

HEALTH PLAN NEEDS TO COVER PREEXISTING CONDITIONS

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

Ms. ROSEN. Mr. Speaker, the GOP is trying to pull a fast one over working families. This week, House Republicans and President Trump gave into extreme demands of the Freedom Caucus by colluding on a dangerous amendment that would gut protections for individuals with preexisting conditions, allowing insurers to once again discriminate against sick Americans.

We all know that the ACA isn't perfect, but we cannot, in good conscience, throw out essential health benefits that have helped working families to get the protections that they need.

The MacArthur amendment would take us back to the days before these key protections helped save lives. Without protections for preexisting conditions, my constituents with serious illnesses and health conditions would face discrimination from insurance companies solely based on their illness.

How can Speaker RYAN seriously tell Americans that this plan is somehow better for people with preexisting conditions? We need a health plan that will help working families pay for their health coverage, not one that puts health insurance out of reach.

□ 0915

PRESIDENT TRUMP'S FIRST 100 DAYS

(Mrs. WATSON COLEMAN asked and was given permission to address the House for 1 minute.)

Mrs. WATSON COLEMAN. Mr. Speaker, tomorrow marks President Donald Trump's first 100 days in office. While President Trump has claimed that this is the most productive any President has been, he has not met his own deadlines that were set during his campaign and subsequent victory.

Since day one, this administration has pursued only works that represent the detriment to this country and our democracy. He has made outlandish, hateful, and harmful healthcare proposals. He has plans to gut the Federal budget in exchange for tax cuts for his wealthy friends. He has rolled back the progress made by the Department of Justice under the previous administration. He and his family continue to make money off of his position, and he has used the Congressional Review Act to roll back protections for our environment, public education, gun safety, and women's rights.

We are 100 days in, and we have over 4,000 more days to go. Mr. President, Mr. Speaker, and the residents of New Jersey's 12th Congressional District, we are counting down those days.

FURTHER CONTINUING APPROPRIATIONS ACT, 2017

Mr. SESSIONS. Mr. Speaker, by direction of the Committee on Rules, I

call up House Resolution 289 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 289

Resolved, That upon adoption of this resolution it shall be in order to consider in the House the joint resolution (H.J. Res. 99) making further continuing appropriations for fiscal year 2017, and for other purposes. All points of order against consideration of the joint resolution are waived. The joint resolution shall be considered as read. All points of order against provisions in the joint resolution are waived. The previous question shall be considered as ordered on the joint resolution and on any amendment thereto to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Appropriations; and (2) one motion to recommend.

The SPEAKER pro tempore (Mr. POE of Texas). The gentleman from Texas is recognized for 1 hour.

Mr. SESSIONS. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Massachusetts (Mr. MCGOVERN), my friend, the ranking member of the committee, pending which I yield myself such time as I may consume.

GENERAL LEAVE

Mr. SESSIONS. Mr. Speaker, I ask unanimous consent that all members have 5 legislative days to revise and extend their remarks.

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

There was no objection.

Mr. SESSIONS. Mr. Speaker, I rise today in support of the rule. It is a fair rule that enables this body to continue working in a bipartisan fashion to get our work done for the American people. Essentially, it is to fund the government for one more week as final preparations are made and as the Appropriations Committee finalizes its work. It enables us to continue to serve our constituents. It enables the American people to have confidence not only in what we are doing, but to provide the necessary resources so that this Nation can continue to protect itself also.

I also rise in support of the underlying legislation that is in this rule. This short-term CR, while being far from ideal, is exactly what we need to do so that we can allow our colleagues in the House, as well as the Appropriations Committee and this body, to move forth a bill that will find its way to the United States Senate and to the President's desk.

For months now, our colleagues on the Appropriations Committee, under the great work of our brand-new chairman, Chairman FRELINGHUYSEN from New Jersey, have been working towards funding a government agreement while they are trying to reach a long-term bridge.

Yesterday at the Rules Committee, the young chairman, along with the ranking member, Mrs. LOWEY from New York, came and spoke to the

Rules Committee not only with great confidence about the work that they are doing, but with great confidence about how they worked well together. It was once again another opportunity for Members of Congress in the performance of their duties to have confidence not only in their working relationship, but in the product that they would wish to move forward.

The Rules Committee was quite blunt to them that, while we were pleased to see them, we wanted to see them get their work done a week from now. I think the American people feel the same way. I think they are willing to take the time to do it right, but it is now time to feel a little bit of pressure towards completing the work that needs to be done.

Mr. Speaker, today we are going to have one of the most distinguished members of the Rules Committee who will speak with us. He shares a role not only as vice chairman of our committee, but he also has an opportunity to sit on the Appropriations Committee; a person responsible as a cardinal for a massive part of not only the Federal Government spending, but the authority and responsibility for the Federal Government to deliver in so many areas in support of the American people.

I will be introducing the gentleman from Oklahoma (Mr. COLE) in just a few minutes, who will also provide detail and information not only in support of the great work that is being done, but why we are doing that for the American people.

Mr. Speaker, I am confident that my colleagues on the Appropriations Committee are going to continue their work. We are asking this body today to consider this rule to move forth legislation.

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

Mr. MCGOVERN. Mr. Speaker, I thank the gentleman from Texas (Mr. SESSIONS), my good friend, the chairman of the Rules Committee for yielding me the customary 30 minutes, and I yield myself such time as I may consume.

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

Mr. MCGOVERN. Mr. Speaker, I want to begin with some good news for my colleagues here in the House and for the American people, and that is my Republican colleagues have decided to pull their abysmal repeal and replace bill with regard to the Affordable Care Act from consideration this week. We can all breathe a sigh of relief. The American people dodged another Republican bullet here.

Their bill, as my colleagues all know, would have caused 24 million Americans to lose their health care. It would have cut Medicaid by over \$800 billion, and then they would have given a trillion-dollar tax break to the richest people in the country. It would have compromised Medicare. It would have

basically denied Americans essential health protections that they currently are guaranteed in their health insurance; things like emergency room care, maternity care, mental health care. I can go on and on.

Then with their latest addition to their abysmal bill, they would have even allowed insurance companies to once again discriminate against Americans with preexisting conditions; something that they said that they wanted to protect, yet their adjustments to their abysmal healthcare bill would have allowed Americans with preexisting conditions to be discriminated against.

I mean, when we talk about essential health benefits, I want to stress the word “essential.” They are important, yet they are going down a road that I think is disastrous for millions of American people.

Let us begin by being thankful that we are not going to do great harm to our country this week. Now, there is always next week—we have to worry about that—but at least this week they had the common sense to pull this terrible healthcare bill that they have been working on for so long. Let's hope that we never ever see the bill. I think it is important for people to understand what is at stake. There is an awful lot at stake for tens of millions of Americans here today all across the country.

Mr. Speaker, that brings us to today. Let us be clear about why we are here again with yet another continuing resolution, the 29th—yes, you heard that right, the 29th—continuing resolution since Republicans have taken control of the House.

Republicans have nobody to blame for this mess but themselves. They control the White House, they control the Senate, and, unfortunately, they control this House. They were even the ones who set this artificial deadline of April 28 in the first place. That was after Republicans gave themselves a 2-month extension and then a 5-month extension.

Mr. Speaker, this should have all been sorted out last fall, but for 7 months Republicans have played games and delayed and bickered amongst themselves about government funding and health care and other priorities.

What do they have to show for it?

Nothing.

Now, maybe the delay was caused by this obsession from the Republican Conference with repealing the Affordable Care Act and ripping health care away from 24 million Americans. Maybe Republicans have been too busy trying to defund Planned Parenthood, trying to undo important consumer protections put in place by Democrats, trying to tear down commonsense rules to protect public safety and the environment.

Perhaps if Republicans had been responsibly working with Democratic leaders during the past 7 months, we could have already funded our govern-

ment and we could be getting to work on other things that our constituents sent us here to do, like creating jobs and repairing our crumbling infrastructure.

We could have avoided events that have transpired during the past 48 hours: an emergency Rules Committee meeting, another Republican martial law rule, and threats of a Saturday session.

Mr. Speaker, to put it bluntly, this is about Republican dysfunction and incompetence, plain and simple. If Congress could be sued by the American people for malpractice, we would be in big trouble. This is indefensible. I am sure people who are watching these proceedings are scratching their heads saying: What the hell is going on in the people's House?

For the life of me, I cannot understand why we are constantly at the edge of a cliff. This Republican leadership jumps from one manufactured crisis to the next, and has proven ineffective at carrying out even its most basic responsibilities, like keeping the government's lights on and funding programs that help our constituents.

But don't take it from me. Listen to what some of my Republican colleagues are saying about the priorities of their own leadership. Representative ROONEY, a Republican from Florida, said:

“I have been in this job 8 years, and I am wracking my brain to think of one thing our party has done that has been something positive, that has been something other than stopping something else from happening.”

Representative MARIO DIAZ BALART from Florida commented:

“It is pretty evident that we don't have the votes among Republicans to, in essence, do anything that is real.”

Mr. Speaker, when you have members of your own party making these kinds of statements, you really have to question the capacity of the Speaker and his leadership team to govern effectively.

Mr. Speaker, I very much regret that we are here today to consider another short-term CR. One week—that is all this bill does, keeps the government running for one additional week. Our constituents expect and deserve better from their elected officials.

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

Mr. SESSIONS. Mr. Speaker, I appreciate the gentleman, my friend from Massachusetts, for his words of wisdom about the direction we ought to be going. That is what we are going to do; we are going to continue moving.

I find in my job, as I perform my duties, that I have a chance to really interact with a lot of people in government. Over Christmas, I had a chance to visit our troops around the world and look at them and give them the confidence that what we do in Washington will allow them to keep working for freedom and to represent us.

Dr. Francis Collins at the National Institutes of Health, an enormously

brilliant man who helped with the genome project, who keeps NIH up and working; and at the National Eye Institute, Dr. Paul Sieving; and so many others who do count on us getting it right, whether it be the United States military, whether it is our border patrol, whether it is our health and human services, but the person who knows these characteristics of what it takes to get agreements is also on the Rules Committee. He is a valuable member of our Rules Committee. He is the gentleman from Oklahoma (Mr. COLE).

Mr. Speaker, I yield 10 minutes to the gentleman from Oklahoma (Mr. COLE), vice chairman of the Labor, Health and Human Services, Education, and Related Agencies Subcommittee.

Mr. COLE. Mr. Speaker, I thank the chairman, my good friend, for yielding me the time and for those incredibly gracious and generous remarks.

Mr. Speaker, I certainly rise to support the rule and the underlying legislation. By the very nature of Rules debates, everything seems to be partisan because it seems to be sort of shirts and skins as it is on the rules. The reality is the legislation we are talking about has actually been requested by both parties. We had both the chairman and the ranking member in there requesting because they are working together in a bipartisan way to produce a major piece of legislation that will direct spending for the United States government in the range of about \$1 trillion between now and September 30.

The important thing to note is that it is a very bipartisan negotiation between two very skillful legislators, Chairman FRELINGHUYSEN and Ranking Member NITA LOWEY. When they bring that legislation to the floor, as they will next week, it is going to have some pretty important and pretty major things on it.

We are not only going to adequately fund our military, we are going to increase that. We are going to give the President some things he has asked for in terms of supplemental money for defense to upgrade and improve our military.

□ 0930

We are going to give him some additional things for border security as well that, again, both parties have agreed on. I think we all want secure borders. We know there is always some debate about exactly how or what we should do, but, in this case, we have a bipartisan agreement.

We will actually give a very substantial increase to the National Institutes of Health, which, as the gentleman from Texas (Mr. SESSIONS) mentioned, great work is done on behalf of the American people in that institution. Frankly, it has been Republicans that first doubled that back in the late 1990s and early 2000s and now have reignited the biomedical research engine by putting additional resources in there. It is

something our friends support, but actually it was Republicans who took the initiative to achieve.

We will see some really important increases in some education programs that give some of our less advantaged citizens opportunities to go: TRIO, GEAR UP. Both prepare individuals for higher education and then have a chance to exploit the opportunity when it comes.

So that bill will have a lot of good things in it that will be bipartisan. My good friend from Massachusetts (Mr. MCGOVERN) mentioned—and I think appropriately so—that there is a certain amount of dysfunction in the appropriations process. Where we probably disagree is—I have got to tell you, it is not new. Since we passed the Budget Control Act over 40 years ago in 1974, budgets and appropriations have been completed on time exactly four times. It didn't matter who was in charge. So maybe we ought to go back and look at that defective process that was set in motion by our friends back when they controlled both Chambers in overwhelming numbers and rethink how we do this.

I do agree with the gentleman from Massachusetts (Mr. MCGOVERN) that it is important to focus on first things first. And while tax reform is a very important goal that, I think, this Congress will achieve and while health care is a very important goal, which I certainly hope this Conference achieves and I think we are working toward, there is no question the most important thing we do around here is fund the government every day. We make sure that our military has what it needs to protect us and that our border control officials have what they need to make sure they are secure, that we do things like look for cures for Alzheimer's and cancer at the NIH. To me, that always is the most important thing it has to do.

So, in this bill and in the bill that will follow next week, we are actually doing what we should do. We are putting first things first. Let's make sure these basics are done for the American people, and then let's get about the important business of changing their Tax Code and making sure that they have the best health care in the world.

In my view, Congress could have—and to my friend's point—could have and should have done this months ago. It is important to note that the Appropriations Committee had reported out all 12 of the bills that fund the day-to-day operation of the budget. Five of them actually moved across the floor. We did run into problems in the United States Senate where there was a lot of obstruction, but the Appropriations Committee did its job. We just have to now, as a Congress, do our job and make sure those bills get to the floor in a timely manner, and that we do the right thing so that they pass.

The Appropriations Committee can only prepare them. They don't get to schedule them on the floor. They don't

get to move them across the floor. That has to be done with all sides working together for the good of the American people.

Again, it is worth noting that we can do this process. Two years in a row, we have done all 12 bills. So I would hope in the future, as we make these decisions—and my friend is right, a decision was made in November or December. It is not one I agreed with—to wait and say let's let the new administration have some input on this. Now, there is certainly nothing wrong with that.

The new administration wants to come in, and there is a vehicle called a supplemental, where, if they want to tweak the budget, they can do that and they can bring it to the floor, and that is what we should have done. But we shouldn't ask them to write the budget for the very year in which they show up. They simply don't have their people in place. They are not ready to do that. They have got to get their Cabinet appointed. So I would hope, in the future, we remember that and do first things first.

Still, it is never too late to do the right thing, as my mom used to say. And the right thing to do today is to pass this rule, pass this bill, give our friends, the appropriators, the time that they need to negotiate a final bill. I am confident we will do that; I am confident we will do it on a bipartisan basis, Mr. Speaker; and I am confident we will be back here with a bill the American people can be proud of because that will have been negotiated in good faith, it will be bipartisan, and it will give us the stability that we need from now until September 30.

Mr. SESSIONS. Mr. Speaker, also I want to recognize the gentleman from Oklahoma (Mr. COLE) for another birthday today. The gentleman from Oklahoma was very silent last night at the Rules Committee. He didn't let us know, so we didn't say anything. But today is his birthday, and I congratulate him for that.

I reserve the balance of my time.

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

I have a number of the day for my colleagues. I feel like I am on Sesame Street. This is the 29th closed rule this year. This is the 29th CR of this Republican majority. And the government is about to shut down when the calendar flips after midnight, and it is the 29th. So 29 must be the number of the day.

I want to wish the gentleman from Oklahoma (Mr. COLE) a happy birthday. Maybe he is 29, so it all kind of fits together.

I would just say to my colleagues, as an indication of how dysfunctional this place is: How do you get 29 closed rules in 4 months? How do we run a place in such a closed manner?

This is supposed to be a deliberative body. We are supposed to be debating issues. People are supposed to have a give-and-take on matters of importance. We have had 29 closed rules in

the first 4 months of this year. It is unprecedented.

As I have been saying time and time again, when you have a lousy process, you usually end up with lousy legislation. I think that is the case with regard to the repeal and replace of the Affordable Care Act.

Here we are at the last minute trying to keep the government open for a week so we could have more time to keep it open for the rest of the year. I mean, this is not the way this place should be run.

Mr. Speaker, I yield 4 minutes to the gentlewoman from Florida (Ms. CASTOR), a former member of the Rules Committee.

Ms. CASTOR of Florida. Mr. Speaker, the American people deserve better. The majority is not serving the interest of the families we represent back home. They are not focused on lifting the economic prospects of our small businesses and hardworking families. They are not focused on lifting wages.

Instead, we are debating what could be the smallest little extension of government funding ever: 1 week. Are you kidding me? We have just come back this week from a 2-week recess. You would think that the majority party would have had the wherewithal to be able to fund the government as required through the end of the fiscal year, which is only September 30. This was leftover business from last year. How small. How unfocused. What a let-down for the people we represent.

Has the majority party brought a bill to the floor of the House that we can debate on jobs, on lifting Americans that work hard every day? No.

Has the majority party brought a bill to debate where we could talk about how we fix roads and bridges and connect communities and address congestion across the country and create jobs that way? No.

The majority party, after the very serious military strike on Syria, could have brought a debate about an authorization of the use of military force where the Congress has been derelict for years in having the debate about a country that has been at war for 16 years. That is very important. People expect us to address the difficult issues, but they haven't brought that debate.

Across the country this week, a lot of seniors in high school are deciding where they are going to attend college or university. We could be having a debate on how we help those families and students afford the cost of a college education or address the student loan crisis. But, no, that debate hasn't been brought.

There is going to be a big march in Washington again this weekend on the changing climate. We could discuss and debate the cost of the changing climate, extreme weather events. Boy, my folks back home in the State of Florida are having to look at increased insurance costs, property insurance costs, infrastructure costs because of

the changing climate, but that debate hasn't been had.

Instead the Congress has been consumed with a healthcare bill that rips coverage away from families, harms Medicare, raises cost on everyone, and they were stuck in a debate this week about ending the guaranteed protection that families now have if they have a preexisting condition. Remember, under the Affordable Care Act, you can no longer be discriminated against if you have a preexisting condition like cancer or diabetes. They were consumed with: Well, how do we end that and send that back to the States to do that? Thank goodness that bill hasn't been brought to the floor.

Instead, here is an extension of running the government. Again, how small. Maybe it does match what is happening in the White House. With the flip-flopping, unfocused President, this Republican majority is having real trouble governing the country.

I understand the President is consumed with an investigation of associates from his campaign over collusion with the Russians. He is consumed with conflicts of interest and how he doesn't want to be transparent, whether it is his tax returns or the emoluments under the Constitution.

The American people deserve better, and that is what brought me to the floor today. I didn't have to come and talk about the rule that is on the floor.

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

Mr. MCGOVERN. I yield an additional 1 minute to the gentlewoman from Florida.

Ms. CASTOR of Florida. Mr. Speaker, I didn't have to come to the floor to oppose a rule and this 1-week appropriations bill. But I am so frustrated, just like families and businesses are across this country, that this Congress still refuses to have the debates, have the discussion on the issues that really impact our families back home. They deserve better than this dysfunctional Republican majority. Why don't we stand up for them for a change?

The Democrats are willing to have those debates. Let's debate and discuss jobs. Let's debate and discuss how kids can afford the cost of a college education. Let's discuss how we lift our public schools. Let's discuss rebuilding America and creating jobs through modern infrastructure investments. Let's have these debates.

Let's not take up the time of the American people on a silly 1-week extension of funding government so we can do this again next week, where we have to debate and take up all the time on how we fund the government until September 30. American families deserve better.

Mr. SESSIONS. Mr. Speaker, last night at the Rules Committee, we had a debate where we focused our attention not only on the legislation, but also on the need to get this done.

I appreciate the gentlewoman from Florida (Ms. CASTOR), the gentleman

from Oklahoma (Mr. COLE), and the gentleman from Massachusetts (Mr. MCGOVERN) and their attention to the ideas that they have. They do have ideas, and they do have decisions that would help make this process even better. We are here today for the right reasons.

I would advise the gentleman from Massachusetts (Mr. MCGOVERN) that I do not have any further speakers, and I reserve the balance of my time pending his close.

Mr. MCGOVERN. Mr. Speaker, I yield myself the balance of my time to close.

Mr. Speaker, I think it is clear that there is a lot of frustration on our side because of what is obviously a dysfunctional House. The fact that we are here again at the last minute trying to just keep the government running really is unfortunate. It is sad because it is not like we didn't know about this date. We have known about it for a long time.

My Republicans friends set this date. They have had months and months to figure out a way to keep the government running. They, again, are in control of the House. They are in control of the Senate. They are in control of the White House. Once again, we have a manufactured crisis where we are right at the edge of a cliff, and the best we could do today is kick the can down the road for a week and we will have this little debate again next week.

Perhaps if the leadership of this House actually focused on the people's business instead of on legislation that is about messaging or press releases, perhaps if they focused on the people's business rather than trying to undermine basic healthcare protections for people, we wouldn't have these crises all the time.

I said at the beginning of my remarks that we can breathe a sigh of relief today because my friends on the Republican side are not bringing up their abysmal repeal and replace of the Affordable Care Act bill.

□ 0945

They have been changing it and changing it, and there was some rumor, President Trump was saying that they would probably bring a bill up to pass it in his first 100 days because somehow it is more important to do something in 100 days than it is to get it right. But, nonetheless, they added another provision which they claim makes it more palatable to their Members. But I want my colleagues to understand that what they have done is made a bad bill worse.

The American College of Physicians sent us a letter to all Members, Democrats and Republicans, and I will just read one sentence from it. "This amendment" that my Republican friends added to their healthcare bill "would make the harmful AHCA even worse by creating new coverage barriers for patients with preexisting conditions and weakening requirements that insurers cover essential benefits."

I include in the RECORD the letter from the American College of Physicians.

AMERICAN COLLEGE OF PHYSICIANS,
April 24, 2017.

Hon. PAUL RYAN,
Speaker, House of Representatives,
Washington, DC.

Hon. MITCH MCCONNELL,
Majority Leader, U.S. Senate,
Washington, DC.

Hon. NANCY PELOSI,
Minority Leader, House of Representatives,
Washington, DC.

Hon. CHARLES SCHUMER,
Minority Leader, U.S. Senate,
Washington, DC.

DEAR SPEAKER RYAN, MINORITY LEADER PELOSI, MAJORITY LEADER MCCONNELL, AND MINORITY LEADER SCHUMER: On behalf of the American College of Physicians (ACP), I am writing to urge Congress to move away from the harmful changes to patient care that would occur if the American Health Care Act (AHCA) were to become law, and to instead work for bipartisan solutions to improve the Affordable Care Act (ACA) rather than repealing and replacing it. We believe that the AHCA, which would repeal and replace the most important coverage and consumer protections created by the ACA, is so fundamentally flawed that it cannot be made acceptable. We understand that the leadership in the House of Representatives continues to explore ways to bring a modified version of the AHCA to a vote, based on a draft amendment reportedly being developed by Representatives MacArthur and Meadows, a summary of which was made available to the public through news organizations. This amendment would make the harmful AHCA even worse by creating new coverage barriers for patients with pre-existing conditions and weakening requirements that insurers cover essential benefits.

The American College of Physicians is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 148,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

The draft MacArthur-Meadows amendment would create what is known as the "Limited Waiver Option" that would allow states to eliminate or severely weaken vital ACA Title I consumer protections—specifically, community rating and essential health benefits (EHBs)—returning the country to the pre-ACA days when persons with pre-existing "declinable" medical conditions in most states were priced out of the market and the insurance products available in the individual market did not cover medically necessary services.

Specifically:
The MacArthur-Meadows amendment would create an option for states to obtain Limited Waivers from certain federal standards that would gut existing law consumer protections. Based on a summary of the draft amendment, states could seek Limited Waivers for:

Essential Health Benefits (EHBs)
Community-rating rules, except for the following categories, which are not waivable: Gender or Age (except for reductions of the 5:1 age ratio previously established) or Health Status (unless the state has established a high-risk pool or is participating in a federal high-risk pool)

To obtain the waiver, states would only need to "attest that the purpose of their requested waiver is to reduce premium costs,

increase the number of persons with healthcare coverage, or advance another benefit to the public interest in the state, including the guarantee of coverage for persons with preexisting medical conditions. The Secretary shall approve applications within 90 days of determining that an application is complete." [Emphasis added in italics].

In other words, as long as a state attested that there was a "benefit to the public," insurers would be once again allowed to charge more to people with pre-existing conditions, or decline to cover needed benefits like physician and hospital visits, maternity care and contraception, mental health and substance use disorder treatments, preventive services, and prescription drugs.

This would take us back to the days when people had to fill out intrusive insurance company applications to document their previous health history, even before being advised what the premium would be based on their individual health risk. Unlike community rating, which bases premiums based on the expected costs associated with all persons in the insurance pool (adjusted only by age, tobacco use, and family size), the Limited Waiver would again allow insurers in states that obtain a waiver to again charge people exorbitant and unaffordable premiums for their pre-existing conditions.

Before the ACA, insurance plans sold in the individual insurance market in all but five states typically maintained lists of so-called "declinable" medical conditions—including asthma, diabetes, arthritis, obesity, stroke, or pregnancy, or having been diagnosed with cancer in the past 10 years. Even if a revised bill would not explicitly repeal the current law's *guaranteed-issue* requirement—which requires insurers to offer coverage to persons with pre-existing conditions like these—*guaranteed issue without community rating allows insurers to charge as much as they believe a patient's treatment will cost*. The result would be that many patients with pre-existing conditions would be offered coverage that costs them thousands of dollars more for the care that they need, and in the case of patients with expensive conditions like cancer, even hundreds of thousands more.

An amendment to the AHCA reported out of the Rules Committee on April 6th to establish a "Federal Invisible Risk Sharing Program," which would create a fund that states could use to reimburse insurers for some of the costs associated with insuring sicker patients, would not offset the harm done to patients with pre-existing conditions by allowing the Limited Waiver of community rating and essential benefit protections. The pre-ACA experience with high-risk pools was that many had long waiting lists, and offered inadequate coverage with high deductibles and insufficient benefits. Unless a national high-risk pool is supported with a massive infusion of funding it will not be sufficient to cover the millions of people with pre-existing conditions that would be denied or charged more for coverage under the AHCA. One paper estimates that a national high-risk pool would cost \$178.1 billion a year, roughly \$176.4 billion more than the annual funding provided to the Invisible Risk Sharing Program. Also, shifting people out of the existing health insurance marketplace to a high-risk pool would undermine the assurance that enrollees could keep their existing coverage.

The Limited Waiver Option will also allow states to seek waivers from the essential health benefits required of all plans sold in the individual insurance market, with the result that millions of patients will be at risk of losing coverage for essential services like maternity care, cancer screening tests and treatments, prescription drugs, preven-

tive services, mental health and substance use disorder treatments, and even physician visits, prescription drugs and hospitalizations.

Prior to passage of the ACA, 62% of individual market enrollees did *not* have coverage of maternity services, 34% did *not* have substance-use disorder-services, 18% did *not* have mental-health services and 9% did *not* have coverage for prescription drugs. A recent independent analysis found that the AHCA's repeal of current law required benefits would result in patients on average paying \$1,952 more for cancer drugs; \$1,807 for drugs for heart disease; \$1,127 for drugs to treat lung diseases; \$1,607 for drugs to treat mental illnesses; \$4,940 for inpatient admission for mental health; \$4,555 for inpatient admission for substance use treatment; and \$8,501 for maternity care. Such increased costs would make it practically impossible for many patients to avail themselves of the care they need. The result will be delays in getting treatment until their illnesses present at a more advanced, less treatable, and more expensive stage, or not keeping up with life-saving medications prescribed by their physicians.

Allowing states to eliminate the EHB will threaten our nation's fight against the opioid epidemic. A study concluded that with repeal of the ACA, "approximately 1,253,000 people with serious mental disorders and about 2.8 million Americans with a substance use disorder, of whom about 222,000 have an opioid disorder, would lose some or all of their insurance coverage." Finally, allowing states to drop important benefits like maternity, substance use disorder treatment, and preventive services will do little to reduce premiums. A report by Milliman found that the main drivers of premium costs were ambulatory patient services, hospitalization, and prescription drugs. These are crucial services that form the core of any health insurance plan.

To be clear: while some younger and healthier persons might be offered lower premiums in states that obtained a "Limited Waiver" of community-rating and essential health benefits, it would be at the expense of making coverage unaffordable for those who need it most, older and sicker persons, and result in skimpy "bare-bones" insurance for many others that does not cover the medical care they would need if and when they get sick.

Finally, even without the Limited Waiver Amendment, ACP continues to believe that the AHCA has numerous other provisions and policies that that will do great harm to patients including:

The phase-out of the higher federal match in states that have opted to expand Medicaid and the ban on non-expansion states being able to access the higher federal contribution if they choose to expand Medicaid;

Converting the shared federal-state financing structure for Medicaid to one that would cap the federal contribution per enrollee;

Providing states with a Medicaid block grant financing option;

Eliminating EHBs for Medicaid expansion enrollees;

Imposing work or job search requirements on certain Medicaid enrollees;

Regressive age-based tax credits, combined with changes that will allow insurers to charge older people much higher premiums than allowed under current law;

Continuous coverage requirements for patients with pre-existing conditions;

Legislative or regulatory restrictions that would deny or result in discrimination in the awarding of federal grant funds and/or Medicaid and Children's Health Insurance Program funding to women's health clinics that are qualified under existing federal law for

the provision of evidence-based services including, but not limited to, provision of contraception, preventive health screenings, sexually transmitted infection testing and treatment, vaccines, counseling, rehabilitation, and referrals, and;

Elimination of the Prevention and Public Health Fund, which provides billions in dollars to the enters for Disease Control and Prevention to prevent and control the spread of infectious diseases.

The College strongly believes in the *first, do no harm* principle. Therefore, we continue to urge that Congress move away from the fundamentally flawed and harmful policies that would result from the American Health Care Act and from the changes under consideration—including the proposed "Limited Waiver" amendment—that would make the bill even worse for patients. We urge Congress to instead start over and seek agreement on bipartisan ways to improve and build on the ACA. The College welcomes the opportunity to share our ideas for bipartisan solutions that would help make health care better, more accessible, and more affordable for patients rather than imposing great harm on them as the AHCA would do.

Sincerely,

JACK ENDE, MD, MACP,

President.

Mr. MCGOVERN. Mr. Speaker, we have a press release from the American Hospital Association. Their line here is: "Our top concern is what this change could mean for older and sicker patients, including those with pre-existing conditions such as cancer patients and those with chronic conditions" could suffer. "This amendment proposed this week would dramatically worsen the bill."

I include in the RECORD the American Hospital Association press release.

[From the American Hospital Association—
April 27, 2017]

STATEMENT ON THE AMERICAN HEALTH CARE ACT

(By Rick Pollack, President and CEO,
American Hospital Association)

The latest version of the AHCA continues to put health coverage in jeopardy for many Americans. Our top concern is what this change could mean for older and sicker patients, including those with pre-existing conditions, such as cancer patients and those with chronic conditions. For these reasons, along with our previously stated concerns about the AHCA, we cannot support the bill. However, we urge Congress to continue to work with stakeholders on a solution that provides meaningful coverage.

The amendment proposed this week would dramatically worsen the bill. The changes included put consumer protections at greater risk by allowing states to waive the essential health benefit standards, which could leave patients without access to critical health services and increase out-of-pocket spending. This could allow plans to set premium prices based on individual risk for some consumers, which could significantly raise costs for those with pre-existing conditions.

Additionally, the Congressional Budget Office has not yet scored the amendment. However, CBO previously projected that the AHCA would result in 24 million fewer people covered in 2026. It is unlikely this amendment would improve these coverage estimates.

As the backbone of America's health safety-net, hospitals and health systems must protect access to care for those who need it and ensure that the most vulnerable patients are not left behind. The AHCA continues to fall far short of that goal.

Mr. MCGOVERN. Mr. Speaker, the AARP issued yet another statement saying: "This harmful legislation still puts an age tax on older Americans and puts vulnerable populations at risk through a series of backdoor deals that attempts to shift responsibility to States."

I include in the RECORD the statement from the AARP.

AARP MAINTAINS OPPOSITION TO AMENDED HEALTH BILL
AGE TAX, WEAKENING MEDICARE, BACKDOOR CUTS TO PREEXISTING CONDITION POPULATION WOULD HARM AMERICAN FAMILIES

WASHINGTON, DC.—AARP Executive Vice President Nancy LeaMond released the following statement today in response to the amended House bill that would create an "Age Tax," increase premiums, eliminate protections for pre-existing conditions, cut the life of Medicare, and give sweetheart deals to big drug and insurance companies. In a letter sent to all 435 members of the U.S. House of Representatives, AARP restated its strong opposition to the bill and urged each Representative to vote 'No' on the proposed legislation. AARP believes this legislation will have a significant harmful impact on the health of millions of older Americans ages 50 to 64, as well as other vulnerable groups, including poor seniors and disabled children and adults:

"This harmful legislation still puts an Age Tax on older Americans and puts vulnerable populations at risk through a series of backdoor deals that attempts to shift responsibility to states. Older Americans need affordable health care services and prescriptions. This legislation still goes in the opposite direction, increasing insurance premiums for older Americans and not doing anything to lower drug costs.

"AARP continues to oppose legislation that would impose an Age Tax, eliminate protections for preexisting conditions, weaken Medicare, erode seniors' ability to live independently because of billions of dollars in Medicaid cuts, and give sweetheart deals to drug and insurance companies while doing nothing to lower the cost of health care or prescription drugs.

"We intend to let all 38 million of our members know exactly how their Representative votes on this bill in newsletters, in our publications, on social media and in other formats. Our members care deeply about their health care and have told us repeatedly that they want to know where their elected officials stand."

Past statements and releases about this bill can be found here, here, here, and here. Public policy fact sheets about the Age Tax and other harmful policies can be found here. AARP's full letter to the House of Representatives can be found below:

APRIL 26, 2017.

DEAR REPRESENTATIVE: AARP, with its nearly 38 million members in all 50 States and the District of Columbia, Puerto Rico, and U.S. Virgin Islands, is a nonpartisan, nonprofit, nationwide organization that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to consumers and families such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse.

We write to again share our opposition to the pending American Health Care Act (AHCA) and urge you to vote NO. Throughout consideration of the AHCA, we have been expressing serious concerns about the impact that this legislation will have on older

Americans. The Congressional Budget Office (CBO)'s last estimate further demonstrates the harmful impact of this bill on older Americans and some of our most vulnerable. Specifically, we are concerned that the American Health Care Act will weaken the fiscal sustainability of Medicare; dramatically increase premium and out-of-pocket costs for 50-64 year olds purchasing coverage on the individual insurance market; substantially increase the number of Americans without insurance; and put at risk millions of children and adults with disabilities and poor seniors who depend on the Medicaid program to access long-term services and supports and other benefits. In addition, changes under consideration that would allow states to waive important consumer protections—such as allowing insurance companies to once again charge Americans with pre-existing conditions more because they've had cancer, diabetes or heart disease—would make this bad bill even worse.

Our members and others 50 years of age and older care deeply about health care and want to know where their elected leaders stand. Recognizing the importance of the upcoming vote on the American Health Care Act, AARP intends to inform our members, and others over age 50, how their elected officials voted. We'll communicate the results of the vote in our widely-circulated publications, in email alerts, in our online channels, and through the media. Again, we urge all Representatives to vote NO on the American Health Care Act in its current form.

MEDICARE

Our members and older Americans believe that Medicare must be protected and strengthened for today's seniors and future generations. We strongly oppose any changes to current law that could result in cuts to benefits, increased costs, or reduced coverage for older Americans. According to the 2016 Medicare Trustees report, the Medicare Part A Trust Fund is solvent until 2028 (11 years longer than pre-Affordable Care Act (ACA)), due in large part to changes made in the ACA. We have serious concerns that the American Health Care Act repeals provisions in current law that have strengthened Medicare's fiscal outlook, specifically, the repeal of the additional 0.9 percent payroll tax on higher-income workers. Repealing this provision would remove \$117.3 billion from the Hospital Insurance trust fund over the next ten years, would hasten the insolvency of Medicare by up to four years, and diminish Medicare's ability to pay for services in the future.

PRESCRIPTION DRUGS

Older Americans use prescription drugs more than any other segment of the U.S. population, typically on a chronic basis. We are pleased that the bill maintains the Medicare Part D coverage gap ("donut hole") protections created under the ACA. Since the enactment of the law, more than 11.8 million Medicare beneficiaries who have fallen into the coverage gap have saved over \$26.8 billion on the improved coverage for prescription drug costs due to closure of the donut hole. We do have strong concerns that the fee on manufacturers and importers of branded prescription drugs, which currently is projected to add \$24.8 billion to the Medicare Part B trust fund between 2017 and 2026, will be repealed by the American Health Care Act. Rather than repeal this fee for Medicare, AARP believes Congress must do more to reduce the burden of high prescription drug costs on consumers and taxpayers, and we would be willing to work with you on bipartisan solutions.

INDIVIDUAL PRIVATE INSURANCE MARKET

About 6.1 million Americans age 50-64 currently purchase insurance in the non-group

market, and nearly 3.2 million are currently eligible to receive subsidies for health insurance coverage through either the federal health benefits exchange or a state-based exchange (exchange). We have seen a significant reduction in the number of uninsured since passage of the ACA, with the number of 50-64 year old Americans who are uninsured dropping by half. We are deeply concerned that the AHCA would be a significant step backwards and result in millions of older Americans who cannot afford their health care, including many simply losing their health care.

Based on CBO estimates, approximately 14 million Americans will lose coverage next year, while a total of 24 million Americans would lose coverage over the next 10 years. This is especially troubling given that in the CBO and Joint Committee on Taxation's (JCT) assessment "the non-group (individual) market would probably be stable in most areas . . . under current law."

Affordability of both premiums and cost-sharing is critical to older Americans and their ability to obtain and access health care. A typical 50-64 year old seeking coverage through an exchange has a median annual income of under \$25,000 and already pays significant out-of-pocket costs for health care. We have serious concerns—reinforced by the CBO estimate—that the bill under consideration will dramatically increase health care costs for 50-64 year olds who purchase health care through an exchange due both to the changes in age rating from 3:1 (already a compromise that requires uninsured older Americans to pay three times more than younger individuals) to 5:1 and reductions in current tax credits for older Americans. CBO concluded that the bill will substantially raise premiums for older people and force many into lower quality plans.

Age rating plus reduced tax credits equal an unaffordable age tax. Our previous estimates on the age-rating change showed that premiums for current coverage could increase by up to \$3,200 for a 64 year old, while reducing premiums by only about \$700 for a younger enrollee. Significant premium increases for older consumers will make insurance less affordable, will not address their expressed concern about rising premiums, and only encourage a small increase in the enrollment numbers for younger persons.

In addition to increasing premiums from the age rating change, the bill reduced the tax credits available for older Americans to help purchase insurance. We estimate that the bill's changes to current law's tax credits alone could increase premium costs for a 55-year old earning \$25,000 by more than \$2,300 a year. For a 64-year old earning \$25,000, that increased premium rises to more than \$4,400 a year, and more than \$5,800 for a 64-year old earning \$15,000.

Overall, both the bill's tax credit changes and 5:1 age rating would result in skyrocketing cost increases for older Americans. In their analysis, CBO found that a 64 year old earning \$26,500 a year would see their premiums increase by \$12,900—758 percent—from \$1,700 to \$14,600 a year. In addition, older workers could also face higher out-of-pocket costs because the bill eliminates cost-sharing subsidies which help lower-income Americans with their co-pays and deductibles. It cannot be overstated how much this bill would erase recent gains in health care coverage and affordability for 50-64 year olds, leading to large spikes in the number of uninsured and financial hardship for millions of older Americans.

Current law prohibits insurance companies from discriminating against individuals due to a preexisting condition. We are extremely concerned that the bill may now repeal pre-

existing condition protections and would once again allow insurance companies to charge Americans more due to a pre-existing condition. We estimate that 40 percent of 50- to 64-year-olds (or about 25 million people in this age group) have a deniable pre-existing condition and risk losing access to affordable coverage. We strongly oppose any weakening of the law's pre-existing condition protections which benefit millions of Americans.

MEDICAID AND LONG-TERM SERVICES AND SUPPORTS

AARP opposes the provisions of the American Health Care Act that create a per capita cap financing structure in the Medicaid program. We are concerned that these provisions could endanger the health, safety, and care of millions of individuals who depend on the essential services provided through Medicaid. CBO found that the bill would cut Medicaid funding by \$880 billion over 2017–2026. By 2026, CBO expects Medicaid spending to be about 25 percent less than what it projects under current law. Medicaid is a vital safety net and intergenerational lifeline for millions of individuals, including over 17.4 million low-income seniors and children and adults with disabilities who rely on the program for critical health care and long-term services and supports (LTSS, i.e., assistance with daily activities such as eating, bathing, dressing, managing medications, and transportation). Older adults and people with disabilities now account for over sixty percent of Medicaid spending, and cuts of this magnitude will result in loss of benefits and services for this vulnerable population.

Of these 17.4 million individuals: 6.9 million are ages 65 and older (which equals more than 1 in every 7 elderly Medicare beneficiaries); 10.5 million are children and adults living with disabilities; and about 10.8 million are so poor or have a disability that they qualify for both Medicare and Medicaid (dual eligibles). Dual eligibles account for almost 33 percent of Medicaid spending. While they comprise a relatively small percentage of enrollees, they account for a disproportionate share of total Medicare and Medicaid spending.

Individuals with disabilities of all ages and older adults rely on critical Medicaid services, including home and community-based services (HCBS) for assistance with daily activities such as eating, bathing, dressing, and home modifications; nursing home care; and other benefits such as hearing aids and eyeglasses. People with disabilities of all ages also rely on Medicaid for access to comprehensive acute health care services. For working adults, Medicaid can help them continue to work; for children, it allows them to stay with their families and receive the help they need at home or in their community. Individuals may have low incomes, face high medical costs, or have already spent through their resources paying out-of-pocket for LTSS, and need these critical services. For these individuals, Medicaid is a program of last resort.

In providing a fixed amount of federal funding per person, this approach to financing would likely result in overwhelming cost shifts to states, state taxpayers, and families unable to shoulder the costs of care without sufficient federal support. This would result in cuts to program eligibility, services, or both—ultimately harming some of our nation's most vulnerable citizens. In terms of seniors, we have serious concerns about setting caps at a time when per-beneficiary spending for poor seniors is likely to increase in future years. By 2026, when Boomers start to turn age 80 and older, they will likely need much higher levels of service—including HCBS and nursing home—

moving them into the highest cost group of all seniors. As this group continues to age, their level of need will increase as well as their overall costs. We are also concerned that caps will not accurately reflect the cost of care for individuals in each state, including for children and adults with disabilities and seniors, especially those living with the most severe disabling conditions. CBO estimates that Medicaid spending on a per-enrollee basis would grow at a faster rate than the consumer price index for medical care services (CPI-M)—3.7 percent for CPI-M versus an average annual growth rate of 4.4 percent for Medicaid over the 2017–2026 period. Over time, the difference in the growth rate under the per capita cap (CPI-M) and the actual cost of care would further shift costs to states, which could result in even greater potential harm to some of the most vulnerable individuals.

AARP is also opposed to the repeal of the six percent enhanced federal Medicaid match for states that take up the Community First Choice (CFC) Option. CFC provides states with a financial incentive to offer HCBS to help older adults and people with disabilities live in their homes and communities where they want to be. About 90 percent of older adults want to remain in their own homes and communities for as long as possible. HCBS are also cost effective. On average, in Medicaid, the cost of HCBS per person is one-third the cost of institutional care. Taking away the enhanced match could disrupt services for older adults and people with disabilities in the states that are already providing services under CFC and would result in a loss of about \$12 billion for HCBS over ten years.

AARP also has concerns with the removal of the state option in Medicaid to increase the home equity limit above the federal minimum. This provision would take away flexibility for states to adjust a Medicaid eligibility criterion based on the specific circumstances of each state and its residents beyond a federal minimum standard. AARP continues to support critical consumer protections included in current law, including guaranteed issue, prohibitions on preexisting condition exclusions, bans on annual and lifetime coverage limits and allowing families to keep children on their policies until the age of 26. Also, AARP continues to support restoring the 7.5 percent threshold for the medical expense deduction which will directly help older Americans struggling to pay for health care, particularly the high cost of nursing homes and other long-term services and supports.

We look forward to working with you to ensure that we maintain a strong health care system that ensures robust insurance market protections, controls costs, improves quality, and provides affordable coverage to all Americans.

Sincerely,

NANCY A. LEAMOND,
*Executive Vice President and
Chief Advocacy and Engagement Officer.*

Mr. MCGOVERN. Mr. Speaker, the American Medical Association sent letters to Speaker RYAN and Minority Leader PELOSI saying that “We are deeply concerned that the AHCA would result in millions of Americans losing their current health insurance coverage. Nothing in the” so-called “MacArthur amendment remedies the shortcomings of the underlying bill.”

And then they say that, basically, this addition that the Republicans added to the healthcare bill “could effectively make coverage completely unaffordable for people with pre-existing conditions.”

I include in the RECORD the letter from the American Medical Association.

AMERICAN MEDICAL ASSOCIATION,
Chicago, IL, April 27, 2017.

Hon. PAUL RYAN,
*Speaker, House of Representatives,
Washington, DC.*

Hon. NANCY PELOSI,
*Democratic Leader, House of Representatives,
Washington, DC.*

DEAR SPEAKER RYAN AND LEADER PELOSI: After reviewing the MacArthur Amendment to H.R. 1628, the American Health Care Act (AHCA), the American Medical Association (AMA) remains opposed to passage of this legislation. As we have previously stated, we are deeply concerned that the AHCA would result in millions of Americans losing their current health insurance coverage. Nothing in the MacArthur amendment remedies the shortcomings of the underlying bill. The amendment does not offer a clear long-term framework for stabilizing and strengthening the individual health insurance market to ensure that low and moderate income patients are able to secure affordable and adequate coverage, nor does it ensure that Medicaid and other critical safety net programs are maintained and adequately funded.

The MacArthur Amendment would allow states to apply for waivers from critical consumer protections provided in the Affordable Care Act (ACA), including the age rating ratio of 3 to 1, the requirements that health insurers must cover certain essential health benefits, and the ban on health status underwriting. The current ban on health status underwriting protects individuals from being discriminated against by virtue of their medical conditions. Prior to the passage of the ACA, such individuals were routinely denied coverage and/or priced out of affordable coverage. We are particularly concerned about allowing states to waive this requirement because it will likely lead to patients losing their coverage. Although the MacArthur Amendment states that the ban on pre-existing conditions remains intact, this assurance may be illusory as health status underwriting could effectively make coverage completely unaffordable to people with pre-existing conditions. There is also no certainty that the requirement for states to have some kind of reinsurance or high-risk pool mechanism to help such individuals will be sufficient to provide for affordable health insurance or prevent discrimination against individuals with certain high-cost medical conditions.

We continue to strongly urge Congress to engage in a bipartisan, bicameral dialogue with stakeholders to work on policies that enhance coverage, choice, and affordability.

Sincerely,

JAMES L. MADARA, MD.

Mr. MCGOVERN. Mr. Speaker, I find all this particularly puzzling because my friends have said over and over and over and over again that they agree with Democrats when it comes to protecting people with preexisting conditions. They said that they do not want insurance companies to have the ability to discriminate against people with preexisting conditions. And yet what they have done is they have created a repeal-and-replacement bill that does just that and then goes after essential benefits.

Again, we have been talking about essential benefits over and over and over again. And again, I want to remind my colleagues what the word “essential” means. Go to the dictionary.

Look up the word “essential.” It says, absolutely necessary, extremely important. That is the definition of essential. And so when we talk about essential health benefits, that is what we are talking about.

I have one additional speaker. I was going to close, but I would ask indulgence.

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

Ms. JACKSON LEE. Mr. Speaker, as the gentleman from Massachusetts was speaking, I rushed to the floor because he was making such eloquent and important statements, and I wanted to make sure to join him on recognizing that, though we are pushing the can down the road, we know what the mindset of the administration is in terms of funding this country. As a member of the Budget Committee, we received the skinny budget, and, to my dismay, it was a budget that harmed and hurt and undermined the governance of this Nation.

I think it is important to match the Affordable Care Act with the outside needs of living and thriving in this Nation. So my Houston Housing Authority has now stopped vouchers for families in Section 8 housing for fear of not having the money. They had breaking news 2 days ago telling those families, don't show up because we have no money to house you—similar to no money and no room at the inn.

The zeroing out of the community development dollars, which ends our opportunities for parks and sidewalks and housing and fixing those hurricane roofs of senior citizens who are living in devastation from Hurricane Ike.

It is not realizing the importance of the National Endowment for the Arts or recognizing the EPA and clean air and clean water for those of us who live near the Gulf or near the border.

It is not recognizing that you are not the President of the 10 percent that may approve of what you are doing, but you are the President of the United States of America.

And then, for those who work in health care, in a meeting I just had with the National Institutes of Health, \$6 billion cut. Do you realize that one of the institutes sends 88 percent of their moneys out for grants so that researchers, young scientists who live here in the United States, can thrive and provide new kinds of research?

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

Mr. MCGOVERN. I yield the gentlewoman from Texas an additional 1 minute.

Ms. JACKSON LEE. There are 27 institutes in the National Institutes of Health. One of them happens to deal with diabetes. The number one is cancer. And for those of us who have experienced it, and for African-American women and others who have the triple negative trait, breast cancer, the research of the NIH is crucial.

Or Dr. Fauci's National Institute of Allergy and Infectious Diseases. Dr.

Peter Hotez, in Houston, head of Baylor Infectious Diseases, understands Ebola and Zika. We need these resources. What an outrage to cut, in the skinny budget, \$6 billion.

So we may push this to another 7 days, but I can tell you that we are pushing the hearts and minds of Americans. We are creating a disaster.

And I can't appreciate the fact that law enforcement will be losing funding. The Department of Justice and the Civil Rights Division, in spite of who is leading that Department, it is a Department for the vulnerable.

So I thank the gentleman for providing me with this time, but I wanted to make sure that we added this long litany of those who will be negatively impacted and that America is not about that. America is about serving all of the people of the United States.

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

I thank the gentlewoman for her remarks. I thank the chairman of the Rules Committee for his indulgence.

I would just close by saying I think it is sad that we are here at the last minute trying to kick the can down the road to keep the government running again for 1 additional week. This could have been avoided and, again, it could have been avoided if, instead of trying to take away people's health insurance, instead of trying to take away people's essential health benefits, instead of trying to cut Medicaid by \$800 billion and taking that money and giving a tax break of close to \$1 trillion to the richest people in the country, that we actually focused on our job, which is keeping this government running.

But my colleagues on the Republican side are in charge. We are where we are. We have to keep the government running.

Having said all of that, I yield back the balance of my time.

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

I want to thank the gentleman from Massachusetts. I want to thank the gentlewoman from Florida and the gentlewoman from Texas for their comments about trying to focus us on the activities that perhaps they would want or not want.

Mr. Speaker, today we are here because Chairman FRELINGHUYSEN and Ranking Member LOWEY came to the Rules Committee yesterday and asked us to please consider the offer that they were laying on the table, and that is to fund the government for 1 more week, with an assurance that they needed 1 more week to complete their work.

You heard the gentleman, the Honorable TOM COLE, distinguished gentleman from not only Oklahoma, but a gentleman from the Appropriations Committee, reinforce how important the work is.

We have heard from our colleagues on the Democratic side how important the NIH is, Francis Collins, the work that he does there; the United States

Military; Secretary of Defense Mattis; the men and women that protect us; those people that are in Homeland Security. That is what we are going to do, so that is what we are going to focus on, and that is just the way it is.

So, Mr. Speaker, I would urge all my colleagues to support this rule and the underlying legislation.

I yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered.

The SPEAKER pro tempore. The question is on the resolution.

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

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

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 235, nays 178, not voting 17, as follows:

[Roll No. 235]

YEAS—235

Abraham	Faso	Love
Aderholt	Ferguson	Lucas
Allen	Fitzpatrick	Luetkemeyer
Amash	Fleischmann	MacArthur
Amodei	Flores	Marshall
Arrington	Fortenberry	Massie
Babin	Fox	Mast
Bacon	Franks (AZ)	McCarthy
Banks (IN)	Frelinghuysen	McCaul
Barletta	Gaetz	McClintock
Barr	Gallagher	McHenry
Barton	Garrett	McKinley
Bergman	Gibbs	McMorris
Biggs	Gohmert	Rodgers
Bilirakis	Goodlatte	McSally
Bishop (MI)	Gosar	Meadows
Bishop (UT)	Gottheimer	Meehan
Black	Gowdy	Messer
Blackburn	Granger	Mitchell
Blum	Graves (GA)	Moolenaar
Bost	Graves (LA)	Mooney (WV)
Brady (TX)	Graves (MO)	Mullin
Bridenstine	Griffith	Murphy (PA)
Brooks (AL)	Grothman	Noem
Brooks (IN)	Guthrie	Nunes
Buck	Harper	O'Halleran
Bucshon	Harris	Palazzo
Budd	Hartzler	Palmer
Burgess	Hensarling	Paulsen
Byrne	Herrera Beutler	Pearce
Calvert	Hice, Jody B.	Perry
Carter (GA)	Higgins (LA)	Peters
Carter (TX)	Hill	Pittenger
Chabot	Holding	Poe (TX)
Cheney	Hollingsworth	Poliquin
Coffman	Huizenga	Posey
Cole	Hultgren	Ratcliffe
Collins (GA)	Hunter	Reed
Collins (NY)	Hurd	Reichert
Comer	Issa	Renacci
Comstock	Jenkins (KS)	Rice (SC)
Conaway	Jenkins (WV)	Roby
Cook	Johnson (LA)	Roe (TN)
Costa	Johnson (OH)	Rogers (AL)
Costello (PA)	Johnson, Sam	Rogers (KY)
Cramer	Jones	Rohrabacher
Crawford	Jordan	Rokita
Crist	Joyce (OH)	Rooney, Francis
Culberson	Katko	Rooney, Thomas
Curbelo (FL)	Kelly (MS)	J.
Davidson	Kelly (PA)	Ros-Lehtinen
Davis, Rodney	King (IA)	Rosen
Denham	Kinzinger	Roskam
Dent	Knight	Ross
DeSantis	Kustoff (TN)	Rothfus
DesJarlais	LaHood	Royce (CA)
Diaz-Balart	LaMalfa	Russell
Donovan	Lamborn	Rutherford
Duffy	Lance	Sanford
Duncan (SC)	Latta	Scallie
Duncan (TN)	Lawson (FL)	Schneider
Dunn	Lewis (MN)	Schweikert
Emmer	LoBiondo	Scott, Austin
Estes (KS)	Long	Sensenbrenner
Farenthold	Loudermilk	Sessions

Shimkus	Tenney	Walters, Mimi
Shuster	Thompson (PA)	Weber (TX)
Simpson	Thornberry	Webster (FL)
Sinema	Tiberi	Westrup
Smith (MO)	Tipton	Westerman
Smith (NE)	Trott	Williams
Smith (NJ)	Turner	Wilson (SC)
Smith (TX)	Upton	Wittman
Smucker	Valadao	Womack
Stefanik	Wagner	Woodall
Stewart	Walberg	Yoder
Stivers	Walden	Yoho
Suozy	Walker	Young (IA)
Taylor	Walorski	Zeldin

NAYS—178

Adams	Foster	Nadler
Aguilar	Frankel (FL)	Napolitano
Barragán	Fudge	Neal
Bass	Gabbard	Nolan
Beatty	Gallego	Norcross
Bera	Garamendi	O'Rourke
Beyer	Gonzalez (TX)	Pallone
Bishop (GA)	Green, Al	Panetta
Blumenauer	Green, Gene	Pascrell
Blunt Rochester	Gutiérrez	Payne
Bonamici	Hanabusa	Pelosi
Boyle, Brendan	Hastings	Perlmutter
F.	Heck	Peterson
Brady (PA)	Higgins (NY)	Pingree
Brown (MD)	Himes	Pocan
Brownley (CA)	Hoyer	Polis
Bustos	Huffman	Price (NC)
Butterfield	Jackson Lee	Quigley
Capuano	Jayapal	Raskin
Carbajal	Jeffries	Rice (NY)
Cárdenas	Johnson (GA)	Richmond
Carson (IN)	Johnson, E. B.	Royal-Allard
Cartwright	Keating	Ruiz
Castor (FL)	Kelly (IL)	Ruppersberger
Castro (TX)	Kennedy	Rush
Chu, Judy	Khanna	Ryan (OH)
Cicilline	Kihuen	Sarbanes
Clark (MA)	Kildee	Schakowsky
Clarke (NY)	Kilmer	Schiff
Clay	Kind	Schrader
Cleaver	Krishnamoorthi	Scott (VA)
Clyburn	Kuster (NH)	Scott, David
Cohen	Langevin	Serrano
Connolly	Larsen (WA)	Sewell (AL)
Conyers	Lawrence	Shea-Porter
Cooper	Lee	Sherman
Correa	Levin	Sires
Courtney	Lewis (GA)	Smith (WA)
Crowley	Lipinski	Soto
Cuellar	Loeb sack	Speier
Cummings	Lofgren	Swalwell (CA)
Davis (CA)	Lowenthal	Takano
Davis, Danny	Lowe y	Thompson (CA)
DeFazio	Lujan Grisham,	Thompson (MS)
DeGette	M.	Titus
Delaney	Luján, Ben Ray	Tonko
DeLauro	Lynch	Torres
DelBene	Maloney,	Tsongas
Demings	Carolyn B.	Vargas
DeSaulnier	Maloney, Sean	Veasey
Deutch	Matsui	Vela
Dingell	McCollum	Velázquez
Doggett	McEachin	Visclosky
Doyle, Michael	McGovern	Walz
F.	McNerney	Wasserman
Ellison	Meeks	Schultz
Engel	Meng	Waters, Maxine
Eshoo	Moore	Watson Coleman
Espallat	Moulton	Welch
Esty (CT)	Murphy (FL)	Wilson (FL)
Evans		Yarmuth

NOT VOTING—17

Brat	Labrador	Olson
Buchanan	Larson (CT)	Rouzer
Chaffetz	Lieu, Ted	Sánchez
Grijalva	Marchant	Slaughter
Hudson	Marino	Young (AK)
King (NY)	Newhouse	

□ 1021

Mr. LEVIN changed his vote from “yea” to “nay.”

Mr. KATKO and Ms. ROSEN changed their vote from “nay” to “yea.”

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Mr. FRELINGHUYSEN. Mr. Speaker, pursuant to House Resolution 289, I call up the joint resolution (H.J. Res. 99) making further continuing appropriations for fiscal year 2017, and for other purposes, and ask for its immediate consideration.

The Clerk read the title of the joint resolution.

The SPEAKER pro tempore. Pursuant to House Resolution 289, the joint resolution is considered read.

The text of the joint resolution is as follows:

H.J. RES. 99

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That the Continuing Appropriations Act, 2017 (division C of Public Law 114-223) is further amended by—

(1) striking the date specified in section 106(3) and inserting “May 5, 2017”; and

(2) inserting after section 201 the following new section:

“SEC. 202. (a) This section may be cited as the ‘Further Continued Health Benefits for Miners Act’.

“(b) Section 402(h)(2)(C)(ii) of the Surface Mining Control and Reclamation Act of 1977 (30 U.S.C. 1232(h)(2)(C)(ii)) is amended—

“(1) in subclause (II), by striking ‘April 30, 2017’ and inserting ‘May 5, 2017’;

“(2) in subclause (II)(aa), by striking ‘the Continued Health Benefits for Miners Act’ and inserting ‘the Further Continued Health Benefits for Miners Act’; and

“(3) by adding at the end the following:

‘For purposes of subclause (II)(aa), a beneficiary enrolled in the Plan as of the date of the enactment of the Further Continued Health Benefits for Miners Act shall be deemed to have been eligible to receive health benefits under the Plan on January 1, 2017.’.

“(c) The provisions of section 167(d) of Public Law 114-223 (as added by Public Law 114-254) shall apply to this section.”.

The SPEAKER pro tempore. The gentleman from New Jersey (Mr. FRELINGHUYSEN) and the gentlewoman from New York (Mrs. LOWEY) each will control 30 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. FRELINGHUYSEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.J. Res. 99.

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

There was no objection.

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

I rise today to present H.J. Res. 99, a short-term continuing resolution that will keep our government open for an additional week while work is completed on a full-year funding package.

First, I would like to thank Ranking Member LOWEY for her efforts on this bill and, more broadly, on her valuable participation in the appropriations process over many years.

Our current continuing resolution expires today at midnight. Working together with the Senate, our leadership,

and the White House, we are on track to have a full-year, fiscal year 2017 appropriations legislation completed soon, but we need a little more time to process it and prepare it for the floor.

This resolution will ensure that the government stays open for another week, until May 5, 2017, to give Congress additional time. It extends current funding levels for essential government operations that the American people rely on, including, most importantly, our national defense.

It continues all policy and funding provisions in the currently enacted continuing resolution. In addition, it includes an extension of the December CR provision for healthcare benefits for retired coal miners and their dependents for the length of the continuing resolution.

Congress must pass this legislation today to keep the government open and operating as we wrap up our full-year fiscal year 2017 work. It is our constitutional duty and responsibility.

A continuing resolution is never anyone’s first choice for funding the government; however, this is our best path forward. This CR is very short term, very limited in scope, and will help us complete our important work of funding the government for the rest of fiscal year 2017.

Mr. Speaker, I urge my colleagues to support the legislation, and I reserve the balance of my time.

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

At the outset, I want to thank Chairman FRELINGHUYSEN. It has been a pleasure for me to work with him. I am cautiously optimistic that we will complete this process. Although overdue, we will get our work done.

This is the third continuing resolution during fiscal year 2017. We should be voting today on a bipartisan omnibus appropriations act, not another stopgap bill to keep the government running. After all, we are 7 months into the fiscal year.

Federal departments and agencies have been operating on outdated funding levels and policies for more than half of the year. This is unacceptable, and it cannot continue. Assuming we get to a solution that lasts the remainder of the fiscal year, I do hope Chairman FRELINGHUYSEN will help avoid this outcome in the future.

The continuing resolution we are considering today is a simple date change to continue government funding through next Friday and to extend health insurance for miners through the same day.

The backdrop of this continuing resolution is ongoing negotiations on an omnibus appropriations act. Democrats continue to work in good faith to develop a bipartisan omnibus that provides sufficient funding for critical priorities and rejects divisive poison pill riders. For many months, Democrats have been clear that we will not help pass an omnibus that fails to meet these basic standards, and that remains the case.

As if this process weren't difficult enough, it occurs as the majority is seeking to strip health insurance from 20 million Americans and repeal protections against insurance company discrimination for millions more. Meanwhile, President Trump continues to tweet false and damaging comments about the omnibus negotiations.

It is my hope that these games will end so that we can come together to support investments that create jobs, improve infrastructure, provide a quality education for every student, and invest in technology and biomedical research that will benefit hardworking Americans.

To achieve this, we must make progress on eliminating poison pill riders and advancing shared priorities in an omnibus appropriations act. Next week, we must not consider a fourth continuing resolution, but instead have a positive, bipartisan bill after this unnecessarily lengthy process.

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

□ 1030

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

Mrs. LOWEY. Mr. Speaker, I yield 4 minutes to the gentleman from Maryland (Mr. HOYER), the Democratic whip.

Mr. HOYER. Mr. Speaker, I am so pleased to be here in the House. I am not pleased that we are considering a continuing resolution. To that extent, I presume that I share the opinion of the chairman of the committee, Mr. FRELINGHUYSEN. I presume, as she has just articulated, that I share the opinion of the ranking member from New York.

Mr. Speaker, we are now 7 months into fiscal year 2017. We have 5 months remaining, and the majority party has been unable to fund government for the balance of the fiscal year. They have over 218 votes in this body, and they have over 50 votes in the Senate. Now, you need 60 votes in the Senate, so it is more complicated. I understand that. But they now have a Republican President.

As we did for the 2016 budget, which we passed in December of 2015 to the balance for September 30, 2016—I know all those dates run together—it was my desire and my advice, Mr. Speaker, that we do the same thing last December: pass an omnibus, take all the bills that the Committee on Appropriations has spent literally hundreds of hours hearing and making decisions on, make the compromises necessary in a democratic body so that 218 votes would be available.

Now, the American public, if they have been watching closely, will see that not a single major appropriation bill has passed this House without Democratic help, so that everybody in this body knows that whatever is done in a major fiscal bill has to be done in a bipartisan way. The good news for this House is Mr. FRELINGHUYSEN un-

derstands that well, based upon his experience and his observations, and, in my view, is willing to work together. I know that that also applies to the gentlewoman from New York (Mrs. LOWEY).

I had the opportunity to be on the Committee on Appropriations for 23 years. I am still a member of that committee on leave because I am a whip at this point in time. I am going to vote for this continuing resolution, but I want to put my colleagues and the American people on notice, Mr. Speaker, that I will not vote for another one. I said to the press a month ago that I would vote for a continuing resolution today only if we had an agreement and the continuing resolution was for the purpose of allowing sufficient time to memorialize that agreement; in other words, put it down on paper and pass it through the House and the Senate. We are, unfortunately, not in that position today.

It is my understanding from Mrs. LOWEY, with whom I talked this morning, that there are still significant items that are not resolved. Mr. Speaker, I talked to the Speaker, Mr. RYAN, and to the majority leader standing right there on the floor just hours ago yesterday. It is my understanding that the Speaker's intention is that we have a bill filed Monday night so, in the Speaker's words, we can give 72 hours to review that bill and then pass it on Thursday.

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

Mrs. LOWEY. Mr. Speaker, I yield an additional 2 minutes to the gentleman from Maryland.

Mr. HOYER. Mr. Speaker, I hope that the Speaker's intention is carried out, which will require, over the next 72 hours, hard work by Members and by staff and a willingness to understand that each side has some things it must have and each side has some things it cannot do. That is the nature of the legislative process.

If we exercise the responsibility that our constituents hoped that we would exercise when they sent us to this body, surely we can do that. I want to tell my friend, the chairman, for whom I have great respect—I hope that doesn't hurt him too much on his side of the aisle—that I want you to be able to say that Mr. HOYER said he was going to urge his colleagues not to vote for another CR, and that, therefore, unless you have 218 votes on your side for whatever the product that you produce, that if we are going to fund government, as we surely should do, that we come to an agreement.

Mr. Speaker, as a member of the Committee on Appropriations for 23 years, I was very proud, it was the most bipartisan committee in the Congress, and we understood our responsibility that the appropriation bills are the one bill that must pass if we are to continue to serve our public and keep America strong and vibrant and economically growing jobs. This is a seri-

ous matter. Continuing to kick the can down the road ought to be an unacceptable alternative.

The SPEAKER pro tempore. The time of the gentleman has again expired.

Mrs. LOWEY. Mr. Speaker, I yield an additional 2 minutes to the gentleman from Maryland.

Mr. HOYER. Mr. Speaker, I urge every one of my colleagues—there are not a lot of people on the floor, Mr. Speaker, but I hope they are watching on television—to understand that the basic responsibility that we have of ensuring the functioning of the government of the people of the United States is one that we ought to perform in a responsible, effective, and timely fashion.

Mr. Chairman, I will work with you, and I will work with Mrs. LOWEY over the next few days to ensure that next week we have a product that can pass this House because it has bipartisan support and is in the best interests of our country.

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

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

Ms. JACKSON LEE. Mr. Speaker, I rise to speak about H.J. Res. 99, "Making Further Continuing Appropriations for Fiscal Year 2017."

This resolution is an imperfect vehicle for appropriations for FY 2017, because it does not fully fund the government for the entire fiscal year and it keeps in place sequestration.

H.J. Res. 99 goes against sound fiscal practice by including the budget gimmickry known as sequestration, a fiscal bludgeon that makes across the board cuts in funding for the valuable services depended upon by American children, seniors, workers, veterans, students, and small businesses.

Mr. Speaker, the Continuing Resolution before us extends current Fiscal Year 2017 government funding by seven days, through May 5, 2017, at its current rate, which means a continuation of the across-the-board cut of .19% for all accounts, defense and non-defense, contained in the expiring continuing resolution that was approved December 8, 2016.

Mr. Speaker, I am disappointed that we have again been placed in the position of having to fund the government through the device of a continuing resolution rather than through the normal appropriations process of considering and voting on the twelve separate spending bills reported by the Committee on Appropriations.

H.J. Res. 99 is far from perfect, but it is a modest and positive step since it ensures that funding for appropriated entitlements will continue at a rate maintaining program levels under current law and, for a week at least, prevents congressional Republicans from shutting down the government again and manufacturing a crisis that only harms our economy, destroys jobs, and weakens our middle class.

The government shutdown of 2013, which was manufactured by the Republican majority lasted 16 days and cost taxpayers \$24 billion.

The enormous harm and disruption of the lives of federal employees and the people they serve, however, was irreparable.

As I stated, Mr. Speaker, this Continuing Resolution is not perfect and it only funds the government until May 5, 2017.

As veteran and seasoned Members of Congress, we have been in this challenging position before.

But working together—in a spirit of goodwill, bipartisanship, and realism, I believe we can reach a long-term agreement that will avert a shutdown of government operations and the disruption a shutdown causes to the lives of millions of Americans who depend upon federal programs to do their jobs, educate their kids, care for their parents, and contribute to their communities.

Our constituents look to the Congress and the President to make responsible choices and decisions to keep the nation safe, the economy prosperous, and to make necessary and prudent investments in education, healthcare and research, transportation and infrastructure, economic development, science, the arts and humanities, and the environment.

This is, after all, just another way of saying that the American people expect their leaders in Washington be guided by the Constitution's Preamble and pursue policies and provide the resources that will:

“establish justice, ensure domestic tranquility, provide for the common defense, promote the general welfare, and secure the blessings of liberty.”

The funding priorities that have been floated by the Trump Administration fail this essential test of leadership because they are irresponsible, impracticable, unrealistic, and, in many respects, insensitive or indifferent to the deleterious impact they will have on the lives of real people living in the real world.

They do not command majority support in the Congress or of the public.

To win such support, I believe that it is essential that any subsequent continuing resolution or omnibus appropriations bill achieves the following goals and objectives:

“To establish justice” and “To promote the general welfare”:

1. Full funding for the U.S. Department of Justice Civil Rights Division and the Department of Education Office of Civil Rights so that they have funds needed to enforce laws protecting civil rights, voting rights, and prosecuting hate crimes.

2. Fully funds community development block grants and low income housing programs in urban and rural communities.

3. Fully funds the Legal Services Corporation so that working and low-income persons who lack an army of lobbyists to represent them in Washington will at least have the assistance of counsel to defend their legal rights in courts of law.

4. Fully funds programs providing food assistance to housebound seniors, such as Meals on Wheels.

5. Fully funds programs that provide students from low and moderate-income families access to affordable higher education and provides students with special needs the support needed to receive the free appropriate public education (FAPE) in the least restrictive environment (LRE) guaranteed by the Individuals with Disabilities Education Act (IDEA Act).

6. Fully funds before and after school programs and other student enrichment programs that help students succeed.

7. Fully funds programs that make federal housing safer through energy efficient heating and cooling systems.

8. Preserves tax credit programs that help revitalize low income communities.

9. Fully funds the Environmental Protection Agency and Department of Energy programs developing the next generation of clean energy and transportation technologies.

“Provide for the common defense”:

1. Provides robust funding for the Department of State and USAID to advance national security interests in places like Iraq and Afghanistan and to end violent conflicts in trouble spots which could threaten the security interests of the United States.

2. Provides adequate funding for United Nations peacekeeping missions throughout the world and distribution of food aid to people in developing and famine stricken countries, such as South Sudan, Somalia, Yemen, and Nigeria.

“To ensure domestic tranquility”:

1. Fully funds cost-sharing reduction subsidies, or CSRs, to compensate insurers for reducing deductibles and out-of-pocket maximums for low-income customers on the Affordable Care Act exchanges.

2. Protects the adequacy, solvency, and integrity of the Medicare and Medicaid programs, which provide health sustaining support for 70 million Americans.

3. Fully funds the National Institutes of Health research programs so that patient access to lifesaving treatments is not delayed.

4. Does not convert funding for the Centers for Disease Control and Prevention into block grants which would hinder the nation's ability to respond swiftly and effectively to public health crises like Ebola, Zika, and HIV/AIDS.

Mr. Speaker, I believe that if all members of the House and Senate work together, we can reach agreement on an appropriate budget framework that invests in the American people, preserves our national security, and keeps faith with the values that have served our nation well and made the United States the leading nation on earth.

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

Pursuant to House Resolution 289, the previous question is ordered.

The question is on the engrossment and third reading of the joint resolution.

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

The SPEAKER pro tempore. The question is on the passage of the joint resolution.

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

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

The yeas and nays were ordered.

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

The vote was taken by electronic device, and there were—yeas 382, nays 30, not voting 18, as follows:

[Roll No. 236]

YEAS—382

Abraham
Adams

Aderholt
Aguilar

Allen
Amodei

Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barragán
Barton
Bass
Beatty
Bera
Bergman
Beyer
Biggs
Bilirakis
Bishop (GA)
Bishop (MI)
Bishop (UT)
Black
Blackburn
Blum
Blumenauer
Blunt Rochester
Bonamici
Brady (PA)
Brady (TX)
Brooks (AL)
Brooks (IN)
Brown (MD)
Brownley (CA)
Buck
Bucshon
Budd
Burgess
Bustos
Butterfield
Byrne
Calvert
Capuano
Carbajal
Carson (IN)
Carter (GA)
Carter (TX)
Cartwright
Castro (TX)
Chabot
Cheney
Chu, Judy
Cicilline
Clark (MA)
Clay
Cleaver
Clyburn
Coffman
Cohen
Cole
Collins (GA)
Collins (NY)
Comer
Comstock
Conaway
Connolly
Conyers
Cook
Cooper
Correa
Costa
Costello (PA)
Courtney
Cramer
Crawford
Crist
Crowley
Cuellar
Culberson
Cummings
Curbelo (FL)
Davidson
Davis (CA)
Davis, Danny
Davis, Rodney
Delaney
DeLauro
DelBene
Demings
Denham
Dent
DeSantis
DeSaulnier
Deutch
Diaz-Balart
Dingell
Doggett
Donovan
Doyle, Michael
F.
Duffy
Duncan (SC)
Duncan (TN)

Dunn
Ellison
Emmer
Engel
Eshoo
Español
Estes (KS)
Esty (CT)
Evans
Farenthold
Faso
Ferguson
Fitzpatrick
Fleischmann
Fortenberry
Foster
Fox
Frankel (FL)
Franks (AZ)
Frelinghuysen
Fudge
Gabbard
Gallagher
Gallego
Garamendi
Gibbs
Gohmert
Gonzalez (TX)
Goodlatte
Gosar
Gottheimer
Gowdy
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Green, Al
Green, Gene
Griffith
Grijalva
Grothman
Guthrie
Hanabusa
Harper
Harris
Hartzler
Hastings
Heck
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins (LA)
Higgins (NY)
Hill
Himes
Holding
Hoyer
Huffman
Huizenga
Hultgren
Hunter
Hurd
Issa
Jackson Lee
Jayapal
Jeffries
Jenkins (KS)
Jenkins (WV)
Johnson (GA)
Johnson (OH)
Johnson, E. B.
Jordan
Joyce (OH)
Kaptur
Katko
Keating
Kelly (IL)
Kelly (MS)
Kelly (PA)
Kennedy
Khanna
Kihuen
Kildee
Kilmer
Kind
Kinzinger
Knight
Krishnamoorthi
Kuster (NH)
Kustoff (TN)
LaHood
LaMalfa
Lamborn
Lance
Langevin
Larsen (WA)
Latta
Lawrence
Lawson (FL)

Levin
Lewis (MN)
Lipinski
LoBiondo
Loeb
Loeb
Lofgren
Long
Loudermilk
Love
Lowenthal
Lowe
Lucas
Luetkemeyer
Lujan, Ben Ray
Lynch
MacArthur
Maloney,
Carolyn B.
Maloney, Sean
Marchant
Marshall
Mast
Matsui
McCarthy
McCaul
McClintock
McCollum
McEeachin
McGovern
McHenry
McKinley
McMorris
Rodgers
McNerney
McSally
Meadows
Meehan
Meeks
Meng
Messer
Mitchell
Moolenaar
Moore
Moulton
Murphy (FL)
Murphy (PA)
Nadler
Napolitano
Neal
Noem
Nolan
Norcross
Nunes
O'Halleran
O'Rourke
Palazzo
Pallone
Palmer
Panetta
Pascrell
Paulsen
Payne
Pelosi
Perlmutter
Perry
Peters
Peterson
Pingree
Pittenger
Pocan
Poe (TX)
Poliquin
Polis
Posey
Price (NC)
Quigley
Raskin
Reed
Reichert
Rice (NY)
Rice (SC)
Richmond
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas
J.
Ros-Lehtinen
Rosen
Roskam
Ross
Rothfus
Roybal-Allard
Royce (CA)
Ruiz

Ruppersberger	Smith (TX)	Veasey
Russell	Smith (WA)	Visclosky
Rutherford	Smucker	Wagner
Ryan (OH)	Soto	Walberg
Sanford	Speier	Walden
Sarbanes	Stefanik	Walker
Scalise	Stewart	Walorski
Schakowsky	Stivers	Walters, Mimi
Schiff	Suozzi	Walz
Schneider	Swalwell (CA)	Wasserman
Schrader	Takano	Schultz
Schweikert	Taylor	Waters, Maxine
Scott (VA)	Tenney	Weber (TX)
Scott, Austin	Thompson (CA)	Webster (FL)
Scott, David	Thompson (MS)	Welch
Serrano	Thompson (PA)	Wenstrup
Sessions	Thornberry	Westerman
Sewell (AL)	Tiberi	Williams
Shea-Porter	Tipton	Wilson (FL)
Sherman	Titus	Wilson (SC)
Shimkus	Tonko	Womack
Shuster	Torres	Woodall
Simpson	Trott	Yarmuth
Sinema	Tsongas	Yoder
Sires	Turner	Yoho
Smith (MO)	Upton	Young (AK)
Smith (NE)	Valadao	Young (IA)
Smith (NJ)	Vargas	Zeldin

NAYS—30

Amash	Garrett	Mooney (WV)
Boyle, Brendan F.	Gutiérrez	Pearce
Bridenstine	Hollingsworth	Ratcliffe
Cárdenas	Johnson, Sam	Renacci
Castor (FL)	King (IA)	Rush
Clarke (NY)	Lee	Sensenbrenner
DeFazio	Lewis (GA)	Vela
DeGette	Lujan Grisham,	Velázquez
DesJarlais	Michelle	Watson Coleman
Gaetz	Massie	Wittman

NOT VOTING—18

Bost	Johnson (LA)	Mullin
Brat	King (NY)	Newhouse
Buchanan	Labrador	Olson
Chaffetz	Larson (CT)	Rouzer
Flores	Lieu, Ted	Sánchez
Hudson	Marino	Slaughter

□ 1129

Ms. CLARKE of New York and Mr. GUTIÉRREZ changed their vote from “yea” to “nay.”

Messrs. BUDD, COOPER, and AL GREEN of Texas changed their vote from “nay” to “yea.”

So the joint resolution was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. BOST. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted “yea” on rollcall No. 236.

Mr. JOHNSON of Louisiana. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted “yea” on rollcall No. 236.

Mr. FLORES. Mr. Speaker, I was at the White House for a signing ceremony. Had I been present, I would have voted “yea” on rollcall No. 236.

Mr. MULLIN. Mr. Speaker, I was at the White House for a signing ceremony. Had I been present, I would have voted “yea” on rollcall No. 236.

PERSONAL EXPLANATION

Mr. HUDSON. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted “yea” on rollcall No. 235 and “yea” on rollcall No. 236.

PERSONAL EXPLANATION

Mr. BRAT. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted “yea” on rollcall No. 235 and “yea” on rollcall No. 236.

PERSONAL EXPLANATION

Mr. ROUZER. Mr. Speaker, I was unavoidably detained at the White House. Had I been present, I would have voted “yea” on rollcall No. 235 and “yea” on rollcall No. 236.

PERSONAL EXPLANATION

Ms. SLAUGHTER. Mr. Speaker, I was unavoidably detained and missed rollcall vote Nos. 235 and 236. Had I been present, I would have voted “aye” on vote 236. I would have voted “nay” on vote 235.

PERSONAL EXPLANATION

Mr. MARINO. Mr. Speaker, I was unable to attend votes on April 28, 2017, due to a family medical issue. Had I been present, I would have voted as follows:

“Yea” for rollcall vote 235.

“Yea” for rollcall vote 236.

THE JOURNAL

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

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

Pursuant to clause 1, rule I, the Journal stands approved.

LEGISLATIVE PROGRAM

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

Mr. HOYER. Mr. Speaker, I yield to the gentleman from California (Mr. MCCARTHY), the majority leader, for the purpose of inquiring of the schedule for the week to come.

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

Mr. MCCARTHY. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, on Monday, the House will meet at noon for morning hour and 2 p.m. for legislative business. Votes will be postponed until 6:30.

On Tuesday and Wednesday, the House will meet at 10 a.m. for morning hour and noon for legislative business.

On Thursday, the House will meet at 9 a.m. for legislative business.

Mr. Speaker, the House will consider a number of suspensions next week, a complete list of which will be announced by close of business today.

One suspension worth highlighting is H.R. 1644, the Korean Interdiction and Modernization of Sanctions Act, sponsored by Chairman ED ROYCE. Mr. Speaker, last year, North Korea conducted two nuclear weapons tests and 26 ballistic missile flight tests.

Congress has long led the charge to impose strict sanctions against the Kim Jong-un regime. This bill would continue that effort by specifically sanctioning North Korea’s shipping industry, as well as targeting those who employ North Korean slave labor abroad. It is critical we send a clear and bipartisan message that North Korea’s reckless provocations cannot continue.

In addition, Mr. Speaker, the House will consider H.R. 1180, the Working Families Flexibility Act, sponsored by Representative MARTHA ROBY. This bill would give employees the option to convert the overtime hours worked into paid time off. Mr. Speaker, hard-working Americans in the private sector deserve the same flexibility that public sector workers have enjoyed for decades. By passing this bill, we will give American families greater choice in how they spend their most important resource, their time.

Finally, Mr. Speaker, the House will consider legislation providing further appropriations for the 2017 fiscal year. I am encouraged by the reports I have received from our Appropriations Committee regarding these negotiations, and I look forward to a strong vote on this agreement next week.

Mr. Speaker, additional legislative items are possible. If any items are added, I will relay scheduling information to Members as soon as possible.

Mr. HOYER. Mr. Speaker, I thank the majority leader for the information on the schedule for next week.

I would ask him, with respect to Korea, that being on the floor—also, as I understand it, the committee has been working on a Syria sanctions bill. Obviously both of those areas are critically important.

Does the gentleman have any information when we might anticipate the Syria resolution coming forward as well?

I yield to the gentleman.

Mr. MCCARTHY. Mr. Speaker, the gentleman is correct. This is a critical area and one that we do want to make sure we speak with one voice and a bipartisan voice.

I have spoken to the committee chairman. He is continuing to work on this. And I anticipate, not next week but in the future, that coming to the floor.

Mr. HOYER. Mr. Speaker, I thank the gentleman for his focus on that issue because we agree, of course, that that is a serious and volatile matter with which we need to deal in a hopefully effective way.

Two items, one that the gentleman mentioned. We just passed a continuing resolution, as the gentleman noted. And pursuant to our discussions, Democrats and Republicans both overwhelmingly voted for that, and it passed handily.

I don’t know whether the gentleman heard my remarks on the floor, but what I had indicated is—and I have indicated to him privately—that we Democrats are in a position of not supporting an additional continuing resolution.

In my discussions with Mrs. LOWEY, our ranking member on the Appropriations Committee, she believes that there is a possibility to get an agreement between the two parties, but it appears that the committees themselves have reached a point where they think they will need additional assistance from leadership, I presume, on