

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. LAMBORN) having assumed the chair, Mr. HULTGREN, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 1965) to streamline and ensure onshore energy permitting, provide for onshore leasing certainty, and give certainty to oil shale development for American energy security, economic development, and job creation, and for other purposes, had come to no resolution thereon.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 1900, NATURAL GAS PIPELINE PERMITTING REFORM ACT

Mr. BURGESS, from the Committee on Rules, submitted a privileged report (Rept. No. 113-272) on the resolution (H. Res. 420) providing for consideration of the bill (H.R. 1900) to provide for the timely consideration of all licenses, permits, and approvals required under Federal law with respect to the siting, construction, expansion, or operation of any natural gas pipeline projects, which was referred to the House Calendar and ordered to be printed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

Any record vote on the postponed question will be taken later.

PEPFAR STEWARDSHIP AND OVERSIGHT ACT OF 2013

Mr. ROYCE. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 1545) to extend authorities related to global HIV/AIDS and to promote oversight of United States programs.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 1545

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 “PEPFAR Stewardship and Oversight Act of 2013”.

SEC. 2. INSPECTOR GENERAL OVERSIGHT.

Section 101(f)(1) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7611(f)(1)) is amended—

(1) in subparagraph (A), by striking “5 coordinated annual plans for oversight activity in each of the fiscal years 2009 through 2013” and inserting “coordinated annual plans for oversight activity in each of the fiscal years 2009 through 2018”; and

(2) in subparagraph (C)—

(A) in clause (ii)—

(i) in the heading, by striking “SUBSEQUENT” and inserting “2010 THROUGH 2013”; and

(ii) by striking “the last four plans” and inserting “the plans for fiscal years 2010 through 2013”; and

(B) by adding at the end the following new clause:

“(iii) 2014 PLAN.—The plan developed under subparagraph (A) for fiscal year 2014 shall be completed not later than 60 days after the date of the enactment of the PEPFAR Stewardship and Oversight Act of 2013.

“(iv) SUBSEQUENT PLANS.—Each of the last four plans developed under subparagraph (A) shall be completed not later than 30 days before each of the fiscal years 2015 through 2018, respectively.”.

SEC. 3. ANNUAL TREATMENT STUDY.

(a) ANNUAL STUDY; MESSAGE.—Section 101(g) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7611(g)) is amended—

(1) in paragraph (1), by striking “through September 30, 2013” and inserting “through September 30, 2019”; and

(2) by redesignating paragraph (2) as paragraph (3);

(3) by inserting after paragraph (1) the following new paragraph:

“(2) 2013 THROUGH 2018 STUDIES.—The studies required to be submitted by September 30, 2014, and annually thereafter through September 30, 2018, shall include, in addition to the elements set forth under paragraph (1), the following elements:

“(A) A plan for conducting cost studies of United States assistance under section 104A of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b-2) in partner countries, taking into account the goal for more systematic collection of data, as well as the demands of such analysis on available human and fiscal resources.

“(B) A comprehensive and harmonized expenditure analysis by partner country, including—

“(i) an analysis of Global Fund and national partner spending and comparable data across United States, Global Fund, and national partner spending; or

“(ii) where providing such comparable data is not currently practicable, an explanation of why it is not currently practicable, and when it will be practicable.”; and

(4) by adding at the end the following new paragraph:

“(4) PARTNER COUNTRY DEFINED.—In this subsection, the term ‘partner country’ means a country with a minimum United States Government investment of HIV/AIDS assistance of at least \$5,000,000 in the prior fiscal year.”.

SEC. 4. PARTICIPATION IN THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS, AND MALARIA.

(a) LIMITATION.—Section 202(d)(4) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7622(d)(4)) is amended—

(1) in subparagraph (A)—

(A) in clause (i), by striking “2013” and inserting “2018”; and

(B) in clause (ii)—

(i) by striking “2013” and inserting “2018”; and

(ii) by striking the last two sentences; and

(C) in clause (vi), by striking “2013” and inserting “2018”; and

(2) in subparagraph (B)—

(A) by striking “under this subsection” each place it appears; and

(B) in clause (ii), by striking “pursuant to the authorization of appropriations under section 401” and inserting “to carry out sec-

tion 104A of the Foreign Assistance Act of 1961”; and

(C) in clause (iv), by striking “2013” and inserting “2018”.

(b) WITHHOLDING FUNDS.—Section 202(d)(5) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7622(d)) is amended by—

(1) in paragraph (5)—

(A) by striking “2013” and inserting “2018”; and

(B) in subparagraph (C)—

(i) by inserting “in an open, machine readable format” after “site”; and

(ii) by amending clause (v) to read as follows:

“(v) a regular collection, analysis, and reporting of performance data and funding of grants of the Global Fund, which covers all principal recipients and all subrecipients on the fiscal cycle of each grant, and includes the distribution of resources, by grant and principal recipient and subrecipient, for prevention, care, treatment, drugs, and commodities purchase, and other purposes as practicable;”;

(C) in subparagraph (D)(ii), by inserting “, in an open, machine readable format,” after “audits”; and

(D) in subparagraph (E), by inserting “, in an open, machine readable format,” after “publicly”; and

(E) in subparagraph (F)—

(i) in clause (i), by striking “; and” and inserting a semicolon; and

(ii) by striking clause (ii) and inserting the following new clauses:

“(ii) all principal recipients and subrecipients and the amount of funds disbursed to each principal recipient and subrecipient on the fiscal cycle of the grant;

“(iii) expenditure data—

“(I) tracked by principal recipients and subrecipients by program area, where practicable, prevention, care, and treatment and reported in a format that allows comparison with other funding streams in each country; or

“(II) if such expenditure data is not available, outlay or disbursement data, and an explanation of progress made toward providing such expenditure data; and

“(iv) high-quality grant performance evaluations measuring inputs, outputs, and outcomes, as appropriate, with the goal of achieving outcome reporting;”;

(F) by amending subparagraph (G) to read as follows:

“(G) has published an annual report on a publicly available Web site in an open, machine readable format, that includes—

“(i) a list of all countries imposing import duties and internal taxes on any goods or services financed by the Global Fund;

“(ii) a description of the types of goods or services on which the import duties and internal taxes are levied;

“(iii) the total cost of the import duties and internal taxes;

“(iv) recovered import duties or internal taxes; and

“(v) the status of country status-agreements.”.

SEC. 5. ANNUAL REPORT.

Section 104A(f) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b-2(f)) is amended to read as follows:

“(f) ANNUAL REPORT.—

“(1) IN GENERAL.—Not later than February 15, 2014, and annually thereafter, the President shall submit to the Committee on Foreign Relations of the Senate and the Committee on Foreign Affairs of the House of Representatives a report in an open, machine readable format, on the implementation of this section for the prior fiscal year.

“(2) REPORT DUE IN 2014.—The report due not later than February 15, 2014, shall include the elements required by law prior to

the enactment of the PEPFAR Stewardship and Oversight Act of 2013.

“(3) REPORT ELEMENTS.—Each report submitted after February 15, 2014, shall include the following:

“(A) A description based on internationally available data, and where practicable high-quality country-based data, of the total global burden and need for HIV/AIDS prevention, treatment, and care, including—

“(i) estimates by partner country of the global burden and need; and

“(ii) HIV incidence, prevalence, and AIDS deaths for the reporting period.

“(B) Reporting on annual targets across prevention, treatment, and care interventions in partner countries, including—

“(i) a description of how those targets are designed to—

“(I) ensure that the annual increase in new patients on antiretroviral treatment exceeds the number of annual new HIV infections;

“(II) reduce the number of new HIV infections below the number of deaths among persons infected with HIV; and

“(III) achieve an AIDS-free generation;

“(ii) national targets across prevention, treatment, and care that are—

“(I) established by partner countries; or

“(II) where such national partner country-developed targets are unavailable, a description of progress towards developing national partner country targets; and

“(iii) bilateral programmatic targets across prevention, treatment, and care, including—

“(I) the number of adults and children to be directly supported on HIV treatment under United States-funded programs;

“(II) the number of adults and children to be otherwise supported on HIV treatment under United States-funded programs; and

“(III) other programmatic targets for activities directly and otherwise supported by United States-funded programs.

“(C) A description, by partner country, of HIV/AIDS funding from all sources, including funding levels from partner countries, other donors, and the private sector, as practicable.

“(D) A description of how United States-funded programs, in conjunction with the Global Fund, other donors, and partner countries, together set targets, measure progress, and achieve positive outcomes in partner countries.

“(E) An annual assessment of outcome indicator development, dissemination, and performance for programs supported under this section, including ongoing corrective actions to improve reporting.

“(F) A description and explanation of changes in related guidance or policies related to implementation of programs supported under this section.

“(G) An assessment and quantification of progress over the reporting period toward achieving the targets set forth in subparagraph (B), including—

“(i) the number, by partner country, of persons on HIV treatment, including specifically—

“(I) the number of adults and children on HIV treatment directly supported by United States-funded programs; and

“(II) the number of adults and children on HIV treatment otherwise supported by United States-funded programs;

“(ii) HIV treatment coverage rates by partner country;

“(iii) the net increase in persons on HIV treatment by partner country;

“(iv) new infections of HIV by partner country;

“(v) the number of HIV infections averted;

“(vi) antiretroviral treatment program retention rates by partner country, including—

“(I) performance against annual targets for program retention; and

“(II) the retention rate of persons on HIV treatment directly supported by United States-funded programs; and

“(vii) a description of supportive care.

“(H) A description of partner country and United States-funded HIV/AIDS prevention programs and policies, including—

“(i) an assessment by country of progress towards targets set forth in subparagraph (B), with a detailed description of the metrics used to assess—

“(I) programs to prevent mother to child transmission of HIV/AIDS, including coverage rates;

“(II) programs to provide or promote voluntary medical male circumcision, including coverage rates;

“(III) programs for behavior-change; and

“(IV) other programmatic activities to prevent the transmission of HIV;

“(ii) antiretroviral treatment as prevention; and

“(iii) a description of any new preventative interventions or methodologies.

“(I) A description of the goals, scope, and measurement of program efforts aimed at women and girls.

“(J) A description of the goals, scope, and measurement of program efforts aimed at orphans, vulnerable children, and youth.

“(K) A description of the indicators and milestones used to assess effective, strategic, and appropriately timed country ownership, including—

“(i) an explanation of the metrics used to determine whether the pace of any transition to such ownership is appropriate for that country, given that country's level of readiness for such transition;

“(ii) an analysis of governmental and local nongovernmental capacity to sustain positive outcomes;

“(iii) a description of measures taken to improve partner country capacity to sustain positive outcomes where needed; and

“(iv) for countries undergoing a transition to greater country ownership, a description of strategies to assess and mitigate programmatic and financial risk and to ensure continued quality of care for essential services.

“(L) A description, globally and by partner country, of specific efforts to achieve and incentivize greater programmatic and cost effectiveness, including—

“(i) progress toward establishing common economic metrics across prevention, care and treatment with partner countries and the Global Fund;

“(ii) average costs, by country and by core intervention;

“(iii) expenditure reporting in all program areas, supplemented with targeted analyses of the cost-effectiveness of specific interventions; and

“(iv) import duties and internal taxes imposed on program commodities and services, by country.

“(M) A description of partnership framework agreements with countries, and regions where applicable, including—

“(i) the objectives and structure of partnership framework agreements with countries, including—

“(I) how these agreements are aligned with national HIV/AIDS plans and public health strategies and commitments of such countries; and

“(II) how these agreements incorporate a role for civil society; and

“(ii) a description of what has been learned in advancing partnership framework agreements with countries, and regions as applicable, in terms of improved coordination and collaboration, definition of clear roles and responsibilities of participants and signers,

and implications for how to further strengthen these agreements with mutually accountable measures of progress.

“(N) A description of efforts and activities to engage new partners, including faith-based, locally-based, and United States minority-serving institutions.

“(O) A definition and description of the differentiation between directly and otherwise supported activities, including specific efforts to clarify programmatic attribution and contribution, as well as timelines for dissemination and implementation.

“(P) A description, globally and by country, of specific efforts to address co-infections and co-morbidities of HIV/AIDS, including—

“(i) the number and percent of people in HIV care or treatment who started tuberculosis treatment; and

“(ii) the number and percentage of eligible HIV positive patients starting isoniazid preventative therapy.

“(Q) A description of efforts by partner countries to train, employ, and retain health care workers, including efforts to address workforce shortages.

“(R) A description of program evaluations completed during the reporting period, including whether all completed evaluations have been published on a publicly available Internet website and whether any completed evaluations did not adhere to the common evaluation standards of practice published under paragraph (4).

“(4) COMMON EVALUATION STANDARDS.—Not later than February 1, 2014, the Global AIDS Coordinator shall publish on a publicly available Internet website the common evaluation standards of practice referred to in paragraph (3)(R).

“(5) PARTNER COUNTRY DEFINED.—In this subsection, the term ‘partner country’ means a country with a minimum United States Government investment of HIV/AIDS assistance of at least \$5,000,000 in the prior fiscal year.”

SEC. 6. ALLOCATION OF FUNDING.

(a) ORPHANS AND VULNERABLE CHILDREN.—Section 403(b) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7673(b)) is amended—

(1) by striking “2013” and inserting “2018”; and

(2) by striking “amounts appropriated pursuant to the authorization of appropriations under section 401” and inserting “amounts appropriated or otherwise made available to carry out the provisions of section 104A of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b-2)”.

(b) FUNDING ALLOCATION.—Section 403(c) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7673(c)) is amended—

(1) by striking “2013” and inserting “2018”; and

(2) by striking “amounts appropriated for bilateral global HIV/AIDS assistance pursuant to section 401” and inserting “amounts appropriated or otherwise made available to carry out the provisions of section 104A of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b-2)”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. ROYCE) and the gentleman from New York (Mr. ENGEL) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. ROYCE. Mr. Speaker, I ask that all of our Members have 5 legislative

days to revise and extend their remarks and to include any extraneous materials that they might wish to include on this resolution.

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

There was no objection.

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

Mr. Speaker, I rise in support of S. 1545. They call this the PEPFAR Stewardship and Oversight Act of 2013.

It was just over a decade ago that AIDS threatened to decimate an entire generation of men and women and children around the world, and particularly in Africa. Without access to life-saving treatment, there was then no incentive to get tested. Without testing, it was impossible to detect and prevent new infections.

In the hardest-hit countries, an estimated 35 percent of the population was HIV positive, and life expectancy in those countries dropped to as low as 34 years.

The global AIDS pandemic was a massive humanitarian challenge, but it also threatened our economic and national security. The pandemic struck down men and women in their most productive years. The economies of emerging trade partners contracted. Socioeconomic conditions deteriorated.

Tens of millions of orphaned children, forced to fend for themselves, became vulnerable to trafficking. They became vulnerable to criminality and recruitment by extremists.

Infections among security forces in southern Africa was disturbingly high.

It was against this backdrop that the United States mounted the most significant effort of any nation to combat a single disease in history. Authorized by Congress in 2004, and reauthorized in 2008, the President's Emergency Plan For AIDS Relief, or PEPFAR, as we call it today, was a game-changer, and has since become among the most successful U.S. foreign aid programs since the Marshall Plan. Like many of my colleagues, I have been to Africa and witnessed the saved lives.

Today, nearly 10 million people receive treatment supported by PEPFAR. Thirteen countries have reached a tipping point in their AIDS epidemic, the point where the number of adults on treatment exceeds the number of new infections. So across Africa, the new infections have declined by 33 percent.

There is now hope that an AIDS-free generation may be within reach. We should be proud of that effort. But the United States cannot and should not do this alone. It is in our interest to ensure that our bilateral programs, our programs like PEPFAR, are complemented by an effective, efficient, and accountable global fund to fight AIDS, malaria, and tuberculosis.

The PEPFAR Stewardship and Oversight Act of 2013 provides a framework for the continuation of PEPFAR's success. Among other things, this legisla-

tion locks in important social values provisions mandated in the 2004 and 2008 bills that could be jettisoned if we don't move forward with this legislation.

It improves transparency and reporting in a way that reflects the current direction of the program, and it extends limitations on U.S. participation in the Global Fund, including a 33 percent limitation on U.S. contributions and a 20 percent withholding requirement linked to transparency and management reforms at the Global Fund.

So this bill is time-sensitive. During the week of December 1, the Global Fund will convene a donors' conference. Without the 33 percent cap and 20 percent withholding requirements firmly in place, which is what the bill does, the ability of the United States to leverage both our contributions and our reforms would be diminished.

So I urge my colleagues to support this important, timely measure.

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

Mr. ENGEL. Mr. Speaker, I rise in strong support of S. 1545, the PEPFAR Stewardship and Oversight Act, and I yield myself as much time as I may consume.

I echo the words of my friend, the chairman. This important legislation, which passed the Senate by unanimous consent, reauthorizes key authorities that have helped the President's Emergency Plan For AIDS Relief, called PEPFAR, change the trajectory of the HIV/AIDS epidemic around the world.

Before President Bush announced PEPFAR in his 2003 State of the Union address, and Congress passed authorizing legislation in May of that year, HIV and AIDS were ravaging the continent of Africa. By then, more than 25 million people had died from HIV/AIDS, and 14 million children had been left as orphans.

Another 42 million people were infected and, though lifesaving treatments had been developed, far too many people had no access to the medications necessary to save their lives. Therefore, PEPFAR became and remains the largest commitment by any nation to combat a single disease internationally.

Today, nearly 6 million people are receiving life-sustaining anti-retroviral treatment.

Last year, more than 46 million people received HIV testing and counseling. Of these, more than 11 million were pregnant women, and, as a result of treatment, the one-millionth baby was born HIV-free this year.

HIV/AIDS is no longer threatening to wipe out an entire generation on the continent of Africa. In fact, a sustained commitment by the United States to fighting this epidemic has made it possible for experts and researchers to talk about achieving an AIDS-free generation.

PEPFAR is in the midst of an important transition as countries take on greater ownership of their HIV/AIDS

programs. At this critical juncture, the PEPFAR Stewardship and Oversight Act is an important demonstration of our ongoing, bipartisan support for the fight against HIV/AIDS.

This legislation also contains critical provisions that will enable Congress to provide the oversight necessary to ensure PEPFAR continues to save millions of lives, while protecting our taxpayers' hard-earned money.

The bill calls for continued coordination by the inspectors general for the State Department, Department of Health and Human Services, and the U.S. Agency for International Development in conducting audits and oversight of the PEPFAR program.

It also requires a more robust annual report from the Office of the U.S. Global AIDS Coordinator, which will ensure better accountability.

This legislation also extends key funding requirements for the treatment and care portion of the program, as well as funding for orphans and vulnerable children.

Historically, the United States contribution to the Global Fund has been capped at 33 percent of total contributions. This cap has been an effective tool to leverage contributions from other countries, as well as to push for reforms, if necessary, within the Global Fund.

However, when PEPFAR's authorization ended at the end of September, this 33 percent cap lapsed as well. I believe it is crucial that this 33 percent cap be reinstated going into the Global Fund replenishment conference, which will be held the first week of December here in Washington, and this legislation would accomplish this important policy objective.

Mr. Speaker, by all accounts, PEPFAR has been an incredible success and a program we should all be proud to be a part of.

I would like to thank Ambassador Eric Goosby, the recently departed United States Global AIDS Coordinator, for his hard work on behalf of PEPFAR and his lifelong dedication to those living with HIV/AIDS.

I commend Chairman ROYCE, Representative LEE, and Representative ROS-LEHTINEN, as well as Senator MENENDEZ and Senator CORKER, for their hard work on this legislation. It has been a pleasure working with all of them in such a bipartisan and bicameral manner.

I would like to thank the House leadership for allowing this to come to the floor in a timely manner. Again, I think that Chairman ROYCE and I have shown that bipartisanship does exist in this Congress. It certainly exists on our Foreign Affairs Committee, and this is a product of that bipartisan comity.

So I urge my colleagues to support this legislation.

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

Mr. ROYCE. Mr. Speaker, I continue to reserve the balance of my time.

Mr. ENGEL. Mr. Speaker, it is my honor to yield 4 minutes to the gentlewoman from California (Ms. LEE), who has been so instrumental in fighting for this legislation and other AIDS legislation for so many years in the Congress.

Ms. LEE of California. Mr. Speaker, first, let me thank our ranking member for yielding, but also, let me just thank you so much for your tremendous leadership on this issue and on the Foreign Affairs Committee, and for your recognition and hard work in achieving and seeking to achieve an AIDS-free generation.

I want to say it is a real pleasure to be with you today and to be back with you today, actually, with the committee that I served on for 8 years. So thank you, again, so much.

Let me also thank the chair of the Foreign Affairs Committee, Chairman ROYCE, for ensuring that PEPFAR continues as a bipartisan effort, and for your commitment to an AIDS-free generation. I just want to thank you for that leadership because, oftentimes, we wonder if there is bipartisanship in this body. Well, I think today, once again, we can cite that when it comes to saving lives, PEPFAR is a clear example of how we work together to do just that.

□ 1645

And, of course, I must thank my co-chair on the Congressional HIV/AIDS Caucus, Congresswoman ILEANA ROS-LEHTINEN from Florida. I have to thank her for her work on HIV/AIDS initiatives, both international and domestic.

I am very proud to have played a role in the creation of PEPFAR and am proud of the leadership of the Congressional Black Caucus and our chair at that time, the gentlewoman from Texas, Congresswoman EDDIE BERNICE JOHNSON. Even before the world knew about this program, Congresswoman JOHNSON knew the importance of Presidential leadership and put this on the Congressional Black Caucus' agenda during our very first meeting with President Bush.

To quote from a 2002 letter to President Bush, the CBC called for an "expanded U.S. initiative" to respond to the greatest plague in recorded history. And then following that, in President Bush's 2003 State of the Union speech, he laid out what this important initiative should look like and made a serious commitment to this effort.

So over the last decade, we have worked closely with the late Chairman Hyde, Chairman Lantos, as well as Senator Kerry, the late Senator Jesse Helms, Senator Bill Frist, Congressman Jim Leach, Congressman McDERMOTT, Congresswoman DONNA CHRISTENSEN, Leader PELOSI, and so many others. And I share this because I think it is important that society recognize that the history of this has been bipartisan because we kept our eye on the prize. We knew that we wanted to save lives and we wanted to

see an AIDS-free generation, and so many people, so many Members of this body, so many outside organizations, and our staff have worked so hard to get us to this point.

So now, a decade later, I am especially proud, once again, to be a co-author of the bill before us today. As I said, this is a bipartisan compromise, and in the end, I think we have a very good bill.

We agreed on the need to protect funding for HIV treatment and programs for orphans and vulnerable children. We agreed on the need to preserve support and extend the expired 33 percent cap on United States contributions to the Global Fund. This cap is a proven tool for leveraging donor funding and is especially important as the United States prepares to host the Fourth Replenishment Conference for the Global Fund next month.

Our bill also updates the annual report to better guide PEPFAR's transition toward greater country ownership while enhancing oversight. And I am especially pleased that we included reporting requirements on efforts to engage key stakeholders, including faith-based organizations and United States minority-serving institutions.

I can tell you, as a member of the Appropriations Committee, PEPFAR has transitioned from—and this is very important. And I want to thank Ranking Member ENGEL and Chairman ROYCE for helping us realize the need to transition from an emergency response to a means of supporting country leadership in their work towards an AIDS-free generation. So this bill will fundamentally help continue to move our programs in that direction.

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

Mr. ENGEL. I yield an additional 30 seconds to the gentlewoman.

Ms. LEE of California. Thank you very much.

I want to thank Ambassador Goosby for his tremendous leadership, who actually lives in my congressional district in northern California, and also Dr. Mark Dybul, who now leads the Global Fund, and so many more.

PEPFAR has supported nearly 6 million people on lifesaving treatment, more than 11 million pregnant women who have received HIV testing and counseling, and 1 million babies born HIV-free this year. So this bill represents the real achievements that we can make when we put aside our differences and work together to achieve an AIDS-free generation.

Mr. ROYCE. I reserve the balance of my time.

Mr. ENGEL. Mr. Speaker, it is my great honor now to yield 1 minute to the gentlewoman from California (Ms. PELOSI), our Democratic leader who has, I think, done more than anyone else to fight for these things from almost the time that she came to Congress.

Ms. PELOSI. Mr. Speaker, I thank the gentleman for yielding and for his kind words.

It is just that I have been here such a long time, when I first came to Congress, the mere mention of the word "AIDS" on the floor was something I thought was the most natural thing to do but was something that some of my colleagues squirmed at. We have, indeed, come a long way from that time.

So today is a proud day as Democrats and Republicans come together to extend and reauthorize our efforts to fight the global HIV/AIDS and infectious diseases in the poorest countries around the world.

I thank Chairman ROYCE and Ranking Member ENGEL for working together to bring this important legislation to the floor today, and I thank Congresswoman BARBARA LEE for her unwavering leadership on these issues since day one that you came to the Congress. So many of our colleagues deserve recognition, and the gentlewoman has acknowledged some of them.

I will just add that this marks the 10th anniversary of the historic Tom Lantos and Henry Hyde U.S. Global Leadership Against AIDS, Tuberculosis, and Malaria Act. This legislation has been the foundation of the U.S. initiative to provide sustained constructive leadership in the global fight against AIDS.

The original PEPFAR authorizing legislation, followed by the excellent work of the Appropriations Committee over the last decade, has provided lifesaving antiretroviral treatment, care, and prevention for millions of people, especially focused on the most vulnerable infants and children.

I have traveled on this AIDS issue for a very long time in our country and abroad, and I have seen firsthand the difference that PEPFAR has made. I have been to clinics, as have my colleagues Mr. McDERMOTT, Congresswoman LEE, the head of the Congressional Black Caucus Health Braintrust, Congresswoman CHRISTENSEN, as well as others who are here, and now newer Members, Messrs. HIMES and CICILLINE.

What was wonderful about it was we went to places where people were so poor and so desperate, but they were not so desperate that they were without hope. And PEPFAR gave them hope because, as they said, Originally we wouldn't even want anybody to know that we had AIDS. Why would we even be tested for AIDS? People found out that we had AIDS, but why would we even come to a clinic? What hope did we have?

Well, PEPFAR gave them hope. It gave them a path.

So today we know—and Congresswoman LEE mentioned some of the figures. Some bear repeating and some others I will mention:

Treatment for over 5 million people; antiretroviral drugs for 750,000 pregnant women living with HIV to prevent mother-to-child transmission of HIV averted 230,000 infant HIV infections in 2012 alone; HIV testing and counseling for almost 47 million people; and this

year, the 1 millionth baby will be born HIV-free because of PEPFAR support. That means a child that might have been born HIV-infected.

Congresswoman LEE mentioned that Dr. Goosby lives in her district. His parents and where he was raised is in my district. So we all take great pride in his work.

Over the years, we have made tremendous progress. First, with President Clinton, we increased the bilateral programs to fight HIV/AIDS, and we helped create, authorize, and fund the Global Fund. Then, under the leadership of President Bush—and this has to be a source of great pride for President Bush and an important part of his legacy—we established PEPFAR and provided the necessary funding to ramp up the emergency response to the crisis.

And I might add my thanks to Bono for the role that he played in, again, ramping up the resources and making sure the public understood, as did those of us in elected office and especially in the executive branch, where maybe this was a newer issue to them, that we needed to have the resources to make this happen. So thank you to Bono. Not only did he help us with the loan forgiveness to some of these same countries, but now to the alleviation of poverty, the eradication of disease. That is part of his agenda. And he worked with us to enhance our efforts.

President Obama has provided leadership as well and has strengthened those efforts and has boosted our investments to put us on the brink of an AIDS-free generation. President Obama also is to be commended for lifting the travel ban on those with HIV, enabling the International AIDS Conference to return to the United States in 2012.

I remember, as a brand-new Member attending the conference in 1987 when this ban was in existence, it was an embarrassment that scientists could not come here or people coming here with HIV/AIDS from whom we could learn and there could be scientific collaboration. Well, that was not allowed because of the travel ban. So thank you, President Obama, for lifting it so that we could have a truly scientific, truly comprehensive conference in 2012 in the United States, very proudly.

Today the Congress will pass legislation to extend our global AIDS investment. Even in these difficult fiscal times, we know that cutting back is a false economy that costs us more in the future. HIV/AIDS is still adapting, and so must we. It is a very resourceful virus. It just keeps finding ways, mutating and finding ways, and we have to be more resourceful in our fight against it.

I thank the authors of the legislation, to the chair and ranking minority member, for bringing the bill to the floor and adapting our policies to meet the continued challenges posed by AIDS, TB, malaria, and deadly diseases around the world. I am so pleased that we will probably have a unanimous vote on this important bill, and that is, indeed, an honor to be a part of.

Mr. ROYCE. I reserve the balance of my time.

Mr. ENGEL. Mr. Speaker, I now yield 2 minutes to the gentleman from Rhode Island (Mr. CICILLINE), a very valued member of the Foreign Affairs Committee.

Mr. CICILLINE. I thank the gentleman for yielding, and I thank Chairman ROYCE, Ranking Member ENGEL, Leader PELOSI, and my colleague Congresswoman LEE for their strong leadership.

Mr. Speaker, as a longtime advocate for a strong government response to the HIV/AIDS public health crisis in my home State of Rhode Island and now as a member of the House Foreign Affairs Committee, I rise today to strongly support the President's Emergency Plan for AIDS Relief reauthorization.

This year, we mark the 10th anniversary of PEPFAR, which has always enjoyed broad bipartisan support. First, in 2003, there was bipartisan support for addressing this public health emergency; then, in 2008, in response to some progress, PEPFAR transitioned into a more sustainable program with greater country ownership.

Over the past decade, PEPFAR has significantly expanded access to antiretroviral therapy for those suffering from HIV and AIDS, which has led to a decrease in deaths from this devastating disease all around the world. We have made real progress because of PEPFAR, and we must remain vigilant and build upon this progress.

The fight is not over. According to the World Health Organization, to date, almost 70 million people have been infected with the HIV virus, and about 35 million have died of AIDS. It is critical that the United States continue to be a leader in an increasingly international effort to eradicate this disease.

Mr. Speaker, the role of the United States remains critical to combating the worldwide HIV/AIDS epidemic, and the PEPFAR Stewardship and Oversight Act is a necessary and common-sense piece of legislation. This bill extends vital authority and strengthens oversight of the PEPFAR program. Most importantly, the bill would also extend the expired 33 percent limitation on U.S. contributions to the Global Fund. This cap has proven to be an effective tool for leveraging funding from other donor countries.

Just 30 years ago, we knew almost nothing about HIV and AIDS, and we were not able to treat those who were suffering from this disease. To have made such progress since then is remarkable, and it is a real testament to what we can achieve when we work together in a bipartisan way.

I urge my colleagues to vote "yes" and to continue our efforts toward an AIDS-free generation which, for the first time, may be within our reach.

Mr. ROYCE. I reserve the balance of my time.

Mr. ENGEL. Mr. Speaker, I now yield 2 minutes to the gentleman from Wash-

ington (Mr. McDERMOTT), a classmate of mine.

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

Mr. McDERMOTT. Mr. Speaker, I associate myself with all the remarks of my friends.

We have had a remarkable occurrence in my time in the Congress. This was once a death sentence. Today, we are on the verge of being able to produce an AIDS-free generation.

Now, it is great and we are always excited when we do something new and big and exciting, but maintaining and pushing forward to finish the project is really where we are. This bill will pass without a vote against it, I am quite sure. But the real question is: What do we put in the budget? Because if we don't maintain what is going on in the world today, we will lose. We will go backward.

□ 1700

It is like we have built a dike and we are holding back the sea. But the fact is if we don't have the drugs available when mothers deliver children and you do that intervention right at the appropriate time, you will not prevent the children from getting it. You will not be able to give the long-term care to the mothers as they raise these children.

In my view, that is really where we are.

This was the crowning achievement, I think, of the administration of George Bush. His starting this was a statement to the world that the United States cared about an epidemic that affected the entire face of the universe. And we have done a good job.

But I say this because I worry about the sequester. What does sequester mean to this? What will be the reductions? Because I am getting calls from my friends in South Africa, Zambia, Zimbabwe, Uganda, and Kenya, saying, How much money is there going to be next year? Will we be able to expand the program, keep it the same, or are we going to have to retrench?

That is what the world is watching as we face this upcoming vote on the budget.

I hope that we have as many votes for funding the program as we do for reauthorizing it here today in this bill.

Mr. ROYCE. I continue to reserve the balance of my time.

Mr. ENGEL. Mr. Speaker, I yield 2 minutes to the gentlewoman from the Virgin Islands, Dr. DONNA CHRISTENSEN.

Mrs. CHRISTENSEN. I thank my colleague for yielding.

Mr. Speaker, I, too, rise today in strong support of H.R. 3177, the PEPFAR Stewardship and Oversight Act of 2013.

This year marks the 10th anniversary of PEPFAR, a program that has literally saved lives in Africa and other hard-hit nations around the globe. Thanks to PEPFAR, more than 5 million people have received HIV/AIDS

treatments; more than 46 million have received confidential HIV testing and counseling. In 2012 alone, 750,000 pregnant women living with HIV received antiretroviral drugs to prevent transmission to their babies.

This bill builds on the enormous strides that PEPFAR has made in its 10 years and bolsters oversight and reporting requirements. It also includes provisions that will expand international donor support, as well as continue to empower and enhance country ownership in health, thus promoting sustainability.

Mr. Speaker, more than 100 organizations, most of which are on the front lines fighting this pandemic throughout Asia, Africa, Middle East, the Caribbean, and other highly affected countries, strongly support this bill. Our HBCUs, who have an important role to play, have also been advocates for it.

I have visited PEPFAR programs in Africa and the Caribbean and seen their effectiveness firsthand. They save lives.

As a physician who practiced for more than 20 years before coming here, I know what happens when individuals who are at great risk for HIV infection do not get accurate testing, education, and counseling, or when those who are infected do not receive antiretroviral drugs. The outcome is disastrous.

As a Member representing a U.S. territory in the Caribbean—the world's second hardest hit region by HIV/AIDS—I cannot stress more strongly how vitally important our passing the PEPFAR Stewardship and Oversight Act of 2013 is today. The lives of millions of individuals in our global community who are currently battling HIV/AIDS depend upon it. The health and wellness of millions more who are at risk for infection but currently HIV-free depend on it.

We have not agreed on much that is health and health care-related as of late, but this is one bill that we can, and I am sure will, agree on. So I strongly urge all my colleagues to support H.R. 3177.

Mr. ROYCE. I continue to reserve the balance of my time.

Mr. ENGEL. Mr. Speaker, may I ask how much time is remaining.

The SPEAKER pro tempore. The gentleman for New York has 4 minutes remaining.

Mr. ENGEL. I yield 2 minutes to the gentleman from Connecticut (Mr. HIMES).

Mr. HIMES. Mr. Speaker, I thank Mr. ENGEL for yielding.

I would like to thank the chairman and the ranking member of the Foreign Affairs Committee for the bipartisan ship with which they led this bill and which I think we will accomplish some very good things tomorrow.

The figures around this program speak for themselves: the millions of lives saved, the orphanages which are no longer full, the many pregnant women who will not transmit a deadly virus to their children. These things speak for themselves.

Without question, PEPFAR and the Global Fund are two of the most effective foreign aid programs ever conceived in this Chamber. But Americans might ask in good faith, Why spend money in places like Africa, Asia, and in the Caribbean when the needs are so intense right here at home? And the answer to that question could not be clearer.

Africa and Asia, where PEPFAR and the Global Fund do the most good, are areas of great instability but of great promise, where countries like China are buying up commodities, are exerting their influence, and are throwing their weight around.

We have the opportunity through the continuation of programs such as PEPFAR and the Global Fund to win for generations the hearts and minds of people who will think back on American assistance as the reason that their family had continuity, as the reason that their country continued to develop.

So the question we are answering when we think about continuing these programs and our involvement and our taxpayer dollars should really be, Are we a country that offered the opportunity to continue to save lives? Will we do that? Do we want to save lives, if we can? Do we want to be known just for our economic and military strengths, or do we want to also be known as an unqualified force for good in this world?

I would say that at this point in our history our ability to say that it is not just about economic and military power, but it is about a quality of mercy that we all cherish. And this is a wonderful opportunity for us to say who we are by supporting this legislation.

Mr. ROYCE. I continue to reserve the balance of my time.

Mr. ENGEL. Mr. Speaker, I am very happy to yield 1 minute to the gentleman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Mr. Speaker, we can celebrate PEPFAR's 10 years of success in saving millions of lives by passing the bipartisan PEPFAR Stewardship and Oversight Act.

Nearly 6 million people are receiving life-sustaining anti-retroviral treatments and providing care and support to more than 4.5 million orphans and vulnerable children. That is PEPFAR.

This bill extends critical authorities and strengthens program oversight to ensure access to essential prevention and treatment services. Most importantly, this bill extends existing funding requirements for treatment of orphans and vulnerable children.

We have brought to the world a tipping point in the fight against AIDS, and I urge all my colleagues to vote "yes" on this very important bill. I thank my colleagues, like BARBARA LEE, who have supported and initiated this amazing help for saving millions of lives.

Mr. ROYCE. I continue to reserve the balance of my time.

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

In closing, let me just, again, say what I said at the outset. I want to thank Chairman ROYCE. I am really proud of this legislation. It is truly a bipartisan product.

We are doing something really, really good here today. We are doing something that we can be proud of today. We are saving lives, and we are showing once again that the United States is the most compassionate Nation on Earth. When all is said and done, isn't this really one of the greatest things that we can do?

So I urge my colleagues on both sides of the aisle to support this bill, and I yield back the balance of my time.

Mr. ROYCE. Mr. Speaker, I do think Mr. Eliot Engel of New York should feel proud about this bill. He is the original author of the House-passed version.

I would say that, in the interest of expediting this measure, we on the Foreign Affairs Committee worked, frankly, not only across party lines but across Chambers in order to draft legislation that preserves congressional prerogatives, that advances U.S. interests, and, as Eliot Engel said so succinctly, that saves lives. This bill does that. It achieves these objectives. We worked in tandem with the Senate on Mr. ENGEL's original draft to get this done.

This bill does not affect direct spending. It doesn't affect revenues. It does not create new programs or include major new policy provisions. I want the Members to understand that.

It is a streamlined, bipartisan measure that does extend critical PEPFAR authorities that expired, and it maintains the gains achieved through the 2008 reauthorization process.

Besides the leadership of Mr. ENGEL on this bill, I would like to recognize the work of Representatives Ros-Lehtinen and Lee to shape this measure, as well as efforts by our leadership to ensure that we do not miss this narrow window of opportunity to send this bill to the President's desk without further delay.

I would also share with our Members that it helps get us on a path towards graduating countries from assistance. It conditions and limits assistance to the Global Fund.

I urge my colleagues to support this bill, and I yield back the balance of my time.

Mr. WAXMAN. Mr. Speaker, I rise today in support of S. 1545, the PEPFAR Stewardship and Oversight Act. Since its establishment in 2003, the U.S. President's Emergency Plan for AIDS Relief, known as PEPFAR, has become arguably the most effective global health program that the U.S. government has ever administered. Already, nearly 15 million AIDS victims have been served; let us not stop there.

The HIV/AIDS epidemic threatened to eliminate an entire generation in Africa. Economies were threatened and health care systems were wholly unequipped to handle the magnitude of the epidemic. Through PEPFAR, the

U.S. government and its local partners provided diagnostic testing, administered antiretroviral treatment (ART), and expanded HIV/AIDS programs to lower the rate of transmission. These efforts achieved significant success. This year the millionth HIV-free baby was born due to PEPFAR-supported prevention of mother-to-child transmission. In 13 countries, the rate of infection is below the increasing rate of adults requiring treatment. Now we can finally work toward an AIDS-free generation.

S. 1545 extends our commitment to PEPFAR and the U.N. Global Fund through 2018. It maintains the 10 percent funding requirement for orphans and vulnerable children, and at least 51 percent for treatment programs. This bill does not address the changing priorities in the second phase of PEPFAR, giving PEPFAR the bandwidth to strengthen health systems, explore public-private partnerships, and increase country ownership.

Local partnership and ownership is essential to the sustainability of PEPFAR's programs. This partnership has already begun; the effects can be seen in broader administration of medical services, though the parallel expansion of social services for the HIV community has lagged. The continuation of the 33 percent funding cap for the U.N. Global Fund ensures local partnership to address such problems.

One of the most notable changes to this legislation is its increase in oversight. I look forward to receiving the annual, joint oversight and auditing plans that will be developed by the Inspectors General of the Department of State, USAID, and HHS, thus increasing Congressional oversight as well. It will include per-patient cost studies and analysis of the shift toward greater country ownership. PEPFAR is no longer a start-up program, and the oversight associated with its shift toward long-term sustainability must be adjusted accordingly.

Yesterday, the Senate passed this bill with unanimous consent. It is our turn to do the same.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise today in support of S. 1545, The President's Emergency Plan for AIDS Relief Stewardship and Oversight Act (PEPFAR). Eleven years ago, as the Chair of the Congressional Black Caucus, I initiated PEPFAR talks with President George Bush to discuss the necessity of an international response to the HIV/AIDS pandemic. President Bush helped make a \$15 billion commitment to worldwide AIDS relief.

Not only has PEPFAR driven down the cost of commodities, it has seen real success targeting each country's specific epidemic by coordinating resources within numerous AIDS responses.

PEPFAR is a vital emergency response and it has been able to transition to long-term sustainability through country ownership. This bill not only strengthens all that PEPFAR has achieved, it extends critical oversight and authority in order to continue its success.

While PEPFAR has been a major accomplishment, we must continue to support its efforts. The U.S. investment in the Global Fund is key to the success of PEPFAR.

Our contributions have not only secured resources but also helped to increase coverage of health services and saved millions of lives. I urge my colleagues to vote in favor of S. 1545 and continue to support this critical program.

The SPEAKER pro tempore (Mr. WENSTRUP). The question is on the mo-

tion offered by the gentleman from California (Mr. ROYCE) that the House suspend the rules and pass the bill, S. 1545.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

REPUBLICAN SOLUTIONS TO HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2013, the gentleman from Indiana (Mr. MESSER) is recognized for 60 minutes as the designee of the majority leader.

Mr. MESSER. Mr. Speaker, I rise today for an important Special Order—this time, to focus on Republican solutions to our national health care crisis.

The President's health care law has hurt more people than it has helped. Taxes are going up, premiums are rising to unaffordable levels, workers' hours are being cut, and people are losing the plans they like. After more than \$500 million spent, the Web site doesn't even work. The truth is that, despite all these problems, the American people needed genuine health care reform before President Obama signed his signature law—and we still do.

The American people deserve an alternative to the failures of the President's health care law, and we have one: The Affordable Health Care Reform Act. This important bill replaces the President's health care law with patient-centered reforms that genuinely lower costs while keeping you in charge of your health care.

I have a few colleagues with me here today to join in this conversation. I certainly would like to start by yielding to Congressman BARTON.

Thank you for your leadership on this important issue.

Mr. BARTON. Thank you. I want to recognize your leadership on the Republican Study Committee and the Health Task Force on preparing the legislation that you just referred to.

I am the past chairman of the Energy and Commerce Committee, the past ranking member of that committee; and when the Affordable Care Act came through the Congress, I was the senior Republican on the committee of jurisdiction.

□ 1715

I don't want to tell you and the American people that I told you so, but I told you so. We knew that this wasn't going to work.

For example, we had a hearing today about the Affordable Care Act in the Energy and Commerce Subcommittee on Oversight and Investigations. It was focusing on the security of the Web site and on all of the problems and when the administration knew about those problems and what they did or didn't do. In the course of that hearing, Congressman CORY GARDNER of Colorado was asking the senior civil servant, Mr. Chao from CMS, some questions.

The gentleman from CMS just kind of, off the cuff, said, You know that 60 to 70 percent of the programs haven't been developed yet.

Congressman GARDNER followed up and said, What are you talking about?

He said, All we are working on right now is the Web site to get people registered. We haven't completed that portion of the program about billing, that portion about accounting for treatment, how we interact with the hospitals and the patients and the doctors. Basically, 60 to 70 percent of the system has not been programmed yet.

Mr. MESSER. Unbelievable.

Mr. BARTON. Can you imagine that, if we are having the horrendous problems we are having on just getting people interacted with making choices of which kind of coverage they are going to choose, the problems you are going to have when you actually begin to have to use the system for real health care in January?

So I and, I think, you and the other members of the Republican Study Committee task force on health, who helped prepare the legislation that you are talking about, are going to begin to push to delay the Affordable Care Act.

I have a bill, H.R. 3348, that makes it voluntary the first year in that we are not going to impose the individual mandate on people. The President has already delayed the employer mandate for a year. My bill, H.R. 3348, would delay the individual mandate so that, as we work through all of the problems, people can choose to participate or can choose not to participate.

I think it is becoming more apparent every day that the Affordable Care Act is like that shiny automobile that you see when you go into the showroom or go to the car lot. You see it, and the salesman says, Man, this thing is great. It gets 30 miles a gallon. It doesn't use much oil. Everything is power steering, and it has air-conditioning and a great stereo system. So you put down your down payment, and you take it out on the road. Son of a gun. The thing doesn't go above 50. It burns oil like it is going out of style. The air-conditioning doesn't work. The stereo system barely works. It is just a lemon.

The Affordable Care Act is a lemon, and the American people and the Democrats on the other side of the aisle who voted for it are having buyer's remorse.

So what we need to do is to delay it or to repeal it or to at least make it voluntary. Then let's look at some of these alternatives like the legislation that we put into play in which we give people real choices. It is a patient-centered, client-centered system. We allow insurance to be sold across State lines. We beef up affordable savings accounts, Health Savings Accounts. We do cover preexisting conditions, which I know you will talk about later on, but we do