I want to close by reading the mission statement of the Climate Solutions Caucus, which reminds us of the many reasons why our bipartisan group has come together to take action:

''The members of the Climate Solutions Caucus acknowledge the fact that, if left unaddressed, the consequences of a changing climate have the potential to adversely affect the health of all Americans and the strength of our economy, consequently imposing substantial costs on both State and Federal budgets.

''By seeking to reduce climate risk, we will, in turn, ensure the protection of our economy, infrastructure, and public safety, all while attaining energy independence from the world's most volatile regions. Therefore, it is our goal to take a market-based approach to substantially reduce greenhouse gas emissions in the United States in order to leave a better planet and stronger economy for future generations.''

Mr. Speaker, this is something that all Americans can endorse and support. It is a better world and a better country.

So I thank, again, all my colleagues for joining me here tonight, and for their work, all of the 60 members—30 Democrats, 30 Republicans—for their work on the Climate Solutions Caucus.

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

ADVOCATING FOR PATIENTS' RIGHT TO TRY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the Chair recognizes the gentleman from Arizona (Mr. BIGGS) for 30 minutes.

GENERAL LEAVE

Mr. BIGGS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on the topic of this Special Order.

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

There was no objection.

Mr. BIGGS. Mr. Speaker, I am here this evening, along with my friend and colleague, Representative BRIAN FITZPATRICK, as we advocate for the passage of the Right to Try Act. This bill, which we introduced together, has dozens of bipartisan cosponsors, including Members here tonight.

We are both supportive of Senator RON JOHNSON's efforts to champion Right to Try in the Senate. He has been a tireless advocate of Right to Try for years, and his bill has already passed the Senate with unanimous consent. If you are watching the Senate very closely, you will know that nothing comes out of there, and certainly nothing with unanimous consent; so that tells how strong the sentiment is in favor of this bill.

Our legislation allows terminally ill patients who have no further options left—I repeat that, no further options left—the opportunity to try experimental drugs that could save their own lives.

Yes, there are also provisions in our bill to protect both the patients, as well as the pharmaceutical companies who want to participate, but those provisions are secondary to the primary purpose of this legislation. The primary purpose of the Right to Try Act is to give brave patients across this country some choice over their own destinies, when all other avenues are gone.

We want to give hope to these Americans, and we should all share that same goal of doing everything we can for patients fighting to save their lives. This policy has significant bipartisan support. The Trump administration strongly supports Right to Try, and President Trump has indicated he would likely sign this bill into law.

Time is of the essence, for time is one thing a terminally ill patient does not have. And the status quo is not the answer. The FDA and other agency officials claim that their own expanded access program is working and continues to improve. There may be some truth to that, but the program is simply not enough; and I know that because I have talked to dozens and dozens of patients, family members, and advocates who tell me it is not enough. They come to my office, they call me on the phone, they write me impassioned letters.

These same advocates have ensured that Right to Try has become law in 38 States. Think about that for a moment. With one more State, you could actually ratify a Constitutional amendment. And in half of those 38 States, Right to Try laws passed with unanimous support. In my home State of Arizona, voters approved that initiative by 80 percent of the popular vote.

At a time when pundits are claiming that our politics are broken, and Republicans and Democrats can't come together on anything, here is a cause that Americans of all political stripes can unite in.

Mr. Speaker, I yield to the gentleman from Pennsylvania (Mr. FITZPATRICK).

Mr. FITZPATRICK. Mr. Speaker, I want to thank my friend and colleague, ANDY BIGGS, for him joining all of us in this fight to stand up for terminally ill patients across this country.

Mr. Speaker, each year, more Americans receive the devastating news of a terminal diagnosis. Even with the amazing work done in American medical research and development, for too many families, access to these potentially lifesaving treatments will come too late or not at all.

Thousands of terminally ill patients, like my constituent, Matt Bellina, suffer needlessly while awaiting final approval for drug therapies and other medical technologies.

In April 2014, at age 30, Matt was diagnosed with ALS, otherwise known as Lou Gehrig's disease. ALS attacks nerve cells in the brain and spinal cord, causing those with ALS to lose control of their muscles.

Although this disease stopped Matt's career as a U.S. Navy aviator in its tracks, he persisted and actively involved himself in the ALS community as a strong advocate for Right to Try legislation.

While the Food and Drug Administration carries out its three-phase approval process, which can take years and cost billions of dollars, many patients simply want the chance to try treatments that have already been demonstrated to be safe.

A bill that was unanimously passed by the Senate will offer them a chance to extend their lives. The Right to Try Act, S. 204, would ensure that terminally ill patients, together with their physicians and pharmaceutical manufacturers, can administer investigational treatments where no alternative exists. In fact, this bipartisan idea is already the law in 37 States.

A Federal Right to Try law would prevent the government from blocking access to potentially lifesaving medications. It would require patients to first try all other available treatments and be unable to participate in clinical trials.

I want to note that these provisions only apply to terminally ill patients. It does not undo the FDA approval process but provides a potential lifeline for those who cannot wait. Moreover, it requires a physician to certify that other options are either exhausted or unavailable.

This bill requires that a product meet a demonstrated level of safety by attaining FDA phase I approval. We have worked with the drug companies to ensure adverse outcomes are not used against the ongoing application for approval. Additionally, patients, doctors, and manufacturers do not assume any additional liability under this act.

For those patients caught in between the traditional drug approval delays, a clinical trial process for which they do not qualify, and limited time, the Right to Try simply establishes the freedom for patients and their doctors to try therapies where the benefits far outweigh the risks. It gives them the option of trying to save their life.

Mr. Speaker, whether it is a father like Matt courageously battling ALS, or a brave child living with Duchenne muscular dystrophy, they deserve the right to try.

□ 2100

Mr. BIGGS. Mr. Speaker, I thank Mr. FITZPATRICK; I appreciate all that he has done and continues to do in this cause, this important cause. He is a great leader in this, and I am grateful for all of his effort here.

At this point, Mr. Speaker, I am pleased to yield to the gentleman from Florida (Mr. GAETZ).

Mr. GAETZ. Mr. Speaker, I thank the gentleman for yielding. I thank him for

his leadership on this issue on behalf of the terminally ill. I would also like to thank Senator JOHNSON for marshaling together the resources of the Senate to bring this legislation to a head.

I ran for public office because I was tired of the government playing too large a role in the decisions people make in their private lives, in their homes, and in their businesses. We live in a world today where the government wants to tell you where you have got to send your kids to school, what kind of healthcare plan you have got to buy, what regulations you have to comply with, and how much money they are going to take out of your paycheck each and every month.

I certainly don't think the government ought to play a role in deciding how someone deals with treatment at the end of life. That is why I am a proud cosponsor of the Right to Try Act with Representative BIGGS, Representative FITZPATRICK, and so many others. My frustration lies with any regime, regulatory or otherwise, that would impair a patient's decision to use any medication to be able to alleviate their symptoms or improve their quality of life in their final days.

It is absolutely ludicrous to me that, in today's world, we don't allow terminally ill people in every corner of this great country to be able to use medical cannabis to alleviate their pain and suffering, particularly at the end of life.

It is so frustrating to me that the Federal Government has lied to this country for a generation about medical cannabis, saying that it has no medical value. Well, I can tell you, Mr. Speaker, that is absolutely not true. I have met with patients in my district who have received terminal diagnoses, who have been told by their doctors not to buy green bananas, and yet those folks courageously move forward trying to be a part of their own treatment and to be a part of their own clinical plan moving forward.

Too often, doctors, whether it is at the VA or in private practice, aren't able to counsel their patients and give them advice and comfort that there is a substance in medical cannabis which has proven in some circumstances to have medical value.

Stage IV of terminal cancer includes symptoms like loss of appetite, which can be helped by cannabis, chronic pain, shortness of breath, difficulty breathing, chemotherapy-induced nausea. All of these things can be helped by medical cannabis.

Those who are in stage III of AIDS have sleeplessness and weight loss that can be helped by medical cannabis.

Cannabis has shown great promise in the treatment of Alzheimer's, Crohn's Disease, multiple sclerosis, and epilepsy, where there are refractory seizures, at times, 30 or 40 seizures a day.

Mr. Speaker, in this great country, we will have people who will receive terminal diagnoses each and every day. I say let's get the government out of their way. Let's let the decisions that impact the healthcare of patients be made by those patients and their family members and their doctors, not a bunch of politicians and bureaucrats in Washington.

As people fall ill, it is my position that this Right to Try Act can help them, and certainly the inclusion of medical cannabis into this legislation would make it a great deal more useful and a great deal better for those in pain.

I thank the gentleman from Arizona for yielding.

Mr. BIGGS. Mr. Speaker, I thank the gentleman from Florida for his impassioned speech, his position, his comments regarding the bill, and his desire to see it altered, but I do appreciate his support of the bill.

Mr. Speaker, I am certainly grateful to have this opportunity to yield to the gentleman from Pennsylvania (Mr. SMUCKER).

Mr. SMUCKER. Mr. Speaker, I would like to thank my colleague from Arizona (Mr. BIGGS) for hosting tonight's Special Order. I also thank Mr. FITZPATRICK, as well, for his leadership in this bill. I am really glad to be part of this effort.

We could stand here tonight and talk about the FDA's process for approving drugs. We could talk about the countless patients across the country who struggle to get accepted into a clinical trial for a drug that could save their life. We could even stand up here tonight and share with you one of the uplifting stories of a patient who received a lifesaving drug because of a State's right-to-try law. But we have heard this, and we know all of this.

We know the FDA's approval process takes years. We know there are too few spots in clinical trials for patients in dire need of help. We know that right-to-try laws give families hope and can save lives. What I would like to talk about tonight is the moral imperative we face on this right-to-try legislation.

America is home to the world's greatest doctors and medical experts. It is home to the world's greatest medical schools and hospitals. We have cured diseases that were once a death sentence. We have directed our national resources to fight epidemics that have saved lives here at home and overseas. We don't give up.

What we do here in this Chamber, Mr. Speaker, speaks volumes. What we do here shows the Nation and the world where our priorities are.

Is our priority the bureaucracy of this city that too often misses opportunities simply because of its inability to act, or is our priority the patients and families whom we represent to consult with a doctor and decide for themselves how they choose to fight against illnesses for which we continue to search for a cure?

For me, the choice is clear, Mr. Speaker. I choose my constituents. I choose life, and I urge every single Member of this body to do the same. We cannot afford the cost of inaction.

Mr. BIGGS. Mr. Speaker, I thank Mr. SMUCKER; I appreciate his comments and his willingness to participate this evening.

Mr. Speaker, I am pleased to yield to the gentleman from Arizona (Mr. GOSAR).

Mr. GOSAR. Mr. Speaker, I thank my friend from Arizona for yielding.

What a great issue. As a conservative, I am an outspoken defender of one's right to life. But being pro-life doesn't mean that I am just anti-abortion. It also means that I support the right to try, because life at all stages is worth fighting for.

Every year, over 1 million Americans die from terminal illnesses, many of whom pass away while waiting for the FDA to approve a drug that could dramatically change their prognosis, while others die in the hopeless cycle of trying and trying again to gain acceptance into a medical trial.

Think about that: we are losing millions of Americans at the hands of government red tape.

Now, as a healthcare provider for 25 years, I know firsthand how important innovation is to the medical community. The Right to Try Act, if made into law, will give hope to the child with leukemia whose doctors have exhausted all other treatment options. It opens previously locked doors by allowing healthcare providers to try experimental drugs as a last-ditch effort for survival.

The experiments that the Right to Try Act will allow for have the potential to lead to many more birthdays, more piano recitals, and more camping trips, and offer hope for our future, hope for years to come.

But don't take my word for it. Emily Whitehead was merely 5 years old when she was diagnosed with acute lymphoblastic leukemia, and her doctors quickly realized that she was among a small percentage of patients whose disease was seemingly untouchable by chemotherapy. The Whiteheads were at the end of their rope. The little girl's body was resisting chemotherapy, and the window for many more birthdays, more piano recitals, and more camping trips was wearing thin. Their only option was to join a clinical trial that experimented with T-cell therapy, where Emily could be the first pediatric patient to undergo this treatment.

And do you know what? It worked. Three years later, a groundbreaking study was conducted where 63 patients received T-cell therapy for 1 year, and 52 of them became cancer free, an absolutely unheard-of statistic with this deadly strain of leukemia.

Think about that: 52 lives were saved; 52 families were given another birthday, another piano recital, and another camping trip. What a waste it would have been had they not had the right to try.

Mr. BIGGS. Mr. Speaker, I thank all of my colleagues who have joined us tonight to champion the cause and inquire how much time I have remaining.

The SPEAKER pro tempore. The gentleman from Arizona has 15 minutes remaining.

Mr. BIGGS. Mr. Speaker, in closing, I want to mention how I came to really be converted to the cause of right to try.

I served in the Arizona State Legislature with Laura Knaperek, who was also serving in the legislature when I first met her. By 2014, she was no longer serving in the State legislature. She was an advocate. That year, Laura was in the fight of her life against ovarian cancer, and her mission was to see right-to-try legislation passed into law.

In the end, her efforts for this cause succeeded beyond everyone's wildest expectations when 80 percent of the electorate in Arizona voted to enact right to try. But, unfortunately, Laura is not with us because she lost her brave battle with cancer last year. Her legacy as a tireless patient advocate lives on.

I will continue to carry on the fight not just for Laura Knaperek, but for all those patients across this country who are battling against the odds every day.

I am joined by those who are here tonight, those who have cosponsored this bill, and many other advocacy groups, such as the Goldwater Institute in Arizona that continues to fight for this.

I fight for Bertrand Might. Bertrand is a very special little boy. He was the first person ever to be diagnosed with a rare, fatal genetic disorder called NGLY1 that has left this 7-year-old paralyzed. Because the disease was only identified by scientists in 2012 and only a few people worldwide have been diagnosed with it, there is no cure and no treatment available. Because the disorder is so rare, a drug may never be developed to treat it.

But scientists have found that Bertrand responds to certain investigational therapies. So Bertrand's family will have to rely on trying those new investigational medications as long as they have access to them. That is why we need this right-to-try legislation.

I fight for Jordan McLinn. Seven-year-old Jordan says he wants to grow up to be a firefighter so he can save lives. He has Duchenne muscular dystrophy, which could leave him paralyzed within 5 years and shortens his life expectancy to only 20 years. There is a drug now being used in clinical trials that is helping young people like Jordan, but it could take another 7 years for that drug to be available on the market. His parents cannot afford to wait for the FDA to give that drug its final approval. He could be in a wheelchair by then. This investigational drug could add years to Jordan's life, which would give him the chance to save others.

We have already heard, when Representative FITZPATRICK discussed Matt Bellina, his needs and his advocacy. We fight for him, and we fight for Mikaela Knapp.

At 24, Mikaela was diagnosed with a deadly form of kidney cancer that had already migrated into her bones before she even knew she was sick. She went through every known treatment in a matter of months and nothing worked. Her high school sweetheart, Keith, heard about a drug under development that was successfully treating people with this same cancer, but Mikaela was not allowed to enroll in the clinical trial. Mikaela and Keith launched a social media campaign to try to get access to the drug, but it wasn't enough. The FDA didn't help.

Mikaela died on April 24, 2014. Five months later, on September 4, the FDA gave final approval to the drug that might have saved her.

I fight for Diego Morris. When he was 10 years old, Diego woke up with a sore leg that his mom thought was just another sports injury, but the pain didn't go away. They knew something was wrong, but they never expected osteosarcoma, a rare form of bone cancer.

After exhausting all treatments available, Diego's doctors recommended he try mifamurtide, which wasn't available in the United States but was being safely used and had been given the Prix Galien Award, the gold medal for pharmaceutical development in England. The Morris family wasted no time and made the move abroad to try to save Diego's life. The treatments worked. Now Diego is back home in Phoenix and back to playing his favorite sports.

We fight unitedly for the countless other patients who deserve a right to try. We must act without further delay. Again, I thank those who have been here to testify tonight.

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

ENROLLED BILL SIGNED

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

H.R. 1329. An act to increase, effective as of December 1, 2017, the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans, and for other purposes.

ADJOURNMENT

Mr. BIGGS. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 14 minutes p.m.), under its previous order, the House adjourned until tomorrow, Thursday, November 2, 2017, at 10 a.m. for morning-hour debate.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

3031. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's withdrawal of direct final rule—National Emission Standards for Hazardous Air Pollutants for Wool Fiberglass Manufacturing; Flame Attenuation Lines [EPA-HQ-OAR-2010-1042; FRL-9770-08-OAR] (RIN: 2060-AT58) received October 20, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

3032. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's direct final rule—Voluntary Consensus Standards Update; Formaldehyde Emission Standards for Composite Wood Products [EPA-HQ-OPPT-2017-0245; FRL-9962-84] (RIN: 2070-AK36) received October 20, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

3033. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's direct final rule—Approval and Promulgation of State Air Quality Plans for Designated Facilities and Pollutants; City of Philadelphia; Control of Emissions from Existing Sewage Sludge Incineration Units [EPA-R03-OAR-2017-0509; FRL-9969-92-Region 3] received October 20, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

3034. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's direct final rule—Approval and Promulgation of Air Quality Implementation Plans; Pennsylvania; Pennsylvania's Adoption of Control Techniques Guidelines for Automobile and Light-Duty Truck Assembly Coatings [EPA-R03-OAR-2017-0342; FRL-9969-83-Region 3] received October 20, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

3035. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's direct final rule—Air Plan Approval; Wisconsin; 2017 revisions to NR 400 and 406 [EPA-R05-OAR-2017-0280; FRL-9969-89-Region 5] received October 20, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

3036. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's direct final rule—Air Plan Approval; Illinois; Volatile Organic Compounds Definition [EPA-R05-OAR-2017-0323; FRL-9970-17-Region 5] received October 25, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

3037. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule—National Emission Standards for Hazardous Air Pollutants: Publicly Owned Treatment Works Residual Risk and Technology Review [EPA-HQ-OAR-2016-0490; FRL-9969-95-OAR] (RIN: 2060-AS85) received October 20, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

3038. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule—Determination of Attainment by the Attainment Date for the 2008 Ozone Standard; Philadelphia-Wilmington-Atlantic City, PA-NJ-MD-DE Nonattainment