insurance companies, but not dominations of markets and competition.

As a result of this exemption, the health insurance industry does not

have to share pricing information, and actually can currently communicate with one another to fix prices. Now, that doesn't make sense.

I firmly believe that the more transparency in our healthcare system, the better off consumers will be. Repealing the health insurance exemption of the McCarran-Ferguson Act may improve competition, but it would almost also result in more transparency in health insurance. It is something that we sorely need. So I intend to join many of my colleagues on both sides of the aisle in supporting the underlying bill because it increases transparency.

The reality is that this bill does nothing to replace the protections of the Affordable Care Act. It doesn't even make a dent in addressing the many problems created by the Republican healthcare legislation, the American Health Care Act.

Mr. Speaker, so I don't want anybody listening to this to be distracted by a bipartisan bill that we hope becomes law. In any way, shape, or form, this bill does nothing when, in 2 days, we are considering a bill that threatens the health care for 24 million Americans, increases prices for Americans who are currently insured by 15 to 20 percent, and throws millions off of the rolls of the insured.

The Republican healthcare bill that is coming to the floor Thursday will cause a huge disruption in coverage for millions of Americans. It creates an entirely new entitlement program. It would throw 24 million people who currently have insurance out of insurance. And for anybody who still has insurance, their rates go up 15 to 20 percent.

How is that a good idea? It is not.

This bill today does nothing. Nothing. I don't even think the advocates of it would say it does anything to address those increases in costs for consumers or 24 million people losing their health care or the creation of a brand-new costly entitlement program in a time of record deficits.

For constituents—and we all represent people from our districts—for people like Greg and Nikita, Coloradoans who have shared their stories with me, the passage of the American Health Care Act, the Republican healthcare bill, would devastate their lives.

Greg was diagnosed with a rare form of cancer in 2014, in his midforties. After several surgeries, his doctors told him his condition is inoperable and could only be treated chronically by medication. It is a very expensive injection that has so far been successful, thank goodness, at keeping the tumor from growing and allowing Greg to live an ordinary life.

Now, Greg needs this shot every 3 weeks. It is thousands of dollars each time. And despite working at least two jobs, it is not something that Greg could afford to have—Greg would not have health care without the Affordable Care Act. He would have to quit his jobs and become destitute and go on Medicaid.

The Republicans are basically saying to people like Greg: We want you to be lazy. We want you to quit your job so you could have health care. We want you to live off the government dole of this brand-new entitlement program that we created to hand you money rather than work for yourself and pay for your own insurance.

That is the message the Republicans are sending to people like Greg across the country.

Nikita lives in Boulder and has spent much of her life battling endometriosis. In 2014, she was having trouble walking because of her condition and she missed work for a few weeks. After the passage of the Affordable Care Act, she was able to afford the surgery that she needed to improve her mobility and manage her pain.

In her message to me, Nikita emphasized that affordable health care is what allows her to work and to be a citizen that pays taxes and contributes to society rather than somebody who is shut in at home, living off the government dole like Republicans are trying to force her to do with the new entitlement program that they are creating.

If Nikita didn't have the healthcare coverage she obtained through the Affordable Care Act, she said that she would be on disability and Medicaid, costing the government far more money and preventing her the dignity of holding a job and working to support herself and paying taxes.

Both Greg and Nikita expressed fear that the benefits they receive under the Affordable Care Act would disappear if the Affordable Care Act is dismantled in favor of this new Republican entitlement program that encourages people not to work. The American Health Care Act threatens to pull the rug out from so many of my constituents and millions across the country while simultaneously raising rates by 15 to 20 percent for people who are currently insured and paying for their own insurance.

Look, H.R. 372 is a fine bill. Republicans are using it as a talking point, claiming that somehow it addresses costs in some meaningful way. And given how complicated the healthcare system is and the critical role that we all have to play in it and every little piece plays, it is important to lay out the facts of the Republican plan, which H.R. 372 does nothing to address.

It is a fact fewer people will be covered under the Republican plan. The Congressional Budget Office says 24 million people will lose their healthcare coverage over the next decade.

It is a fact that middle-aged Americans will pay five times more in premiums. The age tax is a big part of the Republican healthcare bill. Americans ages 55 to 64 will see their cost increase by over \$8,000. Most of my constituents in that age group simply can't afford that every year.

It is a fact that those currently enrolled in Medicaid programs are at risk

of losing their coverage. The Republicans' concern that Medicaid expansion to the Affordable Care Act was coercive, they should be equally concerned about the per capita cap in the Republican plan. It is the flip side of the same coin.

Those are just some of the many troubling facts about the Republican healthcare bill.

H.R. 372, removing the antitrust exemption, is a fine bill. It does nothing to address any of those problems or change any of those facts and figures that I cited as to why this bill doesn't fix health care.

In fact, frankly, this bill is a distraction from the real topic we should be discussing—how to improve health care in this country. I don't think we should improve it by giving tax cuts to millionaires and billionaires, forcing people like Greg and Nikita not to work and to be destitute in order to get health care and go on the government dole, creating a brand-new entitlement program that States administer, increasing the costs of insurance for people who are already insured by 15 to 20 percent.

Mr. Speaker, if those are the answers, what is the question? Is it how to make health care cost more and how to have less people covered?

If that is the question, the Republican bill is a good answer.

That is not the question my constituents are asking me, and I don't think it is a question their constituents are asking my Republican colleagues.

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

Mr. COLLINS of Georgia. Mr. Speaker, I yield such time as he may consume to the gentleman from Georgia (Mr. AUSTIN SCOTT) to continue discussing the rule before us about the McCarran-Ferguson repeal.

Mr. AUSTIN SCOTT of Georgia. Mr. Speaker, I rise today in strong support of H.R. 372, the Competitive Health Insurance Reform Act of 2017, which would take a big step towards creating a more business- and consumer-friendly insurance market that works for all Americans.

As I listened to the comments just before I stood up, I heard that this is a fine bill. It is more than a fine bill. This is a good bill. Let me tell you how I know it is a good bill—because, a few years ago, both NANCY PELOSI and MIKE PENCE voted for it.

Now, what the Democrats don't want to tell you is that on February 24, 2010, less than a month before the Affordable Care Act was signed into law, there was an agreement that allowing the insurance companies to be exempt from the antitrust laws in the country was a problem.

So how is it that with a bill that passed 406 "yes" votes to 19 "no" votes—when it came out of the dark rooms, the Affordable Care Act was brought to the floor with the comments of: Well, you will have to read it to find out what is in it.

Perhaps the Democrats should have read it to find out what wasn't in it, because the leadership not only sold America out, they sold them out. This bill passed 406-19. Yet, in the back rooms where they put the Affordable Care Act together, they didn't include the provision.

While the Affordable Care Act certainly has played a major role in the disruptions patients and providers have experienced, the decades-old special exemption—which they voted to take away, and then the leadership of the Democratic party gave it back to the insurance industry—shielding insurers from Federal antitrust laws has eroded confidence and competition in the marketplace. Fortunately, we have a vehicle before us to walk back this special deal.

The legislation currently before the House would inject much-needed competition into the health insurance market by eliminating the antitrust exemptions for health and dental insurers, leveling the playing field and giving consumers and providers more leverage and better options. There are very few antitrust exemptions in our country, and for good reason.

This exemption is not only damaging to the consumer when they purchase health insurance, but it damages the healthcare providers, further limiting consumers' access to services.

The dominance of the market that large insurers have enjoyed has forced many providers to move, close, merge, or sell to larger regional hospitals, impacting parties across the industry. In the 24 counties of Georgia that I represent, patients have few healthcare choices left that impacts their ability to receive quality care and negotiate a policy that meets their unique needs.

Echoing that sentiment, I think anyone who has skin in the game will tell you that a majority of the problems in the healthcare marketplace trace their roots back to a lack of competition.

□ 1245

Yet, the Democrats left the insurance industry exempt from the antitrust laws once again when they passed the Affordable Care Act.

While insurance companies have the power to negotiate, just as they proved in the negotiations with the Democrats on the Affordable Care Act, pharmacies, physicians, and hospitals are left without a seat at the table. When the insurance companies get to determine who is and isn't able to provide healthcare services, the insurer-provider relationship is closer to extortion than negotiation.

So why do we allow the health insurance industry that controls, through their contracts, who your doctor is, who your pharmacist is, which medicine you can get, and which hospital you can go to, to be exempt from the antitrust laws of the country? How could the Democrats do that to you in the Affordable Care Act?

By definition, health care and health insurance are not the same thing, but

when one industry, one insurance company controls such significant portions of the cash flow of all of the providers in a region, no provider can stay in business without a contract with that carrier; therefore, the insurance company gets to determine who is and who is not able to provide health care.

Removing this antitrust exemption for health insurers means one more option for consumers, increased competition between providers, and greater certainty for insurers when it comes to hammering out policies and working for consumers across the spectrum. It should have been done long ago, but the Democrats turned their back on the American public and, again, granted the health insurance industry an exemption from the antitrust laws of the country.

While this is certainly not an end-all, be-all to reforming our broken and dysfunctional healthcare system, it is a commonsense step towards untangling the mess our health insurance marketplace has become.

I also think it noteworthy to mention, again, February 24, 2010, the Health Insurance Industry Fair Competition Act passed the House with a vote 406-19 only 1 month prior to the Affordable Care Act being signed into law. And yet, the American citizens, once again, were sold out by the Democratic Party.

I strongly believe this piece of legislation currently before the House lays a firm foundation in our work to fulfill our promise to fix our badly broken healthcare system. Today we have the opportunity to provide relief to consumers and providers alike, and I urge my colleagues to vote in favor of H.R. 372, the Competitive Health Insurance Reform Act of 2017.

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

Two weeks ago, the Republicans pushed ahead with their healthcare bill, despite not knowing the impact of the legislation. A week later, the non-partisan Congressional Budget Office announced that the bill would take health insurance away from 24 million people and increase costs by 15 to 20 percent for those who currently have insurance.

Mr. Speaker, late last night the Republicans introduced a major manager's amendment that changes the bill, frankly.

Mr. Speaker, just as it was irresponsible to move forward without knowing the full effects of the original bill, it is completely reckless to even know whether this manager's amendment makes it better or worse and the impact that it has on health care for American families. It is reckless to consider and vote on their amended bill before the Congressional Budget Office even says how much it costs, or how much it will increase insurance by, or whether it throws people off insurance rolls.

Mr. Speaker, if we defeat the previous question, I will offer an amend-

ment to the rule that would require a CBO cost estimate that analyzes the impact of any legislation amending or repealing the Affordable Care Act, as well as the impact of any manager's amendment to that legislation to be made publicly available before the bill may be considered on the House floor.

Mr. Speaker, I ask unanimous consent to insert the text of my 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 am proud to yield 4 minutes to the distinguished gentleman from Kentucky (Mr. YARMUTH), the ranking member on the Committee on the Budget, to discuss our proposal.

Mr. YARMUTH. Mr. Speaker, I thank my colleague for yielding.

The one question I think many Americans who follow this debate would be asking now is: What is the rush? What is the rush?

For 7 years now, our Republican colleagues have consistently said we are going to repeal the Affordable Care Act. More than 60 votes have been taken in this body to repeal the Affordable Care Act. We kept asking: If you are going to repeal it, what are you going to replace it with? You can't just say, do away with it, and leave millions and millions of Americans in the lurch.

So finally, 2 weeks ago yesterday, we have gotten their answer. TrumpCare, RyanCare, the American Health Care Act, call it what you will, we finally got an answer.

What has happened since those 2 weeks? We had no hearings on this bill. We had quick markups. They lasted a long time, but we had—the bill was introduced Monday night—markups in the Energy and Commerce Committee and the Ways and Means Committee on Wednesday. And this was on just a steamroller to try to get this accomplished before anybody knew what was in it.

Now, the CBO report from last week came out indicating things that I think most Americans would be frightened by. 24 million Americans lose their coverage over 10 years; but, more significantly than that, 21 million lose their coverage within 3 years; 14 million next year.

Consider that. All of the gains in coverage made under the Affordable Care Act done away with in 3 years. Premiums going up for Americans.

I can't believe Speaker RYAN tried to put lipstick on a pig. He said he thought the CBO report was really encouraging because, 10 years from now, premiums would be 10 percent lower. The only way they are 10 percent lower is because, under the TrumpCare, older Americans, 50 and older, in the individual market get priced out of the market with huge premium increases.

So they are gone. Only younger and healthier people are in there. Yes, premiums would be lower for them. Other people are out of business.

So that report comes out, causing a great deal of consternation on the part of the sponsors and supporters. They bring it, schedule it to come to the floor on Thursday, March 23, because they think that is cute because that is the seventh anniversary of the passage of the Affordable Care Act. But, again, no hearings, no real analysis; and what is more important, no CBO revised report on the changes that were introduced late last night.

This is outrageous. And I love to hear my Republican colleagues try to portray the process under which the Affordable Care Act was drafted and considered with some kind of nighttime secretive deal. They weren't here, most of them. I was.

I was on the Ways and Means Committee, one of the drafting committees. Fourteen months we worked on that legislation—14 months. Seventy-nine hearings in the Congress on that legislation. Hours and hours and hours of markups on that legislation. Cost estimates throughout the process. I can't imagine a more exhaustive and public process than we went through for the Affordable Care Act.

And here, 2 weeks from introduction to proposed passage, we have no real public discussion of a piece of legislation that directly affects the lives and probably, unfortunately, the deaths of many, many Americans.

So, Mr. Speaker, we don't need to rush to judgment. I don't think the American people are waiting around saying: I don't need to know any more; ObamaCare is so bad, and my life is so bad that I can't wait another 2 weeks to find out what this really would do to me and my family. No, we need to give more time.

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

Mr. POLIS. I yield an additional 1 minute to the gentleman.

Mr. YARMUTH. We don't need to do this this Thursday without a full rendering of the cost of the new manager's amendment to TrumpCare. We suspect, although we don't know, that it is going to look even bleaker; that more people will lose their coverage; that costs and rates will be higher. But shouldn't we understand exactly what those statistics are, what those projections are before we vote on something that is so significant for tens of millions of Americans?

So, Mr. Speaker, I think it is entirely appropriate that we require that a new CBO report be done on the manager's amendment before we vote on something that, again, means life and death to American families.

Mr. COLLINS of Georgia. Mr. Speaker, I have no other speakers, and I reserve the balance of my time.

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

Mr. Speaker, I am awaiting the graphic presentation about some of what is at stake in this debate about the Affordable Care Act, the fundamental debate about whether we try to fix health care in this country, make insurance cost less, or whether we move backwards under this Republican healthcare proposal.

The Republican healthcare proposal would create an entirely new entitlement program administered by the States. In creating this program, it would throw 24 million people who have healthcare insurance today off of the insurance rolls. They would become uninsured Americans.

It would add an age tax on older Americans. It would also increase the cost of health care for people who have health care today and pay for it, by 15 to 20 percent. Now, they wouldn't be getting more for that 15 to 20 percent.

Mr. Speaker, if you can believe it, they would actually be getting less insurance for that 15 to 20 percent because many of the requirements that insurance has to have are rolled back, the Federal protections under this Republican healthcare bill.

Somehow, at the same time it does all these things, the same time it costs 24 million Americans their insurance, the same time it increases rates by 15 to 20 percent—and, by the way, these figures are from the nonpartisan Congressional Budget Office, the head of which was appointed by Republicans.

These are solid predictions that are done by people who were appointed by Republicans. We are not citing any outside group or naysayers who don't like the bill. These are the objective Congressional Budget Office numbers that we are citing here in their entirety.

So, in addition to costing people 15 to 20 percent more, this bill also, for reasons unknown, gives an enormous multibillion-dollar tax break to millionaires and billionaires in New York and California. That is where most of them live. Now, there are a few in other places, of course, too.

But it is just unclear why, at the same time Republicans are trying to change the healthcare law, they want to go back to giving enormous tax cuts to the wealthiest Americans. We are not even talking the wealthiest 1 percent. We are talking, like, one-tenth of a percent who are going to see the bulk of the benefit from these tax cuts, at the same time that health care is being taken away from 24 million people who have insurance today, and at the same time those who are fortunate enough to be able to continue to have it will have to pay 15 to 20 percent more.

That is why, Mr. Speaker, this bill is so unpopular. If you are going to go through the trouble of creating an entirely new entitlement program, at least do it in a way where it actually helps people afford coverage versus hurts their ability to afford coverage.

Now, I gave the example in my remarks of Greg, and that is far from

unique because people today, who rely on the subsidies to be able to get health insurance within the Affordable Care Act, if the Republican bill passes, would have to quit their jobs and rely on Medicaid instead, or they would have to take a lower-wage job. Instead of earning \$40,000 or \$50,000 a year, they would have to quit that job and try to take a minimum-wage job so they could qualify for Medicaid.

Essentially, this Republican healthcare bill is telling Americans, you need to be lazy and not work if you want health care because, if you want to work a job, we are going to take it away. We are only going to provide it if you quit your job or take a minimum-wage job under Medicaid.

So that is not the message or the incentives that we want to send to the American people. One of the great aspects of the Affordable Care Act is it actually, for the first time, provided an incentive for people to get increases in their wages, to get better jobs, to work additional hours.

Before the Affordable Care Act, we were locked into a scenario where people who were on Medicaid lost their Medicaid benefits if they got a raise at work, depending on the size of their family. It could have been a raise from, let's say, \$14 an hour to \$16 an hour. They couldn't work overtime. They couldn't work a second job, as so many people do to escape from poverty because they would lose their health care.

The Affordable Care Act said: You know what? We are going to allow you and encourage you to work that second job, to get a raise and support your health care as you make your way out of poverty into the middle class. What a great idea.

The Republican proposal creates a brand new entitlement program, but rolls back those affordability protections that help people work their way out of poverty, and leaves no alternative for people like Nikita and Greg, other than you have to quit your job or work a minimum-wage job because, otherwise, we are going to take your health care away from you.

□ 1300

That is the reason that the projections came back—no surprise—that 24 million people will lose their healthcare insurance. It is the reason that healthcare insurance rates will increase 15 to 20 percent.

We don't know the reason that they are also giving a tax cut to billionaires in the same bill. We know they want to do that, but they should do that in a tax bill. There is an effort at tax reform. I think they are talking about giving an additional tax cut to billionaires in that bill. That will be debated separately. But it is unclear how—or it is more than unclear as to why it would help make health care more affordable to give a tax cut to billionaires. It just doesn't make any sense. Let's debate that under a different bill.

I am happy to do that. As part of a broader tax proposal, we will see what else is in it. We know Republicans want to do that, but they shouldn't do that under the guise of health care.

So, again, Mr. Speaker, what you have here in this Republican bill, which this current bill does nothing to change—and this bill will pass, it has passed before, and we hope the Senate acts on it to remove the antitrust exemption. This bill does nothing to change the facts on the ground that the Republican healthcare bill that creates a brand new entitlement program would make Americans pay more for less, 24 million people would lose their insurance, there is an age tax on older Americans, guts Medicaid, huge tax cuts for millionaires and billionaires, increases of 15 to 20 percent for Americans who are lucky enough to retain their insurance, and discourages work and encourages people to be lazy at home to get health care.

It is the opposite of what we want to do. It is contrary to the American work ethic, and it is contrary to all incentives around cost containment. I hope—I really hope, Mr. Speaker—that the House defeats this awful bill to replace the Affordable Care Act, even as we pass some of these commonsense bipartisan measures like the one before us today that, around the edges, could potentially affect antitrust within insurance companies.

Mr. Speaker, the bill under consideration today is a commonsense piece of legislation. It has passed the House before. Ultimately, however, it distracts from the elephant in the room. The American Health Care Act is the Republican bill to roll back and change the Affordable Care Act and create a brand new entitlement program while increasing the insurance rates for American families, providing tax cuts to billionaires, and throwing 24 million people off of the insurance rolls.

My colleagues across the aisle had 7 years to work with us to improve the Affordable Care Act, but they refused to work with us to make health care more affordable and to expand coverage. Instead, they have drafted a bill that does the exact opposite. No wonder we were unable to find common ground when our goals were different.

The goals of myself and Democrats have always been to reduce costs and expand coverage. Reading into what the Republican goals must be if this bill meets them, it seems like they are working to decrease coverage and increase costs—the opposite of what we are working for.

How will my colleagues look into the eyes of a former veteran or a small-business owner or a middle class family or my constituents like Greg or Nikita and somehow tell them that they would be better off under a plan that forces them to quit their jobs and become destitute? How will Republicans defend the vote to senior citizens when the age tax in this bill will force most seniors to pay premiums five times

higher than what others pay for healthcare coverage? What will my colleagues say to 24 million people who lose healthcare coverage entirely under this bill?

The Republican healthcare bill that this body will consider on Thursday will do extraordinary damage to the healthcare system and leave millions of Americans guessing as to how much healthcare costs will cost and what will be covered. The American healthcare bill threatens to roll back important protections in coverage gains delivered by the ACA, and discussion of anything else at this point is a diversionary tactic, plain and simple.

Mr. Speaker, let's defeat the previous question and figure out how much this mysterious manager's amendment even changes the bill for better or worse. My colleague, Mr. YARMUTH, made a very compelling argument about how we need to know the actual costs and benefits of any bill we vote on; yet, this body is being forced to vote blind on a manager's amendment that we saw for the first time today and could even change by tomorrow, and we won't even know how it affects the costs of this bill or how it affects the lives of Americans who have health care today or aspire to it.

Mr. Speaker, I encourage my colleagues to defeat the previous question and vote "no" on the rule, to vote "yes" on this commonsense bill to modify our antitrust statutes which Democrats and Republicans have supported overwhelmingly in the past, but never, not once, to take our eye away from the ball of trying to decrease costs rather than increase costs and trying to expand coverage rather than retract coverage.

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

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

I would just like to remind those from the House that if you do defeat this rule, you will not vote on this commonsense piece of legislation. So let's at least put the correct procedural order out there.

We need to vote "yes" on this rule and get on to the underlying piece of legislation, which is a piece that has passed this House not only unanimously by voice vote in the Republican Congress but also with an overwhelming vote just recently in the Democratic administration as well. So we are moving forward on this.

I think what is interesting here, and what I have worked on, and we are going to have a lot of discussion on for the next 2 days is repealing and replacing ObamaCare. I think it was interesting that my friend—we share many a night and day in the Rules Committee, we share different opinions, but he made mention of the elephant in the room. I will just make mention of the donkey in the room.

It is amazing to me now that we are actually concerned about people losing

health care. We are actually concerned about prices going up. We are actually concerned about these issues that have been going on for 7 years. We are having an \$800 billion tax because we have removed the taxes and impediments of ObamaCare. We are actually—instead of mandating the folks that they buy insurance that they can't afford and can't use, we are actually getting a marketplace that will actually give them better choices and results.

I think the interesting part here is not knowing the cost and benefits. Good gracious. All we have to do is look back over the last 7 years, Mr. Speaker. When we understand what is going on, let's also, as we throw out the discussion—it was made in comment by my friend, 7 years to fix. You can't fix broken in this regard. When he goes about it traditionally wrong, it is not fixing. When you take away the markets, when you take away the individual market, and when you are taking away the very incentives that actually are the underpinnings of our health care to enlarge and grow, if your goals were to reduce and expand, then you failed miserably. You have not reduced costs, they have gone up. You have not expanded choices, they have gone down.

I have listened to it about as much as I can right now. We are going to have the next 2 days to give people health. It is why we are over here for the majority speaking because of the failure of the ACA in ObamaCare. When we understand that, then we can look at pieces of legislation like the Competitive Health Insurance Reform Act that should have been part of this a long time ago. Yet, we choose to begin discussions about a failure. It is about a failure.

Choose the status quo. Squint your eyes, look real hard, it is not getting worse, it is really okay, just help us tweak it, help it get better.

It is not getting any better. In fact, any insurance company is on a death spiral. ObamaCare is failing. Some of the CBO estimates about increased costs 10 years out are based on ObamaCare pricing. There wouldn't even be an ObamaCare plan in 10 years because it won't be there.

So we will have these arguments. We will have these discussions. But if you want to move forward a commonsense piece of legislation, if you want to move forward a bipartisan piece of legislation, if you want one that actually the American people sent us here to do to actually make things better, then vote "yes" on the rule and vote "yes" on the underlying bill because that is why we are here—real solutions from a real majority that will answer the questions and then gladly defend it to an American people who are tired of being told about and talked about and taking things away because we didn't read it to know what was in it. That is why, because you couldn't know what was in it.

Now we are going to tell you what is in it, and we are going to put back a

marketplace that actually works for Americans. When we do that, we will gladly put the market back there where they can actually have a plan they can afford and actually use. When we understand that, the health care and the plan we put forward will be one that works for the American people, not against them.

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

AN AMENDMENT TO H. RES. 209 OFFERED BY MR. POLIS

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

SEC. 2. In rule XXI add the following new clause:

13. (a) It shall not be in order to consider a measure or matter proposing to repeal or amend the Patient Protection and Affordable Care Act (PL 111-148) and the Health Care and Education Affordability Reconciliation Act of 2010 (PL 111-152), or part thereof, in the House or in the Committee of the Whole House on the state of the Union unless an easily searchable electronic estimate and comparison prepared by the Director of the Congressional Budget Office is made available on a publicly available website of the House.

(b) It shall not be in order to consider a measure or matter proposing to repeal or amend the Patient Protection and Affordable Care Act (PL 111-148) and the Health Care and Education Affordability Reconciliation Act of 2010 (PL 111-152), or part thereof, in the House or in the Committee of the Whole House on the state of the Union, that is called up pursuant to a rule or order that makes a manager's amendment in order or considers such an amendment to be adopted, unless an easily searchable updated electronic estimate and comparison prepared by the Director of the Congressional Budget Office reflecting such amendment is made available on a publicly available website of the House.

(c) It shall not be in order to consider a rule or order that waives the application of paragraphs (a) or (b).

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 Democratic minority 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."

The Republican majority may 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: "Although 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. COLLINS of Georgia. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore (Mr. GRAVES of Louisiana). The question is on ordering the previous question.

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

Mr. COLLINS of Georgia. Mr. Speaker, on that I demand the yeas and nays. The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on ordering the previous question will be followed by 5-minute votes on adopting the resolution, if ordered, and suspending the rules and passing H.R. 1353.

The vote was taken by electronic device, and there were—yeas 231, nays 185, not voting 13, as follows:

[Roll No. 176]

YEAS—231

Abraham	Biggs	Brooks (IN)
Aderholt	Bilirakis	Buchanan
Amash	Bishop (MI)	Buck
Amodei	Bishop (UT)	Bucshon
Arrington	Black	Budd
Babin	Blackburn	Burgess
Bacon	Blum	Byrne
Banks (IN)	Bost	Calvert
Barletta	Brady (TX)	Carter (GA)
Barr	Brat	Carter (TX)
Barton	Bridenstine	Chabot
Bergman	Brooks (AL)	Chaffetz

Cheney	Jenkins (WV)	Rice (SC)
Coffman	Johnson (LA)	Roby
Cole	Johnson (OH)	Roe (TN)
Collins (GA)	Johnson, Sam	Rogers (AL)
Collins (NY)	Jones	Rogers (KY)
Comer	Jordan	Rohrabacher
Comstock	Joyce (OH)	Rokita
Conaway	Katko	Rooney, Francis
Cook	Kelly (MS)	Rooney, Thomas
Costello (PA)	Kelly (PA)	J.
Cramer	King (IA)	Ros-Lehtinen
Crawford	King (NY)	Roskam
Culberson	Kinzinger	Ross
Curbelo (FL)	Knight	Rothfus
Davidson	Kustoff (TN)	Rouzer
Davis, Rodney	Labrador	Royce (CA)
Denham	LaHood	Russell
Dent	LaMalfa	Rutherford
DeSantis	Lamborn	Sanford
DesJarlais	Lance	Scalise
Diaz-Balart	Latta	Schweikert
Donovan	Lewis (MN)	Scott, Austin
Duffy	LoBiondo	Sensenbrenner
Duncan (SC)	Long	Sessions
Duncan (TN)	Loudermilk	Shimkus
Dunn	Love	Shuster
Farenthold	Lucas	Simpson
Faso	Luetkemeyer	Smith (MO)
Ferguson	MacArthur	Smith (NE)
Fitzpatrick	Marino	Smith (NJ)
Fleischmann	Marshall	Smith (TX)
Flores	Massie	Smucker
Foxx	Mast	Stefanik
Franks (AZ)	McCarthy	Stewart
Frelinghuysen	McCaul	Stivers
Gaetz	McClintock	Taylor
Gallagher	McHenry	Tenney
Garrett	McKinley	Thompson (PA)
Gibbs	McMorris	Thornberry
Gohmert	Rodgers	Tiberi
Goodlatte	McSally	Tipton
Gosar	Meadows	Trott
Gowdy	Meehan	Turner
Granger	Messer	Upton
Graves (GA)	Mitchell	Valadao
Graves (LA)	Moolenaar	Wagner
Graves (MO)	Mooney (WV)	Walberg
Griffith	Mullin	Walden
Guthrie	Murphy (PA)	Walker
Harper	Newhouse	Walorski
Harris	Noem	Walters, Mimi
Hartzler	Nunes	Weber (TX)
Hensarling	Olson	Webster (FL)
Herrera Beutler	Palazzo	Wenstrup
Hice, Jody B.	Palmer	Westerman
Higgins (LA)	Paulsen	Williams
Hill	Pearce	Wilson (SC)
Holding	Perry	Wittman
Hollingsworth	Pittenger	Womack
Hudson	Poe (TX)	Woodall
Huizenga	Poliquin	Yoder
Hultgren	Posey	Yoho
Hunter	Ratcliffe	Young (AK)
Hurd	Reed	Young (IA)
Issa	Reichert	Zeldin
Jenkins (KS)	Renacci	

NAYS—185

Adams	Cohen	Frankel (FL)
Aguilar	Connolly	Fudge
Barragan	Conyers	Gabbard
Bass	Cooper	Gallego
Beatty	Correa	Garamendi
Bera	Costa	Gonzalez (TX)
Bishop (GA)	Courtney	Gottheimer
Blumenauer	Crist	Green, Al
Blunt Rochester	Crowley	Green, Gene
Bonamici	Cuellar	Grijalva
Boyle, Brendan	Cummings	Grothman
F.	Davis (CA)	Gutiérrez
Brady (PA)	Davis, Danny	Hanabusa
Brown (MD)	DeFazio	Hastings
Brownley (CA)	DeGette	Heck
Bustos	Delaney	Higgins (NY)
Butterfield	DeLauro	Himes
Capuano	DelBene	Hoyer
Carbajal	Demings	Huffman
Cárdenas	DeSaulnier	Jackson Lee
Carson (IN)	Dingell	Jayapal
Cartwright	Doggett	Jeffries
Castor (FL)	Doyle, Michael	Johnson (GA)
Castro (TX)	F.	Johnson, E. B.
Chu, Judy	Ellison	Kaptur
Ciilline	Engel	Keating
Clark (MA)	Eshoo	Kelly (IL)
Clarke (NY)	Espallat	Kennedy
Clay	Esty	Khanna
Cleaver	Evans	Kihuen
Clyburn	Foster	Kildee

Kilmer	Murphy (FL)
Kind	Nadler
Krishnamoorthi	Napolitano
Kuster (NH)	Neal
Langevin	Nolan
Larsen (WA)	Norcross
Larson (CT)	O'Halleran
Lawrence	O'Rourke
Lawson (FL)	Pallone
Lee	Panetta
Levin	Pascrell
Lieu, Ted	Pelosi
Lipinski	Perlmutter
Loeback	Peters
Lofgren	Peterson
Lowenthal	Pingree
Lowey	Pocan
Lujan Grisham,	Polis
M.	Price (NC)
Luján, Ben Ray	Quigley
Lynch	Raskin
Maloney,	Rice (NY)
Carolyn B.	Richmond
Maloney, Sean	Rosen
Matsui	Roybal-Allard
McCollum	Ruiz
McEachin	Ruppersberger
McGovern	Ryan (OH)
McNerney	Sánchez
Meeks	Sarbanes
Meng	Schakowsky
Moore	Schiff
Moulton	Schneider

Dunn	Labrador
Emmer	LaHood
Farenthold	LaMalfa
Faso	Lamborn
Ferguson	Lance
Fitzpatrick	Latta
Fleischmann	Lewis (MN)
Flores	LoBiondo
Foxx	Long
Franks (AZ)	Loudermillk
Frelinghuysen	Love
Gaetz	Lucas
Gallagher	Luetkemeyer
Garrett	MacArthur
Gibbs	Marino
Gohmert	Marshall
Goddlatte	Masse
Gosar	Mast
Gowdy	McCarthy
Granger	McCaul
Graves (GA)	McClintock
Graves (LA)	McHenry
Graves (MO)	McKinley
Griffith	McMorris
Grothman	Rodgers
Guthrie	McSally
Harper	Meadows
Harris	Meehan
Hartzler	Messer
Hensarling	Mitchell
Herrera Beutler	Moolenaar
Hice, Jody B.	Mooney (WV)
Higgins (LA)	Mullin
Hill	Murphy (PA)
Holding	Newhouse
Hollingsworth	Noem
Hudson	Nunes
Huizenga	Olson
Hultgren	Palazzo
Hunter	Palmer
Hurd	Paulsen
Issa	Pearce
Jenkins (KS)	Perry
Jenkins (WV)	Pittenger
Johnson (LA)	Poe (TX)
Johnson (OH)	Poliquin
Johnson, Sam	Posey
Jones	Ratcliffe
Jordan	Reed
Joyce (OH)	Reichert
Katko	Renacci
Kelly (MS)	Rice (SC)
Kelly (PA)	Roby
King (IA)	Roe (TN)
King (NY)	Rogers (AL)
Kinzinger	Rogers (KY)
Knight	Rohrabacher
Kustoff (TN)	Rokita

McEachin	Price (NC)	Soto
McGovern	Quigley	Speier
McNerney	Raskin	Suozi
Meeks	Rice (NY)	Swalwell (CA)
Meng	Richmond	Takano
Moore	Rosen	Thompson (CA)
Moulton	Roybal-Allard	Titus
Murphy (FL)	Ruiz	Tonko
Nadler	Ruppersberger	Torres
Napolitano	Ryan (OH)	Vargas
Neal	Sánchez	Veasey
Nolan	Sarbanes	Vela
O'Halleran	Schakowsky	Velázquez
O'Rourke	Schiff	Visclosky
Pallone	Schneider	Walz
Panetta	Schrader	Wasserman
Pascrell	Pascrell	Scott (VA)
Pelosi	Pelosi	Scott, David
Perlmutter	Perlmutter	Serrano
Peters	Peters	Sewell (AL)
Peterson	Peterson	Shea-Porter
Pingree	Pingree	Sherman
Pocan	Pocan	Sires
Polis	Polis	Smith (WA)

NOT VOTING—13

Allen	Lewis (GA)	Slaughter
Beyer	Marchant	Thompson (MS)
Deutch	Payne	Tsongas
Emmer	Rush	
Fortenberry	Sinema	

□ 1335

Mr. COHEN changed his vote from “yea” to “nay.”

Mr. WITTMAN changed his vote from “nay” to “yea.”

So the previous question was ordered.

The result of the vote was announced as above recorded.

Stated for:

Mr. ALLEN. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted “yea” on rollcall No. 176.

NOT VOTING—182

Adams	Cuellar	Huffman
Aguilar	Cummings	Jackson Lee
Barragán	Davis (CA)	Jayapal
Bass	Davis, Danny	Jeffries
Beatty	DeFazio	Johnson (GA)
Bera	DeGette	Johnson, E. B.
Bishop (GA)	Delaney	Kaptur
Blumenauer	DeLauro	Keating
Blunt Rochester	DelBene	Kelly (IL)
Bonamici	Demings	Kennedy
Boyle, Brendan	DeSaulnier	Khanna
F.	Dingell	Kihuen
Brady (PA)	Doggett	Kildee
Brown (MD)	Doyle, Michael	Kilmer
Brownley (CA)	F.	Kind
Bustos	Ellison	Krishnamoorthi
Butterfield	Engel	Kuster (NH)
Capuano	Eshoo	Langevin
Carbajal	Españolat	Larsen (WA)
Cárdenas	Esty	Larson (CT)
Carson (IN)	Evans	Lawrence
Cartwright	Foster	Lawson (FL)
Castor (FL)	Frankel (FL)	Lee
Castro (TX)	Fudge	Levin
Chu, Judy	Gabbard	Lieu, Ted
Cicilline	Gallego	Lipinski
Clark (MA)	Garamendi	Loeback
Clarke (NY)	Gonzalez (TX)	Loftgren
Clay	Gottheimer	Lowenthal
Cleaver	Green, Al	Lowe
Clyburn	Green, Gene	Lujan Grisham,
Cohen	Grijalva	M.
Connolly	Gutiérrez	Luján, Ben Ray
Conyers	Hanabusa	Lynch
Cooper	Hastings	Maloney,
Correa	Heck	Carolyn B.
Costa	Higgins (NY)	Maloney, Sean
Courtney	Himes	Matsui
Crowley	Hoyer	McCollum

NOT VOTING—13

Beyer	Norcross	Slaughter
Deutch	Payne	Thompson (MS)
Fortenberry	Rush	Tsongas
Lewis (GA)	Schweikert	
Marchant	Sinema	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. HUIZENGA) (during the vote). There are 2 minutes remaining.

□ 1342

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.

TRANSPARENCY IN TECHNOLOGICAL ACQUISITIONS ACT OF 2017

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 1353) to amend the Homeland Security Act of 2002 to require certain additional information to be submitted to Congress regarding the strategic 5-year technology investment plan of the Transportation Security Administration, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. RUTHERFORD) that the House suspend the rules and pass the bill.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 414, nays 2, not voting 13, as follows:

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—yeas 414, nays 2, not voting 13, as follows:

[Roll No. 177]

AYES—234

Abraham	Brady (TX)	Comer
Aderholt	Brat	Comstock
Allen	Bridenstine	Conaway
Amash	Brooks (AL)	Cook
Amodei	Brooks (IN)	Costello (PA)
Arrington	Buchanan	Cramer
Babin	Buck	Crawford
Bacon	Bucshon	Crist
Banks (IN)	Budd	Culberson
Barletta	Burgess	Curbelo (FL)
Barr	Byrne	Davidson
Barton	Calvert	Davis, Rodney
Bergman	Carter (GA)	Denham
Biggs	Carter (TX)	Dent
Bilirakis	Chabot	DeSantis
Bishop (MI)	Chaffetz	DesJarlais
Bishop (UT)	Cheney	Diaz-Balart
Black	Coffman	Donovan
Blackburn	Cole	Duffy
Blum	Collins (GA)	Duncan (SC)
Boat	Collins (NY)	Duncan (TN)

[Roll No. 178]

YEAS—414

Abraham	Bera	Brady (TX)
Adams	Bergman	Brat
Aderholt	Biggs	Bridenstine
Aguilar	Bilirakis	Brooks (AL)
Allen	Bishop (GA)	Brooks (IN)
Amash	Bishop (MI)	Brown (MD)
Amodei	Bishop (UT)	Brownley (CA)
Arrington	Black	Buchanan
Babin	Blackburn	Buck
Bacon	Blum	Bucshon
Banks (IN)	Blumenauer	Budd
Barletta	Blunt Rochester	Burgess
Barr	Bonamici	Bustos
Barragán	Boat	Butterfield
Barton	Boyle, Brendan	Byrne
Bass	F.	Calvert
Beatty	Brady (PA)	Capuano