

let's make sure health care is available and affordable for every American.

I don't want to go back to the days where I would see a patient who may have cancer and I couldn't take care of them because they didn't have that healthcare coverage.

Let's go back to the drawing board. This is a bad bill. You guys know it is a bad bill. Let's do this, and let's come up with a better bill.

SPEAKING IN SUPPORT OF THE AFFORDABLE CARE ACT

(Ms. JACKSON LEE asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. JACKSON LEE. Mr. Speaker, I think the American people have seen the scrambling and the unraveling today, the seventh anniversary of the Affordable Care Act which allowed more than 20 million people to achieve opportunities and access to health care that many have never had.

Throughout America, the Affordable Care Act provided hardworking Americans access to wellness care, hospitalization, care that they could not have before because it eliminated the barrier for those who had preexisting disease.

Now, tomorrow we will be debating this fast-moving, thoughtless, and devastating legislation that will see, in 2026, some 52 to 54 million Americans without insurance and undermine the opportunity for those in nursing homes, disabled, the blind, and many others, children, that are in great need of health care eliminated.

So I don't know what the purpose of this bill is tomorrow, but we will be here to debate it and hopefully defeat it, because I believe that the quality of life for all Americans truly is based upon their access to good, strong health care. That is what the Affordable Care Act is, helping rural hospitals, providing hospital resources for uncompensated care.

So, Mr. Speaker, tomorrow we will be debating a bill that, hopefully, will be defeated because it will not save lives.

ADDRESSING HEALTHCARE CHALLENGES

The SPEAKER pro tempore (Mr. MAST). Under the Speaker's announced policy of January 3, 2017, the gentleman from Georgia (Mr. WOODALL) is recognized until 10 p.m. as the designee of the majority leader.

Mr. WOODALL. Mr. Speaker, I appreciate your agreeing to be down here with me tonight. I came down to talk about health care, but I actually have a personal story I want to tell before that begins, right there in the middle of the realm of health care, a friend of mine back home in Georgia. His name is Jon Richards.

Mr. Speaker, you have folks like Jon Richards in your district, people who just believe that, if only they work

hard enough and long enough, they can make things better for their entire community. Jon is one of those folks. And what I love most about Jon is he looks for those things that other folks aren't doing.

You know, there are those folks back home. Everybody wants that glamorous job. Everybody wants to do that thing that comes with the perks or the fringe benefits. Jon Richards was attracted to those jobs that he knew would matter, that he knew needed to get done but other folks weren't filling those shoes.

Mr. Speaker, I tell you this about Jon because Jon was diagnosed with liver cancer; and as is always true when you have a friend get diagnosed with cancer, you believe that they are going to be better. I learned this week that Jon has been moved to hospice and isn't getting better.

Mr. Speaker, Jon was one of the first folks to give me even the time of day when I thought about seeking this opportunity to serve. Jon was the first person there every Saturday morning when breakfast was getting started for the Gwinnett County Republican Party, and he was the last one to leave when the Young Republicans down at the University of Georgia were finishing up.

It was young people that were his passion, Mr. Speaker. Jon saw a Republican Party that he worried was going to become more closed. He worked to open it up. Jon saw a Republican Party that was getting grayer. He was working with young people who were our future. Jon saw a Republican Party that had an opportunity to make a difference, and he seized that opportunity every single day.

In 2014, Mr. Speaker, the entire State of Georgia, Georgia Republican Party, named Jon Richards the Volunteer of the Year. Truth be told, he would have won that honor every single year, you just can't give it to somebody over and over again. I think Jon appreciated that.

If you go back and try to look for pictures of Jon so you can put a name with a face, Mr. Speaker, you are likely not to see too many. He was also the guy who had the camera around his neck taking pictures of everybody else, making sure that everybody else had something to remember the day by, making sure that everybody else was involved and appreciated, making sure everybody else was served.

□ 2115

I have known Jon Richards for a long time. I have never known him to do a single thing to benefit himself. Time and time and time again, he did the things that others wouldn't do. Time and time and time again, he would pull me aside and say: ROB, I know how we can be better together.

There is no replacement for Jon Richards—not in our county, not in our State, not in my life.

Mr. Speaker, I haven't had much experience saying good-bye to folks over

the years. I have been extremely blessed in that way. But I hope that you will join me as you say your prayers tonight in praying for my friend in hospice, Jon Richards, and for his family as he enters what will be a very long weekend for him.

Mr. Speaker, Jon would be the first one to be standing outside these doors pushing us forward on healthcare reform, and he would be doing it because he sees the human condition that is affected by health care. He sees the families that have expectations, families to whom promises have been made, families to whom promises have been broken. And he knows that we can do better.

Mr. Speaker, what he and I would often sit and talk about is that there are challenges in this country that absolutely, positively have to be addressed. I have friends on the right, I have friends on the left, and I often believe that if we could just sit down in a room together, we would solve them if we could agree on what the problem was.

Mr. Speaker, I have a chart here. You can't see it from where you sit, but it shows you where America gets its healthcare coverage. I bring this up because that is the crux of the healthcare debate that we are having here. About 46 percent of Americans, Mr. Speaker, get their coverage from their employer. When the President was pushing the Affordable Care Act in 2009 and 2010, he was talking about the uninsured Americans, and surely we can do more for those families who don't have access to health care. But 46 percent of Americans had access to health care, had it through their employer, were not seeking help or improvement, but in an effort to make a difference for the small percentage of Americans who are uninsured, the President and my friends on the Democratic side of the aisle chose to reregulate all health care across the country.

It wasn't just the lie of the year, as the newspaper PolitiFact called it, Pinocchios—if you like your doctor, you can keep it; if you like your doctor, you can keep it. It wasn't just that that promise was broken; it is that folks who weren't seeking any help at all got caught up in this net of a new Federal regulatory scheme.

Mr. Speaker, about 46 percent of Americans get their health insurance from their employer. About 17 percent of Americans are on Medicare. We have got another 17 percent of Americans that are on Medicaid or CHIP or those safety net programs. Even here today, after the passage of the Affordable Care Act, 8 percent of Americans are uninsured. Now, we have folks who are in the exchanges—they are represented here—that is about 12.4 percent of the population. We have folks who are on Medicaid represented here; that is about 11.3 percent of the population. And we have folks who don't have any insurance at all.

Mr. Speaker, if we would come together to solve the problem for folks

who didn't have access to health care, I believe we could have found a solution together. Instead, what we tried to do was reregulate the entire healthcare system, even for all of the Americans who were perfectly happy with their care. And it didn't work.

You don't have to take my word for it, Mr. Speaker. I can quote from my big newspaper back home in my district, *The Atlanta Journal-Constitution*: "Aetna to pull out of Georgia's ObamaCare insurance marketplace."

Many counties in Georgia now, Mr. Speaker, only have one insurer to choose from. Humana has announced it is pulling out.

Union Leader in New Hampshire: "Another ACA failure Bad idea keeps getting worse."

Over in *Kaiser Health News* in Arkansas: "Largest U.S. Health Insurer Pulls Out of Health Exchanges in Georgia, Arkansas."

From *The Washington Post*: "Aetna chief executive says ObamaCare is in a 'death spiral.'"

And from the *Courier-Tribune* in North Carolina: "Blue Cross projects \$400 million loss in NC on ACA in just two years."

Mr. Speaker, while we can argue about whether we correctly identified the problem to begin with, while we can argue about whether or not we crafted the right solution to begin with, what is undisputed is that the Affordable Care Act is failing, and it is taking American families down with it. That is not just the newspapers talking, Mr. Speaker.

I will quote from former President Barack Obama. In August of last year, he says: "Despite this progress"—he is talking about the progress of the ACA—"too many Americans still strain to pay for their physician visits and prescriptions, cover their deductibles, or pay their monthly insurance bills; struggle to navigate a complex, sometimes bewildering system; and remain uninsured."

Twenty million Americans remain uninsured. After all of the President's efforts, he still recognized in August of last year there was much more to be done because the efforts that he tried failed.

Governor Mark Dayton, a Democrat from Minnesota, in October of last year, he says: "The reality is the Affordable Care Act is no longer affordable. . . ."

The aspiration was that premiums would come down by \$2,500, but the reality is that premiums were going up by double digits, and in some cases triple digits. The Affordable Care Act is no longer affordable.

And former President Bill Clinton, in October of last year, Mr. Speaker, he said: "So you've got this crazy system where all of a sudden 25 million more people have health care and then the people who are out there busting it, sometimes 60 hours a week, wind up with their premiums doubled and their coverage cut in half. It's the craziest thing in the world."

There is a group of people, mostly small-business owners and employees, who make just a little too much money to qualify for Medicaid expansion or for the tax incentives who can't get affordable health insurance premiums in a lot of places.

Mr. Speaker, I don't believe health care is a partisan issue. Regulation and how we use it may be a partisan issue. Federal control of whether we should use it may be a partisan issue, but providing Americans access to health care is an American issue, and every one of these Democrats I have just cited recognize the failures of the current system. I don't say that, Mr. Speaker, to try to point the finger of blame. I say it because either we believe that everything is working just great and we should all pack our bags and head back home to the district, or we believe that there are American families in crisis that are calling on us to serve them.

You can't see this map, Mr. Speaker, but it shows some of that crisis. In just 1 year, from 2016 to 2017, Mr. Speaker, the number of counties in America that only have one insurer to choose from quintupled. I will say that again. In just 1 year, from 2016 to 2017, so severe is the death spiral of the exchanges across the country, the number of American counties that no longer have choices and are limited to a single insurer has increased 500 percent.

Mr. Speaker, the number of counties that only have one insurer is represented here in the color of orange. You see it in 2016, you see it in 2017. Five entire States, Mr. Speaker, in a healthcare system that was designed to provide consumers with choices, have no choice of insurer whatsoever. I say that because we have gotten wrapped around the political axle here, Mr. Speaker, as if somehow if you are on the Republican side of the aisle, you cannot recognize that the Affordable Care Act achieved any successes whatsoever, and if you are on the Democratic side of the aisle, you can't recognize that the Affordable Care Act has failed anyone in any way whatsoever. Both of those positions are nonsense.

I tell you that if you have spent a trillion dollars on this program—and you have—I hope a family has been helped. I know some families that have been helped. But I also know families that have been crushed. We need to repeal the Affordable Care Act for those families that have been crushed, and we need to replace the Affordable Care Act for those families that have been helped because that help is rapidly eroding.

Mr. Speaker, I want you to think about the thought, the idea that is the Affordable Care Act. The idea is we are going to provide these choices, and then we are going to provide these government subsidies, and folks are going to have access to health care for the very first time. It is a wonderful idea: provide choice, provide support, provide access. The reality is, though, Mr.

Speaker, with those choices, with those subsidies, with that offer of access, almost 20 million Americans said: Forget it, I am out.

Now, you remember this whole plan was put together where the IRS comes and fines you if you are out. So what began as an idea that said, "We are going to provide you with choice, we are going to provide you with support, and that is going to get you your access," 20 million Americans have decided that plan has so failed them, they would rather pay the IRS a penalty to the tune of \$4 billion last year—rather, pay the IRS a penalty than access the Affordable Care Act. That is a failure. It is a failure.

Who is it failing most, Mr. Speaker?

If you look at those folks who are in this almost 20 million pool, 45 percent of them are age 35 or younger. I don't fall under the age category of 35 and under, Mr. Speaker, but I can tell you that folks who are 35 and under cost less to take care of than folks who are my age bracket and older. So if you are going to try to craft a national insurance system, you need these people who are 35 and under to be involved—enthusiastically involved. Rather than getting involved with the choices and with the subsidies to get the access, 20 million Americans have said: It is not for me. I will pay the fine instead.

Most of them young people. If we can't agree that that is a failure, Mr. Speaker, if we can't agree that the system can't stand in that way, we are going to have a tough time finding a solution.

What you heard so often today about the solution that is being proposed in this body is that older Americans are getting the toughest end of the deal. There is a little truth to that, Mr. Speaker.

What the Affordable Care Act did is it said you have young, healthy people; you have older people who are likely to be sicker. The law of the land at the time was that the cost spread between the youngest and the oldest could be 500 percent, 5 times more for the oldest, highest risk people than the youngest, lowest risk people.

Sure, it is insurance, right?

Older cars, different pricing than newer cars. Houses with sprinkler systems, different prices than houses without sprinkler systems. It is just actuarial experience.

But the Affordable Care Act says we are going to compress that from one to five, a 500 percent spread, down to one to three, a 300 percent spread. What that did was lower rates below the actuarial experience for older Americans—that was great for older Americans—and, at the same time, raise rates for younger Americans, which forced all the younger Americans out of the marketplace, which then raised rates for all Americans.

I will quote from Grace-Marie Turner. She is the president of the Galen Institute. She testified in front of the Committee on the Budget this year on

this issue. She said this, Mr. Speaker: “. . . young people purchasing individual policies in or out of the exchanges are required to pay much more for their policies than their actuarially-expected costs because of the law’s required 3:1 age rating band. Forcing the young to pay more drives costs up for everyone.

“The average 64-year-old consumes six times as much health care, in dollar value, as the average 21-year-old.”

□ 2130

Insurance is about experience. There is a 1 in 100 chance of something bad happening to you, you pay 1 one-hundredth of the price of that bad episode, 100 of you get in the pool together, you share the risk.

Actuarially, a 64-year-old consumes six times more health care than a young person. But we compressed that to three times in terms of the billing.

Dr. Turner goes on to say this: “Under the ACA’s age-rating requirements, insurers cannot charge their oldest policyholders more than three times the price they charge their youngest customers.”

If every customer were to remain in the insurance market, this would have the net effect of increasing premiums for 21-year-olds by 75 percent, and reducing them for 64-year-olds by 13 percent. Now, think about this. This is the system that we have created.

If you can get the young people to stay in the system—which you cannot—the young people are paying rates 75 percent higher than they should so that older Americans can pay premiums 13 percent lower than they should. But we are losing all the young people because 77 percent is forcing these folks out. They are not dumb folks. They are making good choices about their own self-interests. If their insurance prices are too high, they reject the insurance.

An individual in my district, Mr. Speaker, from Buford, Georgia, wrote to me and said: ROB, I am a full-time student with a part-time job that doesn’t offer health or dental insurance. I can’t get health insurance through my parents because they are on Medicare. I shop for health plans, but most are out of my budget. I shouldn’t have to pay a fine if a healthcare plan is not in my budget. There should be alternatives to this plan. Please help.

Say young people don’t want insurance. I don’t believe that is true. I do think young people believe they are going to live forever and they are never going to get sick. But they do worry about that rainy day, forbid the thought, should something bad happen. But you can’t buy a policy you can’t afford, and we have priced these young people out of the marketplace.

When we price young people out of the marketplace, rates go up for everybody. When rates go up for everybody, more young people drop out of the marketplace. And that death spiral that

Aetna’s CEO recognized, grows faster and faster. Which brings us to the solution that we are working on here together.

I don’t know what you thought of President Trump when you first met him, Mr. Speaker. I don’t know what you thought of the campaign and how things were going to transpire in these first 60 days of a new administration. But I think a lot of folks in my district imagined the President as a take-it-or-leave-it kind of guy, my-way-or-the-highway kind of guy. I think you would agree with me that nothing could be further from the truth in our experience.

This is what he tweeted out. As you know, that is our new method of communication here in Washington, D.C. This is what he tweeted out when this House dropped its healthcare bill. He said: “Our wonderful new healthcare bill is now out for review and negotiation. ObamaCare is a complete and total disaster—is imploding fast.”

It is out for review and negotiation. And those weren’t just words, Mr. Speaker. You have seen it. You have seen it going on this week. You have seen it going on even to the eleventh hour. The President has never said: My way or the highway. He has brought people in from every end of the political spectrum to work with them on their ideas, to work to see what we could do more for children, more for the near elderly, more for families, how do we get the incentives in the right place. Day in and day out, 16, 17, 20 hours a day, the President has been working to make this better.

I could not feel better about the process. I don’t believe any particular party has a monopoly on good ideas. I don’t believe any particular Member has a monopoly on good ideas. I believe we work best when we work collaboratively. And I am so proud of our President for embracing exactly that—the art of a deal.

Mr. Speaker, there are four main parts of our replacement plan, four main parts.

Number one, Medicaid reforms to allow States the freedom to run their own Medicaid programs.

I serve on the Rules Committee with LIZ CHENEY from Wyoming. I promise you, the rural nature in the low-population area of Wyoming means she needs a very different Medicaid program than the high-density, high-population area of metro Atlanta that I serve.

So often, the State programs dictated by the Federal Government lock States in to a one-size-fits-all solution. Or the States can come begging to Washington, D.C., for an exception or an exemption or a waiver. You shouldn’t have to come beg Washington, D.C., to best serve your constituents, Mr. Speaker. We give folks the flexibility to run these State-based programs to serve the most vulnerable of State populations.

Number two, a patient and State stability fund.

Mr. Speaker, the challenge at any insurance pool is what do you do with the sickest of the individuals in that pool. If I buy insurance today and I am not yet sick, well, now I am in the insurance pool and I am paying for whatever my actuarial risk is. But forbid the thought if somebody has already gotten sick, they have been fighting illness their entire life, they are trying to run their small business, and they show up to buy a new insurance policy, they have struggled mightily throughout my lifetime to get access to coverage.

Now, in 1996, President Bill Clinton and Speaker of the House, Newt Gingrich, right here on this very floor of the House, passed a bill that abolished preexisting conditions for every federally regulated plan. Those are the plans that the big companies use, like Coca-Cola, Home Depot, or Walmart. All of those plans, those big employer-based plans, the Federal Government abolished preexisting conditions in those plans decades ago.

But States have moved a little bit slower. And the mechanism that many States are trying to use as high-risk pools to say that when folks find themselves ailing and trying to find insurance for the first time, perhaps they need a different kind of medical home, perhaps they need a different incentivize to get into the insurance pool. These high-risk pools are funded in order to make insurance available, accessible, and affordable for folks who have preexisting conditions and are outside the insurance pool today. We have got to get them on the inside. We provide money to do that.

Personal tax credits, Mr. Speaker. Refundable, advanceable personal tax credits. What we say in this bill is, you don’t have to pick a plan off of an ObamaCare exchange that isn’t right for you and your family. You don’t have to wait for the government to approve what your choices are. You can pick any plan, anywhere that serves your needs that you believe is best for your family. And if you are a middle-income or low-income American, we will help you defray the cost of that insurance policy.

Now, everybody has got skin in the game. There is no free lunch here, Mr. Speaker. Everybody has to have skin in the game. We are putting people in charge of their own choices. But if you are a 63-year-old couple and your kids have left the house, we ask: Do you need to buy a policy that covers maternity care? Is it important to you that you have a policy that covers pediatric care? Or, because you are in that older American status, you are in that age bracket where the actuaries say you are likely to consume six times more health care dollarwise than young people do should you be able to pick and choose those benefits so that you get the policy that provides the best value for you and your family. These personal tax credits go to the individual, so the individual can make choices about what is best for them.

And it creates health savings accounts. Oh, Mr. Speaker, I did not understand the economics of health care until I got my first medical savings account. I thought health care costs \$50 a visit, because that is what my copay was.

When I got my first medical savings account, my insurer sent me a list. And they said: ROB, if you want to go to the doctor for a CT scan, you can go to this one down the road that charges \$200, or you can go to this one down the road that charges \$2,000. You just do whatever you think is best.

I went and looked last night, Mr. Speaker. If you want to go in for a CT scan in Washington, D.C.—we have fabulous hospitals here—you can go to George Washington University right down the street here in Foggy Bottom, and if you have a United plan, the cost is going to be \$1,500 for your CT scan. If instead of driving west to George Washington University, you drive north to Howard University, you can go to Howard University hospital and get the same CT scan for \$200.

Mr. Speaker, I can't bring down health insurance costs unless I bring down healthcare costs. And I can't bring down healthcare costs unless we have transparency in healthcare pricing so that you and I and 300 million Americans become more active consumers of these products. Health savings accounts give us that opportunity.

But I can't solve all of our healthcare problems in one bill. And shame on this Congress for having created the expectations across a decade of stuffing giant bills through this body at one time, that we have come to set expectations that we can do everything for everybody in a single bill. We can't. And even if we could, we shouldn't. Taking issues one at a time leads to better legislating.

So we have a three-phase approach here, Mr. Speaker.

First, we are going to pass the American Health Care Act, which repeals the Affordable Care Act taxes and penalties, it replaces the mandates with policies that will stabilize markets and increase individual choices. We are going to do that tomorrow morning.

Then comes the administrative action: What can we do through the White House?

You will remember when they passed the Affordable Care Act, they delegated much of that authority to the Secretary of Health and Human Services. Today, that Secretary is my good friend from across the river in Georgia, Dr. Tom Price. So the second phase is for Dr. Tom Price to grab ahold of those dials that he has at Health and Human Services and make those changes that will encourage choice and lower prices, stabilize markets.

And then third, we are going to come back to this body, back to this floor, back to the United States Senate and pass stand-alone legislation that authorizes association health plans, that promotes competition in insurance,

that deals with the IPAB repeal, and on and on. In fact, we have begun that this week, Mr. Speaker.

There are two legislative processes. There is the process where you can pass something in the Senate with 51 votes. That is called reconciliation. And there is the process where you have to deal with the filibuster in the Senate. That is for everything else.

Mr. Speaker, right now, we are still getting the rust out of the gears here in this body. There are lots of new Members here. We have got a chance to pass a bill tomorrow morning that can move through the Senate with 51 votes. But then we are going to be back.

Like I say, we have started this week. We have already passed, in a bipartisan way, legislation to increase competition in the insurance market and legislation to allow small businesses to band together so that they can provide better plans at lower costs to their constituents.

Mr. Speaker, there is some suggestion that fixing a failing ObamaCare, an ObamaCare that is in a death spiral, is somehow a partisan issue. Again, as I began, I said there are folks on the Republican side who sometimes say nothing good ever happened in ObamaCare and folks on the Democratic side who sometimes say nothing bad ever happened.

But the truth is, 20 different times, this Republican-controlled House passed bills that President Obama signed into law to fix problems in the Affordable Care Act—20 different times. One of the first bills I voted on when I came to Congress was one of those bills. The President signed it into law.

The Affordable Care Act—I don't need to go through the whole history with you, Mr. Speaker. You remember. It was jammed through the Senate on Christmas Eve. It moved through the House on a Sunday night at midnight with no amendments and no changes. It was not ready for prime time. It needed these fixes. And even with these fixes, the death spiral continues.

But we needn't say to one another that collaborating to solve a failing ObamaCare system is anathema to what anyone believes. We have done it not once, not twice, but 20 times during the Obama Presidency alone.

Mr. Speaker, I will close with this tonight. It is a Kaiser Family Foundation study. They went to folks who have policies in the Affordable Care Act exchange system, and they said: Are you better off today than you were before the passage of the Affordable Care Act?

Again, these are folks who have enrolled in the Affordable Care Act.

What they found is it is about 50/50. It is just this small red and green sliver, Mr. Speaker, of the entire healthcare market in this country, just this small sliver that enrolled in the Affordable Care Act. Again, almost twice as many people rejected the Affordable Care Act, are paying penalties

to the IRS, and are staying out of the system as got into the system. But of those people who got into the system, about 80 percent of which are receiving Federal subsidies to stay in the system, only about half said that they are better off today than they were before.

That is \$1 trillion that we have spent—borrowed from our children and spent—to reform health care for 300 million Americans even though most Americans valued the plan they had, created a system where more Americans opted out and decided to pay a penalty than agreed to take the free health care that was being offered. And of those who agreed to take the health care, more than half of them believe things were better before.

□ 2145

Mr. Speaker, I will stipulate, if it is valuable, that folks who passed the Affordable Care Act before you and I got here were trying to do the best they could to serve their constituency the best they know how, but it didn't work. Insurers are leaving the plan. Families are losing their policies. Premiums are skyrocketing double and even triple digits annually.

We can do better. We can do better, and we have an opportunity to start that process tomorrow. I regret that even the word "ObamaCare" has become so toxic that it divides people even upon its mention. But families are being caught in that divide. Families are being caught in the political crossfire as we discuss this.

The President has said: Send me a bill because I want to put a stop to that uncertainty. I want to put a stop to that insecurity. I want to put the American healthcare system back on track.

We can do it together tomorrow.

America needs us to do it together tomorrow, and I hope that we will.

Mr. Speaker, thank you so much for agreeing to be here with me during this time tonight, and thank you for agreeing to keep my friend Jon Richards in your prayers as you lay your head down this evening.

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

ENROLLED BILL SIGNED

Karen L. Haas, Clerk of the House, reported and found truly enrolled a bill of the House of the following title, which was thereupon signed by the Speaker:

H.R. 1228. An act to provide for the appointment of members of the Board of Directors of the Office of Compliance to replace members whose terms expire during 2017, and for other purposes.

SENATE ENROLLED BILL SIGNED

The Speaker announced his signature to an enrolled bill of the Senate of the following title:

S. 305. An act to amend title 4, United States Code, to encourage the display of the