
PROVIDING FOR CONSIDERATION OF THE BILL (H.R. 5) TO IMPROVE
PATIENT ACCESS TO HEALTH CARE SERVICES AND PROVIDE
IMPROVED MEDICAL CARE BY REDUCING THE EXCESSIVE
BURDEN THE LIABILITY SYSTEM PLACES ON THE HEALTH
CARE DELIVERY SYSTEM

March 20, 2012.—Referred to the House Calendar and ordered to be printed.

MR. NUGENT, from the Committee on Rules, submitted the following

R E P O R T

[To accompany H. Res.]

The Committee on Rules, having had under consideration House Resolution____, by a record vote of 7-4, report the same to the House with the recommendation that the resolution be adopted.

SUMMARY OF PROVISIONS OF THE RESOLUTION

The resolution provides for consideration of H.R. 5, the Help Efficient, Accessible, Low-cost, Timely Healthcare (HEALTH) Act of 2011, under a structured rule. The resolution provides six hours of general debate equally divided among and controlled by the respective chairs and ranking minority members of the Committees on Energy and Commerce, the Judiciary, and Ways and Means. The resolution waives all points of order against consideration of the bill. The resolution provides that an amendment in the nature of a substitute consisting of the text of Rules Committee Print 112-18 shall be considered as adopted and the bill, as amended, shall be considered as original text for the purpose of amendment and shall be considered as read. The resolution waives all points of order against provisions in the bill, as amended. The resolution makes in order only those further amendments printed in this report. Each such amendment may be offered only in the order printed in this report, may be offered only by a Member designated in this report, shall be considered as read, shall be debatable for the time specified in this report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. The resolution waives all points of order

against the amendments printed in this report. Finally, the resolution provides one motion to recommit with or without instructions.

EXPLANATION OF WAIVERS

The waiver of all points of order against consideration of the bill includes a waiver of Section 303(a) of the Congressional Budget Act, prohibiting consideration of legislation, as reported, providing new budget authority, change in revenues, change in public debt, new entitlement authority, or new credit authority for a fiscal year until the budget resolution for that year has been agreed to, and clause 3(c)(1) of rule XIII, requiring the inclusion of oversight findings in a committee report.

Although the resolution waives all points of order against provisions in the bill, as amended, the Committee is not aware of any points of order. The waiver is prophylactic in nature.

Although the resolution waives all points of order against the amendments printed in this report, the Committee is not aware of any points of order. The waiver is prophylactic in nature.

COMMITTEE VOTES

The results of each record vote on an amendment or motion to report, together with the names of those voting for and against, are printed below:

Rules Committee Record Vote No. 198

Motion by Ms. Slaughter to report an open rule. Defeated: 4-6

Majority Members	Vote	Minority Members	Vote
Ms. Foxx.....	Nay	Ms. Slaughter.....	Yea
Mr. Bishop of Utah.....	Nay	Mr. McGovern.....	Yea
Mr. Nugent.....	Nay	Mr. Hastings of Florida.....	Yea
Mr. Scott of South Carolina...	Nay	Mr. Polis.....	Yea
Mr. Webster.....	Nay		
Mr. Dreier, Chairman.....	Nay		

Rules Committee Record Vote No. 199

Motion by Mr. Hastings of Florida to make in order and provide the appropriate waivers for amendment #6 offered by Rep. Johnson (GA) and Rep. Braley (IA), which would specify that nothing in the bill shall preempt any applicable State constitutional provision; and amendment #7 offered by Rep. Poe (TX), which would prevent the provisions of H.R. 5 from preempting any State law that is in effect on the date of enactment of the bill. Defeated: 4-7

Majority Members	Vote	Minority Members	Vote
Ms. Foxx.....	Nay	Ms. Slaughter.....	Yea
Mr. Bishop of Utah.....	Nay	Mr. McGovern.....	Yea
Mr. Woodall.....	Nay	Mr. Hastings of Florida.....	Yea
Mr. Nugent.....	Nay	Mr. Polis.....	Yea
Mr. Scott of South Carolina...	Nay		
Mr. Webster.....	Nay		
Mr. Dreier, Chairman.....	Nay		

Rules Committee Record Vote No. 200

Motion by Ms. Slaughter to make in order and provide the appropriate waivers for amendment #19 offered by Rep. DeGette (CO), which would deny the protections from a health care liability claim against a health care organization in the underlying bill to the extent such claim is based on an act or omission constituting a violation of the Patient Protection and Affordable Care Act. Defeated: 4-7

Majority Members	Vote	Minority Members	Vote
Ms. Foxx.....	Nay	Ms. Slaughter.....	Yea
Mr. Bishop of Utah.....	Nay	Mr. McGovern.....	Yea
Mr. Woodall.....	Nay	Mr. Hastings of Florida.....	Yea
Mr. Nugent.....	Nay	Mr. Polis.....	Yea
Mr. Scott of South Carolina...	Nay		
Mr. Webster.....	Nay		
Mr. Dreier, Chairman.....	Nay		

Rules Committee Record Vote No. 201

Motion by Ms. Foxx to report the rule. Adopted: 7-4

Majority Members	Vote	Minority Members	Vote
Ms. Foxx.....	Yea	Ms. Slaughter.....	Nay
Mr. Bishop of Utah.....	Yea	Mr. McGovern.....	Nay
Mr. Woodall.....	Yea	Mr. Hastings of Florida.....	Nay
Mr. Nugent.....	Yea	Mr. Polis.....	Nay
Mr. Scott of South Carolina...	Yea		
Mr. Webster.....	Yea		
Mr. Dreier, Chairman.....	Yea		

SUMMARY OF THE AMENDMENTS MADE IN ORDER

1. Woodall (GA): Would strike the findings in Title I. (10 minutes)
2. Bonamici (OR): Would delay date of enactment until Secretary of Health and Human Services submits to Congress a report on the potential effect of this title on health care premiums. (10 minutes)
3. Hastings, Alcee (FL): Would strike Title II (Repeal of the Independent Payment Advisory Board). (10 minutes)
4. Dent (PA), Sessions (TX): Would address the crisis in access to emergency care by extending liability coverage to on-call and emergency room physicians under the Public Health Service Act. (10 minutes)
5. Gosar (AZ): Would restore the application of antitrust laws to the business of health insurance by amending the McCarran-Ferguson Act. (10 minutes)
6. Stearns (FL), Matheson (UT): Would grant limited civil liability protection to health professionals that volunteer at federally declared disaster sites. (10 minutes)

TEXT OF AMENDMENTS MADE IN ORDER

1. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE WOODALL OF GEORGIA OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

**AMENDMENT TO RULES COMMITTEE PRINT 112-
18 OF H.R. 5
OFFERED BY MR. WOODALL OF GEORGIA**

Page 1, strike line 9 through page 3, line 8 and insert the following:

1 SEC. 102. PURPOSE.

2 It is the purpose of this title to implement reasonable,
3 comprehensive, and effective health care liability reforms
4 designed to—



2. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE BONAMICI OF OREGON OR HER DESIGNEE, DEBATABLE FOR 10 MINUTES

~~AMENDMENT TO RULES COMMITTEE PRINT 112~~~~18~~~~OFFERED BY MS. Bonamici~~

Page 23, line 22, strike "date of enactment" and insert "effective date".

Page 23, line 24, strike "date of enactment" and insert "effective date".

Page 24, line 2, insert after "the injury occurred" the following: "This title shall take effect only on the date the Secretary of Health and Human Services submits to Congress a report on the potential effect of this title on health care premium reductions."



3. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE HASTINGS OF FLORIDA OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

AMENDMENT TO RULES COMMITTEE PRINT 112-

18

OFFERED BY MR. HASTINGS OF FLORIDA

Page 24, strike line 3 and all that follows through
the end of the bill.



4. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE DENT OF PENNSYLVANIA OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

AMENDMENT TO RULES COMMITTEE PRINT 112-
18
OFFERED BY MR. DENT OF PENNSYLVANIA AND
MR. SESSIONS OF TEXAS

At the end of the bill, insert the following:

1 **TITLE III—HEALTH CARE**
2 **SAFETY NET ENHANCEMENT**

3 **SEC. 301. SHORT TITLE.**

4 This title may be cited as the “Health Care Safety
5 Net Enhancement Act of 2012”.

6 **SEC. 302. PROTECTION FOR EMERGENCY AND RELATED**
7 **SERVICES FURNISHED PURSUANT TO**
8 **EMTALA.**

9 Section 224(g) of the Public Health Service Act (42
10 U.S.C. 233(g)) is amended—

11 (1) in paragraph (4), by striking “An entity”
12 and inserting “Subject to paragraph (6), an entity”;
13 and

14 (2) by adding at the end the following:

15 “(6)(A) For purposes of this section—

16 “(i) an entity described in subparagraph
17 (B) shall be considered to be an entity de-
18 scribed in paragraph (4); and

1 “(ii) the provisions of this section shall
2 apply to an entity described in subparagraph
3 (B) in the same manner as such provisions
4 apply to an entity described in paragraph (4),
5 except that—

6 “(I) notwithstanding paragraph
7 (1)(B), the deeming of any entity described
8 in subparagraph (B), or of an officer, gov-
9 erning board member, employee, con-
10 tractor, or on-call provider of such an enti-
11 ty, to be an employee of the Public Health
12 Service for purposes of this section shall
13 apply only with respect to items and serv-
14 ices that are furnished to an individual
15 pursuant to section 1867 of the Social Se-
16 curity Act and to post stabilization services
17 (as defined in subparagraph (D)) furnished
18 to such an individual;

19 “(II) nothing in paragraph (1)(D)
20 shall be construed as preventing a physi-
21 cian or physician group described in sub-
22 paragraph (B)(ii) from making the appli-
23 cation referred to in such paragraph or as
24 conditioning the deeming of a physician or
25 physician group that makes such an appli-

1 cation upon receipt by the Secretary of an
2 application from the hospital or emergency
3 department that employs or contracts with
4 the physician or group, or enlists the phy-
5 sician or physician group as an on-call pro-
6 vider;

7 “(III) notwithstanding paragraph (3),
8 this paragraph shall apply only with re-
9 spect to causes of action arising from acts
10 or omissions that occur on or after Janu-
11 ary 1, 2012;

12 “(IV) paragraph (5) shall not apply to
13 a physician or physician group described in
14 subparagraph (B)(ii);

15 “(V) the Attorney General, in con-
16 sultation with the Secretary, shall make
17 separate estimates under subsection (k)(1)
18 with respect to entities described in sub-
19 paragraph (B) and entities described in
20 paragraph (4) (other than those described
21 in subparagraph (B)), and the Secretary
22 shall establish separate funds under sub-
23 section (k)(2) with respect to such groups
24 of entities, and any appropriations under
25 this subsection for entities described in

1 subparagraph (B) shall be separate from
2 the amounts authorized by subsection
3 (k)(2);

4 “(VI) notwithstanding subsection
5 (k)(2), the amount of the fund established
6 by the Secretary under such subsection
7 with respect to entities described in sub-
8 paragraph (B) may exceed a total of
9 \$10,000,000 for a fiscal year; and

10 “(VII) subsection (m) shall not apply
11 to entities described in subparagraph (B).

12 “(B) An entity described in this subparagraph
13 is—

14 “(i) a hospital or an emergency depart-
15 ment to which section 1867 of the Social Secu-
16 rity Act applies; and

17 “(ii) a physician or physician group that is
18 employed by, is under contract with, or is an
19 on-call provider of such hospital or emergency
20 department, to furnish items and services to in-
21 dividuals under such section.

22 “(C) For purposes of this paragraph, the term
23 ‘on-call provider’ means a physician or physician
24 group that—

1 “(i) has full, temporary, or locum tenens
2 staff privileges at a hospital or emergency de-
3 partment to which section 1867 of the Social
4 Security Act applies; and

5 “(ii) is not employed by or under contract
6 with such hospital or emergency department,
7 but agrees to be ready and available to provide
8 services pursuant to section 1867 of the Social
9 Security Act or post-stabilization services to in-
10 dividuals being treated in the hospital or emer-
11 gency department with or without compensation
12 from the hospital or emergency department.

13 “(D) For purposes of this paragraph, the term
14 ‘post stabilization services’ means, with respect to an
15 individual who has been treated by an entity de-
16 scribed in subparagraph (B) for purposes of com-
17 plying with section 1867 of the Social Security Act,
18 services that are—

19 “(i) related to the condition that was so
20 treated; and

21 “(ii) provided after the individual is sta-
22 bilized in order to maintain the stabilized condi-
23 tion or to improve or resolve the condition of
24 the individual.

1 “(E)(i) Nothing in this paragraph (or in any
2 other provision of this section as such provision ap-
3 plies to entities described in subparagraph (B) by
4 operation of subparagraph (A)) shall be construed as
5 authorizing or requiring the Secretary to make pay-
6 ments to such entities, the budget authority for
7 which is not provided in advance by appropriation
8 Acts.

9 “(ii) The Secretary shall limit the total amount
10 of payments under this paragraph for a fiscal year
11 to the total amount appropriated in advance by ap-
12 propriation Acts for such purpose for such fiscal
13 year. If the total amount of payments that would
14 otherwise be made under this paragraph for a fiscal
15 year exceeds such total amount appropriated, the
16 Secretary shall take such steps as may be necessary
17 to ensure that the total amount of payments under
18 this paragraph for such fiscal year does not exceed
19 such total amount appropriated.”.

20 **SEC. 303. CONSTITUTIONAL AUTHORITY.**

21 The constitutional authority upon which this title
22 rests is the power of the Congress to provide for the gen-
23 eral welfare, to regulate commerce, and to make all laws
24 which shall be necessary and proper for carrying into exe-

1 cution Federal powers, as enumerated in section 8 of arti-
2 cle I of the Constitution of the United States.



5. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE GOSAR OF ARIZONA OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

4R 3

**AMENDMENT TO RULES COMMITTEE PRINT OF
H.R. 5
OFFERED BY MR. GOSAR OF ARIZONA**

At the end of the bill, add the following (and make such technical and conforming changes as may be appropriate):

1 **TITLE III—RESTORING THE AP-**
2 **PLICATION OF ANTITRUST**
3 **LAWS TO HEALTH SECTOR IN-**
4 **SURERS**

5 **SEC. 301. SHORT TITLE.**

6 This title may be cited as the “Health Insurance In-
7 dustry Fair Competition Act of 2012”.

8 **SEC. 302. APPLICATION OF THE ANTITRUST LAWS TO THE**
9 **BUSINESS OF HEALTH INSURANCE.**

10 (a) AMENDMENT TO McCARRAN-FERGUSON ACT.—
11 Section 3 of the Act of March 9, 1945 (15 U.S.C. 1013),
12 commonly known as the McCarran-Ferguson Act, is
13 amended by adding at the end the following:

14 “(c) Nothing contained in this Act shall modify, im-
15 pair, or supersede the operation of any of the antitrust
16 laws with respect to the business of health insurance. For
17 purposes of the preceding sentence, the term ‘antitrust

1 laws' has the meaning given it in subsection (a) of the
2 first section of the Clayton Act, except that such term in-
3 cludes section 5 of the Federal Trade Commission Act to
4 the extent that such section 5 applies to unfair methods
5 of competition. For the purposes of this subsection, the
6 term 'business of health insurance' shall—

7 “(1) mean 'health insurance coverage' offered
8 by a 'health insurance issuer' as those terms are de-
9 fined in section 9001 of the Patient Protection and
10 Affordable Care Act, which incorporates by reference
11 and utilizes the definitions included in section 9832
12 of the Internal Revenue Code (26 U.S.C. 9832); and

13 “(2) not include—

14 “(A) life insurance and annuities;

15 “(B) property or casualty insurance, in-
16 cluding but not limited to, automobile, medical
17 malpractice or workers' compensation insur-
18 ance; or

19 “(C) any insurance or benefits defined as
20 'excepted benefits' under section 9832(c) of the
21 Internal Revenue Code (26 U.S.C. 9832(c)),
22 whether offered separately or in combination
23 with products described in subparagraph (A).”.

24 (b) RELATED PROVISION.—For purposes of section
25 5 of the Federal Trade Commission Act (15 U.S.C. 45)

1 to the extent such section applies to unfair methods of
2 competition, section 3(c) of the McCarran-Ferguson Act
3 shall apply with respect to the business of health insurance
4 without regard to whether such business is carried on for
5 profit, notwithstanding the definition of "Corporation"
6 contained in section 4 of the Federal Trade Commission
7 Act.

8 (c) LIMITATION ON CLASS ACTIONS.—

9 (1) LIMITATION.—No class action may be
10 heard in a Federal or State court on a claim against
11 a person engaged in the business of health insurance
12 for a violation of any of the antitrust laws (as de-
13 fined in section 3(c) of the Act of March 9, 1945
14 (15 U.S.C. 1013), commonly known as the
15 McCarran-Ferguson Act).

16 (2) EXEMPTION.—Paragraph (1) shall not
17 apply with respect to any action commenced—

18 (A) by the United States or any State; or

19 (B) by a named claimant for an injury
20 only to itself.



6. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE STEARNS OF FLORIDA OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

8

AMENDMENT TO RULES COMMITTEE PRINT 112-

18

OFFERED BY MR. STEARNS OF FLORIDA

At the end of the bill, add the following:

1 **TITLE III—PROTECTIONS FOR**
2 **GOOD SAMARITAN HEALTH**
3 **PROFESSIONALS**

4 **SEC. 301. SHORT TITLE.**

5 This title may be cited as the “Good Samaritan
6 Health Professionals Act of 2012”.

7 **SEC. 302. LIMITATION ON LIABILITY FOR VOLUNTEER**
8 **HEALTH CARE PROFESSIONALS.**

9 (a) IN GENERAL.—Title II of the Public Health Serv-
10 ice Act (42 U.S.C. 202 et seq.) is amended by inserting
11 after section 224 the following:

12 **“SEC. 224A. LIMITATION ON LIABILITY FOR VOLUNTEER**
13 **HEALTH CARE PROFESSIONALS.**

14 “(a) LIMITATION ON LIABILITY.—Except as provided
15 in subsection (b), a health care professional shall not be
16 liable under Federal or State law for any harm caused
17 by an act or omission of the professional if—

18 “(1) the professional is serving as a volunteer
19 for purposes of responding to a disaster; and

1 “(2) the act or omission occurs—

2 “(A) during the period of the disaster, as
3 determined under the laws listed in subsection
4 (e)(1);

5 “(B) in the health care professional’s ca-
6 pacity as such a volunteer; and

7 “(C) in a good faith belief that the indi-
8 vidual being treated is in need of health care
9 services.

10 “(b) EXCEPTIONS.—Subsection (a) does not apply
11 if—

12 “(1) the harm was caused by an act or omission
13 constituting willful or criminal misconduct, gross
14 negligence, reckless misconduct, or a conscious fla-
15 grant indifference to the rights or safety of the indi-
16 vidual harmed by the health care professional; or

17 “(2) the health care professional rendered the
18 health care services under the influence (as deter-
19 mined pursuant to applicable State law) of intoxi-
20 cating alcohol or an intoxicating drug.

21 “(c) STANDARD OF PROOF.—In any civil action or
22 proceeding against a health care professional claiming that
23 the limitation in subsection (a) applies, the plaintiff shall
24 have the burden of proving by clear and convincing evi-
25 dence the extent to which limitation does not apply.

1 “(d) PREEMPTION.—

2 “(1) IN GENERAL.—This section preempts the
3 laws of a State or any political subdivision of a State
4 to the extent that such laws are inconsistent with
5 this section, unless such laws provide greater protec-
6 tion from liability.

7 “(2) VOLUNTEER PROTECTION ACT.— Protec-
8 tions afforded by this section are in addition to those
9 provided by the Volunteer Protection Act of 1997.

10 “(e) DEFINITIONS.—In this section:

11 “(1) The term ‘disaster’ means—

12 “(A) a national emergency declared by the
13 President under the National Emergencies Act;

14 “(B) an emergency or major disaster de-
15 clared by the President under the Robert T.
16 Stafford Disaster Relief and Emergency Assist-
17 ance Act; or

18 “(C) a public health emergency determined
19 by the Secretary under section 319 of this Act.

20 “(2) The term ‘harm’ includes physical, non-
21 physical, economic, and noneconomic losses.

22 “(3) The term ‘health care professional’ means
23 an individual who is licensed, certified, or authorized
24 in one or more States to practice a health care pro-
25 fession.

1 “(4) The term ‘State’ includes each of the sev-
2 eral States, the District of Columbia, the Common-
3 wealth of Puerto Rico, the Virgin Islands, Guam,
4 American Samoa, the Northern Mariana Islands,
5 and any other territory or possession of the United
6 States.

7 “(5)(A) The term ‘volunteer’ means a health
8 care professional who, with respect to the health
9 care services rendered, does not receive—

10 “(i) compensation; or

11 “(ii) any other thing of value in lieu of
12 compensation, in excess of \$500 per year.

13 “(B) For purposes of subparagraph (A), the
14 term ‘compensation’—

15 “(i) includes payment under any insurance
16 policy or health plan, or under any Federal or
17 State health benefits program; and

18 “(ii) excludes—

19 “(I) reasonable reimbursement or al-
20 lowance for expenses actually incurred;

21 “(II) receipt of paid leave; and

22 “(III) receipt of items to be used ex-
23 clusively for rendering the health services
24 in the health care professional’s capacity

1 as a volunteer described in subsection
2 (a)(1).”.

3 (b) EFFECTIVE DATE.—

4 (1) IN GENERAL.—This title and the amend-
5 ment made by subsection (a) shall take effect 90
6 days after the date of the enactment of this title

7 (2) APPLICATION.—This title applies to any
8 claim for harm caused by an act or omission of a
9 health care professional where the claim is filed on
10 or after the effective date of this title, but only if the
11 harm that is the subject of the claim or the conduct
12 that caused such harm occurred on or after such ef-
13 fective date.



House Calendar No. _____

112TH CONGRESS
2^D SESSION

H. RES. _____

Report No. 112-_____

Providing for consideration of the bill (H.R. 5) to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system.

IN THE HOUSE OF REPRESENTATIVES

MARCH 20, 2012

Mr. NUGENT, from the Committee on Rules, reported the following resolution; which was referred to the House Calendar and ordered to be printed

RESOLUTION

Providing for consideration of the bill (H.R. 5) to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system.

1 *Resolved*, That at any time after the adoption of this
2 resolution the Speaker may, pursuant to clause 2(b) of
3 rule XVIII, declare the House resolved into the Committee
4 of the Whole House on the state of the Union for consider-
5 ation of the bill (H.R. 5) to improve patient access to

1 health care services and provide improved medical care by
2 reducing the excessive burden the liability system places
3 on the health care delivery system. The first reading of
4 the bill shall be dispensed with. All points of order against
5 consideration of the bill are waived. General debate shall
6 be confined to the bill and amendments specified in this
7 resolution and shall not exceed six hours equally divided
8 among and controlled by the respective chairs and ranking
9 minority members of the Committees on Energy and Com-
10 merce, the Judiciary, and Ways and Means. After general
11 debate the bill shall be considered for amendment under
12 the five-minute rule. In lieu of the amendments rec-
13 ommended by the Committees on Energy and Commerce
14 and the Judiciary now printed in the bill, an amendment
15 in the nature of a substitute consisting of the text of Rules
16 Committee Print 112-18 shall be considered as adopted
17 in the House and in the Committee of the Whole. The
18 bill, as amended, shall be considered as the original bill
19 for the purpose of further amendment under the five-
20 minute rule and shall be considered as read. All points
21 of order against provisions in the bill, as amended, are
22 waived. No further amendment to the bill, as amended,
23 shall be in order except those printed in the report of the
24 Committee on Rules accompanying this resolution. Each
25 such further amendment may be offered only in the order

1 printed in the report, may be offered only by a Member
2 designated in the report, shall be considered as read, shall
3 be debatable for the time specified in the report equally
4 divided and controlled by the proponent and an opponent,
5 shall not be subject to amendment, and shall not be sub-
6 ject to a demand for division of the question in the House
7 or in the Committee of the Whole. All points of order
8 against such further amendments are waived. At the con-
9 clusion of consideration of the bill for amendment the
10 Committee shall rise and report the bill, as amended, to
11 the House with such further amendments as may have
12 been adopted. The previous question shall be considered
13 as ordered on the bill, as amended, and any further
14 amendment thereto to final passage without intervening
15 motion except one motion to recommit with or without in-
16 structions.