

### RESIGNATION FROM THE HOUSE OF REPRESENTATIVES

The SPEAKER pro tempore laid before the House the following resignation from the House of Representatives:

HOUSE OF REPRESENTATIVES,  
Washington, DC, November 24, 2010.

Hon. NANCY PELOSI,  
Speaker of the House of Representatives, Washington, DC.

DEAR MADAM SPEAKER: I hereby give notice of my resignation from the United States House of Representatives, effective 4:00 p.m., Eastern Standard Time, Monday, November 29, 2010. Attached is the letter I submitted to Governor Pat Quinn.

Serving the 10th District of Illinois has been one of the greatest honors of my life. We saved a veterans hospital, expanded commuter rail and defended Lake Michigan. We fought for our district, state, nation and our allies overseas.

I look forward to continuing our important work in the United States Senate.

Sincerely,

MARK KIRK,  
Member of Congress.

HOUSE OF REPRESENTATIVES,  
Washington, DC, November 24, 2010.

Hon. PAT QUINN,  
Governor, State of Illinois, State House, Springfield, IL.

DEAR GOVERNOR QUINN: I hereby submit my resignation as United States Representative of the 10th District of Illinois, effective 4:00 p.m., Eastern Standard Time, Monday, November 29, 2010.

Serving the 10th District of Illinois has been one of the greatest honors of my life. We saved a veterans hospital, expanded commuter rail and defended Lake Michigan. We fought for our district, state, nation and our allies overseas.

I look forward to working with you as a United States Senator to promote bipartisan pro-Illinois policies to strengthen our economy and improve our quality of life.

Sincerely,

MARK KIRK,  
Member of Congress.

### BLUE RIBBON COMMISSION

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

Mr. WILSON of South Carolina. Madam Speaker, the Blue Ribbon Commission on America's Nuclear Future is set to visit South Carolina and the Central Savannah River Area, CSRA, on January 6 and 7. Back in July, I invited the cochairmen of the commission to request that they hold their September meeting in the CSRA.

I'm grateful that the commission is planning a visit. This is a perfect location for the President's nuclear commission to review policies related to the storage of nuclear waste.

Waste material found in South Carolina is from the weapons production program of the Cold War resulting in victory over communism and also now from commercial nuclear reactors that produce energy. The Savannah River site should not indefinitely host nuclear waste. We should keep Yucca Mountain open. The closing has been criticized as breathtakingly irrespon-

sible by The Post and Courier. The Greenville News editorialized last week that the Yucca closing is politically expedient but practically foolish.

Nuclear energy is a clean, safe, and cost-effective energy source that has provided over half of the electricity in South Carolina for 30 years. But in order to keep it safe, we must have a permanent site for disposal.

In conclusion, God bless our troops, and we will never forget September the 11th in the global war on terrorism.

### PLEDGE TO AMERICA

(Ms. FOXX asked and was given permission to address the House for 1 minute.)

Ms. FOXX. Madam Speaker, when I first ran for public office in 1994, I said then that we have too much government. We still have too much government. In fact, we have way more government than we had then, and it is too much. But Republicans have been listening to the American people who agree with us that we have too much government, and we have made a Pledge to America to reduce the role of the Federal Government in our lives.

We invite you to look at the Pledge to America that Republicans took last fall. We believe it has had a major impact on the election that was held in November. What we promise is that we are going to fulfill that pledge and reduce the role of the Federal Government in our lives and take our country back to what it was meant to be.

□ 1410

### HOUR OF MEETING ON TOMORROW

Mr. PALLONE. Madam Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 10:30 a.m. tomorrow for morning-hour debate.

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

There was no objection.

### ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken after 6 p.m. today.

### THE PHYSICIAN PAYMENT AND THERAPY RELIEF ACT OF 2010

Mr. PALLONE. Madam Speaker, I move to suspend the rules and concur in the Senate amendments to the bill (H.R. 5712) to provide for certain clarifications and extensions under Medicare, Medicaid, and the Children's Health Insurance Program.

The Clerk read the title of the bill.

The text of the Senate amendments is as follows:

Senate amendments:

Strike all after the enacting clause and insert the following:

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "The Physician Payment and Therapy Relief Act of 2010".

#### SEC. 2. PHYSICIAN PAYMENT UPDATE.

Section 1848(d)(11) of the Social Security Act (42 U.S.C. 1395w-4(d)(11)) is amended—

(1) in the heading, by striking "NOVEMBER" and inserting "DECEMBER";

(2) in subparagraph (A), by striking "November 30" and inserting "December 31"; and

(3) in subparagraph (B)—

(A) in the heading, by striking "REMAINING PORTION OF 2010" and inserting "2011"; and

(B) by striking "the period beginning on December 1, 2010, and ending on December 31, 2010, and for".

#### SEC. 3. TREATMENT OF MULTIPLE SERVICE PAYMENT POLICIES FOR THERAPY SERVICES.

(a) SMALLER PAYMENT DISCOUNT FOR CERTAIN MULTIPLE THERAPY SERVICES.—Section 1848(b) of the Social Security Act (42 U.S.C. 1395w-4(b)) is amended by adding at the end the following new paragraph:

"(7) ADJUSTMENT IN DISCOUNT FOR CERTAIN MULTIPLE THERAPY SERVICES.—In the case of therapy services furnished on or after January 1, 2011, and for which payment is made under fee schedules established under this section, instead of the 25 percent multiple procedure payment reduction specified in the final rule published by the Secretary in the Federal Register on November 29, 2010, the reduction percentage shall be 20 percent."

(b) EXEMPTION OF PAYMENT REDUCTION FROM BUDGET-NEUTRALITY.—Section 1848(c)(2)(B)(v) of the Social Security Act (42 U.S.C. 1395w-4(c)(2)(B)(v)) is amended by adding at the end the following new subclause:

"(VII) REDUCED EXPENDITURES FOR MULTIPLE THERAPY SERVICES.—Effective for fee schedules established beginning with 2011, reduced expenditures attributable to the multiple procedure payment reduction for therapy services (as described in subsection (b)(7))."

#### SEC. 4. DETERMINATION OF BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled "Budgetary Effects of PAYGO Legislation" for this Act, submitted for printing in the Congressional Record by the Chairman of the Senate Budget Committee, provided that such statement has been submitted prior to the vote on passage.

Amend the title so as to read: "An Act Entitled The Physician Payment and Therapy Relief Act of 2010."

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Oregon (Mr. WALDEN) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

#### GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on concurring in the Senate amendments to H.R. 5712.

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

There was no objection.

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

Madam Speaker, this bill is a stopgap measure to guarantee that seniors and military families can continue to see their doctors during December while we work on a solution for the next year. Without this legislation, the fees Medicare pays to physicians will be reduced by 23 percent on December 1, this Wednesday. And because TRICARE, the civilian health program for military families and retirees, uses Medicare rates, fees for physicians seeing TRICARE patients would be cut by 23 percent as well.

Madam Speaker, I have to say that kind of cut is obviously not reasonable. We have a responsibility to ensure that Medicare is a steady partner for physicians so that we are able to maintain the kind of excellent access to care that seniors and people with disabilities have come to expect from the program. Medicare enrollees still enjoy better access to care than anyone else in the country. The rate cuts created by the SGR would undermine that trust that seniors and physicians have historically had in the program.

The 111th Congress has passed into law three SGR extensions of less than a year, and this will be the fourth. I think we need to stop legislating SGR policy in 1 to 6 month intervals in order to provide some stability to the Medicare program for 2011. And I hope that before the 111th Congress adjourns, we can pass legislation addressing all of 2011 at a minimum.

I continue to be frustrated that we are unable to move beyond short-term fixes to this major problem facing the Medicare program. The House passed legislation in 2009 that I co-sponsored that would have dealt with this SGR problem for good; but until we have that long-term solution in hand, it is essential that Congress pass this legislation to ensure that seniors and military families do not experience a disruption in seeing their doctors this December.

This legislation, Madam Speaker, is completely paid for over 10 years. According to the rules of the statutory PAYGO law, we aren't supposed to pay for SGR bills; but this one is paid for despite that. It moved through the Senate by unanimous consent.

And so, Madam Speaker, there is no conceivable reason in my opinion to oppose this legislation. I would urge Members to vote "yes" on this bill and help me pursue a longer solution before Congress finishes business for this year.

I reserve the balance of my time.

Mr. WALDEN. Madam Speaker, I rise today in support of the Physician Payment and Therapy Relief Act.

On Wednesday, doctors who participate in Medicare will face a 21 percent cut in their reimbursement rates. It is unfortunate that we are again debating only a short-term solution to this problem. Thirty-day patches and 60-day

fixes do not provide the certainty necessary for physicians to properly run their practices. Yet, inaction today would disrupt the Medicare system and jeopardize seniors' access to care just as the holidays are approaching.

We should pass H.R. 5712, but we must begin working on a long-term, financially viable solution to fix the manner in which physicians are reimbursed under Medicare. The first step must be to repeal the new health care law. The health law cut over \$500 billion from Medicare to expand Medicaid and create a new entitlement program, while completely ignoring the looming payment crisis that we must act on with this legislation today. Unfortunately, I think for the last 4 years there has not been a single hearing held on this particular issue. That is long overdue to be done.

So while the majority scrambles today to find money to fix the Medicare reimbursement system, we should remember that they deliberately chose not to do this with their disastrous health care law. They needed the law to appear less expensive, and the Medicare doc fix was simply ignored.

I support H.R. 5712 to provide a temporary reprieve from the reimbursement cut scheduled to take effect Wednesday; however, we must find a solution to the pending 26 percent cut scheduled to take effect now in January. And we have to work together to develop a longer term solution that does bring stability to the Medicare program.

Madam Speaker, I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield 3 minutes to the gentlewoman from Texas (Ms. JACKSON LEE).

(Ms. JACKSON LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON LEE of Texas. Madam Speaker, I thank Mr. PALLONE for his constant leadership on health care matters, and the Energy Committee and its full complement of members, as well as Mr. STARK for his continued strength on the issues of providing fairness and balance in the health care system of America. To the managers, my colleagues on the other side of the aisle, I appreciate the recognition that we have a bipartisan crisis and that we all have to address the pending concern of a potential cut as we move forward into 2011. But during the Thanksgiving holiday as I was in my district, I saw a table of doctors in a restaurant who felt compelled to come and ask me to support what is called the doctor fix, the Medicare fix. I had to assure them that Members of Congress were equally concerned about the providers of health care, the implementers of good health for America having to face this kind of dastardly crisis.

In the State of Texas it is crucial, a State that has the highest number of uninsured and a rising number of impoverished who do not have access to health care, this kind of disaster would

be more than a hurricane. And so I rise today to support this legislation to acknowledge the fact that doctors and Medicare go together and they equal good health for our constituents.

Seniors have to go to doctors and expect good health care. Doctors are in fact those who take the oath to ensure that they care for the sick and the feeble. The Houston Chronicle reported that more than 300 Texas doctors have dropped the Medicare program in the last 2 years, 50 in the first 3 months of 2010, because of this crisis. Many people think of doctors as rich and able; but many of our doctors are in rural areas and inner city areas and their goal is to serve patients who are in need, many without any other means other than Medicare and Medicaid. According to Dr. Susan Bailey, president of the Texas Medical Association, the Medicare system has to be fixed and action must be taken to ensure that Medicare payments to physicians are not drastically cut. It is a shame to say, doctors have overhead, they have offices, they have nurses, they have equipment that they have to pay for, and that is part of good health care. And so I think it is important that we look at this legislation as it comes to us, and that the final physician rule, the Centers for Medicare and Medicaid Services, modify the MPPR policy to apply a 25 percent reduction rather than the proposed 50 percent reduction to physician Medicare payments. However, I think the reduction in itself is an oxymoron because the question is what are the needs of the patients and how can the doctors care for them and how do we ensure that doctors and Medicare work together to make sure that good health is promoted across America.

□ 1420

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

Mr. PALLONE. I yield the gentlewoman another 30 seconds.

Ms. JACKSON LEE of Texas. While that reduction shows movement in the right direction, any reduction will hinder the ability of doctors to effectively treat patients who need their care and who are the most vulnerable—pregnant women, children, the elderly and, of course, the feeble, who are suffering from preexisting diseases or chronic illnesses. So it is important that H.R. 5712, the Physician Payment and Therapy Relief Act of 2010, is passed.

What I would ask, Madam Speaker, is: Who are we if we cannot take care of the least of those?

I don't consider doctors wanting more than they deserve. I consider doctors getting what they deserve to help care for the sick of this Nation. I hope that we will have a bill that the President can sign and that we will be able to address the question of good health care in America.

Madam Speaker, I rise today in support of the amendment to H.R. 5712, "The Physician Payment and Therapy Relief Act of 2010."

Under the current health care law, more than 32 million additional Americans are expected to get insurance, either through an extension of Medicaid, the state-federal program for the poor, or through exchanges where low- and moderate-income individuals and families will be able to purchase private insurance with federal subsidies. The measure will require most Americans to have health insurance coverage; and it will regulate private insurers more closely, banning practices such as denial of care for pre-existing conditions. A key part of the new health law also encourages the development of "accountable care organizations" that would allow doctors to team up with each other and with hospitals, in new ways, to provide medical services. There are some very good provisions that seek to ultimately benefit the public.

Today, however, increasing numbers of doctors are not accepting Medicare patients because the payments they are receiving are inadequate to cover basic expenses of administering care. In fact the Houston Chronicle reported that more than 300 Texas doctors have dropped the program in the last two years, including 50 in the first three months of 2010. According to Dr. Susan Bailey, president of the Texas Medical Association, the Medicare system is on the verge of imploding unless action is taken by Congress to ensure that Medicare payments to physicians are not cut drastically.

Madam Speaker, I urge my colleagues to support not only H.R. 5712 but also the overall health of many struggling Americans. I am an avid supporter of health care reform and I stand today in steadfast support of providing affordable health care for all Americans. However, if doctors are unwilling to accept patients with Medicare because they fear they will not receive payment for their services we face a serious dilemma. It is our duty as legislators to provide such payment guidelines for the legislation intended to provide affordable quality health care for all Americans to ensure that it achieves its purpose.

In the final physician rule, Centers for Medicare and Medicaid Services modified the MPPR policy to apply a 25 percent reduction, rather than the proposed 50 percent reduction to physicians Medicare payments. While that reduction shows movement in the right direction, any reduction will hinder doctors' ability to effectively treat patients who need their care the most like children and the elderly.

I ask my colleagues to please join me in supporting H.R. 5712, the Physician Payment and Therapy Relief Act of 2010.

The SPEAKER pro tempore. Without objection, the gentleman from California (Mr. HERGER) will control the time.

There was no objection.

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

Madam Speaker, for the fifth time in the last year, Democrats' ability to properly manage the Medicare program is causing medical doctors to confront a looming massive cut in their Medicare reimbursement rates. In fact, when the cut went into effect in June, Medicare held physicians' payments for weeks, and it ultimately was forced to pay claims that cut physicians' rates by 21 percent, only to later send additional payments once the majority

congressional Democrats decided to pass another patch. In practical terms, this meant for weeks doctors and other providers saw no or greatly reduced Medicare payments, but yet they still had to pay their rents, payrolls, and other overhead expenses.

Madam Speaker, this is unacceptable and irresponsible. As a result of the Democrats' failure to address this issue in a timely manner, tens of millions of taxpayer dollars were wasted to reprocess physicians' claims and to send new checks to doctors all because the majority party could not finish its work on time.

Physician practices, like most small businesses, are hurt by this dereliction of duty. In a letter signed by 117 physician specialty and State medical societies, physicians detailed how many practices were forced to seek loans to make payroll expenses, to lay off staff or to cancel capital improvements and investments in electronic health records and other technology. Furthermore, when payments resumed, many physicians experienced long delays in receiving the retroactive adjustments. The physician group letter states, "This is not the way to manage a program that seniors and the disabled rely on."

The legislation before us provides for a 1-month postponement of the 23-percent cut; but in 1 month, the cuts return, this time even deeper, with payment cliffs expected to reach nearly 25 percent on January 1.

Madam Speaker, the Democrats' practice of missing deadlines, of withholding payments and reprocessing Medicare claims is no way to run the program. Furthermore, the Democrats' new health law cuts more than one half trillion dollars from Medicare but spends nothing on fixing the physician payment problem. It is one of the many reasons we should replace that flawed legislation with reform Americans can afford and that we should address a true long-term fix for our doctors and seniors. A Republican House will run this program differently.

We cannot miss deadlines. We must ensure doctors get paid on time for the services they provide. We cannot string them along not knowing from one month to the next what they will be getting paid by Medicare. As doctors are making decisions about whether or not to participate in Medicare next year, I want them to know that a Republican House will not leave them twisting in the wind as they have been this past year.

Madam Speaker, I reserve the balance of my time.

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

You know, Madam Speaker, I was very upset to hear the gentleman from California because I thought, for once—and it's very rare around here—as I heard the gentleman from Oregon suggest that he was supporting this bill, that we finally had some bipartisan support and some Republican support

for the SGR doctors' fix; but now I listen to the gentleman from California, and he starts suggesting that somehow the Democrats are to blame. Well, let me suggest that the opposite is true.

Back in November of 2009, about a year ago, the Democrats in this House passed a permanent fix. We wouldn't be here today if that legislation had been supported by the Republicans. To his credit, only one Republican—Dr. BURNESS, who is a member of my Health Subcommittee—did, in fact, support it, but he was the only one. It is the Republicans' fault that we are constantly dealing with these short-term fixes, because they don't want to take care of the doctors. They don't want to resolve this, and they refused to come to the table and resolve it with us while we were in the majority.

I don't want to go into it too much today because I know there is support on the Republican side of the aisle for this 60-day fix, until December 30; but in talking about the Democrats when the Republicans are the reason we are here today because they would not support the permanent fix and make it so that we didn't have to constantly go back to the table, I think it is totally inappropriate for the gentleman of California to lay blame when, in fact, it is his own party that is to blame.

I reserve the balance of my time.

Mr. HERGER. Madam Speaker, I would like to mention to my friend, the gentleman from New Jersey, that the legislation he speaks of, which they offered, had a \$200 billion, non-paid-for bill on that. We have to begin living within our means, and through our legislation that we will be offering, we will be working to do that.

I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I ask unanimous consent that the balance of my time on the majority side be controlled by Representative STARK of the Committee on Ways and Means.

The SPEAKER pro tempore. Without objection, the gentleman from California will control the time.

There was no objection.

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

Before I start, I just want to comment that my distinguished colleague from northern California, on the other side of the aisle, can be so mean and so tough but, Madam Speaker, in a very gentle, pleasant way. I do so look forward to working with him in the next Congress to see how he is going to slap me around as we proceed to try and keep physicians paid and to keep Medicare the great program that it is.

I rise in support of H.R. 5712. The legislation as we know, Madam Speaker, provides for a 1-month extension. By extending current law in this manner, we put SGR reform on the same timetable as other Medicare provisions we need to renew before the end of the calendar year. Without this bill, as we have heard from doctors and other health providers, they will see their Medicare payments cut by 21 to 23 percent, and that is not acceptable.

□ 1430

It's a bad outcome for physicians, for patients, for the government. The only other solution would be for the Medicare agency to hold payments until longer-term SGR reform legislation is enacted in December, and that really plays hard with their practices. It is difficult for them to plan, to pay their employees, pay their rent, and know that payments will be postponed for 1 month.

So I join with my distinguished colleague across the aisle in supporting H.R. 5712 and asking my colleagues to support it this morning.

Mr. DINGELL. Madam Speaker, I rise today to acknowledge my support of the one month patch to the Sustainable Growth Rate, but to state once again, that we cannot continue to kick this can down the road. I continue to support a permanent fix to the flawed SGR formula, like the one we passed in the House of Representatives last year. I also want to express my continued frustration that the Republicans in the United States Senate thwarted them from following the House's lead on this sound policy.

It is necessary that we pass this one-month extension today, but it is far from sufficient. Two weeks ago, I introduced H.R. 6427, the "Medicare Physician Payment Update Extension Act." This legislation will extend the current physician Medicare reimbursements for 13 additional months. I believe this longer extension will give our seniors and physicians the peace of mind they need while Congress works on a permanent solution to this longstanding problem.

Tonight we will pass a one-month extension to ensure that seniors have access to the same doctors they do today, and so doctors will be fairly reimbursed for their services over the next month. However, when we come together to address this problem again in 30 days, I urge my colleagues to pass a permanent solution, or at minimum, pass a year long extension so that we can ensure some stability to the Medicare program.

Mr. CONYERS. Madam Speaker, I rise today in strong support of H.R. 5712, "The Physician Payment and Therapy Relief Act of 2010." One of the most important priorities of Congress, regardless of our current economic downturn, is the financial well-being of our Nation's hospitals, and the ability of patients to have access to medically necessary care when they need it.

Passage of H.R. 5712 accomplishes both goals by blocking the 23 percent cut in Medicare payments to doctors, for one month, while Congress and the Obama Administration work together to put together a permanent fix to ensure the optimal Medicare reimbursement rate to doctors and hospitals.

In order to have world class hospitals in the United States, we must have the needed funding to ensure that our Nation's hospitals can provide the highest quality care possible. Passage of H.R. 5712 will help strengthen our Nation's hospitals, especially those located in our inner cities and rural areas. Many of these hospitals are experiencing serious funding shortages, and are at risk of losing much needed doctors and medical staff.

H.R. 5712 is a bipartisan bill that costs one billion dollars, and is fully paid for. This legislation helps to protect access to doctors for

Medicare beneficiaries and military families, given that payment rates for doctors in TRICARE, the health care program for active-duty service members, National Guard and Reserve members, military retirees, and their families are tied to Medicare rates.

H.R. 5712 is a good example of how Members of Congress working together in a spirit of bipartisan unity can improve the health and well being of all Americans. I encourage my colleagues to support the bill.

Mr. VAN HOLLEN. Madam Speaker, I rise in support of legislation that would avert a 23 percent payment cut for Medicare physicians and continue to provide them with a 2.2 percent update through December 31, 2010.

While I would like to see a permanent, long-term solution to the flawed Medicare physician payment formula, this stop-gap legislation is necessary so that Medicare beneficiaries can continue to see their doctor of choice and have access to the care they need. However, a long-term solution to this problem is needed to provide stability for physicians who provide services under Medicare so that their practices can adequately plan for the expenses they incur for treating Medicare beneficiaries. In fact, the House passed legislation this Congress that would have permanently fixed the Medicare physician payment formula. Unfortunately, it was blocked in the Senate.

Madam Speaker, I hope our Republican colleagues will join us in finding a long-term solution to this problem. I urge my colleagues to support this legislation.

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

Mr. HERGER. Madam Speaker, while I intend to support this bill and urge its passage, our work does not end here. We must find a long-term, stable and fiscally responsible solution to this problem.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and concur in the Senate amendments to the bill, H.R. 5712.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the Senate amendments were concurred in.

A motion to reconsider was laid on the table.

**LANCE CORPORAL ALEXANDER SCOTT ARREDONDO, UNITED STATES MARINE CORPS POST OFFICE BUILDING**

Mr. CLAY. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 5877) to designate the facility of the United States Postal Service located at 655 Centre Street in Jamaica Plain, Massachusetts, as the "Lance Corporal Alexander Scott Arredondo, United States Marine Corps Post Office Building".

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5877

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

**SECTION 1. LANCE CORPORAL ALEXANDER SCOTT ARREDONDO, UNITED STATES MARINE CORPS POST OFFICE BUILDING.**

(a) DESIGNATION.—The facility of the United States Postal Service located at 655 Centre Street in Jamaica Plain, Massachusetts, shall be known and designated as the "Lance Corporal Alexander Scott Arredondo, United States Marine Corps Post Office Building".

(b) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in subsection (a) shall be deemed to be a reference to the "Lance Corporal Alexander Scott Arredondo, United States Marine Corps Post Office Building".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Missouri (Mr. CLAY) and the gentleman from Virginia (Mr. WOLF) each will control 20 minutes.

The Chair recognizes the gentleman from Missouri.

**GENERAL LEAVE**

Mr. CLAY. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks.

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

There was no objection.

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

Madam Speaker, on behalf of the Committee on Oversight and Government Reform, I am pleased to present H.R. 5877, legislation that designates the U.S. Postal Service facility located at 655 Centre Street in Jamaica Plain, Massachusetts, as the "Lance Corporal Alexander Scott Arredondo, United States Marine Corps Post Office Building."

Introduced by our colleague, the gentleman from Massachusetts, Representative MICHAEL CAPUANO, on July 27, 2010, H.R. 5877 enjoys the support of Massachusetts' entire delegation to the House.

Madam Speaker, Lance Corporal Arredondo of Randolph, Massachusetts, was the 968th U.S. military fatality of Operation Iraqi Freedom. An avid martial arts enthusiast, he studied at the New England Academy of Martial Arts in Randolph, where he also taught courses to young students.

He was assigned to Battalion Landing Team 1/4, 11th Marine Expeditionary Unit, I Marine Expeditionary Force, out of Marine Corps Base Camp Pendleton. Sadly, on August 25, 2004, Lance Corporal Arredondo was killed by a sniper in Najaf. He was 20 years old.

In closing, let us pay tribute to the life and service of Lance Corporal Alexander Scott Arredondo by naming the Jamaica Plain Post Office Building in his honor. I urge my colleagues to join me in supporting H.R. 5877.

Madam Speaker, I reserve the balance of my time.

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

I rise today in support of H.R. 5877, to designate the facility of the United