understand how to prevent and treat this disease. Therefore, I urge my colleagues to support this critical funding and to renew and strengthen our commitment to combating pancreatic cancer.

□ 0915

SPECIAL IMMIGRANT VISA PROGRAM

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

Mr. BLUMENAUER. Madam Speaker, in less than 3 weeks, the Special Immigrant Visa program expires. This is something we created to help bring people who served Americans in Iraq and Afghanistan as interpreters, guides, drivers, people who helped our soldiers, who put their lives at risk, to be able to escape to safety. Unfortunately there are people with long memories who are there seeking revenge against those who have helped us.

But sadly, this project has been hampered by what can only be charitably described as ''bureaucratic ineptitude.'' The State Department can't even tell us how many thousands of people are in the backlog. Chairman ROGERS just this week told me that an interpreter for one of his heroes is trying to seek refuge in the United States.

The program will expire September 30. If we can't help the State Department fix it, we can at least extend it in the continuing resolution so that we've got a chance for these people who gave so much for Americans to be able to get the refuge that they deserve.

NO SUBSIDIES WITHOUT VERIFICATION ACT

Mrs. ELLMERS. Madam Speaker, pursuant to House Resolution 339, I call up the bill (H.R. 2775) to condition the provision of premium and cost-sharing subsidies under the Patient Protection and Affordable Care Act upon a certification that a program to verify household income and other qualifications for such subsidies is operational, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 339, the amendment printed in House Report 113–206 is adopted, and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 2775

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''No Subsidies Without Verification Act''.

SEC. 2. CONDITIONING PROVISION OF ACA PREMIUM AND COST-SHARING SUBSIDIES UPON CERTIFICATION THAT A PROGRAM TO VERIFY HOUSEHOLD INCOME AND OTHER QUALIFICATIONS FOR THOSE SUBSIDIES IS OPERATIONAL.

Notwithstanding any other provision of law, no premium tax credits shall be allowed under section 36B of the Internal Revenue Code of 1986 and no reductions in cost-sharing shall be allowed under section 1402 of the Patient Protection and Affordable Care Act (42 U.S.C. 18071) before the date that the Inspector General of the Department of Health and Human Services certifies to the Congress that there is in place a program that successfully and consistently verifies, consistent with section 1411 of such Act (42 U.S.C. 18081), the household income and coverage requirements of individuals applying for such credits and cost-sharing reductions prior to making the benefits available.

The SPEAKER pro tempore. The bill shall be debatable for 1 hour with 40 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce, and 20 minutes equally divided and controlled by the chair and ranking minority member by the Committee on Ways and Means.

The gentlewoman from North Carolina (Mrs. ELLMERS) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes. The gentleman from Texas (Mr. BRADY) and the gentleman from Michigan (Mr. LEVIN) each will control 10 minutes.

GENERAL LEAVE

Mrs. ELLMERS. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and to include extraneous materials on H.R. 2275.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from North Carolina?

There was no objection.

Mrs. ELLMERS. Madam Speaker, I yield myself such time as I may consume.

I rise today to speak about the economic disaster facing all Americans on October 1.

Nearly 3 years ago, I decided to run for office for one primary reason: to defeat and repeal Obamacare. Three years later, this terrible law is set to be implemented and the dire warnings and predictions are already coming true.

This past summer alone, we saw three major delays in the law's implementation—from the employee mandate to consumer price caps to the issue we are debating here today.

Congresswoman BLACK's bill, H.R. 2775, the No Subsidies Without Verification Act, is a first step at attacking the latter.

The premise of this bill is quite simple. Serving as the stewards of taxpayer dollars is one of our most important jobs as Members of Congress. After all, dollars wasted by Congress or improperly spent by the executive branch has a direct impact on the budgets of families across this country who are struggling to pay their bills.

This is why I was appalled by this summer's announcement by the Department of Health and Human Services. In the 600-page rule issued during the July 4 holiday, HHS stated that they would no longer verify income for ObamaCare subsidies. Instead, the Obama administration would now rely on self-attestation and sample audits when launching the ObamaCare exchange subsidy program—an initiative that is estimated to cost over $1 trillion over the next decade.

After receiving criticism, HHS announced that they would reverse course and extend audits to all applicants. Yet, to this date, the administration has issued no formal change in the rule to codify this policy. In other words, they are saying one thing and doing another.

As it stands today, the rule issued by HHS reads:

The exchange may accept the applicant's attestation without further verification.

And yet, while verification has been removed, the fines remain in place. Any applicant who enters information improperly could possibly face a $25,000 fine. If the mistake is knowing and willful, the fine could grow as high as $250,000.

As Ronald Reagan famously said, ''trust, but verify.'' If history is any guide, these claims of accountability will be disregarded unless oversight is enforced.

This only reinforces the need for the No Subsidies Without Verification Act. The bill would simply require certification systems to be in place so that the administrators can successfully and consistently verify eligibility before any premiums and cost-sharing credits are paid out.

Similar language was adopted by the Senate, but the bill before us would implement a bipartisan consensus and protect taxpayer dollars. It would do so by requiring the inspector general of HHS to certify that income verification is in place before precious taxpayer dollars are wasted and abused.

I urge my colleagues to vote in favor of H.R. 2775, and I reserve the balance of my time.

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

The bill before us today is nothing more than another page out of the Republican playbook to delay, derail, and otherwise repeal the Affordable Care Act. Rather than a productive, bipartisan effort to ensure successful implementation, Republicans will instead waste more precious floor time to take their 41st vote that undermines and repeals the Affordable Care Act.

H.R. 2775 is based on a flawed premise that HHS does not have the verifications in place to ensure that families who are getting financial help are eligible for that help.

But my Republican friends, that's simply not true, and your bill will do nothing but prevent millions of hard-working American families from gaining Affordable Care Act coverage.

First and foremost, this bill is totally unnecessary. HHS already has

stated in regulations that they will check and verify income on 100 percent of the applications. If someone receives payments that they determine aren't substantiated, those payments will have to be paid back—100 percent verified and reconciled.

Here is how it works. To get subsidies to make their health insurance affordable, hardworking Americans and families will submit their projected annual household income through the marketplaces. The data will then be checked against IRS data, Social Security data, and current wage information. If there is an inconsistency, the marketplaces will require additional documentation from applicants.

In addition, marketplaces will check employer coverage information from the applicant and their employer against data from a number of employer data sources approved by HHS to verify eligibility for the subsidies. If applicant information and other data do not match, the marketplaces will ask for further supporting documentation.

And lastly, all payments of premium tax credits are reconciled by IRS the following year. The income data submitted to the marketplaces are reconciled against the actual wages and health-covered information on the individual's income tax return. If there is an inconsistency, the applicant pays back the excess.

Let me repeat that part, that last part, Madam Speaker, because it is the most critical. Even after HHS has verified wage information on each individual situation that arises before tax credits are sent out, the income information will still be doublechecked again against actual wages on the individual's income tax return the following year. So if there is an inconsistency, the applicant pays back the excess. There is, again, 100 percent income verification and reconciliation on the back end.

Madam Speaker, both CBO and JCT, the Joint Committee on Taxation, confirmed this, stating that the program HHS has in place satisfies the certification requirements under section 1411 of the law—proving, again, that this bill is simply irrelevant.

But, of course, in light of this report, our Republicans at the twelfth hour have hastily amended the bill. The new language will basically ask the IG of HHS to formally certify these verification systems, which does nothing but delay the start of the law and deny millions of hardworking Americans from getting the tax credits they're clearly eligible for.

I maintained in Rules last night, and I'll maintain again, this is not the responsibility of the inspector general. The inspector general doesn't do this. They probably can't do this.

The IG's office has confirmed these implications by stating that this new language places unworkable requirements on their office and that it has no resources to perform this and that it is outside of its traditional role. The Republicans know very well all of this, and that's the exact reason they made this change. It's simply a delay tactic.

□ 0930

Again, the IG won't be able to do this. This is not its traditional role. So the only thing that happens here, Madam Speaker, is that this is a legislation which, of course, will never pass; but if it did pass and got signed by the President, which would never happen, it would simply delay the implementation of the Affordable Care Act, and that's what the Republicans want. Repeal, delay, defund—this is what they're all about. It's the 41st vote, again, to repeal the Affordable Care Act.

Madam Speaker, we are 20 days away from October 1, when millions of uninsured Americans will finally get access to quality, affordable health care. No longer will hardworking families worry about getting sick or injured or losing coverage because of the loss of a job, because the Affordable Care Act gives health security and peace of mind. For those hardworking families who need additional tools to help them afford their health coverage, the ACA will help make coverage a reality.

So despite the delay tactics in this bill and the millions of hours and dollars spent to derail the ACA, the law is moving forward. Organizations across this country, including labor, small businesses, employers, health care providers, advocates, religious leaders, and others, will continue to focus on helping uninsured Americans gain access to health care.

I urge my colleagues to oppose this bill. It is, again, an unnecessary delay; but I at least am optimistic in knowing that the ACA will move forward and that the Republicans will not have success.

I reserve the balance of my time.

Mrs. ELLMERS. Madam Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. PITTS), the chairman of the Energy and Commerce Health Subcommittee.

Mr. PITTS. I rise in support of H.R. 2775, and I commend the gentlelady, Congresswoman BLACK, and also Congresswoman ELLMERS for their leadership on this issue.

Madam Speaker, earlier this year, we found out that the IRS flagged for further review 90 percent of Americans who claimed the adoption tax credit, and 70 percent of the adoptive families faced at least a partial audit. Only a minuscule percentage of the tax credits given to those families were disallowed. Many needy families saw their returns delayed for months. We also found out this year that hundreds of conservative nonprofits had their applications for tax-exempt status delayed for months and years by IRS agents.

Ask millions of small business owners who have spent hours laboring over tax returns—the government doesn't typically operate by the honor system, but when it comes to doling out billions of dollars in new ObamaCare subsidies, the government is just going to accept applications without question, on the honor system.

This is all in the interest of getting ObamaCare up and running as soon as possible without any regard to potential fraud, and it's after the old ''pay and chase'' model. We are entrusted with protecting taxpayer dollars, not watching them go out to people who don't need them. If the Treasury Department can't figure out how to prevent fraud, then subsidies shouldn't be going out the door. And if the tax subsidy is overpaid to the insurance companies for the tax credits for individuals, guess who pays back the overpayment? It's not the insurance companies. It comes out of the individual's pocket.

I'm sure I won't be the only person on the floor today to recall President Reagan's words of ''trust, but verify.'' The byword for ObamaCare is just simply ''trust.'' The Obama administration doesn't trust adoptive parents or conservative nonprofits or small businesses; but for the purpose of getting the President's signature legislation up and running, they are perfectly willing to see taxpayers get fleeced. This is simply wrong. We need to demand that the administration follow the law. ObamaCare was such a landmark piece of legislation. Why does it have to be ignored at every turn?

I urge Members to support the bill.

Mr. PALLONE. Madam Speaker, I yield 4 minutes to the gentleman from North Carolina (Mr. BUTTERFIELD), a member of our committee.

Mr. BUTTERFIELD. Thank you very much, Mr. PALLONE, for yielding time this morning, and thank you for your extraordinary leadership on our committee and for giving affordable health care to every American.

Madam Speaker, I rise this morning to oppose H.R. 2775. This bill, if passed by the House and passed by the Senate and signed by the President, which I would say is highly unlikely, would require the Secretary of Health and Human Services to certify to Congress that an income verification system is in place before any subsidies can be distributed for individuals to purchase health insurance through the marketplace.

Here you go again—repeal effort No. 41.

The Republican majority is obsessed with discrediting the President of the United States by using every procedural maneuver imaginable to weaken this law, which was passed by the Congress and upheld by the United States Supreme Court.

I invite my Republican colleagues to read a report published by the Congressional Budget Office, which states that HHS already has in place sufficient safeguards for distributing subsidies to assist uninsured Americans with the purchase of insurance.

This is not an honor system, Mr. PITTS. It is written into the law, and the Congressional Budget Office recognizes that we do have in place a system to verify the incomes.

Madam Speaker, I am still fuming about the 15 Republicans on the Energy and Commerce Committee who on August 29 sent a multi-page investigatory letter to 51 community nonprofits that have been approved to receive navigator grants to assist the uninsured with the process. I simply do not understand how the chairman of a committee and a few like-minded committee members can author a letter to grant recipients, demanding that they answer questions and produce documents. I suggest that this letter exceeds the authority of these individuals to harass and to intimidate grant recipients.

I urge the Republican majority to stop trying to discredit President Obama. Stop trying to defund and repeal the Affordable Care Act. It is the law of the land. Millions of Americans are benefiting from it today and will be in the future. You should be using this creativity and energy expended this morning to pass a budget and lift the sequester, which is hurting families and communities all across America.

My friends, get serious; and let's stop playing games with the American people.

Mrs. ELLMERS. I now yield 2 minutes to the gentlelady from Tennessee (Mrs. BLACKBURN), the vice chair of the Energy and Commerce Committee.

Mrs. BLACKBURN. I thank the gentlelady.

Madam Speaker, I want to commend Mrs. BLACK, my colleague from Tennessee. She has done a tremendous job in bringing this legislation forward, and she brings it forward because of the experience we have had in Tennessee with a program that was called TennCare, which had no verification. It became ''just in time'' insurance, and guess what? It became too expensive to afford. When you do not exercise appropriate oversight and verification, that is what happens—you incentivize the use. Those who really do not qualify come into the program. Indeed, we had a Governor—a Democrat Governor by the way—who removed about 300,000 individuals from this program.

I am pleased that as we discuss and stand in support of H.R. 2775 that my colleagues across the aisle are getting our message. When it comes to ObamaCare, yes, delay, defund, repeal, replace. That is exactly what we want to do because this law has become so amazingly unpopular with the American people and, indeed, with women. Over 65 percent of all American women oppose this law and the implementation of this law.

The reason we are bringing this legislation forward is that there is a gaping hole. We know that having self-attestation for getting these taxpayer subsidies in these exchanges is going to lead to an incredible amount of fraud. We are even having estimates of as much as $250 billion worth of fraud, which could be going into this program. We're not acting on theory. We're looking at what has previously happened with programs such as TennCare. Indeed, my colleague from New Jersey has heard me talk about this for years, and he knows that when we look at something that is public option health care that that is the public option from which we draw our experience.

Mr. PALLONE. Madam Speaker, I yield 3 minutes to the gentlewoman from California (Mrs. CAPPS), who is a long-time supporter and person in the mix on health care, certainly as a nurse and as a health care professional.

Mrs. CAPPS. Thank you, Mr. Chairman, my friend from New Jersey.

Madam Speaker, I rise in strong opposition to this bill. Our Nation is facing a host of challenges: we need to end the sequester; we need to fund our government properly to avoid a shutdown; we need to increase the deficit limit so that we can pay our bills and maintain a strong credit rating; and we must have a full and open debate about what to do in response to chemical weapons being used in Syria.

But instead of any of these pressing issues, here we are again, at the insistence of the House majority, voting for the 41st time to repeal, defund, obstruct, or derail the Affordable Care Act; and they want to do so as more and more Americans, including my constituents on the central coast of California, are now beginning to benefit from the law.

Already 11,000 young adults in my district have gained health care insurance coverage under their parents' plans, allowing them to pursue their education or to start new ventures without the fear of going bankrupt if they should get sick. Almost 300,000 of my constituents are now able to get the preventative health services they need without worrying about the cost, and 10,000 seniors have already found relief when falling into the dreaded prescription drug doughnut hole in Medicare; and in less than 1 month, California families who for so long have been priced out or denied coverage in the private health insurance market will finally get the coverage they want and deserve.

Throughout the program—we call it Covered California Exchange—along with health care at marketplaces all across this country, individuals, families and small businesses will gain a transparent, one-stop shop to compare health insurance policies. They will also be able to receive financial assistance and to sign up for high-quality, affordable, and secure insurance coverage; and they won't have to worry about being denied coverage for their preexisting conditions. Yet this bill before us would erode all of these benefits, essentially blocking hardworking families from getting the affordable health insurance coverage they need.

The American people have moved on. They want us to come together to improve our Nation, not to divide it. So I urge my colleagues to vote ''no'' on this bill. Let's get to work on the many critical issues facing our Nation.

Mrs. ELLMERS. Madam Speaker, I yield 2 minutes to the gentlelady from Washington, Congresswoman MCMORRIS RODGERS, the chair of our Republican Conference.

Mrs. MCMORRIS RODGERS. I thank the gentlelady.

Madam Speaker, in less than a month, enrollment for ObamaCare's largest entitlement program will begin. Subsidies will go out the door on January 1, and they will go to anyone who claims he is eligible—no verification, no accountability. The GAO and the Inspectors General for both Health and Human Services and the IRS have told us that the administration's verification system is extremely vulnerable to fraud, but the picture gets worse.

In 2012 alone, Health and Human Services gave out more than $64 billion in improper payments. In fact, the Department of Health and Human Services, the agency charged with implementing these exchanges, has the highest annual improper payment rate among Federal agencies. The Department of the Treasury, which is responsible for enforcing 47 different tax provisions, is second only to Health and Human Services. The Wall Street Journal recently reported that not verifying eligibility could cost taxpayers more than $250 billion in improper payments. Yet the administration doesn't seem to care.

Over the last several months, we've seen the wheels falling off—the delay in the employer mandate, the delay in the consumer cost containment rule, the delay in the finalizing of agreements with insurance plans, and now this delay in ensuring that the verification mechanisms are in place to protect taxpayers. This administration has made one thing clear, that it will stop at nothing to ensure that 7 million people are enrolled in exchanges in 2014—2.7 million of whom must be young in order to make it work—and that subsidies are handed out to as many Americans as possible.

□ 0945

The administration's decision to allow enrollees to self-attest to the information provided to the exchanges is not only irresponsible, but ripe for fraud. The only real solution is the passage of H.R. 2775, and I urge our colleagues to support this bill.

Mr. PALLONE. Madam Speaker, I yield 2 minutes to the gentleman from Oregon (Mr. BLUMENAUER).

Mr. BLUMENAUER. Madam Speaker, this is sort of a charade that's going on today. Our Republican friends allow, for example, businesses to self-certify in a whole range of other areas. This is not about that. What this is, is another attempt to sabotage health care reform.

America is involved in a grand reform. Some of us are in States like Oregon, California, Washington, New York, and Maryland where we're actually working to implement the reform, and our citizens are going to have lower rates, more choices, and subsidies for individuals and small businesses for better coverage.

In other parts of the country some of our Republican friends have decided to sabotage implementation. Customers won't get extra help in Alabama, Oklahoma, Texas, or Wyoming, where insurance commissioners won't even review health plans to make sure that they're offered in the new marketplaces to provide consumers with required benefits and protections. In Missouri, believe it or not, the Republican legislature has made it illegal for new health insurance marketplaces for State employees to tell people what they're eligible for. Today, this is one more effort to throw sand in the gears.

The response from Republicans, who have no vision for health care, refuses to acknowledge that what we are working on now and what they derisively call ObamaCare, actually had its roots in a bipartisan consensus of what's necessary to get more value out of American health care.

The health care reform train has left the station. We should simply reject today this misguided attempt to sabotage it. Americans from coast to coast will be able to see the difference in communities that are embracing it and implementing it versus those that are trying to sabotage it.

In the course of the next 2 years, the facts will be clear. Mercifully, what the House is going to pass today is not going to be enacted into law, and the rest of us can get to work implementing reform.

Mrs. ELLMERS. Madam Speaker, I yield myself 45 seconds just to outline some of the things that have already been repealed in ObamaCare.

As a consequence of Congress passing ObamaCare to find out what is in it, we have found some terrible ideas in the law. To date, the President has actually signed into law seven bipartisan bills repealing or defunding parts of the health care law. H.R. 4 repealed the small business paperwork mandate, or the 1099. H.R. 1473 cut $2.2 billion from a stealth public plan and froze the IRS budget. H.R. 674 saved taxpayers $13 billion by adjusting eligibility for ObamaCare programs. H.R. 2055 made more cuts to CO-OPs, IPAB, and the IRS. H.R. 3630 slashed billions from ObamaCare slush funds. I could go on, Madam Chairwoman.

Now I would like to yield 2 minutes to my colleague from Pennsylvania, Congressman PAT MEEHAN.

Mr. MEEHAN. Madam Speaker, I rise today in support of the No Subsidies Without Verification Act, legislation of which I'm a proud cosponsor. October 1 is only days away, and almost every day we see a brand new headline about ObamaCare, demonstrating the ''train wreck,'' as one Senator put it. Those are their words, not mine.

The thousands of rules, regulations, and mandates are only increasing the cost of health insurance and dramatically expanding the bureaucracy in our health care. And the implementation of ObamaCare has been one disaster after another.

Buried in the hundreds of pages of regulations that have been released this summer was a rule change announcing that the government will no longer verify whether applicants for ObamaCare's insurance exchange are actually qualified for the aid. Instead, they will simply rely on the honor system.

Madam Speaker, we're talking about billions of dollars here. How can we possibly be relying on an honor system? According to The Wall Street Journal, it's estimated that not verifying the eligibility could result in approximately $250 billion in fraudulent payments.

The No Subsidies Without Verification Act will stop any taxpayer funding subsidies until an accurate real-time verification system is in place to ensure the applicants are indeed eligible. It seems like common sense to me. We need a trusted system in place to stop any waste, fraud, and abuse resulting from not verifying eligibility for ObamaCare insurance subsidies.

This is being operated through a data hub, which will have millions of persons' personally identifying information. Of most concern, this is going to be a honeypot for identity theft and the very purpose for which it was put in place in the first place. This income verification is not capable of being accurately done because this administration has refused to allow the businesses who will give the information to apply.

I am a proud cosponsor, and I urge passage of this bill.

Mr. PALLONE. Madam Speaker, I yield 2 minutes to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Madam Speaker, I thank the gentleman from New Jersey.

I rise today to ask an incredulous question of how many times do we have to say, ''No,'' and how many times do the American people have to say, ''Take your hands off my good Affordable Care Act'' that has allowed millions of Americans to have preventible care that is being poised to attack the scandalous high percentage of uninsured in the State of Texas, being the number one State with uninsured persons? How many times?

First of all, this bill is frivolous. The reason is because there is a construct in the Affordable Care Act to deal with all of the questions that they've asked. First of all, it will require that individuals will have to submit their projected annual household income. All income data submitted through the marketplace will then be checked against IRS data, Social Security data, current wage information. If there is inconsistency, the marketplace will require additional documentation. In addition, marketplaces will check employer coverage information from the applicant and their employer against data, OPM, and the SHOP Marketplaces, as well as other data sources.

It is absolutely absurd for this bill to place more responsibilities on an already sequestered government. If my colleagues want to do anything to provide any substance to what they're talking about, let's put a bill on the floor to end sequestration. There's no resources that would add to the inspector general's ability to do all that they said.

Let me add further insult to injury, and I want my constituents to listen closely. $67 million was given to navigators to provide the kind of oversight and construction that these individuals on this bill have suggested they need. What I find appalling and what I've not seen in my tenure in Congress is the number of Members on the Energy and Commerce Committee that have sent a letter to the 51 navigators governed by Health and Human Services to require them to send information.

I want my navigator that received a grant from HHS to refuse to do anything with that letter, and I'm going to ask the Secretary of HHS to reject this letter that has no authority in law. Again, it is trying to abuse and reject the idea of the Affordable Care Act.

This bill should go down, and don't answer the letter. This is a bad way to deal with health care in America.

Madam Speaker, I rise in strong opposition to H.R. 2775, the so-called "No Subsidies Without Verification Act." I oppose this unnecessary and dilatory legislation which imposes unnecessary and burdensome conditions on the ability of Americans to utilize the tax credits provided by the Affordable Care Act which will enable them to purchase affordable health insurance for themselves and their families.

This is the 41st attempt by House Republicans to repeal, delay, or undermine effective implementation of the Affordable Care Act.

Even though the Affordable Care Act, which has been upheld by the Supreme Court and is here to stay, House Republicans refuse to abandon their quixotic quest to derail a law that will bring peace of mind to millions of Americans and reduce the deficit by $1 trillion.

Their latest attempt is the bill before us which prohibits any health insurance premium tax credits from being provided until the HHS Inspector General Office certifies there is a program in place that "successfully and consistently verifies" household income and coverage requirements for those applying for these credits.

This bill, H.R. 2775, is unnecessary because HHS already has a strong income verification system in place, as confirmed by CBO. The only purpose of this legislation is to hinder the implementation of the Affordable Care Act.

The impact of the enactment of this GOP bill would be an unconscionable delay in obtaining health insurance for more than 25.7 million Americans, 22.7 million of whom are members of working class families.

The new requirement imposed by the irresponsible bill before us would delay millions of

our hard-working constituents from getting the premium tax credits they are clearly eligible for beginning on January 1, 2014.

Madam Speaker, Americans do not have to be told that justice delayed is justice denied!

Under current law, to receive the premium tax credits to make their health insurance affordable, individuals will have to submit their projected annual household income. All income data submitted through the Marketplaces will then be checked against IRS data, Social Security data, and current wage information. If there is an inconsistency, the Marketplaces will require additional documentation from applicants.

In addition, Marketplaces will check employer coverage information from the applicant and their employer against data from OPM and the SHOP Marketplaces as well as other data sources approved by HHS to verify eligibility for the tax credits. If applicant information and other data do not match, the Marketplaces will ask for further supporting documentation.

Further, all payments of premium tax credits are reconciled by IRS the following year. The income data submitted is reconciled against the actual wages and health coverage information on the individual's income tax return. If there is an inconsistency, the applicant pays back the excess, subject to statutory limit and there is 100 percent income verification and reconciliation on this back-end.

In sum, there are ample existing safeguards to ensure that premium tax credits are available only to those eligible to receive them.

Madam Speaker, after the sobering events of the last week, regarding war and peace, I would hope all my colleagues would take into consideration the importance of using our limited legislative time more wisely.

We should be addressing the need to eliminate sequestration, raising the debt ceiling and passing the jobs bill in order to repair infrastructure. But instead House Republicans continue to repeal, delay, or undermine the Affordable Care Act. Instead of wasting time on these time-consuming but futile efforts, our friends across the aisle should join with their Democratic colleagues to work together to create jobs and educational opportunities for our people.

Moreover, the Affordable Care Act is working and my constituents—and those of my colleagues—are benefiting from this landmark legislation.

Many of those most in need of the healthcare coverage provided by the Affordable Care Act live in the districts of many members on both sides of this argument. My home state of Texas leads the list of states with the highest percentages of uninsured residents. The states with the highest percentage of uninsured are:

1. Texas: 28.8%.
2. Louisiana: 24%.
3. Nevada: 23.3%.
4. California: 23.2%.
5. Florida: 22.8%.
6. Georgia: 22.5%.
7. Arkansas: 21.9%.
8. Mississippi: 21.7%.
9. Oklahoma: 21.4%.

The highest concentration of the uninsured is the poor. The Affordable Care Act provides at no or nearly no cost to states an option to enroll those living in or near poverty into their Medicaid program, which would benefit my state of Texas tremendously if the Governor can be persuaded to follow the example of his Republican counterparts and accept a deal of a lifetime.

I cannot understand the continued refusal by House Republicans to accept the Affordable Care Act, which is now the law of the land and is modeled after the plan put in place in Massachusetts by the nominee of their party in the last presidential election.

Instead of focusing on the issues that the American people want addressed, we are having the same discussion to repeal the Affordable Care Act in efforts of my colleagues to repeal, obstruct and undermine this law.

What is even more frustrating is that while there is so much energy in trying to repeal the Affordable Care Act, there has been no plan or suggestions posed on how to replace it.

Additionally, I oppose this misguided legislation because the Affordable Care Act is working for America and for my constituents in the 18th Congressional District of Texas. Let me count the ways:

13 million Americans benefited from $1.1 billion in rebates sent to them from their health insurance companies last year.

105 million Americans have access to free preventive services, including 71 million Americans in private plans and 34 million seniors on Medicare.

Millions of women began receiving free coverage for comprehensive women's preventive services in August 2012.

100 million Americans no longer have a lifetime limit on healthcare coverage.

Nearly 17 million children with pre-existing conditions can no longer be denied coverage by insurers.

6.6 million young-adults up to age 26 have health insurance through their parents' plan, half of whom would be uninsured without this coverage.

6.3 million Seniors in the 'donut hole' have already saved $6.1 billion on their prescription drugs.

3.2 million Seniors have access to free annual wellness visits under Medicare, and

360,000 small employers have already taken advantage of the Small Business Health Care Tax Credit to provide health insurance to 2 million workers.

Because of the Affordable Care Act 3.8 million people in Texas—including 2.2 million seniors on Medicare now receive preventative care services. Over 7 million Texans no longer have to fear lifetime limits on their healthcare insurance. Texas parents of 300,731 young adults can sleep easier at night knowing that their children can remain on their health insurance until age 26.

The protection provided by this law is a guarantee to 5 million Texas residents that their insurance companies will spend 8o percent of their premium dollars on healthcare, or customers will get a rebate from their insurance company.

In my state, there are 4,029 people who had no insurance because of pre-existing conditions, but today the Affordable Care Act has provided them with access to coverage. The Affordable Care Act means that many Texans are free of worry about having access to healthcare insurance.

The Affordable Care Act has helped my constituents in the 18th Congressional District of Texas tremendously. Because of the Affordable Care Act:

11,400 young adults in the district now have health insurance through their parents' plan;

Over 4,100 seniors in the district received prescription drug discounts worth $5.4 million, an average discount of $600 per person in 2011, $650 in 2012, and $1,040 thus far in 2013;

71,000 seniors in the district are now eligible for Medicare preventive services without paying any co-pays, coinsurance, or deductible;

121,000 individuals in the district—including 23,000 children and 50,000 women—now have health insurance that covers preventive services without any co-pays, coinsurance, or deductible;

113,000 individuals in the district are saving money due to ACA provisions that prevent insurance companies from spending more than 20 percent of their premiums on profits and administrative overhead. Because of these protections;

Over 31,100 consumers in the district received approximately $4.4 million in insurance company rebates in 2012 and 2011—an average rebate of $95 per family in 2012 and $187 per family in 2011;

Up to 46,000 children in the district with pre-existing health conditions can no longer be denied coverage by health insurers;

153,000 individuals in the district now have insurance that cannot place lifetime limits on their coverage and will not face annual limits on coverage starting in 2014;

Up to 193,000 individuals in the district who lack health insurance will have access to quality, affordable coverage without fear of discrimination or higher rates because of a pre-existing health condition; and

The 17,000 individuals who currently purchase private health insurance on the individual or small group market will have access to more secure, higher quality coverage and many will be eligible for financial assistance.

However, the list of benefits from the Affordable Care Act is not complete. In 2014, when the Affordable Care Act's final provisions will become effective, insurance companies will be banned from: discriminating against anyone with a pre-existing condition; charging higher rates based on gender or health status; enforcing lifetime dollar limits; and enforcing annual dollar limits on health benefits.

In 2014, access to affordable healthcare for the self employed or those who decide to purchase their own coverage will be easier because of Affordable Insurance Exchanges. There will be a one-stop marketplace where consumers can do what Federal employees have done for decades—purchase insurance at reasonable rates from an insurer of their choice. This will ensure that health care consumers get the care that they need from the medical professionals they trust most at a price they can afford.

This Congress has work that needs to be done, and it is work that should be taken up to restore workers, their families, and communities to sound economic health. We do not have time time for partisan political games that do not advance the interests of the American people.

With less than 20 days before enrollment in the Marketplaces begins, the last thing we should be doing is considering legislation that serves no purpose other than to delay affordable health care coverage to millions of Americans who need and deserve the security and peace of mind such coverage brings.

I urge my Colleagues to put partisan politics aside and join me in voting no on the passage of this bill.

Thank you, Madam Speaker.

HOUSE OF REPRESENTATIVES
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, August 29, 2013.

DEAR ———: Pursuant to Rules X and XI of the United States House of Representatives, the Committee on Energy and Commerce is examining the role Navigators will play in efforts to enroll individuals in health insurance exchanges under the Patient Protection and Affordable Care Act (PPACA).

On August 15, 2013, the Centers for Medicare and Medicaid Services (CMS) awarded $67 million in Navigator Cooperative Agreements to entities that will assist consumers in preparing electronic and paper applications to establish eligibility and enroll in coverage through the PPACA marketplaces. Your organization was identified as a recipient of a Navigator grant by the Center for Consumer Information and Insurance Oversight (CCIIO).[1]

In order to better understand the work you will perform as a Navigator and the consumer protections that will be in place before open enrollment begins on October 1, 2013, we ask that you contact Committee staff to schedule a briefing to occur no later than September 13, 2013, to discuss your participation as a Navigator in the health insurance exchanges. We also ask that you provide written answers to the following questions and produce the materials requested no later than September 13, 2013:

1. Provide a written description of the work that will be performed with the funds obtained via your Navigator grant. This would include a description of the number of employees, volunteers, or representatives that will be utilized and the pay and duties for each, as well as a written description of how any other portion of the grant may be spent. If a budget or detailed description of how this funding will be utilized exists or will be created, provide these documents in addition to the written response requested.

2. Provide a written description of the training or education employees, volunteers, or representatives must complete, including training or education required by the Department of Health and Human Services (HMS), CMS, CCIIO, or any other federal or state entity. Provide a written description of any training or educational efforts employees, volunteers, or representatives must complete that are required by your organization beyond that required by any federal or state entity. Provide copies of these materials.

3. Provide a written description of the processes and procedures in place to monitor, review, or otherwise supervise your employees, volunteers, or representatives. If documentation of these standards exists or will be created, provide these documents in addition to the written response requested.

4. Provide a written description of how your organization will utilize the information obtained during performance of your Navigator grant. This would include, but is not limited to, descriptions of the measures your organization will take to safeguard an individual's personal and medical information. Furthermore, provide a written description of whether your organization may use any of the information obtained during performance of your Navigator grant, including any prohibitions on the use of that information. For example, please provide a written description of whether your organization may contact individuals who have utilized your services as a Navigator for the purposes of fundraising, voter registration efforts, campaign activities, or any other reason.

5. Provide a written description of whether your organization has been contacted by any health insurance company or health care provider to discuss your Navigator grant. This would include, but is not limited to, discussions of supporting your organization in any way or promoting the health insurance company or health care provider to individuals your organization may contact.

6. Provide all documentation and communications related to your Navigator grant. This would include, but is not limited to, materials your organization submitted in order to obtain the grant, materials provided to your organization upon obtaining the grant, and communications between your organization and representatives from HHS, CMS, CCIIO or any other federal or state entity. This request also includes, but is not limited to, any documents provided by (or communications with), representatives from HHS, CMS, CCIIO, Enroll America, or any other entity including federal or state governments discussing individuals to target or solicit for enrollment under the PPACA, including discussions or documents related to geographic area.

Instructions for responding to the Committee's document request are included as an attachment to this letter. Thank you for your prompt attention to this matter. If you have questions or wish to discuss your responses or production, please contact Karen Christian or Sean Hayes.

Sincerely,

Fred Upton, Chairman; Tim Murphy, Chairman, Marsha Blackburn, Vice Chairman; Phil Gingrey; Gregg Harper; Cory Gardner; Joe Barton, Chairman Emeritus; Joseph R. Pitts, Chairman, Subcommittee on Health; Michael C. Burgess, Vice Chairman, Subcommittee on Oversight and Investigations; Steve Scalise; Pete Olson; Morgan Griffith; Bill Johnson; Renee Ellmers; Billy Long.

Mrs. ELLMERS. Madam Speaker, I yield myself such time as I may consume.

I would just like to point out to my colleagues across the aisle that in the latest Wall Street Journal article of September 10, one of the things that they point out again is that in the Senate, which is the Democrat majority, they put in an HHS spending bill a sense of the Senate that the provision for income verification be in place.

This is something that is very important. It is common sense. Madam Speaker, wouldn't it be just a major commonsense issue to just simply put in place a proactive prevention of fraud, waste, and abuse?

I would also like to point out to my colleagues that have discussed the issue of whether or not the inspector general has the ability to do so, first and foremost, we wouldn't be approaching this in this manner if the rule had not been removed. Yet, we have to have a system in place that will address these issues.

There is no reason that we can't approach it from this, again, very commonsense approach where we ask that we actually have a rule put in place. We can't simply move forward on this incredible disaster of a law when we are not asking for some verification. I think it's a very simple move. I think it's a very commonsense move.

I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I ask how much time remains on both sides.

The SPEAKER pro tempore. The gentleman from New Jersey has 5 minutes remaining, and the gentlewoman from North Carolina has 6 minutes remaining.

Mr. PALLONE. I now yield 3 minutes to the chairman emeritus of the Energy and Commerce Committee, Mr. DINGELL.

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

Mr. DINGELL. Madam Speaker, here we go again. Time in the House is being wasted. The business of the Nation is being obfuscated. The Republicans have got more nonsense to put on the floor.

We're told that this is important. That's baloney. This is the 41st time that the Republicans have tried to gut the Affordable Care Act. They don't understand that you're supposed to respect the will of the people and to carry forward the business of the Nation. What a shame that we have such behavior on that side of the aisle.

All Members agree that we have to verify the incomes of those getting subsidies through the marketplaces, and that is exactly what will take place starting on October 1. This is obfuscation and deceit. All income data will be submitted through the marketplaces and will be checked against data from both the IRS and the Social Security Administration under existing practices. This is a lot of witchcraft and baloney. If there is an inconsistency, then additional documentation is going to be required. Furthermore, all the subsidies are reconciled by the IRS when an individual files their tax returns.

This is just spinning by people who don't want the legislation to come to be, and again, this is the 41st time we've engaged in this silly exercise.

The practical impact of this bill is to deny millions of Americans from getting subsidies for purchasing health insurance. Its purpose is to delay and obfuscate the implementation of the legislation that it is supposed to be helping. To pass this bill is simply going to prove to be a malicious assault on the most vulnerable people in our country and those most in need of the Affordable Care Act.

We've seen this song and dance before. As I mentioned, this is the 41st time we've engaged in this nonsense, wasting about $1.5 million each hour we're doing this. I urge all of my colleagues to join me in opposing H.R. 2775. This is political gimmickry. It is going to have harmful effects, and it is intended to do so.

I urge that the legislation be rejected and that we stop this nonsense and we get going forward to try to see to it that we do implement, in a proper way, the Affordable Care Act.

I thank my good friend New Jersey for yielding this time to me, and I urge my colleagues to reject this nonsense.

Mrs. ELLMERS. Mr. Speaker, I yield myself 2 minutes to respond to some of the comments from my esteemed colleague.

This is theory. That's basically what we have now, because, as the rule was removed the week of the Fourth of July, there has been no rule put in place to replace it. Basically what we're hearing is the description of how it would be run if the rule were in place.

Mr. Speaker, an August 5 frequently asked question document was given out by HHS and the administration, which basically explains the verify process of the Federal exchange but outlines no details on how it will occur. Additionally, this fact sheet has no force of law. Even worse, the fact sheet doesn't even pretend to address the verification applications submitted to ObamaCare exchanges administered by the States. It simply says that the State can choose whatever sample size it wants to audit, meaning no actual verification may occur before millions of dollars of taxpayer-financed benefits are paid out.

□ 1000

While I believe America is a Nation of honorable people, we have to remember there are always those who will abuse the system. The fact sheet from CMS doesn't change the status of the rule. States can continue to audit whatever sample size they see fit or simply not audit at all.

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

Mr. PALLONE. Mr. Speaker, I yield to the gentleman from Texas (Mr. GENE GREEN) for the purpose of a unanimous consent request.

(Mr. GENE GREEN of Texas asked and was given permission to revise and extend his remarks.)

Mr. GENE GREEN of Texas. Mr. Speaker, I oppose this unnecessary piece of legislation.

Thank you for the time to speak. The bill before us is unnecessary. It is burdensome and serves as a barrier for those who are qualified to receive the core they need. Health and Human Services (HHS), the Internal Revenue Service (IRS), and the marketplaces are equipped to handle income verification. If people lie on their tax forms, that is a federal crime.

This is nothing more than one more attempt to block implementation of this law. The Republicans know that as implementation moves ahead their exaggerations and their fear mongering will be exposed. This is a desperate, last ditch effort to stop millions of qualified individuals and families from being able to access care by holding back any subsidies until unreasonable requirements are met by HHS. We have controls in place. The marketplaces and the IRS are tasked with reconciling the data they receive. Americans who are eligible for subsidies should receive them and this bill prevents it from happening.

The Affordable Care Act is a critical law but it's not a perfect law. However, we are spending time with 11th hour attempts at thwarting the law of the land, upheld by the Supreme Court, rather than spending time helping our constituents navigate the new health landscape.

I oppose this bill and urge my colleagues to oppose the bill.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. ANDREWS).

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

Mr. ANDREWS. Mr. Speaker, I thank my friend from New Jersey for yielding, and I'm glad he's back with us.

The purpose of this bill is to make it as hard as possible for a hardworking person to get health insurance for their family. So somewhere in America today there's a person working in a nursing home or a retail store or driving a schoolbus, and if their children got sick tonight, they could not take them to a hospital with an insurance card in their pocket; they'd have to pay for it whatever way they could, which is not at all.

The new law says that that person, under most circumstances, starting October 1, can sign up for a health insurance policy as good as the ones that Members of Congress have, for a reasonable and affordable price, maybe $30 or $40 a week for that family. This is not someone on public assistance. This is not someone sitting around watching someone else pay their bills. This is a hardworking, taxpaying American. That person has to report their income. They have to follow the rules and do all the things that are needed to be done. This bill makes it as hard as possible for that person to do that, and that's why it should be defeated.

So here we are again. This is attempt number—what number are we using today—44, 45, 46, whatever the number is. The government is going to shut down on September 30 if we don't pass a budget. The majority said it was going to bring that budget to the floor this morning, but they're not doing that. Instead, we're having attempt number 44 to repeal the Affordable Care Act. This is not only a waste of the country's time, it's an imposition on hardworking people who finally deserve a break after all these years.

Vote ''no'' on this unwise piece of legislation.

The SPEAKER pro tempore. The gentleman from New Jersey (Mr. PALLONE) has 30 seconds remaining.

Mrs. ELLMERS. Mr. Speaker, we are prepared to close. I would like to ask my colleague if he has any further speakers remaining?

Mr. PALLONE. Mr. Speaker, I ask unanimous consent to yield the remaining 30 seconds to our Ways and Means Committee time.

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

There was no objection.

Mrs. ELLMERS. Mr. Speaker, I yield myself the balance of my time.

Here in Washington we have a way of doing things, and one of those ways is to deal with problems after they've been created.

Prior to coming to Washington, I was a nurse for many, many years. One of the rules that we had drummed into our heads was, if it's not documented, it did not happen. This is a rule that is not documented, so it will not happen. It is not enough that we simply ask to be on the honor system. This is a very important piece of legislation. We must ensure the hard-earned taxpayer dollars are protected and abuses are avoided. I would urge my colleagues to vote ''yes'' on H.R. 2775 for this purpose. I believe it is incumbent on the American people and the job that we do here in Washington to ensure that this happens.

I yield back the balance of my time.

The SPEAKER pro tempore (Mr. POE of Texas). The gentleman from Texas (Mr. BRADY) has 10 minutes. The gentleman from Michigan (Mr. LEVIN) has 10½ minutes.

Mr. BRADY of Texas. Mr. Speaker, I yield myself such time as I may consume.

I rise in strong support of the No Subsidies Without Verification Act because too many of our precious tax dollars are being lost to fraud. That's the simple goal of this bill by Representative DIANE BLACK, stopping fraud and abuse in ObamaCare.

We wouldn't allow an individual to apply for a mortgage, a car loan or a credit card without verifying their income. You can't go into a restaurant, grocery store, or gasoline station and just pay on the honor system. Yet today—because the White House, frankly, has botched the last 3½ years, and ObamaCare is still not ready—somehow they believe that it's okay for billions of dollars in new taxpayer subsidies to go out the door without a bat of the eye on the honor system.

As hard as you work to earn every paycheck, how much more fraud in health care can we accept? Today we have the opportunity, and I think the responsibility, to hold the Federal Government's feet to the fire and insist it put in place strong protections that will end this pay first and chase later model that's been so ineffective at stopping fraud.

This bill simply insists that the independent inspector general of the Health and Human Services agency certifies there is a real, genuine program in place to stop fraud and abuse in ObamaCare by stopping taxpayer subsidies from going out the door to those who aren't eligible. Wow, that's radical in Washington—not paying those who aren't eligible.

This will give American taxpayers some assurance that we're protecting their hard-earned tax dollars. President Obama has admitted in ObamaCare it's not ready for businesses, and so he waived that. Everyone knows it's not ready for families and workers either. Is it asking too much to at least insist that it be ready to protect taxpayers against a mountain of more fraud?

Now, the White House and our Democratic friends tell us, trust us, we'll

verify everything before giving out taxpayer subsidies. Really? This is from the same White House that said exchanges may accept the applicant's attestation without further verification. This is from the same Health and Human Services agency that had to backtrack and explain maybe they would audit all of the applications, but not for State exchanges; they're on their own.

Sorry, but I'm not buying it, and nor are taxpayers in my State of Texas. Time and time again, Health and Human Services and the White House have ducked the real details about ObamaCare. They have no real plan in place. Meanwhile, taxpayer subsidies will fly out the door as individuals pinky swear that their income is accurate.

Only Members of Congress who refuse to stop fraud, who enjoy wasting taxpayer dollars, and who want to turn a blind eye to wasted money could oppose this bill. I strongly urge a ''yes'' vote on this legislation.

I reserve the balance of my time.

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

So why are we going through the motions once again—I guess 41 times now? Because the health care reform train is rolling. It's picking up momentum, and the Republicans are once again trying to throw a monkey wrench in its way. In Michigan, 14 different insurance entities are competing. Tens and tens and tens of organizations are working to make this work. Medicaid is now available. Republicans see this happening, and they just can't stand the thought.

I reserve the balance of my time.

Mr. BRADY of Texas. Mr. Speaker, I yield 2 minutes to the gentlelady from Tennessee (Mrs. BLACK) who has really led the effort to stop fraud and abuse in ObamaCare and who understands health care herself.

Mrs. BLACK. Mr. Speaker, I thank the gentleman for yielding.

As Members of the people's House, protecting the American taxpayer from fraud and abuse is absolutely a critical part of our job. And if, like me, you spent the last few weeks visiting your constituents, you will know that the American people are fed up and they're tired of footing the bill for Washington's failures. That's why passing the No Subsidies Without Verification Act is so important.

This bill would protect American taxpayers from the staggering amount of fraud and abuse in ObamaCare exchanges by simply requiring that ObamaCare live up to its original guarantee in their original law that only those who certify to be eligible for taxpayer subsidies receive them. Unfortunately, because of this administration's clandestine rule change on the July 4 holiday, this is not currently the case. It is estimated that as much as $50 billion of hard-earned American taxpayer dollars could be given out in fraudulent ObamaCare subsidy claims.

Protecting the taxpayers' money is not a partisan issue. The health care law was originally written—yes, was originally written—so that only those who qualify would receive Federal subsidies in the exchanges. And the Democratic controlled Senate Appropriations Committee has passed legislation expressing their sense that verification needs to occur before subsidies are doled out.

I urge my colleagues here in the House today to join me in helping to protect the American taxpayer, and I call on the Senate to bring this for a vote so that we can send a commonsense measure to the President and protect the American taxpayer from fraud and abuse.

Mr. LEVIN. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. WAXMAN), the ranking member of the Energy and Commerce Committee, and I ask unanimous consent that the balance of my time be managed by the gentleman from Washington (Mr. MCDERMOTT).

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

There was no objection.

Mr. WAXMAN. Mr. Speaker, I thank the gentleman for yielding me time to speak against this bill.

The American public should know what this bill is all about. It is the 41st attempt in the House to repeal and confuse the American people about the Affordable Care Act. It's a deliberate distortion of the actions that have already been in place to protect the taxpayers.

We have letters from the Department of Health and Human Services as well the Congressional Budget Office that the verification system is in place so that taxpayers' money is being protected.

But the message that the Republicans have been sending over and over again is that we should delay, defund, repeal, but never replace the Affordable Care Act. If they needed further evidence to ignore, just yesterday the nonpartisan CBO reported that HHS has already put the verification system in place that their bill suggests we do. Mr. Speaker, what they want to do is to create a duplicative, unworkable process to certify a verification system, and they want to give it to the inspector general of HHS, but the Inspector General's Office has told us that they have no idea what this bill is proposing or what that office would have to do. They have no experience in doing it.

So this is not a credible bill. It's a political bill. They can't repeal the Affordable Care Act, so they're determined to keep it from working. It's a clear effort to delay the implementation of the Affordable Care Act.

When I was home, my constituents, particularly those who are looking forward to the legislation going into effect, people who have had preexisting conditions or inability to get insurance in the past, keep on asking me: Is this really going to happen, or are the Republicans going to stop it?

I urge a ''no'' vote on this bill because it's another effort by the Republicans to stop health care for all Americans.

□ 1015

Mr. BRADY of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from Oklahoma (Mr. LANKFORD), the head of the Republican Policy Committee, and a leader in health care.

Mr. LANKFORD. Mr. Speaker, this administration's been very proud of the work that they have done to reduce fraud in Medicare, that they have done to reduce fraud in durable medical equipment. Just a couple of weeks ago there was a huge bust in Puerto Rico trying to deal with Social Security disability fraud that has happened there for years.

But for whatever reason, they have chosen, on this piece of legislation, to look the other way, to actually turn away and say we're going to allow people to self-verify whether they're eligible for the subsidies, when right now people don't even know if they're eligible for the subsidies.

If I walked up to 100 people on the street today and asked them the two questions on that—does your employer provide you a qualified health plan—most of them would say: I have no idea. What's a qualified health plan?

And then if I said, Do you qualify for the subsidies?, just about every American would say: I don't know. I have no idea.

Yet, they're being asked, when no one knows right now, to self-verify that you know one way or the other. They don't have the information. They don't know the information. We don't even know what's going to happen on the exchanges yet. That's not been released yet, and it starts in 3 weeks.

So to say to people something that doesn't even exist yet, you've got to be able to say whether you certify for it or not, whether you can say that, yes, I do qualify for, this is absurd.

We're just asking the simple question: Shouldn't we stick with the original plan on this if we're going to do this?

The law itself said that it had to be certified. Then they created a waiver out of thin air and said, no, this is going to be too complicated; we're going to delay that for a while.

Then people say, what's your plan?

I can tell you, my State is begging to keep our own plan for Insure Oklahoma. We're having to go back to the Federal Government and request that we can keep the plan we've had for a while taking care of those in poverty. This is absurd.

There is a straightforward, simple way to do this that can be done; but, instead, we've created this convoluted mess.

Just this morning I've heard people on the other side say that the train has left the station on this. I've heard health care reform, that train is rolling.

Well, I can tell you, in the Senate the Democrats are saying, at least some of them are saying, this is a train wreck. And I agree.

The train has left the station, and if we don't step out and say this has to stop, then we'll continue to have more and more fraud. We have got to take this on and take it on right now.

Mr. McDERMOTT. Mr. Speaker, I will enter into the RECORD four documents. One is a letter from the President, in his opposition to the bill. The second is technical assistance from the Inspector General, saying they have no ability to do this. The third is a cost estimate from CBO, and the fourth is a letter from HHS detailing their verification plans.

EXECUTIVE OFFICE OF THE PRESIDENT, OFFICE OF MANAGEMENT AND BUDGET,
Washington, DC, September 10, 2013.

STATEMENT OF ADMINISTRATION POLICY

H.R. 2775—NO SUBSIDIES WITHOUT VERIFICATION ACT

(Rep. Black, R-TN, and 103 cosponsors)

The Administration strongly opposes House passage of H.R. 2775 because the goal of the bill is already being accomplished while the text of the bill would create delays that could cost millions of hard-working middle-class families the security of affordable health coverage and care they deserve. It is time for the Congress to stop fighting old political battles and join the President in an agenda focused on providing greater economic opportunity and security for middle class families and all those working to get into the middle-class.

The Affordable Care Act gives people greater control over their own health care and has already improved many aspects of the Nation's health care system. Beginning in October 2013, millions of low- and middle-income Americans will be eligible to receive tax credits to help them purchase insurance and cost-sharing reductions to help with out-of-pocket expenses for coverage effective January 1, 2014. Tens of millions of Americans who have previously been denied coverage due to a pre-existing medical condition will now be covered. The nearly one in two Americans under the age of 65 with pre-existing medical conditions will have the peace of mind that comes from knowing that they cannot be dropped from their health plan or denied coverage because of those conditions. House passage of H.R. 2775 would undermine this security by delaying tax credits and cost-sharing reductions that will otherwise be provided to millions of Americans.

H.R. 2775 is unnecessary because the Secretary of Health and Human Services has already put in place an effective and efficient system for verification of eligibility for premium tax credits and cost sharing reductions. Moreover, it would create vague standards for the Inspector General, whose office has never performed this type of prospective review, to ''successfully and consistently'' verify eligibility. As a result, this legislation's unnecessary pre-certification requirement would impede opening the Marketplaces on October 1, 2013, driving up out-of-pocket health care costs for millions of Americans and reducing timely access to much-needed and long-denied affordable coverage.

If the President were presented with H.R. 2775, his senior advisers would recommend that he veto the bill.

TECHNICAL ASSISTANCE FROM THE INSPECTOR GENERAL

We offer the following technical assistance on draft HR 2775, as amended, as requested. We note that this technical assistance represents the views of the Office of Inspector General (OIG) and does not necessarily represent the views of the Department of Health and Human Services (HHS)/the Administration.

Page 2, line 13, as amended by the amendment: The draft legislation would require the IG to make a certification to Congress. We are uncertain what Congress means by a certification. The certification function described in the legislation is substantially outside a traditional OIG oversight role. There is no generally accepted auditing definition or standard for a ''certification'', nor are certifications of the type described in the legislation among the types of work articulated under the IG Act.

The legislation can be read as contemplating a prospective certification occurring before the program starts operations (or, if operations have begun, before the program has been operational long enough for a statistically sound review of actual operations; typically, we require more than three months of data). As an OIG using accepted auditing and oversight standards, it is difficult to predict whether programs will, in fact, work as intended. More traditionally, an OIG might review internal controls and make recommendations to strengthen them if needed; conduct statistically-valid, retrospective reviews of actual operational history; or issue an opinion on design controls. These options may be more effective for oversight of the verification program.

Page 2, line 14, as amended by the amendment: We note that the ''successfully and consistently'' standard articulated in the amendment is a standard without clear meaning from an audit perspective. It is not clear to us how this standard would intersect with Yellow Book standards.

General comment on the legislation, as amended: While we are not entirely clear about the scope and nature of the work contemplated by the drafters, under any interpretation of this draft legislation, the OIG would need to develop additional programmatic and technical expertise in a new program area and would need resources. Given the potential scope of the work described in the draft legislation, the apparent timeframe contemplated, and the serious implications of not completing the work on an expedited basis, we would need substantial additional resources, including auditors, contractors, or other staff. If the certification were to cover multiple systems (including the Federal and State-based exchanges) or require auditing of complex operations, we might need dozens of staff to do the work in the time allotted. To do the certification proposed in the legislation, or the alternative internal controls review and retrospective reviews of operations in accordance with OIG's historic oversight role,—as well as other essential oversight of ACA—we need OIG's 2014 budget appropriated.

H.R. 2775—A bill to condition the provision of premium and cost-sharing subsidies under the Patient Protection and Affordable Care Act upon a certification that a program to verify household income and other qualifications for such subsidies is operational, and for other purposes

Summary: H.R. 2775 would make the availability of premium tax credits and cost-sharing subsidies to eligible individuals and families under the Affordable Care Act (ACA) contingent on a certification to the Congress by the Secretary of Health and Human Services (HHS) that a program is in place that verifies, consistent with section 1411 of the ACA, the household income and coverage qualifications of people applying for such credits and cost-sharing subsidies. Section 1411 of the ACA establishes requirements for a program to determine whether someone meets the income and coverage qualifications for such premium tax credits and cost-sharing subsidies (among other things).

CBO and the staff of the Joint Committee on Taxation (JCT) estimate that enacting H.R. 2775 would not affect direct spending or revenues. A program is currently being put in place to verify income and coverage qualifications for the tax credits and subsidies, and that program appears to CBO and JCT to be in accordance with section 1411. Accordingly, we expect that the Secretary would certify before the beginning of 2014, when premium tax credits and cost-sharing subsidies would first be paid, that the requirements in H.R 2775 are satisfied.

Pay-as-you-go procedures do not apply to H.R. 2775 because enacting the bill will not affect direct spending or revenues in CBO and JCT's estimation.

H.R. 2775 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act of 1995 (UMRA).

Estimated Cost to the Federal Government: H.R. 2775 would prohibit premium tax credits and cost-sharing subsidies from being paid before the Secretary of HHS has certified to Congress that a program is in place that verifies, in accordance with section 1411 of the ACA, the household income and coverage qualifications of people applying for such tax credits and subsidies.

Section 1411 of the ACA describes a program to determine whether someone meets income, coverage, and other qualifications for premium tax credits and cost-sharing subsidies. The section specifies methods for verifying the information provided by applicants and establishes penalties for the provision of false or fraudulent information. In addition, section 1411 establishes reporting requirements for individuals related to determining if the individual has an affordable offer of insurance coverage from an employer. Further, the section specifically grants flexibility to the Secretary of HHS to modify the methods used for verification of information provided by applicants.

In July, the Administration delayed for one year two reporting requirements for certain large employers and health insurance coverage providers. Further, regulations issued by HHS in July provided state-based insurance exchanges with limited flexibility when verifying applicants' household incomes and offers of employment-based health insurance coverage for the 2014 benefit year.

CBO and JCT do not expect that those administrative actions and regulations, by themselves, would prohibit the Secretary from being able to provide certification under H.R. 2775. In particular, the reporting requirements for employers are not covered by section 1411, and the flexibility regarding verification that is provided in the regulations issued by HHS appears to us to be consistent with section 1411. (The regulations that were issued regarding verification are slightly looser than CBO and JCT had previously expected, so we revised our baseline projections following the announcement of those regulations.[1] However, in our judgment, the regulations are consistent with the flexibility granted the Secretary by section 1411.)

1. Congressional Budget Office, Letter to the Honorable Paul Ryan Re: Analysis of the Administration's Announced Delay of Certain Requirements Under the Affordable

Care Act (July 30, 2013), *www.cbo.gov/publication/44465*

Thus, CBO and JCT conclude that a program is currently being put in place in accordance with section 1411 regarding the verification of household income and coverage qualifications. CBO and JCT expect that this program will be in place by January 1, 2014, when the premium tax credits and cost-sharing subsidies would begin to be paid. We therefore expect that the Secretary would certify by that time that the requirements in H.R. 2775 are satisfied, allowing premium tax credits and cost-sharing subsidies to be made available on schedule. As a result, we estimate that H.R. 2775 would have no budgetary effects relative to our current baseline projections.

This conclusion, however, is uncertain. The language of H.R. 2775 is unclear regarding the meaning of the term ''program.'' That term might be construed to go beyond regulations and guidance to encompass operational competence, such as software and enrollment procedures that have been proven to work as provided for in regulations. Determining whether or not those systems work as provided for in regulations, however, may not be possible until there is some experience or data that can be used to evaluate the systems.

Estimate Prepared by: Federal Costs: Jean Hearne, Sarah Masi, and the staff of the Joint Committee on Taxation; Impact on State, Local, and Tribal Governments: Lisa Ramirez-Branum; Impact on the Private Sector: Alexia Diorio.

Estimate Approved by: Holly Harvey, Deputy Assistant Director for Budget Analysis.

DEPARTMENT OF HEALTH & HUMAN SERVICES, OFFICE OF THE ASSISTANT SECRETARY FOR LEGISLATION,
Washington, DC, August 22, 2013.

Hon. FRED UPTON,
Chairman, Committee on Energy and Commerce, House of Representatives, Washington, DC.

DEAR CHAIRMAN UPTON: The Secretary has asked that I respond to your letter concerning eligibility determinations under the Affordable Care Act. The Department of Health and Human Services (HHS) has been working tirelessly to implement the Affordable Care Act to ensure that on October 1, 2013, millions of Americans will have access to quality, affordable health coverage, including private insurance plans through the Marketplaces. This work includes close collaboration with other federal agencies and the states to ensure a consumer-friendly experience for individuals, families, and small businesses applying for coverage while implementing appropriate verification procedures and safeguards to protect federal taxpayer dollars.

It is important to note that verification of income and employer-sponsored coverage applies only to individuals and families seeking financial assistance in the Marketplaces through the insurance affordability programs, which include Medicaid, the Children's Health Insurance Program (CHIP), premium tax credits, and cost-sharing reductions. Federal regulations at 45 CFR 155.320 provide detailed verification procedures for household income and eligibility for and enrollment in employer-sponsored coverage for individuals and families applying for insurance affordability programs.

The Marketplace will check the income information submitted by every individual applying for insurance affordability programs by comparing it with data from tax filings and Social Security data, and in many cases, with the additional use of current wage information that is available electronically. The multi-step process begins when an individual applies for an insurance affordability program through the Marketplace and affirms or inputs his or her projected annual household income. The Marketplace then compares the applicant's projected annual household income with information available from the Internal Revenue Service (IRS) and Social Security Administration (SSA). If the data submitted by the applicant cannot be verified by the Marketplace using IRS and SSA data, then the information is compared with wage information from employers provided by Equifax Workforce Solutions (Equifax), which is under contract with HHS to provide this information. If Equifax data does not substantiate the applicant's inputted income, the Marketplace will request an explanation or additional documentation from the applicant.

When documentation is requested, the regulations, at 45 CFR 155.315 (f)(4)(ii), specify that if the consumer meets all other eligibility requirements, he or she will be provided with time-limited advanced payments of the premium tax credits and cost-sharing reductions based on his or her attestation to projected household income, while documentation is gathered and submitted to the Marketplace. If documentation is requested and is not provided within the specified timeframe (90 days, which may be extended based on the applicant's good faith efforts to obtain required documentation), the statute specifies that the Marketplace will base its eligibility determination on data from IRS and SSA. If no data from IRS is available, the Marketplace will discontinue advanced payments of premium tax credits and cost-sharing reductions.

For eligibility for 2014 only, we recently indicated that HHS will exercise enforcement discretion such that a Marketplace may choose to request additional documentation from a statistically-significant sample of the group of individuals in only one specific situation: when the Marketplace has IRS data, the applicant attests to projected annual household income that is more than ten percent below IRS and SSA data, Equifax data is unavailable, and the individual does not provide a reasonable explanation for the inconsistency between the attestation and IRS and SSA data. In all other cases in which the data submitted by the individual cannot be verified using IRS and SSA data or Equifax data, and the individual does not provide a reasonable explanation for any discrepancy identified between their attestation and electronic data, the Marketplace must request additional documentation. This includes, for example, all cases in which IRS data is not available for an individual, and the attestation to projected annual household income cannot be verified using Equifax data; and all cases in which there is both IRS data and Equifax data for an individual but the attestation to projected annual household income cannot be verified using that data.

We have clarified that, for the Federally-facilitated Marketplace, CMS intends to set the initial size of the sample at 100 percent, such that everyone who is in the circumstance described above in which sampling may be used is asked to submit satisfactory documentation. Since publication of the final rule, we have ascertained that there are sufficient resources to ask every individual in this circumstance for such documentation with no exceptions. State-based Marketplaces may choose to use other sample sizes, provided that they are statistically significant for 2014. As described in 45 CFR 155.320(c)(3)(vi)(F), if satisfactory documentation is not submitted by the end of the resolution period, the Marketplace will determine eligibility based on the IRS and SSA data.

With respect to verification of employer-sponsored coverage, section 1411(a) of the Affordable Care Act requires the Secretary to establish a program for determining eligibility for enrollment in a qualified health plan (QHP) through the Marketplace, advance payments of premium tax credits, and cost-sharing reductions. Section 1411(b) of the Affordable Care Act requires applicants for insurance affordability programs to provide specific information regarding employer-sponsored coverage, and section 1411(d) of the Affordable Care Act requires the Secretary to verify the accuracy of this information, ''in such manner as the Secretary determines appropriate.''

The Marketplace requests and verifies employer-sponsored coverage information as part of the eligibility determination process for advance payments of the premium tax credit and cost-sharing reductions. Regulations at 45 CFR 155.320(d) specify that the Marketplace must verify an applicant's access to employer-sponsored coverage through data available to the Marketplace. The Marketplace will have access to electronic data sources for verifying access to employer-sponsored coverage through the Office of Personnel Management (OPM) federal employment data and data from the Small Business Health Options Program (SHOP) Marketplace operating in its state, where available. If discrepancies are identified using either OPM or SHOP data, the Marketplace will notify the applicant and request additional information. If the applicant does not adequately resolve the discrepancy with additional information, the Marketplace will make a final decision based on information obtained from the electronic data sources. A Marketplace may also use additional available electronic data sources that have been approved by HHS for this purpose, based on evidence that the sources are sufficiently current, accurate, and minimize administrative burden.

An individual who applies for insurance affordability programs and has income in the premium tax credit range will input information related to whether or not he or she has access to employer-sponsored coverage that meets the minimum value standard. This process is assisted by the Employer Coverage Tool, a page that is included in the Marketplace's single, streamlined application that will help applicants gather information about any employer health coverage for which they are eligible. Applicants may ask their employer to help fill out the Employer Coverage Tool, or employers may make this information available in other ways, such as by making it part of the notice specified in section 18B of the Fair Labor Standards Act.

The Marketplace then compares the applicant-supplied employer coverage information with information from OPM and the SHOP, where the Marketplace has access to SHOP data. When information provided by an applicant is inconsistent with OPM or SHOP data, the Marketplace will provide a period of 90 days for the applicant to provide satisfactory documentation or otherwise resolve the inconsistency. Consistent with general Marketplace verification procedures, eligibility for advance payments of the premium tax credits and cost-sharing reductions is provided during the period, to the extent that the applicant is otherwise eligible and attests that he or she understands that any advance premium tax credit paid is subject to reconciliation by the IRS. If documentation is not provided within the specified timeframe (90 days, which may be extended based on the applicant's good faith efforts to obtain required documentation), or documentation provided is not sufficient to resolve the inconsistency, the Marketplace

will make the determination based on available electronic data.

For eligibility for 2014 only, the Marketplace has the flexibility to identify a statistically-significant sample of the applicant population for which OPM, SHOP, or an approved state-based data source do not have available data, and request information regarding employer-sponsored coverage from their employers. The Federally-facilitated Marketplace will conduct the sample-based review and will collect a robust set of data from the income and employer verification process. This data, and information gathered by State-based Marketplaces that are conducting similar reviews, will be used as the basis for analysis to support the development of targeted verification strategies and future enhancements to the verification process.

It is important to note that advance payments of premium tax credits are provided directly to the health insurance plan, not to the consumer. In addition, individuals seeking to purchase insurance in the Marketplace must attest, under penalty of perjury, that they are not filing false information. The Affordable Care Act also provides for penalties when an individual provides false or fraudulent information. Individuals on whose behalf tax credits are provided must acknowledge, before they receive advance payments of the tax credit, that they understand that the payments are reconciled at the close of the year. They must also file income taxes for the year in which the credit is received. All advance payments of premium tax credits are reconciled with the IRS at the close of the year.

With respect to your questions about the employer responsibility requirements, as noted in previous correspondence, decisions regarding administrative action with respect to sections 6055, 6056 and 4980H of the Internal Revenue Code remain under the purview of the Department of the Treasury.

Although HHS regularly works with and communicates with other federal departments that share responsibility for implementation of the Affordable Care Act, particularly with respect to programs or provisions that are cross-cutting, it is important to note that the Department of the Treasury's decision to provide transition relief with respect to insurer and employer reporting requirements under the Internal Revenue Code has no impact on the process for verifying employer-sponsored coverage. HHS' policy regarding verification of employer sponsored coverage was articulated in a series of regulatory documents beginning in August 2011, culminating in the final rule, published on July 15, 2013. Throughout the development of this policy HHS has been clear that we would verify the availability of employer-sponsored coverage against available electronic data sources.

HHS is committed to the successful enrollment of millions of Americans into qualified health plans through the Marketplace, and to ensuring that individuals receive the financial assistance for which they are eligible. Please let me know if you have any additional questions.

Sincerely,

JIM R. ESQUEA,
Assistant Secretary for Legislation.

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

We're here today because we're supposed to be dealing with the CR, continuing the funding of the Federal Government. But the Republicans are scrapping among themselves and can't figure out what to do.

Now, right now, medical research in my district and across this country is grinding to a halt. Grant money is disappearing, laboratories are closing, and potentially world-transforming projects are being set aside. Researchers are being laid off, and students are discouraged from entering the field. There is no end in sight.

Now, the question you have to ask yourself is, why is the sequester not being dealt with?

It's the mechanism that's breaking our economy for the future because innovation, research, and our ability to compete in the global marketplace depends on research, which starts now continuously, not to mention the life-saving cures and treatments we're losing because of these empty labs.

So what are we doing here today?

Thank God for ObamaCare. We've got something to do. We can try and repeal it for the 41st time.

ObamaCare, folks, is not going away. It's about to take off. In Washington, Oregon and California, we can't wait. The rest of the States may be sitting on their hands, but we aren't.

And the fact is, even Senator CRUZ from Texas says ''you aren't going to win this one.''

Now, maybe these endless, pathetic kind of tantrums that we have out here every 2 weeks wouldn't matter if there weren't so many much more important things that need to be done.

We get it. I mean, we really do understand it. The American people even get it, that the Republicans really, really, really, really, really don't like this law. But can't we move on?

Stop screaming about wanting a budget and pass one. You've had the budget; you put the people forward to go and have a conference committee.

Quit dancing around with the CR. America needs jobs, and you can do something about it. It's not just some force of nature we can't control. Our economy is weak because we're starving it. Let's do something about that, instead of this biweekly announcement that you dislike access to affordable care.

I urge my colleagues to vote ''no.''

I reserve the balance of my time.

Mr. BRADY of Texas. Mr. Speaker, I yield 1 minute to the gentleman from Arkansas (Mr. GRIFFIN), a key member of the Ways and Means Committee.

Mr. GRIFFIN of Arkansas. Mr. Speaker, when I look across this country and look at who opposes the President's health care law, ObamaCare, it's not just Republicans. The New York Times today says the AFL–CIO is fed up with the law and ready to get it repealed if they can't fix it. Employers across this country are fed up with it. That's why the President delayed it for a year till after the elections.

Come on, let's get a grip and face reality.

But my dislike of the law aside, that's not what this is about. This is about the Federal Government handing out money without verifying who's getting it. That's ludicrous. It's unbelievable.

We have to verify, when I, as an Army Reservist, sign up for TRICARE Select, because now I'm thrown into the ObamaCare exchanges. If you buy alcohol, you have to show an ID. I mean, this is pretty basic.

We just want to verify who's getting government cash. That's it. And that's why I support the bill. It's common sense. Let's pass it.

Mr. MCDERMOTT. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Mr. Speaker, 19 days, in just 19 days, millions of working Americans can apply to receive premium assistance tax credits to help them get health insurance. These are neighbors who were previously denied coverage, or who were excluded because of a preexisting condition, or because a small employer could not afford to provide health insurance.

And today's bill is about one thing, and that is to deny those Americans their lawful opportunity, on October 1, to obtain health care security. This bill is certainly not about fraud because there is already a comprehensive system to prevent overpayment and verify income.

This very afternoon, a family that suffers severe injuries in a traffic accident on I–35, or a San Antonio family that is notified of a dread disease, those families that lack affordable health insurance are suddenly overwhelmed with medical bills, and they deserve an alternative; and that alternative is coming on October 1, if these folks can't stop it.

This bill would pull the affordability rug right out from under our working families, just as they're beginning to learn about its availability.

Yes, this is the 41st time that they've tried to delay and dismantle and deny the rights of American working families. We know it won't be their last vote. In fact, next week they're so intent on blocking American families from getting health insurance coverage, they're willing to shut down the entire Federal Government.

And as if that weren't enough, next month they propose to default on the full faith and credit of the United States of America for the first time in our history for the sole purpose of denying American families that don't have insurance now some health security.

I think it's wrong. They talk about trust. Well, I don't think we should trust these zealots with our health care future.

The SPEAKER pro tempore. The gentleman from Washington has 3 minutes remaining. The gentleman from Texas has 1½ minutes remaining.

Mr. BRADY of Texas. Mr. Speaker, yielding myself 15 seconds, yesterday we learned the Federal Government is paying millions of dollars to prisoners for unemployment benefits, millions of dollars of your money to cons in prison. But don't worry, we'll stop the fraud in ObamaCare.

I reserve the balance of my time.

Mr. McDERMOTT. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. PASCRELL).

Mr. PASCRELL. Mr. Speaker, like my Republican colleagues, I too am concerned about fraud in any public program, whether it's ObamaCare, food stamps, Medicare. Who could be against verification?

But this is not about verification. Again, the 41st failed attempt to submarine reform in health care.

The question before us today is whether or not the risk of fraud in ObamaCare is so pervasive that we should shut down an essential part of the law.

My friends on the other side would have you believe that the administration's decision to delay income and coverage verifications leaves the health care marketplace vulnerable to rampant fraud. This is not the case.

First, federally operated and partnership exchanges still will verify such information beginning in 2014. Only 16 States and the District of Columbia will wait until 2015 to begin more comprehensive verification.

In those instances, the incentive to provide false information is greatly overshadowed by the benefit of doing so. Lying on the exchange form carries with it a penalty of $25,000. On top of that, anyone who provides false income information will have to pay back the extra subsidies when filing a tax form for 2014.

Additionally, States will audit a statistically significant number of individuals, meaning that everyone has an equal opportunity to be audited.

Finally, fighting fraud requires an investment of funding and resources.

How dare you get up here and talk about a plan when you, in the regular budget, want to cut every penny from resources, from research, from helping us get to the point where American people will be served.

Look, you can't stand success. Help us improve the system, not continue a system where patients are playing second fiddle.

Mr. BRADY of Texas. Mr. Speaker, I reserve the balance of my time in case the gentleman from Washington has additional speakers or would like to close on his side. We are prepared to close.

Mr. McDERMOTT. Mr. Speaker, I yield 1 minute to the gentleman from Oregon (Mr. BLUMENAUER) to close our arguments.

Mr. BLUMENAUER. Mr. Speaker, let's be clear: this is not about the integrity of the tax system. There are any number of areas where we rely far more on discretion to individual taxpayers, and there's no appetite, actually, to move in those areas.

My Republican friends are not interested in providing adequate resources to the IRS to be able to appropriately enforce the tax law right now, and we have hundreds of billions of dollars of taxes that aren't collected.

But this is part of a mean-spirited and shortsighted effort to sabotage the health care reform effort. Bear in mind what's going on in States around the country.

In Missouri, the Republican legislature has been on a rampage that will even make it illegal for State employees to tell Missourians what they're entitled to under State law. This is a new low in, I think, political malpractice.

The Republicans are willing to flirt with shutting down the American Government in their attempt to prevent Americans from getting health care they're entitled to under the law. This is wrong.

I strongly urge that we reject this mean-spirited approach.

Mr. BRADY of Texas. Mr. Speaker, as I yield the balance of our time to the gentlelady from Tennessee, I make the case, this is simply choice. Those who want to stop fraud in ObamaCare support this bill. Those who want to turn a blind eye to that fraud oppose it.

I yield the balance of my time to the gentlewoman from Tennessee (Mrs. BLACK).

Mrs. BLACK. I thank the gentleman for yielding.

Mr. Speaker, in closing, even the White House veto threat actually proves the need for the No Subsidies Without Verification Act.

The White House says that H.R. 2775, which simply requires the administration to verify whether people are eligible for taxpayer-funded ObamaCare subsidies before they're doled out, would create delays is what they say. It would create delays.

But the veto threat then goes on to say that the bill is ''unnecessary'' because the administration officials claim they already have, ''an effective and efficient system for verification and eligibility.''

So which is it?

Does the Obama administration have a way, other than the honor system, to verify whether someone is eligible for taxpayer subsidies or will requiring the administration to have one create delays?

□ 1030

If they had a transparent verification system in place, one that actually worked, this bill would create no delays. The administration should actually welcome it, and so should all Members of this body, who should vote for this. That's why we need this bill. We need independent verification that programs are in place before taxpayers' subsidies go out the door.

For all taxpayers, I urge my colleagues to vote ''yes'' on H.R. 2775.

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, I rise in strong opposition to H.R. 2775, the No Subsidies without Verification Act sponsored by my good friend from Tennessee, Representative BLACK. I oppose because the goal of this bill is already being accomplished under provisions of the Affordable Care Act. Passage of this bill would simply bog down what is already being done and could cost hard-working middle class Americans millions. The security of knowing that they have the affordable health insurance coverage they deserve and need. For all practical purpose, one could say that this is the forty-first time that the House has sought to repeal (to no avail) the Affordable Care Act. It is not going to happen! Let's move on so that millions of low and middle income Americans will be eligible to receive tax credits to help them purchase insurance to the tens of millions of Americans who have previously been denied coverage due to preexisting medical conditions will knowing that they can have coverage, peace of mind and the healthcare they need.

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 339, the previous question is ordered on the bill, as amended.

The SPEAKER pro tempore. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on the passage of the bill.

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

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, this 15-minute vote on passage of the bill will be followed by a 5-minute vote on approval of the Journal, if ordered.

The vote was taken by electronic device, and there were—yeas 235, nays 191, not voting 6, as follows:

[Roll No. 458]

YEAS—235

Aderholt	Cook	Griffin (AR)
Alexander	Cotton	Griffith (VA)
Amash	Cramer	Grimm
Amodei	Crawford	Guthrie
Bachmann	Crenshaw	Hall
Bachus	Culberson	Hanna
Barletta	Daines	Harper
Barr	Davis, Rodney	Harris
Barrow (GA)	Denham	Hartzler
Barton	Dent	Hastings (WA)
Benishek	DeSantis	Heck (NV)
Bentivolio	DesJarlais	Hensarling
Bilirakis	Duffy	Holding
Bishop (UT)	Duncan (SC)	Hudson
Black	Duncan (TN)	Huelskamp
Blackburn	Ellmers	Huizenga (MI)
Boustany	Farenthold	Hultgren
Brady (TX)	Fincher	Hunter
Bridenstine	Fitzpatrick	Hurt
Brooks (AL)	Fleischmann	Issa
Brooks (IN)	Fleming	Jenkins
Broun (GA)	Flores	Johnson (OH)
Buchanan	Forbes	Johnson, Sam
Bucshon	Fortenberry	Jones
Burgess	Foxx	Jordan
Calvert	Franks (AZ)	Joyce
Camp	Frelinghuysen	Kelly (PA)
Campbell	Gardner	King (IA)
Cantor	Garrett	King (NY)
Capito	Gerlach	Kingston
Carter	Gibbs	Kinzinger (IL)
Cassidy	Gibson	Kline
Chabot	Gingrey (GA)	Labrador
Chaffetz	Gohmert	LaMalfa
Coble	Goodlatte	Lamborn
Coffman	Gosar	Lance
Cole	Gowdy	Lankford
Collins (GA)	Granger	Latham
Collins (NY)	Graves (GA)	Latta
Conaway	Graves (MO)	Lipinski

LoBiondo
Long
Lucas
Luetkemeyer
Lummis
Marchant
Marino
Massie
Matheson
McCarthy (CA)
McCaul
McClintock
McHenry
McIntyre
McKeon
McKinley
McMorris Rodgers
Meadows
Meehan
Messer
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Mullin
Mulvaney
Murphy (PA)
Neugebauer
Noem
Nugent
Nunes
Nunnelee
Olson
Palazzo
Paulsen
Pearce
Perry
Peterson
Petri
Pittenger
Pitts
Poe (TX)
Pompeo
Posey
Price (GA)
Radel
Reed
Reichert
Renacci
Ribble
Rice (SC)
Rigell
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross
Rothfus
Royce
Runyan
Ryan (WI)
Salmon
Sanford
Scalise
Schock
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Southerland
Stewart
Stivers
Stockman
Stutzman
Terry
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner
Upton
Valadao
Wagner
Walberg
Walden
Walorski
Weber (TX)
Webster (FL)
Wenstrup
Westmoreland
Whitfield
Williams
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (FL)
Young (IN)

NAYS—191

Andrews
Barber
Bass
Beatty
Becerra
Bera (CA)
Bishop (GA)
Bishop (NY)
Blumenauer
Bonamici
Brady (PA)
Braley (IA)
Brown (FL)
Brownley (CA)
Bustos
Butterfield
Capps
Capuano
Cárdenas
Carney
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu
Cicilline
Clarke
Clay
Cleaver
Clyburn
Cohen
Connolly
Conyers
Cooper
Costa
Courtney
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
Deutch
Dingell
Doggett
Doyle
Duckworth
Edwards
Ellison
Engel
Enyart
Eshoo
Esty
Farr
Fattah
Foster
Frankel (FL)
Fudge
Gabbard
Gallego
Garamendi
Garcia
Grayson
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hahn
Hanabusa
Hastings (FL)
Heck (WA)
Higgins
Himes
Hinojosa
Holt
Honda
Horsford
Hoyer
Huffman
Israel
Jackson Lee
Jeffries
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kelly (IL)
Kennedy
Kildee
Kilmer
Kind
Kirkpatrick
Kuster
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis
Loebsack
Lofgren
Lowenthal
Lowey
Lujan Grisham (NM)
Luján, Ben Ray (NM)
Lynch
Maffei
Maloney, Carolyn
Maloney, Sean
Matsui
McCollum
McDermott
McGovern
McNerney
Meeks
Meng
Michaud
Miller, George
Moore
Moran
Murphy (FL)
Napolitano
Neal
Negrete McLeod
Nolan
O'Rourke
Owens
Pallone
Pascrell
Pastor (AZ)
Payne
Pelosi
Perlmutter
Peters (CA)
Peters (MI)
Pingree (ME)
Pocan
Polis
Price (NC)
Quigley
Rahall
Rangel
Richmond
Roybal-Allard
Ruiz
Ruppersberger
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schneider
Schrader
Schwartz
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sinema
Sires
Slaughter
Smith (WA)
Speier
Swalwell (CA)
Takano
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Tsongas
Van Hollen
Vargas
Veasey
Vela
Velázquez
Walz
Wasserman Schultz
Waters
Watt
Waxman
Welch
Wilson (FL)
Yarmuth

NOT VOTING—6

Diaz-Balart
Herrera Beutler
McCarthy (NY)
Nadler
Rush
Visclosky

□ 1101

Messrs. BERA of California and VELA changed their vote from ''yea'' to ''nay.''

Mr. WALBERG changed his vote from ''nay'' to ''yea.''

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

THE JOURNAL

The SPEAKER pro tempore. The unfinished business is the question on agreeing to the Speaker's approval of the Journal, which the Chair will put de novo.

The question is on the Speaker's approval of the Journal.

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

RECORDED VOTE

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

A recorded vote was ordered.

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

The vote was taken by electronic device, and there were—ayes 253, noes 147, answered ''present'' 1, not voting 31, as follows:

[Roll No. 459]

AYES—253

Aderholt
Alexander
Amodei
Bachmann
Bachus
Barletta
Barrow (GA)
Barton
Beatty
Becerra
Bera (CA)
Bilirakis
Bishop (GA)
Bishop (UT)
Black
Blackburn
Blumenauer
Bonamici
Boustany
Bridenstine
Brooks (AL)
Brooks (IN)
Brown (FL)
Brownley (CA)
Buchanan
Bustos
Butterfield
Camp
Campbell
Cantor
Capito
Capps
Cárdenas
Carney
Carter
Cartwright
Cassidy
Castro (TX)
Chabot
Chaffetz
Cicilline
Clay
Cleaver
Clyburn
Cole
Collins (NY)
Cook
Cooper
Cramer
Crenshaw
Culberson
Daines
Davis, Danny
DeGette
Delaney
DeLauro
DelBene
Dent
DesJarlais
Deutch
Doggett
Doyle
Duckworth
Duncan (SC)
Duncan (TN)
Edwards
Ellison
Ellmers
Engel
Enyart
Esty
Farenthold
Fattah
Fincher
Fleischmann
Forbes
Fortenberry
Foster
Frankel (FL)
Franks (AZ)
Frelinghuysen
Gabbard
Gallego
Garamendi
Gingrey (GA)
Goodlatte
Gosar
Gowdy
Granger
Grayson
Grimm
Guthrie
Gutiérrez
Hahn
Hanabusa
Harper
Harris
Hartzler
Hastings (FL)
Hastings (WA)
Heck (WA)
Hensarling
Higgins
Himes
Hinojosa
Holt
Horsford
Huffman
Hultgren
Hurt
Issa
Johnson (GA)
Johnson, Sam
Jones
Kaptur
Kelly (IL)
Kelly (PA)
Kennedy
Kildee
King (IA)
King (NY)
Kingston
Kline
Kuster
LaMalfa
Lamborn
Lankford
Larsen (WA)
Larson (CT)
Latta
Levin
Lipinski
Loebsack
Lofgren
Long
Lowenthal
Lucas
Luetkemeyer
Lujan Grisham (NM)
Luján, Ben Ray (NM)
Lummis
Maloney, Carolyn
Marino
Massie
McCarthy (CA)
McClintock
McCollum
McHenry
McIntyre
McKeon
McKinley
McMorris Rodgers
McNerney
Meadows
Meeks
Meng
Messer
Mica
Michaud
Miller (MI)
Miller, Gary
Moore
Mullin
Murphy (PA)
Neugebauer
Nunes
Nunnelee
O'Rourke
Olson
Pascrell
Payne
Pelosi
Perlmutter
Petri
Pingree (ME)
Pocan
Polis
Pompeo
Posey
Price (NC)
Rangel
Ribble
Rice (SC)
Richmond
Roby
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rokita
Roskam
Ross
Rothfus
Roybal-Allard
Royce
Ruiz
Runyan
Ruppersberger
Ryan (WI)
Salmon
Sanford
Scalise
Schiff
Schneider
Schock
Schrader
Schwartz
Schweikert
Scott (VA)
Scott, Austin
Scott, David
Sensenbrenner
Serrano
Sessions
Shea-Porter
Sherman
Shimkus
Shuster
Sinema
Smith (NE)
Smith (TX)
Smith (WA)
Southerland
Speier
Stewart
Stutzman
Takano
Thornberry
Tiberi
Tierney
Titus
Tonko
Tsongas
Upton
Vargas
Wagner
Walorski
Walz
Wasserman Schultz
Watt
Waxman
Welch
Wenstrup
Westmoreland
Whitfield
Williams
Wilson (FL)
Wilson (SC)
Wolf
Womack
Yarmuth
Yoho
Young (FL)
Young (IN)

NOES—147

Amash
Andrews
Barber
Barr
Bass
Benishek
Bentivolio
Bishop (NY)
Brady (PA)
Braley (IA)
Broun (GA)
Bucshon
Burgess
Capuano
Carson (IN)
Chu
Clarke
Coffman
Cohen
Collins (GA)
Conaway
Connolly
Conyers
Costa
Cotton
Crowley
Cuellar
Cummings
Davis, Rodney
DeFazio
Denham
DeSantis
Dingell
Eshoo
Farr
Fitzpatrick
Fleming
Flores
Foxx
Fudge
Gardner
Garrett
Gerlach
Gibbs
Gibson
Graves (GA)
Graves (MO)
Green, Al
Green, Gene
Griffin (AR)
Griffith (VA)
Hall
Heck (NV)
Honda
Hoyer
Hudson
Huelskamp
Huizenga (MI)
Hunter
Israel
Jackson Lee
Jeffries
Jenkins
Johnson (OH)
Johnson, E. B.
Jordan
Joyce
Keating
Kilmer
Kind
Kinzinger (IL)
Kirkpatrick
Lance
Langevin
Latham
Lee (CA)
Lewis
LoBiondo
Lowey
Maffei
Maloney, Sean
Marchant
Matheson
Matsui
McDermott
McGovern
Meehan
Miller (FL)
Miller, George
Mulvaney
Murphy (FL)
Napolitano
Neal
Negrete McLeod
Noem
Nugent
Palazzo
Pallone
Pastor (AZ)
Paulsen
Pearce
Perry
Peters (CA)
Peters (MI)
Peterson
Pittenger
Pitts
Poe (TX)
Price (GA)
Radel
Rahall
Reed
Reichert
Renacci
Rigell
Roe (TN)
Rooney
Ros-Lehtinen
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Sewell (AL)
Slaughter
Smith (MO)
Stivers
Stockman
Swalwell (CA)
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Tipton
Turner
Valadao
Veasey
Vela
Velázquez
Walberg
Walden