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House of Representatives

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Mrs. MIMI WALTERS of California).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
November 2, 2017.

I hereby appoint the Honorable MIMI WALTERS to act as Speaker pro tempore on this day.

PAUL D. RYAN,
Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 3, 2017, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties. All time shall be equally allocated between the parties, and in no event shall debate continue beyond 11:50 a.m. Each Member, other than the majority and minority leaders and the minority whip, shall be limited to 5 minutes.

REMEMBERING PAT GILBREATH

The SPEAKER pro tempore. The Chair recognizes the gentleman from California (Mr. AGUILAR) for 5 minutes.

Mr. AGUILAR. Madam Speaker, today, I rise to honor the life of someone I was lucky to call a colleague and mentor—Redlands City Council member Pat Gilbreath.

I was heartbroken to learn of Pat's passing in early October, but I will always be grateful for her countless contributions to our community. Her imprint can be seen throughout the city

of Redlands and our region. She was the earliest advocate for Redlands' passenger rail, supported the Healthy Communities Initiative and Open Space Initiative to honor our citrus heritage.

When I was just starting out on the city council, Pat's leadership and poise helped shape the type of public servant that I aim to be. She was pragmatic, measured, and listened intently to the public.

I will always be thankful for everything that she taught me, not the least of which was how to hide the chocolate in the city council dais so we could eat it during our late night council meetings.

A loving mother and grandmother, she was always proud to beam about her family. I know that when they look at her legacy and the impact she made in the community, her family can be just as proud of her.

Pat will always be remembered in our region for her thoughtfulness, her dedication, and her problem-solving ability. I will always remember her for her friendship.

ERIE COUNTY INNOVATION BEEHIVE SUPPORTS ENTREPRENEURS

The SPEAKER pro tempore. The Chair recognizes the gentleman from Pennsylvania (Mr. THOMPSON) for 5 minutes.

Mr. THOMPSON of Pennsylvania. Madam Speaker, I recently visited the Innovation Commons at Penn State Behrend in Erie County, which is an idea lab that offers support for entrepreneurs and startup companies.

It opened in January of 2016 to innovators, including those at the student level, who sought a place to organize, collaborate, compose, and construct their ideas.

The Innovation Commons is a part of the Innovation Beehive, which is

housed at, and managed by, Penn State Behrend. It is in partnership with three additional Erie County universities: Mercyhurst, Gannon, and Edinboro. It was the first of its kind in 2016, and its success established a business network across Erie County—or, in other words, the beehive.

The beehive sites will operate as both individual service providers and as part of a larger, connected network, with multiple points of entry for entrepreneurs. All services will be available to the public and to businesses seeking to develop new products or enter new markets.

Each lab will specialize in different aspects of product or business development:

Edinboro University will provide advertising, marketing, and public relations strategies for business startups. Both current students and those entrepreneurs in the community can all seek assistance with all of these universities. The lab, which will be equipped with high-end printers, art supplies, drafting tables, and other multimedia support, will be located in the Baron-Forness Library;

Gannon University will focus on business development, including business analysis. The Gannon beehive, which will be located in the Center for Business Ingenuity, will offer access to the Small Business Development Center and the Erie Technology Incubator;

Mercyhurst University will provide business intelligence services and solutions to help developers commercialize their ideas. Blended faculty-student teams will use high-end computers, plotters, and other tools to develop custom intelligence products from within the Ridge College of Intelligence Studies.

Madam Speaker, this northwest Pennsylvania Innovation Beehive network is working to serve the region. It will enable innovators to access universities' resources and applied research

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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capabilities for new business development or expansion at little to no cost.

I recently participated in a roundtable discussion with the university presidents, and I am very excited to see this collaborative effort take root in Erie County. This network was made possible thanks to the Ignite Erie Industry and Business Acceleration Collaborative, the Erie County Gaming Authority, and the Appalachian Regional Commission.

This truly is a collaborative effort, and it is my hope that the beehive will soon be abuzz with good ideas throughout Erie County. This is an excellent partnership that will give innovators and students hands-on, real-world experience to test their ideas and make their dreams become reality.

Madam Speaker, I am glad to see Erie County leveraging the strengths of these four universities for the betterment of its community. It is an exciting time in Erie County. I look forward to seeing what this brings to the region.

REPUBLICAN TAX PLAN

The SPEAKER pro tempore. The Chair recognizes the gentleman from New York (Mr. JEFFRIES) for 5 minutes.

Mr. JEFFRIES. Madam Speaker, the so-called Republican tax plan will increase taxes on the middle class, explode the deficit, and undermine Medicare and Medicaid. It will saddle your children and grandchildren with more than \$1 trillion in debt, simply to provide millionaires and billionaires with a massive tax cut.

Now, House Republicans will argue that trickle-down economics, supply-side economics, and dynamic scoring will somehow magically save the day. But the notion that massive tax cuts for millionaires and billionaires will somehow result in strong economic growth is a phony, fraudulent, and fake argument. It has no basis in reality. There is no evidence to support this fantasy.

When Ronald Reagan cut taxes on millionaires and billionaires, it didn't result in strong economic growth. It led to a massive deficit.

When George W. Bush cut taxes on millionaires and billionaires, it didn't result in strong economic growth. It led to the Great Recession.

When the Republican Governor of Kansas cut taxes on millionaires and billionaires, it didn't result in strong economic growth. It led to prison riots, overcrowded schools, and crumbling infrastructure.

We cannot allow this scheme to happen to the United States of America. The American people deserve a better deal.

VETERAN-OWNED SMALL BUSINESSES

The SPEAKER pro tempore. The Chair recognizes the gentleman from Pennsylvania (Mr. FITZPATRICK) for 5 minutes.

Mr. FITZPATRICK. Madam Speaker, our veterans represent one of the most highly skilled workforces in American history—the product of rigorous training, an ironclad commitment to teamwork, and the remarkable ability to succeed where others might fail. It is no wonder that veterans are 45 percent more likely to be self-employed than nonveterans. In total, veteran-owned businesses make up nearly 10 percent of all businesses in the United States and account for more than \$1 trillion in business receipts every year.

One of those businesses is Navmar Applied Sciences Corporation, based in Warrington. Owned by Air Force veteran Tom Fenerty, Navmar engineers technology to make sure that our military has the best tools possible to complete any mission. Tom has also committed to employing veterans in the community. I am privileged to represent Tom and others like him in Congress.

In honor of their service—both in uniform and as part of our economy—I am proud to recognize the importance of veteran-owned small businesses in our community by introducing and supporting H. Res. 588, which recognizes National Veterans Small Business Week this week, from October 30 to November 3.

Madam Speaker, I urge my colleagues—and all Americans—to join me in supporting the veteran-owned small businesses in our community.

NATIONAL OBESITY CARE WEEK

Mr. FITZPATRICK. Madam Speaker, I rise today to recognize National Obesity Care Week and the over 90 million adult Americans living with obesity. National Obesity Care Week is recognized during the first week of November, when individuals and organizations from across the country raise awareness about the serious chronic disease of obesity.

Leading medical organizations, including the American Medical Association, the Obesity Society, the American Academy of Family Physicians, the American Association of Clinical Endocrinologists, and the World Obesity Federation, all recognize obesity as a disease and the belief that it should be treated as such.

National Obesity Care Week aims to advance an evidence-based understanding of obesity and widespread access to respectful, comprehensive, and appropriate care. Obesity is a complex disease, linked to over 50 disorders, including type 2 diabetes, hypertension, and cardiovascular disease. Over \$1.4 trillion is spent in the U.S. on direct and indirect costs for health-related conditions related to obesity each year.

This must change, Madam Speaker. It is time for action, and I commit to being part of the solution to improve care for obesity. I urge my fellow Members to join me in recognizing obesity as a serious, chronic disease and working towards improving access to evidence-based tools for chronic weight management.

DREAMERS

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Massachusetts (Ms. CLARK) for 5 minutes.

Ms. CLARK of Massachusetts. Madam Speaker, DREAMers are young people who are fighting to give back to the only country they have ever known as home. They are not political bargaining chips, and they didn't ask to be at the center of this immigration debate. They were brought here before they were old enough to know the difference. They grew up as our neighbors, our kids' classmates, and our friends. They are also taxpayers, teachers, medical students, and they are young people who are signing up to serve in our military.

Let me tell you about some of the DREAMers I have met in my district.

Richard Kim is a student at Tufts University. He was brought here by his parents from Korea when he was just 2 years old. His parents sacrificed a great deal in America—even becoming homeless and living in a car for a while—for the chance that Richard would have a better life than they had.

Their son worked hard, got good grades, and, ultimately, was admitted into one of the best schools in the country. Now he is a freshman at Tufts University, studying international relations. One day, he wants to work here in Congress. Richard calls himself 100 percent American. In his words, he says: I grew up here just like everyone else. I want to make a difference in America because this is the place I call home.

Let me tell you also about Mario Delgado.

In Mario's words, he says: I know what it is like to live like a shadow in a room full of light, keeping my head down to make sure that I don't get sent back to a country that I know nothing of.

So Mario kept his head down. He studied, worked through high school to help pay the bills, and saved up money for the future. Mario expects to graduate from college next year. He wants to work in the renewable energy industry. He says he intends to help America with the advancement of fusion energy.

And then there is Marla, who started attending school in Framingham, Massachusetts, when she was in the first grade. She describes learning American history, listening to popular music, and watching the Disney channel like the rest of her friends, but something was different.

□ 1015

Unlike her friends, she realized she couldn't get a driver's license. As a teenager, she suffered the crushing fear that every knock on the door could mean that she would never see her loved ones again. She feared that applying for college would mean exposing her family, a cruel reality for someone who was the valedictorian of her graduating class.

When DACA was enacted, a life of fear became a life of possibility. Marla could now drive. She could earn and save money. She could go to college and contribute to her community.

Marla not only went to college, she graduated at the top of her class. She bought a home and is now contributing her talents to the Commonwealth's innovation economy.

Last week, Marla bravely came to me as a DREAMer, in front of her coworkers, because she wanted to make a difference.

Madam Speaker, DREAMers are bright, young people who are American in their hearts and in their minds. They are American in every way but on paper, and their dream for a better future is unmistakably American.

Their families have often endured poverty, violence, and persecution, but despite it all, they have excelled and charted their own path to success. Though they know no other country, they grew up with the threat of deportation and that their families could be torn apart at any given moment.

The DACA program showed them a way to come out of the shadows, to lift their heads and reach for their dreams, and give back to a country they call home. Through DACA, 800,000 young people have been able to contribute to our workforce and our Armed Forces.

As Marla put it, 800,000 is not just a number; it is birthdays, school events, graduations, homes, and memories.

Reversing DACA would mean sending these talented young people to a country they don't even know, where they could potentially be our competitors in our workforce.

We have all the tools we need to prevent that from happening and keep DREAMers like Richard, Mario, and Marla in our communities, where they can help us build successful futures. All we need is for leadership to allow us a vote.

What these young people deserve is no different than what we want for our own children. If we fail to pass the Dream Act, we not only fail them, we fail to meet our potential as a country. Let's do what the vast majority of Americans are asking us to do. Let's give our DREAMers and the Dream Act a vote.

CONGRESSIONAL REVIEW ACT PROGRESS

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Alabama (Mrs. ROBY) for 5 minutes.

Mrs. ROBY. Madam Speaker, I would like to start by saying I am heartbroken and shocked by the terror attack in New York this week. This atrocious act of hatred and violence has no place in this country, and we must make it clear that we will not stand for it.

I offer my sincere condolences to every single person who has been impacted by this senseless tragedy. My family and I will be in prayer for every-

one who has been hurt by this act, whether physically or emotionally.

I also want to thank law enforcement officers who responded so quickly, who saved lives and apprehended the suspect. As scary as this incident was, we can all be reassured by the courage and professionalism of our law enforcement, the military, and the intelligence community that work together to keep our country safe.

Madam Speaker, it has been a busy 10 months here in the House of Representatives. We have passed more than 360 bills this year alone in a unified effort to deliver on our promises to the American people. Of course, many of those bills are aimed at rolling back the Big Government policies of the Obama era. So I would like to say we are doing a lot to make sure that the Federal Government does less.

As a limited government conservative, I am especially glad that we have taken action to return some of Washington's bureaucratic power to the American people. The last 7 years saw the emergence of a regulatory state that never stopped in its mission to grab power and impose its will at the expense of everyday Americans. This town is overrun with Federal agencies and departments where bureaucrats sit around every day concocting rules and regulations that might sound like a good idea but, in reality, end up weighing down businesses, destroying jobs, and limiting freedom.

In his 8 years, President Obama added 18,000 pages to the Federal Register, amounting to 6 pages added every day that he held office. This habit costs American households roughly \$15,000 per year, each.

While President Obama is no longer in office, his regulatory state is alive and well, but not for long. Madam Speaker, the people of Alabama elected me to help put an end to that, and I am proud to report that is exactly what we are doing. The House is changing the game because the American people deserve better than to pay for unnecessary Big Government mandates. We have utilized the Congressional Review Act to strike 15 Federal regulations that were imposed by executive action.

What kind of regulations?

One extended intrusive, overreaching, and punitive environmental penalties on energy companies, costing tens of thousands of jobs, but not anymore.

One attempted to force State and local schools to use Washington's preferred teacher preparation programs, undermining local control—not anymore.

One restricted States' ability to enforce existing laws stopping otherwise able-bodied drug abusers from receiving unemployment benefits—not anymore.

One attempted to take away the Second Amendment rights of millions of Americans without due process by arbitrarily restricting Social Security disability beneficiaries from purchasing firearms—not anymore.

Finally, one attempted to force States to steer millions in Title X funding to abortion provider Planned Parenthood, even over the State's objections—not anymore, thank God.

These rules no longer exist because this Congress, working together with the Trump administration, struck them one by one. In all, 15 bills rolling back these Big Government policies have been passed and signed into law.

Madam Speaker, I am proud of the work the House of Representatives has done, and I hope it can give us momentum for tackling more pressing issues like tax reform and infrastructure.

KEEP IT SIMPLE, STUPID

The SPEAKER pro tempore. The Chair recognizes the gentleman from Tennessee (Mr. COHEN) for 5 minutes.

Mr. COHEN. Madam Speaker, on Tuesday, we had the holiday of Halloween, and a character came to my house with paint all over their face, and I thought they were the musical group KISS. Well, they weren't.

They were the Trump administration, disguised as the Trump administration is, and with the simple logo of KISS: Keep it simple, stupid. That is what the Trump administration's attempts are to the American people.

The previous speaker made some comments about regulations and said that the Obama administration wanted to stop Second Amendment advocates from getting guns, arbitrarily, for Social Security recipients. Well, that sounds good. It is simple. Keep it simple.

Well, they weren't Social Security recipients. They were Social Security recipients who had been declared incompetent to manage their own affairs. That is who they said shouldn't get guns, not Social Security recipients.

The previous speaker said something about abortion provider Planned Parenthood getting their funds cut off. Planned Parenthood does most of their work outside of the arena of abortion. Mostly, they do women's basic health services, and by cutting that off, they are hurting women, particularly in my community and other communities where poor people often get their healthcare, their women's care, from Planned Parenthood, and they are depriving them of that healthcare.

Just yesterday, in the subcommittee of which I am the ranking member, we had a hearing on changing Roe v. Wade. They called it the Heartbeat bill. In reality, it is destruction of women's right to choose, a fundamental right established in Roe v. Wade, and an unconstitutional bill that could limit the right of a woman to have an abortion as early as 6 weeks, while right now it is 20 to 24 weeks, the period of viability.

They brought a sonogram in and showed a sonogram on the monitor. What they didn't do when they talked about their "culture of death" was bring in any lifesaving equipment that

will not be available when they cut \$1 billion from Medicaid and \$500 million from Medicare in their tax proposal, when they put 23 million people off of healthcare, the Affordable Care Act, which is what they tried to do but couldn't accomplish.

It is difficult to sit here and watch what is happening to our country. Having the Trump administration tell the middle class they are going to get a tax cut on the one hand, but on the other hand, they are creating over a trillion dollars in debt, where is that debt going to come from? It is going to come from programs that the middle class will have to give up, so they will be net losers.

One of the main thrusts of their tax proposal is to eliminate the State tax, originally to do it immediately. Now they are talking about maybe phasing it out over 5 or 6 years. That will cost the Federal budget \$290 billion. That will come from Pell grants that give people the opportunity to go to college and not have a terrible debt over their heads when they leave; from SNAP payments that give nutritional benefits to people that otherwise would go without, the families that would go without food and proper nutritional benefits; and even LIHEAP, which gives help with heating bills to people who can't afford it in difficult winter conditions.

What they are proposing is not a middle class tax cut. It is a cut for the wealthiest in our country, and that is who will get the benefits. That is who they are about.

Their whole program is KISS: Keep it simple, stupid. That is the only way they can try to sell their wealthy tax break, their aims to prevent women from getting proper healthcare, and their attacks on women in general.

It is unfortunate what we see, what we saw earlier this week in the indictments handed out to Mr. Manafort, Mr. Gates, and the guilty plea of Mr. Papadopoulos. Individuals involved with the campaign and the administration have not been the best, as they were supposed to be. In fact, they are suspected of criminal behavior, and one has admitted to it.

Our democracy is at risk, and I fear what could happen to it. That is why I introduced an amendment to the Constitution to limit the President's pardon power so he couldn't pardon himself, members of his family, members of his administration, or paid members of his campaign staff.

He has already pardoned Joe Arpaio, and he has threatened to use that power in furtherance as he discussed the possibility of pardoning himself. If he does so, any of these pardons, it will be a test of our democracy, and it will be a test of my colleagues on the other side.

We must protect democracy and protect America from unlawful activity.

God bless America.

NEW YORK CITY TERRORIST ATTACK

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Ohio (Ms. KAPTUR) for 5 minutes.

Ms. KAPTUR. Madam Speaker, earlier this week a driver whom law enforcement has identified as Sayfullo Saipov, violently rammed his pickup truck into a crowd in Manhattan, killing 8 people and injuring 11. Local officials called it the deadliest attack since September 11, 2001, in that city.

My heart breaks for those who have lost their lives—for their families, for their friends, and for their colleagues—due to this violent act. Two Americans and six of whom were tourists visiting our Nation and New York City to experience the wonders of America's largest metropolis met the crass act, the murderous act of a terrorist.

Our Nation's deep gratitude goes out to the first responders. Imagine these heroic Americans who intervened under very chaotic circumstances to bring down this criminal. Imagine yourself in that position.

This attack raises many questions about how this individual came to America and how he was allowed to stay. The President's tweets obliquely blame this person or that person, some in Congress, some not in Congress, but he misses the larger point: our Federal Government, the legislative branch—the first defined in our Constitution—the executive branch, and the judicial branch, need to work together to tackle our flawed immigration system.

□ 1030

How can we make it more secure while upholding our values as a nation of immigrants? The Bible reminds us: At one point, you and your predecessors and your family were aliens, too.

These are the questions to which we should be dedicating ourselves. We have security systems we must perfect, but it requires working together. We are supposed to be the adults in the Republic. A true leader would convene a working group of both parties, along with other experts, to tackle these security challenges brought to light again by this tragedy. Wouldn't that be constructive? Instead, there is more division. That is not a recipe for success.

Let's not forget a comprehensive bill passed in the Senate in 2013, on a vote of 68-32 and a bipartisan House companion bill that had 201 cosponsors, but the Republican-controlled House here refused to bring that bill to the floor for a vote. That bipartisan reform bill on immigration eliminated the diversity visa lottery by which the murderer got into this country. Imagine if that bill had been passed. We would be in a different position.

We can work together, but we must move past the fear-mongering, the talking points, the cheap political stunts to appeal to a media that runs 24/7 and just looks for more fodder. Our job in Congress is to defend our Con-

stitution and, in so doing, defend liberty. This includes our primary responsibility to work together to assure that our people feel safe and secure. We defend the Constitution by defending and protecting them.

The goal must not be division. The goal cannot be shallow attention and tweets on social media and cable news. Our people have a higher calling that our Constitution defines. The recent terrible tragedy in New York City reminds us that unity is always powerful, and it surmounts division.

It is time for that unity in this Capitol, and I look for the leadership in the Presidency, in this Chamber, and in the judicial branch to achieve it.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until noon today.

Accordingly (at 10 o'clock and 32 minutes a.m.), the House stood in recess.

□ 1200

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. DESJARLAIS) at noon.

PRAYER

Pastor Kenneth Codner, Grace Baptist Church, Bellefonte, Pennsylvania, offered the following prayer:

Heavenly Father, I am humbled to be able to stand before You on behalf of this assembly here today.

Lord, we are sinners, deserving none of Your favor. But, Father, I come to You on the merit of the Lord and Savior Jesus Christ, who washed me from my sins in His shed blood.

Father, we are aware, more than any, of the bitter divisiveness throughout this room and across this Nation of ours. I know that this grieves Your heart, Father. I pray that we would repent of our sins, that You might forgive them and heal this land of ours.

Father, I pray that You will work in the hearts of the Members of Congress, that they be willing to put aside their political expedience and partisan politics and personal agendas, that they would strive to do what is best for our Nation as a whole and uphold the Constitution which they avowed to uphold, that they would seek to do what is pleasing in Your sight, that they would seek Your will and wisdom for the decisions of this day and each and every day.

I ask these things in the precious name of Jesus Christ, my Savior.

Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the

last day's proceedings and announces to the House his approval thereof.

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

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from Texas (Mr. GENE GREEN) come forward and lead the House in the Pledge of Allegiance.

Mr. GENE GREEN of Texas led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

WELCOMING PASTOR KENNETH CODNER

The SPEAKER pro tempore. Without objection, the gentleman from Pennsylvania (Mr. THOMPSON) is recognized for 1 minute.

There was no objection.

Mr. THOMPSON of Pennsylvania. Mr. Speaker, I rise today to welcome Pastor Kenneth Codner to the House of Representatives as today's guest chaplain.

Pastor Codner is a native of Owego, New York, and he graduated from Alfred Agricultural and Technical College in 1973.

A couple of years later, through the help of a coworker, he trusted the Lord Jesus Christ as his personal savior. And he had a desire to make his life count for God.

In 1976, he enrolled in the Bible program at Tennessee Temple University. Two years later, he transferred to North Star Bible Institute in Rochester, New York, graduating in 1983, with a degree in theology.

In June 1983, he moved to Kansas to be the pastor of the Gove Bible Baptist Church, serving there for 17 years.

He is married to Eileen Garrison, and God blessed their union with five wonderful children.

In September of 2000, they moved to Bellefonte, Pennsylvania. In 2002, he founded the Grace Baptist Church, where he has served as pastor ever since.

Mr. Speaker, it is an honor to have Pastor Codner and his family here today.

PROVIDING FOR A CORRECTION IN THE ENROLLMENT OF S. 782

Mr. POE of Texas. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the concurrent resolution (S. Con. Res. 28) providing for a correction in the enrollment of S. 782, and ask for its immediate consideration in the House.

The Clerk read the title of the concurrent resolution.

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

There was no objection.

The text of the concurrent resolution is as follows:

S. CON. RES. 28

Resolved by the Senate (the House of Representatives concurring), That in the enrollment of the bill S. 782, the Secretary of the Senate shall make the following corrections:

(1) In section 2, strike "42 U.S.C. 17601 et seq." and insert "34 U.S.C. 21101 et seq.".

(2) In section 2, strike "42 U.S.C. 17617(a)(10)" and insert "34 U.S.C. 21117(a)(10)".

The concurrent resolution was concurred in.

A motion to reconsider was laid on the table.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will entertain up to 15 further requests for 1-minute speeches on each side of the aisle.

AND THE FANS GO WILD

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

Mr. POE of Texas. Mr. Speaker, it is game seven of the World Series. Best hitting team in baseball, the Houston Astros Orange, vs. the best pitching team in baseball, the LA Dodgers Blue. The series is tied up three games apiece.

Top of the second inning, Springer is at the plate. It is the third pitch. Springer loads up and belts it. Home run. Springer smacks his fifth round tripper of the World Series. The Astros are up 5-0.

Next inning—next several innings—all the bats are silent, except LA, the best record team in baseball, gets a run.

It is the bottom of the ninth. The Astros take the field. Score: 5-1. One out. Two outs. Houston pitcher Morton sends a sinker straight across the plate. It is a ground ball. Three outs.

It is all over but the shouting. Astros win! Astros win! Astros win! World Series Champions of 2017.

The Championship predicted in 2014 by "Sports Illustrated" with Springer on the cover finally happens after 55 years.

And the city of Houston goes ASTRONOMICAL.

And that is just the way it is.

TAX PLAN

(Mr. HIGGINS of New York asked and was given permission to address the House for 1 minute.)

Mr. HIGGINS of New York. Mr. Speaker, the Tax Policy Center, the Wharton School, and virtually every rational economist have reviewed the House Republican tax cut plan and the results are clear: no new good economic growth, big debt and deficit, and big tax cuts for corporations and very rich Americans.

Three million wealthy Americans will get a tax cut next year of \$220,000; 250 million not-so-rich Americans will

get a tax cut of \$221. If you make \$730,000, your income next year will increase by 8.5 percent. If you make \$150,000, it will increase by 1 percent.

Where are all of the deficit hawks? Where are any of the deficit hawks?

This tax plan is nothing more than fraud being perpetrated against middle America.

I ask my colleagues to reject this plan.

CHAMPIONING HEALTHY KIDS

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

Ms. STEFANIK. Mr. Speaker, I rise today to urge my colleagues to support the CHAMPIONING HEALTHY KIDS Act. This critical healthcare legislation provides a 5-year extension to the CHIP program that so many children and low-income families rely on.

In my district alone, over 21,000 children use CHIP for access to low-cost healthcare services.

I am also proud that this legislation includes a needed 2-year extension of funding for community health centers. This is an issue I have worked hard on, as almost 95,000 people in my district receive critical healthcare and preventative services from these centers.

There is still much more work to do to improve our healthcare system for families in the north country.

In Congress, I will keep fighting to protect the programs our district depends on, and I will continue working toward the affordable, high-quality healthcare system that my district deserves.

CHILDREN'S HEALTH INSURANCE PROGRAM

(Mr. GENE GREEN of Texas asked and was given permission to address the House for 1 minute.)

Mr. GENE GREEN of Texas. Mr. Speaker, first of all, I want to thank the Houston Astros for winning the World Series and giving some folks in Houston and southeast Texas something to cheer about. We have had a tough few months, but you could see from last night that there is a lot of cheering in Houston.

But I am here to talk about a major issue that is really important: the Children's Health Insurance Program—the CHIP program—and the federally qualified health centers. Both programs are bedrocks of our health system, providing health insurance for over 9 million lower income children, and serving on the front lines of primary care, providing high-quality primary and preventative care for 25 million Americans.

Congress let funding for these programs expire more than a month ago, and we must act in a bipartisan manner to strengthen and sustain them. Both CHIP and community health centers have always had strong bipartisan

support since their creation 20 and 50 years ago, respectively, but not this time.

We should not cut Medicaid to fund these two programs. You are taking money away from the poorest children to give to the less poor children. We need to support vaccination programs, infectious disease detection and prevention, and chronic disease prevention. We need to make sure this bill is bipartisan, and it is not right now.

DREAMERS

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

Ms. ROS-LEHTINEN. Mr. Speaker, there are less than 21 legislative days left this calendar year, and the House has yet to vote for a permanent solution to protect DREAMers from deportation.

H.R. 3440, known as the Dream Act, introduced by Congresswoman LUCILLE ROYBAL-ALLARD and me, is an effort to put an end to the fear and the uncertainty that surrounds over 800,000 young immigrants living in our country.

This bill will allow qualified DREAMers an opportunity to better plan for their future in the only country they truly know as home—the United States.

After several years, they will be able to apply for conditional permanent residency, and eventually for citizenship. And during that time, they will continue to participate in their daily activities, such as contributing to our communities, helping our economy, and showcasing their talent and ingenuity.

Mr. Speaker, let's do what is right for these young immigrants because they are already Americans in their hearts and minds. Let's bring the Dream Act for a vote so that these young professionals can make their American Dream a reality. The clock is ticking, Mr. Speaker.

REAL TAX REFORM FOR REAL PEOPLE

(Mrs. DAVIS of California asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. DAVIS of California. Mr. Speaker, I have received hundreds of letters from constituents who are deeply worried about the proposed tax plan.

One San Diegan told me that, without the State and local tax deduction, his family of seven faces a loss of over \$40,000 in deductions.

Another constituent told me that his family would lose \$20,000 in take-home pay under this tax plan.

Why on Earth would we do this to middle class families? Why would we cap the mortgage deductions middle class home buyers depend on to lower taxes for huge corporations?

This plan is simply reckless and hurtful to the American people and our economic growth.

Let's take a look at real tax reform for real people, not a plan that helps those who need it the least.

25TH CONGRESSIONAL DISTRICT OF TEXAS FIRE DEPARTMENTS

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

Mr. WILLIAMS. Mr. Speaker, today, I would like to recognize the local fire departments from the 25th Congressional District—specifically, the ones located in Johnson County.

Altogether, first responders from this county were deployed for over 8 weeks to help with Hurricane Harvey relief efforts. Twenty firefighters and personnel were sent from Cleburne, Bono, Godley, Grandview, and Joshua fire departments to help out with the storm's impact.

Just 2 weeks ago, these first responders were honored during the Johnson County Emergency Services District Number 1 monthly meeting. Over the course of 2 months, they contributed a great deal to the total number of 17,000 rescue missions in Texas.

More than 33,000 individuals were displaced as a result of this tragedy, and these heroes put their own lives on hold to help out their fellow Texans.

Mr. Speaker, these crews, who serve their local community, are a rare find—they are heroes—and I am honored to represent them in the 25th Congressional District of Texas.

They voluntarily left their families and put their lives on the line in order to save others. The folks in Houston and south Texas will be forever grateful.

Texas is still recovering and, together, we will be stronger than ever before.

God bless Texas, God bless the first responders, and God bless the United States of America.

In God we trust.

TRIBUTE TO CONGRESSMAN SAM JOHNSON

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

Mr. ARRINGTON. Mr. Speaker, today, I rise to pay tribute to a living legend: my friend and colleague, Congressman SAM JOHNSON.

Recently, we had the opportunity to honor him by renaming the Texas Tech University Vietnam Archive as the SAM JOHNSON Vietnam Archive.

Nobody in the United States Congress enjoys more esteem from his colleagues, on both sides of the aisle, than SAM JOHNSON.

His legacy of service is awe-inspiring. Twenty-nine years in the United States Air Force, combat missions in Korea and Vietnam. Nearly 7 years as a POW, roughly 3 of those years in solitary confinement.

There are many forces in politics that pull us from pillar to post, and many interests that compete for our time and attention. There is one force that drives this man—it is his desire to fight for the future of this country. And there is only one interest, and that is only what is in the best interest of all Americans.

I am grateful to Texas Tech for honoring Congressman JOHNSON's service and sacrifice, and I am proud of the example Sam has set for all of us who serve in the people's House.

□ 1215

CONGRATULATING THE HOUSTON ASTROS WINNING THE WORLD SERIES

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

Ms. JACKSON LEE. Mr. Speaker, good morning, America. What about those Houston Astros?

As Representative of the 18th Congressional District in the great city of Houston, let me thank the Houston Astros for taking a Harvey-worn community to the highest lengths. We had never won the World Series.

Minute Maid is a fine stadium and the L.A. Dodgers were a very fine competitor. Let me thank all of them for the great sportsmanship, the character that was shown.

It shows what America is about. You can be two great adversaries on the battlefield of baseball, but you can still be great friends and colleagues and part of the great American pastime.

Thank you to the mayor, the county government, the State government, all of those fans out there. Thank you to George Springer and Altuve, who caught the final out. Oh, I was so excited.

Congratulations to those southern boys, the boys of the south, the boys of the southwest. They did a great job. Yes, we are the World Series champion, the American League champion. Go, Houston Astros.

Mr. Speaker, I thank you for your kindness. I am so excited. They are great young men.

CONGRATULATIONS TO DAN GLOTZ ON WARREN COUNTY COMMUNITY SERVICE

(Mr. THOMPSON of Pennsylvania asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. THOMPSON of Pennsylvania. Mr. Speaker, I rise today to congratulate Dan Glotz on receiving the 2017 Warren County Chamber of Business and Industry's Community Service Award.

The chamber presents the award annually to an individual who has made significant contributions to the community.

Dan was raised in Warren County and graduated from Warren Area High School, and he currently serves as the Warren County planning director.

He has given his time to numerous community organizations, including the Boy Scouts of America, where he has served in many roles over the years, including Scoutmaster and council commissioner.

Dan is an excellent role model and mentor for scores of young Scouts, and he is involved in many more organizations.

He is a founding partner of Walkable Warren, which is a local initiative to promote healthy lifestyles for people of all ages through established walking and bicycling trails.

Dan is also the games competition coordinator for the Warren County Special Olympics, as well as a cantor at St. Joseph Catholic Church.

These are just some of Dan's community activities.

Mr. Speaker, I congratulate Dan and I thank him for his outstanding service to Warren County.

SUPPORT FOR THE NEW TAX REFORM BILL

(Mr. LAMALFA asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LAMALFA. Mr. Speaker, first, a hearty congratulations to my Texas colleagues from northern California, Giants country. Orange October feels good, doesn't it, especially when you defeat the hated southern California franchise?

Mr. Speaker, I rise today to join my colleagues in support of the new tax reform bill that was released just today by the Ways and Means Committee. This legislation contains many provisions that Congress has been promising the American people a long time: doubling the standard deduction, lowering the corporate tax rate, cutting taxes for small businesses.

That is what these reform measures are about: saving money for millions of Americans and simplifying the act of doing your taxes, as well as creating an environment for American business to thrive and come home and bring the jobs with them here in America and invest in the American economy.

The American people want tax reform, they need tax reform, and they have waited a long time, indeed since 1986. They shouldn't have to wait more years than actually the last time the Dodgers won the World Series to kick start their economy and help American jobs.

Mr. Speaker, we need to make this happen now.

INDIANA DUNES

(Mrs. WALORSKI asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. WALORSKI. Mr. Speaker, I rise today to highlight the recent passage of H.R. 1488, the Indiana Dunes National Park Act, which passed the House unanimously yesterday.

This bill renames the Indiana Dunes National Lakeshore as the Indiana Dunes National Park, creating the first national park in Indiana and the 60th in the country.

The Indiana Dunes are a treasured source of natural beauty where Hoosiers and their families can enjoy countless recreational activities. It is a diverse landscape consisting of dunes, oak savannas, swamps, bogs, marshes, prairies, rivers, and forests, creating one of the most biologically diverse areas in the country. The park contains over 2,000 unique animal and plant species.

Making the Dunes National Lakeshore Indiana's first national park will draw the attention of more Americans from around the country and give them an opportunity to enjoy one of the most beautiful places in our land.

Mr. Speaker, I look forward to this bipartisan bill being quickly passed by the Senate and signed into law by the President.

THE ROLLOUT OF THE TAX REFORM PROPOSAL

(Mr. SHIMKUS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SHIMKUS. Mr. Speaker, today is a big day. I want to congratulate my colleague and friend, Mr. BRADY, the chairman of the Ways and Means Committee, and the committee for the rollout of our tax reform proposal, the first time in over 30 years.

For the individual, what do we get?

We get a fairer, flatter, simpler Tax Code. We are lowering the rates. We are doubling personal exemptions. And guess what. Most Americans will be able to file their tax returns on a postcard.

For corporate America, we get a reduction from 35 percent to 20 percent, which will make us competitive across the world. Most countries in the major industrialized nations tax their corporations at a 20 percent rate.

We will eliminate most every loophole that will deprive special interests of being able to interrupt and intercede in that Tax Code.

For what purpose?

A simple purpose: more money in individuals' pockets, and a growing, thriving economy for all Americans.

Again, I congratulate Chairman BRADY and the Ways and Means Committee. I look forward to seeing quick passage on the floor.

PROVIDING FOR CONSIDERATION OF H.R. 849, PROTECTING SENIORS' ACCESS TO MEDICARE ACT OF 2017

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

call up House Resolution 600 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 600

Resolved, That upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 849) to repeal the provisions of the Patient Protection and Affordable Care Act providing for the Independent Payment Advisory Board. All points of order against consideration of the bill are waived. The amendment in the nature of a substitute recommended by the Committee on Ways and Means now printed in the bill shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto, to final passage without intervening motion except: (1) one hour of debate equally divided among and controlled by the chair and ranking minority member of the Committee on Energy and Commerce and the chair and ranking minority member of the Committee on Ways and Means; and (2) one motion to recommit with or without instructions.

The SPEAKER pro tempore. The gentleman from Texas is recognized for 1 hour.

Mr. BURGESS. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentlewoman from New York (Ms. SLAUGHTER), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

GENERAL LEAVE

Mr. BURGESS. 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. BURGESS. Mr. Speaker, House Resolution 600 provides for the consideration of a bipartisan bill reported by the House Ways and Means Committee and the Energy and Commerce Committee.

The rule provides for 1 hour of debate equally divided and controlled by the chairs and ranking members of the Committee on Energy and Commerce and the Committee on Ways and Means.

The rule adopts the amendment in the nature of a substitute recommended by the Committee on Ways and Means.

Further, the rule waives all points of order and makes in order no further amendments to the legislation. However, the minority is afforded the customary motion to recommit.

Mr. Speaker, on behalf of millions of seniors in my home State of Texas and all across the United States, I am grateful that the House is considering H.R. 849, the Protecting Seniors' Access to Medicare Act of 2017.

This bill has been championed by my good friend from Tennessee, Dr. PHIL ROE, in this Congress and in previous

Congresses. It accomplishes a very simple task: To repeal the unpopular Independent Payment Advisory Board created under the Affordable Care Act.

This repeal has strong bipartisan support in both the Energy and Commerce Committee, on which I serve, and in this entire body.

As of today, there are 270 Republican and Democratic cosponsors to the bill who all agree that the creation of this board was a very bad idea.

More than 800 organizations representing every State support this bill. If I may add, this includes seniors, patient advocacy groups, physician groups, and other healthcare provider organizations.

This board is charged with broad, sweeping powers to reduce Medicare spending when Medicare spending exceeds an arbitrary target.

The board is a panel composed of 15 members appointed by the President, confirmed by the Senate for up to two consecutive 6-year terms. Fewer than half of the Independent Payment Advisory Board members can be healthcare providers, and no one—and this is an important point—on the board may receive outside income. So that means by its very definition that this board is comprised of people who cannot be practicing physicians.

The other members will come from the ranks of think tanks, unions, and academia.

For a panel with so much authority over Medicare spending, there could be little to no clinical expertise amongst the board members.

Is this what Americans really want?

Now, here is some good news. The board has yet to be formed. Hooray for that. According to the 2017 Annual Report on the Boards of Medicare Trustees from the Centers for Medicare and Medicaid Services' Office of the Actuary, the Independent Payment Advisory Board may not be formed until at least 2021, based on the current Medicare spending rate projections.

Well, that is good news to seniors and their doctors and their families, but these projections are just numbers and they can change. In fact, last year the projection was very different, that the Independent Payment Advisory Board would be triggered this year rather than the delay.

The concern of many of us here in the House and hundreds of stakeholders I have heard from is that under the law, the Independent Payment Advisory Board's proposals are required to be implemented by the Secretary of Health and Human Services unless Congress acts by creating its own proposal to achieve the exact same savings or by preventing the automatic implementation process as defined by law.

So what is that process?

The law mandates immediate introduction of legislation encompassing the Independent Payment Advisory Board proposed bills in Congress—

Stop and think about that for a minute. That is not a bill introduced

by a Member of Congress. That is a bill introduced by an outside board. That is a bill introduced by the administration. Let me recapitulate.

The law mandates immediate introduction of legislation encompassing the Independent Payment Advisory Board proposed bills in Congress and establishes strict deadlines for committee and Senate floor consideration, and places limits on the appropriations process.

While Congress is permitted to modify the type of cuts to Medicare, it must achieve identical savings amounts to Medicare spending as contained in the board's plan. The law bars Congress from changing the Independent Payment Advisory Board fiscal targets in any other legislation it considers, and it creates procedures whereby a super majority vote is required in the Senate to waive this requirement.

If the Independent Payment Advisory Board fails to report recommendations or never becomes operational, the Secretary of the Department of Health and Human Services is given the power to implement the cuts unilaterally.

Well, you might think that, then, of course this would be under judicial or administrative review, but the Independent Payment Advisory Board is exempt from administrative or judicial review.

No matter what your views are on the Affordable Care Act, we should all agree that giving this much power to a panel of unelected and unaccountable officials or a Cabinet Secretary, whoever he or she may be in any administration, giving away this much power is simply bad policy. The House shouldn't be for that.

□ 1230

This process is extremely complicated, and maybe that was the intent of the people who wrote the provision creating this board under the Affordable Care Act.

I also fundamentally believe that the Independent Payment Advisory Board infringes on the separation of powers by shifting authority from the legislative to the executive branch. Not only does the creation of this board significantly limit Congress' authority, it eliminates needed transparency from hearings and debate. It eliminates any meaningful opportunity for stakeholder input.

I believe leaving Medicare payment decisions in the hands of those who are unelected and unaccountable, with little congressional oversight, will actually harm seniors' access to quality healthcare.

Congress has played an integral role in shaping policies that best reflect the needs of our districts and our States, and our constituents demand that. That is the reason they sent us here.

Lastly, as a physician, I treasure the doctor-patient relationship. I believe we must do more to honor this relationship and prevent the Federal Government from further eroding this precious commodity.

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

Ms. SLAUGHTER. Mr. Speaker, I yield myself such time as I may con-

sume, and I thank the gentleman for yielding me the customary 30 minutes.

Mr. Speaker, the Independent Payment Advisory Board was created, in fact, by the Affordable Care Act, as we have heard. It will be a 15-member panel composed of Presidentially appointed and Senate-confirmed experts charged with developing proposals to prevent Medicare costs from getting too high. It is about fiscal prudence.

The majority and its allies, however, spread many mistruths about the board. It has even been called a death panel, if you remember that. In reality, nothing could be further from the truth. Its recommendations may not increase cost-sharing premiums or taxes, or reduce benefits. They have no way to do that.

Not a single soul has been nominated to the board. It is not yet instituted as an entity. Today, in the absence of an appointed board, the Secretary of Health and Human Services is directed to submit recommendations to Congress if a trigger is met.

The independent Medicare actuaries predict that this board will not be triggered until at least 2021, 4 years from now.

Mr. Speaker, I think we have to ask: Why are we spending time today, with everything facing us, addressing a problem that could exist 4 years from now? Is the majority so desperate to undermine the Affordable Care Act that they are repealing a panel whose sole purpose is keeping Medicare costs in line?

According to Gallup, 55 percent of the public approves of the healthcare law. They want to see it strengthened, not eviscerated.

In contrast, under the majority's leadership, Congress has an approval rating of just 13 percent.

Should 13 percent be telling 55 percent what they need to do?

Instead, since the majority has so far been unable to repeal it, they are going to undermine it brick by brick. The President is even sabotaging the Affordable Care Act administratively, slashing the budget to publicize the law by 90 percent, and cutting the open enrollment period in half.

In the interest of public service, let me say that the enrollment period started yesterday and continues to December 15. Please go and take care of your health insurance.

What the White House has done is make a direct attempt to cause chaos to weaken signups under the open enrollment period that began this week.

The Kaiser Family Foundation estimated that, as a result of the Affordable Care Act, Medicare growth has been historically low. The growth in healthcare prices is at its lowest level in 50 years. The nonpartisan Congressional Budget Office projected that Medicare growth rates will remain beneath this panel's targets until 2021, hence the reason for not doing a panel for 4 more years.

It is really too bad that this Congress and the majority insist on sabotaging

the Affordable Care Act, chipping away at its benefits. We should be strengthening it. Remember that every President since Theodore Roosevelt just about has tried to do a healthcare bill like the one that we have today. Perhaps just because Barack Obama did it that there is so much problem with it in the majority.

There is a bipartisan Senate bill crafted by Senator ALEXANDER and Senator PATTY MURRAY that the non-partisan Congressional Budget Office found last week would save money, stabilize the insurance marketplace, and reduce the debt by \$3.8 billion. That is all without anyone losing their insurance.

Why won't we take up that bill?

We never get an answer for that question.

What is it about trying to take healthcare away from poor people or that we won't put a bill on the floor that has all the advantages and savings that we know and that is totally bipartisan? Is it because the majority knows it will pass?

Our Nation has urgent problems. Our infrastructure is crumbling, education costs skyrocket so high so fast that it is unattainable to many students. We desperately need to stabilize our health insurance markets by passing the compromise by Senators ALEXANDER and MURRAY. That is what we should be doing here today.

There are Members on both sides of the aisle who want to see improvements to the board, but that is not what the bill does. It terminates it altogether. It is the wrong approach at definitely the wrong time.

Regardless of what you think about this board, we should be able to agree that this Congress has more important things to do than address a problem that might not exist for 4 years, if at all.

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

Mr. BURGESS. Mr. Speaker, I yield 5 minutes to the gentleman from Tennessee (Mr. ROE), the chief sponsor of the bill.

Mr. ROE of Tennessee. Mr. Speaker, I rise today in support of the rule for my bill, H.R. 849, the Protecting Seniors' Access to Medicare Act of 2017.

Mr. Speaker, this bill would repeal the Independent Payment Advisory Board, or IPAB, which was created solely as a cost containment mechanism as part of the Affordable Care Act. It has nothing to do about quality of care or access to care. I can't think of anything more important, Mr. Speaker, that this Congress should be doing than providing quality care and access to care for our senior citizens of this country, some 58 million of them.

Whatever your feelings may be about the ACA, this provision has had strong bipartisan opposition from its beginning, and it was not contained in the House Democrat's version of the bill, but was jammed in by the Senate at the end.

If you still need convincing on just how unpopular this provision of the law is, ask yourself: How often do we see a bill come to the floor under a rule that has 270 bipartisan cosponsors?

Passing this bill will send a strong message to our Senate colleagues that the time to act is now.

Mr. Speaker, the overwhelming bipartisan support for Members is only outdone by the overwhelming nationwide coalition of support.

Mr. Speaker, I include in the RECORD a letter from the Protect My Doctor and Me coalition, a letter that has been signed by nearly 800 groups representing patients, providers, and all sectors of the healthcare industry with support in all 50 States.

SEPTEMBER 6, 2017.

DEAR MEMBER OF CONGRESS: The undersigned organizations—representing Medicare beneficiaries and patients, all sectors of the healthcare industry as well as employers and other purchasers of health care—believe strongly that the Medicare program must protect patient access to quality healthcare. The Independent Payment Advisory Board (IPAB), a provision of the Patient Protection and Affordable Care Act (PPACA), not only poses a threat to that access but also, once activated, will shift healthcare costs to consumers in the private sector and infringe upon the decisionmaking responsibilities and prerogatives of the Congress. We request your support to repeal IPAB.

IPAB, as constructed under PPACA, is a board comprised of Presidential appointees who will be charged with making recommendations to cut Medicare expenditures if spending growth reaches an arbitrary level. Once the Secretary of Health and Human Services (HHS) implements an IPAB recommendation, that action is not subject to administrative or judicial review. As constructed, IPAB is granted unprecedented powers—even the ability to change laws previously enacted by Congress—with virtually no oversight.

The potential impact of this board causes deep concern among our organizations and the millions of Americans we represent. IPAB proponents suggest that the board will be an asset in developing needed healthcare delivery reforms. That goal, however, is not realistically achievable. The law requires IPAB to achieve scoreable savings within a one-year time period. Thus, instead of pursuing long-term reforms that may not achieve immediate savings, IPAB is more likely to consider short-term savings in the form of payment cuts for healthcare providers. This was, in fact, the conclusion of the Congressional Budget Office, which stated that IPAB is most likely to focus on payment rates or methodologies for services provided by non-exempt providers.

This would be devastating for patients, affecting access to care and innovative therapies. Already, the number of physicians unable to accept new Medicare patients due to low reimbursement rates has been increasing over the past several years. IPAB-generated payment reductions would only increase the access difficulties faced by too many Medicare beneficiaries. Furthermore, payment reductions to Medicare providers will almost certainly result in a shifting of health costs to employers and consumers in the private sector.

Under IPAB's provisions, the responsibility for enacting healthcare system changes of this magnitude would be transferred from the legislative branch to the executive. More specifically, an unelected board without ade-

quate oversight or accountability would be taking actions historically reserved for the public's elected representatives in the U.S. House and Senate. This is an unacceptable decisionmaking process for a program that millions of our nation's seniors and individuals with disabilities rely upon.

Moreover, if IPAB does not act within the law's required timeframe or if IPAB members are not appointed by the President or confirmed by the Senate, the law transfers IPAB's responsibilities solely to the HHS Secretary. This places an enormous degree of power in the hands of one unelected individual.

We strongly support bringing greater cost-efficiency to the Medicare program. We also advocate continuing efforts to improve the quality of care delivered to Medicare beneficiaries.

The Independent Payment Advisory Board will achieve neither of these objectives and will only weaken, not strengthen, a program critical to the health and well-being of current and future beneficiaries. We urge Congress to eliminate the IPAB provision.

Sincerely,

1 in 9: The Long Island Breast Cancer Action Coalition; 60 Plus Alabama; 60 Plus Association; A Partnership of Diabetics; Abbott; Actelion Pharmaceuticals; Action CF; ADAP Advocacy Association (aaa+); AdvaMed—the Advanced Medical Technology Association; Advocacy Council of ACAAI; Advocates for Responsible Care (ARxC); AIDS Alliance for Women, Infants, Children, Youth & Families; AIDS Community Research Initiative of America; AIDS CT; AIDS Foundation of Chicago; AIDS Outreach Montana; AIDS Resource Center Ohio; AIDS Response Seacoast; AIDS Services for the Monadnock Region; Alabama ACEP.

Alabama Association of Ambulatory Surgery Centers; Alabama Council of Community Mental Health Boards; Alabama Hospital Association; Alabama Lifespan Respite Resource Network; Alabama Podiatric Medical Association; Alabama Society for Clinical Social Work; Alabama Society for the Rheumatic Diseases; Alaska Behavioral Health Association; Alaska ACEP; Alaska Rheumatology Alliance; Alaska State Medical Association; Alliance for Patient Access; Alliance of Specialty Medicine; Alzheimer's & Dementia Alliance of Wisconsin; Alzheimer's Arkansas; Alzheimer's Association—Capital of Texas Chapter; Alzheimer's Texas; American Academy of Allergy, Asthma & Immunology; American Academy of Dermatology Association; American Academy of Facial Plastic and Reconstructive Surgery.

American Academy of Neurology; American Academy of Ophthalmology; American Academy of Otolaryngology-Head and Neck Surgery; American Academy of Physical Medicine & Rehabilitation; American Association for Hand Surgery; American Association for Pediatric Ophthalmology and Strabismus; American Association of Clinical Endocrinologists; American Association of Clinical Urologists; American Association of Hip and Knee Surgeons; American Association of Neurological Surgeons; American Association of Oral and Maxillofacial Surgeons; American Association of Orthopaedic Surgeons; American Autoimmune Related Diseases Association; American Behcet's Disease Association; American College of Allergy, Asthma & Immunology; American College of Cardiology; American College of Emergency Physicians (ACEP); American College of Mohs Surgery; American College of Osteopathic Family Physicians; American College of Osteopathic Surgeons.

American College of Radiology; American College of Rheumatology; American College of Surgeons; American Congress of Obstetricians & Gynecologists; American Congress of

Obstetricians & Gynecologists, Oklahoma Chapter; American Gastroenterological Association; American Glaucoma Society; American Kidney Fund; American Liver Foundation; American Liver Foundation Pacific Coast Division; American Medical Association; American Military Society; American Nurses Association; American Orthopaedic Foot and Ankle Society; American Orthopaedic Society for Sports Medicine; American Osteopathic Academy of Orthopedics; American Osteopathic Association; American Osteopathic College of Rheumatology; American Physical Therapy Association; American Podiatric Medical Association.

American Shoulder and Elbow Surgeons; American Society for Dermatologic Surgery Association; American Society for Mohs Surgery; American Society for Surgery of the Hand; American Society of Anesthesiologists; American Society of Cataract and Refractive Surgery; American Society of Echocardiography; American Society of Nuclear Cardiology; American Society of Ophthalmic Administrators; American Society of Ophthalmic Plastic and Reconstructive Surgery; American Society of Plastic Surgeons; American Spinal Injury Association; American Urological Association; American Uveitis Society; AmerisourceBergens; Amgen; AMN Healthcare; Arizona Bioindustry Association (AZBio); Arizona College of Emergency Physicians; Arizona Radiological Society.

Arizona United Rheumatology Alliance; Arizona Urological Society; Arkansas Chapter ACEP; Arkansas Medical Society; Arkansas Ophthalmological Society; Arkansas Orthopaedic Society; Arkansas Podiatric Medical Association; Arkansas Rheumatology Association; Arthritis Foundation; Arthritis Foundation South Central Region; Arthroscopy Association of North America; Ascension; Association of Black Cardiologists; Association of University Professors in Ophthalmology; Asthma and Allergy Foundation of America; Asthma and Allergy Foundation of America, New England Chapter; Atrius Health; Austin Radiological Association; BEACON—Biomedical Engineering Alliance & Consortium; Better Medicare Alliance.

Bingham County Senior Center; Bio Nebraska Life Sciences Association; BioBuzz Workforce Foundation; Biocom; BioFlorida; BIOForward; BioHouston; BioKansas; BioNJ; BioNorthTX; BioOhio; Bioscience Association of West Virginia; Biotechnology Industry Organization (BIO); BioUtah; Birmingham Neurosurgery and Spine Group, PC; Brain Injury Alliance of Oregon; Brain Injury Association of Nebraska; California Academy of Eye Physicians and Surgeons; California ACEP; California Asian Pacific Chamber of Commerce; California Association of Health Facilities; California Association of Neurological Surgeons, Inc.; California Chronic Care Coalition.

California Health Collaborative, California Hepatitis C Task Force; California Life Sciences Association—CLSA; California Medical Association California Orthopaedic Association; California Podiatric Medical Association; California Rheumatology Alliance; California Senior Advocates League; California Society for Cardiac Rehabilitation; California Urological Association; Cambridge Chamber of Commerce; Campbell Clinic; Caregiver Action Network; Center for Health Care Services; Center for Healthcare Innovation; Center of Health Engagement; Central Coast Medical Society; Central Florida Behavioral Health Network; Centro de mi Salud; Cervical Spine Research Society.

Charleston Parkinson's Support Group; Chattanooga-Hamilton County Medical Society; Chemed Corporation; Citrus Council

NKFF; City of New Orleans; Cleveland Clinic; CNY HIV Care Network; COAAA; Coalition of Asian-American IPA; Coalition of State Rheumatology Organizations (CSRO); Colon Cancer Alliance; Colorado BioScience Association; Colorado Cross-Disability Coalition; Colorado Gerontological Society; Colorado Medical Society; Colorado Podiatric Medical Association; Colorado Radiological Society; Colorado Rheumatology Association; Colorado Society of Eye Physicians & Surgeons; Colorado's Insurance Consultant, LLC.

Communicating for America, Inc.; Community Access National Network (CANN); Community Health Action Network; Community Health Charities of Nebraska; Community Liver Alliance; Community Oncology Alliance; Congress of Neurological Surgeons; Connecticut Orthopaedic Society; Connecticut Podiatric Medical Association; Council for Affordable Health Coverage; Council of State Neurosurgical Societies; CPEM, Inc; Crohn's & Colitis Foundation of America, Georgia Chapter; CSRA Area Agency on Aging; Delaware Academy of Ophthalmology; Delaware Ecumenical Council on Children and Families; Delaware HIV Consortium; Dia de la Mujer Latina; Easter Seals; Easter Seals Central and Southeast Ohio Inc.

Easter Seals Central Texas; Easter Seals Iowa; Easter Seals Massachusetts; Easter Seals Nebraska; Easter Seals North Georgia; Easter Seals of Southeastern PA; Eastern Orthopaedic Association; EDSers United Foundation; Eisai Inc.; Eli Lilly and Company; ELLAS; Emergency Department Practice Management Association; Enchantment Healthcare; Endometriosis Association; Enterpriser Family Healthcare; Epilepsy Association of the Big Bend; Epilepsy Foundation of Greater Chicago; Epilepsy Foundation of Greater Southern Illinois; Epilepsy Foundation of Hawaii; Epilepsy Foundation of San Diego County.

Epilepsy Foundation of Western Wisconsin; Familia Unida Living with MS; FCEP Florida College of Emergency Physicians; Federation of American Hospitals; Federation of Families for Children's Mental Health—CO Chapter; First Step House; Fleet Reserve Association; Florida Allergy, Asthma & Immunology Society; Florida Neurosurgical Society; Florida Orthopaedic Society; Florida Osteopathic Medical Association; Florida Partners in Crisis; Florida Podiatric Medical Association; Florida Society of Dermatology and Dermatologic Surgery; Florida Society of Rheumatology; Florida State Hispanic Chamber of Commerce; Friends of Our Lady of Good Counsel; Geaux Group; Georgia Bio; Georgia College of Emergency Physicians.

Georgia Commission on Women; Georgia Neurosurgical Society; Georgia Orthopaedic Society; Georgia Osteoporosis Initiative; Georgia Podiatric Medical Association; Georgia Society of Clinical Oncology;

Georgia Society of Dermatology and Dermatological Surgery; Georgia Society of Ophthalmology; Georgia Society of Rheumatology; Georgia Women's Institute; Global Genes; Global Healthy Living Foundation; Global Liver Institute; Granite State Taxpayers; Greater North Dakota Chamber; Greater Providence Chamber of Commerce; H.E.A.L.S of the South (Hepatitis Education, Awareness and Liver Support); Hawaii ACEP; Hawaii Independent Physicians Association; Hawaii Medical Association.

Hawaii Podiatric Medical Association; Health Agents for America, Inc. (Hafa); Healthcare Innovation Exchange; HealthCare Institute of New Jersey (HINJ); Healthcare Leadership Council; HealthHIV; Healthy African American Families; Hispanic CREO; Home Care Association of Washington; Hopkins County Memorial Hospital; ICAN, Inter-

national Cancer Advocacy Network; Idaho Association of Nurse Anesthetists; Idaho Medical Association; Idaho Orthopaedic Association; Idaho Orthopaedic Society; Idaho Osteopathic Physicians Association; Idaho Podiatric Medical Association; Idaho State Dental Association; Illinois Biotechnology Innovation Organization; Illinois College of Emergency Physicians.

Illinois Manufacturers' Association; Illinois Neurological Institute; Illinois Podiatric Medical Association; Illinois Society of Eye Physicians & Surgeons; Illinois State Ambulance Association; Illinois State Medical Society; INACEP; Independent Medical Providers Action Council; Indiana Academy of Ophthalmology; Indiana Health Industry Forum; Indiana Medical Device Manufacturers Council; Indiana Neurosurgical State Society; Indiana Podiatric Medical Association; Indiana State Medical Association; Indiana University Health, Inc.; Infectious Diseases Society of America; Insight Human Services; Integral Rheumatology and Immunology Specialists (IRIS); International Foundation for Autoimmune Arthritis; International Institute of Human Empowerment.

International Society for the Advancement of Spine Surgery; ION Solutions; Iowa Academy of Ophthalmology; Iowa ACEP; Iowa Biotechnology Association; Iowa Orthopaedic Society; Iowa Osteopathic Medical Association; Iowa Podiatric Medical Society; Iowa State Grange; J. Robert Gladden Orthopaedic Society; JobKeeper Alliance; Johnson & Johnson; Julian CNA Training School; Kansas Association of Osteopathic Medicine; Kansas Orthopaedic Society; Kansas Podiatric Medical Association; Kansas Rheumatology Alliance; Kansas Society of Eye Physicians & Surgeons; Kansas Urological Association; Kendall Square Association.

Kentuckiana Rheumatology Alliance; Kentucky Academy of Eye Physicians and Surgeons; Kentucky ACEP; Kentucky Chamber of Commerce; Kentucky Life Sciences Council; Kentucky Medical Association; Kentucky Psychiatric Medical Association; Kidney Cancer Association; Kidney Care Partners; Latin American Chamber of Commerce; Latino Commission on AIDS; Latino Diabetes Association; Licensed Professional Counselors Association; Life Science Tennessee; Life Sciences Greenhouse of Central PA; Life Sciences Pennsylvania; Limb Lengthening and Reconstruction Society; Louisiana Alumni, Sigma Kappa GNO; Louisiana Association of Neurological Surgeons; Louisiana Liberty 64.

Louisiana Lifespan Respite Coalition; Louisiana Orthopaedic Association; Louisiana Podiatric Medical Association; Louisiana Womens' Network; Lower New York Chapter, The American Association of Clinical Endocrinologists; Lupus Alliance of Long Island/Queens; Lupus Alliance of Upstate New York; Lupus and Allied Diseases Association;

Lupus Foundation New England; Lupus Foundation of America; Lupus Foundation of America, DC/MD/VA Chapter; Lupus Foundation of Arkansas, Inc.; Lupus Foundation of Colorado; Lupus Foundation of Florida, Inc.; Lupus Foundation of Northern California; Lupus Foundation of PA; Lupus Foundation of Southern California; Lupus LA; Lupus Society of Illinois; MA Health Council.

MACEP—Massachusetts College of Emergency Physicians; Maine ACEP; Malecare Cancer Support; Mallinckrodt Pharmaceuticals; Manufacture Alabama; Maryland Chapter American College of Emergency Physicians; Maryland Orthopaedic Association; Maryland Society of Eye Physicians and Surgeons; Massachusetts Association for Mental Health, Inc; Massachusetts, Maine, and New Hampshire Rheumatology Association; Massachusetts Medical Device Industry

Council (MassMEDIC); Massachusetts Medical Society; Massachusetts Orthopaedic Association; Massachusetts Society of Eye Physicians and Surgeons; MassBio; Maxim Healthcare Services; Maxima Home Health LLC; Meals on Wheels North Carolina; MedChi, The Maryland State Medical Society; Medical Alley.

Medical Association of Georgia; Medical Association of the State of Alabama; Medical Device Manufacturers Association (MDMA); Medical News; Medical Oncology Association of Southern California; Medical Society of New Jersey; Medical Society of the State of New York; Medical University of South Carolina (MUSC); MedTech Association; MemorialCare Health System; Mended Hearts; Men's Health Network; Mental Health America of Montana; Mental Health Systems; Merck; Metropolitan Milwaukee Association of Commerce; Michigan Association of Neurological Surgeons; Michigan Association of Osteopathic Family Physicians; Michigan Biosciences Industry Association—MichBio; Michigan Chamber of Commerce.

Michigan College of Emergency Physicians; Michigan Lupus Foundation; Michigan Orthopaedic Society; Michigan Osteopathic Association; Michigan Rheumatism Society; Michigan Society of Eye Physicians and Surgeons; Minnesota Academy of Ophthalmology; Minnesota Chapter ACEP; Minnesota Medical Association; Minnesota Neurosurgical Society; Minnesota Organization of Registered Nurses; Minnesota Orthopaedic Society; Minnesota State Grange; Mississippi Academy of Eye Physicians and Surgeons; Mississippi Osteopathic Medical Association; Mississippi Society of Eye Physicians and Surgeons; Mississippi State Medical Association; Missouri Ambulance Association; Missouri Association of Rural Health Clinics; Missouri Biotechnology Association.

Missouri Chamber of Commerce and Industry; Missouri Hospital Association; Missouri State Medical Association; Missouri Urological Society; MoCEP—Missouri College of Emergency Physicians; Montana ACEP; Montana BioScience Alliance; Montana Chamber of Commerce; Montana Medical Association; Montana Orthopedic Society; Multiple Sclerosis Resources of Central New York, Inc; Musculoskeletal Tumor Society; NAMI—Sheridan; NAMI Alabama; NAMI Anchorage; NAMI Buffalo & Erie County; NAMI Clackamas; NAMI Florida; NAMI Greater Des Moines; NAMI Hernando.

NAMI Illinois; NAMI Indiana; NAMI Iowa; NAMI Kansas; NAMI Knox Licking County Ohio; NAMI Lewis County; NAMI Maine; NAMI Maryland; NAMI Mass; NAMI Minnesota; NAMI Montana; NAMI Nebraska; NAMI Nevada; NAMI New Mexico; NAMI North Carolina; NAMI North Dakota; NAMI Northern Nevada; NAMI Ohio; NAMI Rochester; NAMI Sioux Falls.

NAMI Skagit; NAMI Stark County; NAMI Upper Valley Idaho; NAMI Virginia; NAMI Washington; NAMI York County; NASW Texas Chapter; National Alliance on Mental Illness; National Alliance on Mental Illness of Central Suffolk; National Alliance on Mental Illness of Park County, WY; National Association for Home Care & Hospice; National Association for Uniformed Services; National Association of Hepatitis Task Forces; National Association of Manufacturers; National Association of Nutrition and Aging Services Programs (NANASP); National Association of Social Workers—NC Chapter; National Association of Social Workers—Virginia Chapter; National Association of Spine Specialists; National Center for Policy Analysis; National Coalition for LGBT Health.

National Council for Behavioral Health; National Council of Asian Pacific Islander

Physicians; National Fibromyalgia & Chronic Pain Association; National Grange; National Hispanic Medical Association; National Minority Quality Forum; National Psoriasis Foundation; National Retail Federation; National Rural Health Association; National Spasmodic Torticollis Association; NCCEP North Carolina College of Emergency Physicians; NC State Grange; Nebraska Medical Association; Nebraska Rural Health Association; Nebraska State Grange; Nebraska Taxpayers for Freedom; Neuro Network Partners; Neurofibromatosis, Inc. Mid-Atlantic; Neurosurgical Society of Kentucky; Nevada Academy of Ophthalmology.

Nevada Chapter ACEP; Nevada Health Care Association; Nevada Orthopaedic Society; New England Biotech Association; New Jersey Academy of Ophthalmology; New Jersey Association of Mental Health and Addiction Agencies, Inc.; New Jersey Chapter ACEP; New Jersey Mayors Committee on Life Science; New Jersey Orthopaedic Society; New Jersey Rheumatology Association; New Jersey State Nurses Association; New Mexico Biotechnology & Biomedical Association (NMBio); New Mexico Association of Nurse Anesthetists; New Mexico Chapter ACEP; New Mexico Health Care Association; New Mexico Podiatric Medical Association; New York ACEP; New York Regional Society of Plastic Surgeons; New York State Neurological Society; New York State Ophthalmological Society.

New York State Rheumatology Society; New York State Society of Orthopaedic Surgeons, Inc.; New York State Society of Plastic Surgeons, Inc.; New York State Urological Society; NHACEP; North American Neuro-Ophthalmology Society; North Carolina Alliance for Retired Americans; North Carolina Biosciences Organization; North Carolina Chamber; North Carolina Foot & Ankle Society; North Carolina Psychological Association; North Carolina Rheumatology Association; North Carolina Society of Eye Physicians and Surgeons; North Dakota Chapter ACEP; North Dakota Medical Association; North Dakota Podiatric Medical Association; North Dakota Society of Eye Physicians and Surgeons; North Macon Family Healthcare Associates; Northeast Kidney Foundation; Northern Utah Coalition, Inc.

Northwest Urological Society; Novartis Pharmaceuticals Corporation; Occasional Riot; Ogden Branch of the NAACP; Ohio ACEP; Ohio Association of County Behavioral Health Authorities; Ohio Association of Medical Equipment Services; Ohio Association of Rheumatology; Ohio Chamber of Commerce; Ohio Council for Home Care and Hospice; Ohio Foot and Ankle Medical Association; Ohio Jewish Communities;

Ohio Orthopaedic Society; Ohio Osteopathic Association; Ohio State Grange; Ohio Veterans United; OKBio; Oklahoma Academy of Ophthalmology; Oklahoma ACEP; Oklahoma Association of Nurse Anesthetists.

Oklahoma Osteopathic Association; Oklahoma Podiatric Medical Association, Inc.; Oklahoma Society of Anesthesiologists; Oklahoma Society of Oral and Maxillofacial Surgeons; Oklahoma State Medical Association; ONEgeneration; Oregon Academy of Ophthalmology; Oregon Chapter of American College of Emergency Physicians; Oregon Medical Association; Oregon Neurosurgical Society; Oregon Podiatric Medical Association; Oregon Rheumatology Alliance; Oregon Society of Anesthesiologists; Oregon Urological Society; Orthopaedic Research Society; Orthopaedic Society of Oklahoma; Orthopaedic Trauma Association; Osteopathic Physicians & Surgeons of California; Pacific Northwest Chapter of TRIO; PA Prostate Cancer Coalition.

Partnership to Fight Chronic Disease; PCA Blue Inc.; Pediatric Orthopaedic Society of

North America; Pennsylvania Chamber of Business and Industry; Pennsylvania College of Emergency Physicians; Pennsylvania Neurosurgical Society; Pennsylvania State Grange; Perennial Services Network; Pfizer; Pharmaceutical Care Management Association; Philadelphia Rheumatism Society; PhRMA; Plaza Community Services; Premier healthcare alliance; Prescription Assistance Network of Stark County, Inc; Prevent Blindness Iowa; Prevent Blindness, Ohio Affiliate; Progressive Democrats of Central New Mexico; Progressive Leaders of Louisiana; Prostate Health Education Network.

Radiology Associates of Macon; Rainy Day Patriots; Respiratory Health Association; RetireSafe; Rheumatism Society of the District of Columbia; Rheumatology Alliance of Louisiana; Rheumatology Association of Iowa; Rheumatology Association of Minnesota and the Dakotas; Rheumatology Association of Nevada; Rheumatology Society of North Texas; Rhode Island Chapter ACEP; Rhode Island Medical Society; Rhode Island Society of Eye Physicians and Surgeons; Rhode Island Tech Collective; Rio Grande Valley Diabetes Association; RIPMA; Rocky Mountain Stroke Center; RTI Surgical Inc.; Rush To Live; SAGE Utah.

Saint Agnes Healthcare; Salud U.S.A.; Sandhills Adult Day Health Center, Inc.; San Diego County Podiatric Medical Association; Sanofi US; SC Podiatric Medical Association (SCPMA); Scoliosis Research Society; Sea Island Pediatrics; Senior Connections, The Capital Area Agency on Aging; Seniors Golden Hammer; Seniors Hospitality Center / Bonners Ferry Senior Center; Sickle Cell Disease Association of Florida; Sjögren's and Lupus Foundation of Hawaii; Sjögren's Syndrome Foundation; Small Business & Entrepreneurship Council; Smile Community Action Partnership; Society of Academic Urologists; Society for Cardiovascular Angiography and Interventions; Society for Vascular Surgery; Society of Military Orthopaedic Surgeons.

Society of Urologic Oncology; Solidarity Project Advocacy Center; South Carolina BIO; South Carolina Hospital Association; South Carolina Medical Association; South Carolina Medical Group Management Association (SCMGMA); South Carolina Nurses Association; South Carolina Orthopaedic Association; South Carolina Rheumatism Society; South Carolina Society of Ophthalmology; South Carolina Urological Association; South Dakota Biotech; South Dakota State Medical Association; South Dakota State Orthopaedic Society; South Florida Cancer Association; Southern Orthopaedic Association; State Chamber of Oklahoma; State of Texas Association of Rheumatologists; State of Texas Kidney Foundation; Statewide Independent Living Council of Hawaii.

StopAfib.org; Suicide Awareness Voices of Education; Sunovion Pharmaceuticals Inc.; Survivors Cancer Action Network; Takeda Pharmaceuticals, USA Inc.; TCEP Texas College of Emergency Physicians; Tech Council of Maryland; Tennessee Association of Long Term Care Physicians; Tennessee Geriatrics Society; Tennessee Hemophilia and Bleeding Disorders Foundation; Tennessee Medical Association; Tennessee Orthopaedic Society; Tennessee Rheumatology Society; Texas Association for Home Care and Hospice; Texas Association of Business; Texas Association of Neurological Surgeons; Texas BioAlliance; Texas Health Resources; Texas Healthcare and Bioscience Institute; Texas Life Sciences Collaboration Center.

Texas Medical Association; Texas Neurological Society; Texas Nurse Practitioners; Texas Orthopaedic Association; Texas Osteopathic Medical Association; Texas Pain Society; Texas Radiological Society; Texas State

Grange; The AIDS Institute; The Arc in Hawaii; The Arc of Anchorage; The Benefits Consultancy; The Jewish Federations of North America; The Macula Society; The Marilyn Fagan Ovarian Cancer Patient Advocacy Program (ICAN-Hawaii); The Meeting Group, Inc.; The Michael J. Fox Foundation for Parkinson's Research; The National Association of Catholic Nurses—U.S.A.; The National Catholic Bioethics Center; The New England Council.

The New Mexico Association for Home and Hospice Care; The Retina Society; The Surgery Center of Huntsville; The US Oncology Network; The Vision Care Center; The Wall Las Memorias Project; Twin Falls Senior Center; U.S. Chamber of Commerce; U.S. Pain Foundation; Union Pacific Railroad Employees Health Systems; Urban Pain Institute; Utah Advocates; Utah Medical Association; Utah Podiatric Medical Association; Utah Pride Center; Utah State Orthopedic Society; Utah Support Advocates for Recovery Awareness; Vermont Medical Society; Vermont State Association of Osteopathic Physicians & Surgeons, Inc.; Veterans Health Council; Vietnam Veterans of America.

Vietnamese Social Services of Minnesota; Virginia Bio; Virginia Chamber of Commerce; Virginia Hispanic Chamber of Commerce; Virginia Podiatric Medical Association; Virginia Society of Eye Physicians and Surgeons; Visiting Nurse Association; Visiting Nurse Association of Ohio; VITAS Healthcare; Vizient, Inc.; Washington ACEP; Washington Biotechnology & Biomedical Association; Washington Rheumatology Alliance; Washington Rural Health Association; Washington State Medical Association; Washington State Orthopaedic Association; Washington State Podiatric Medical Association; Washington State Prostate Cancer Coalition; Washington State Urology Society; Wellness and Education Community Action Health Network; Wellness Station.

West Virginia Academy of Eye Physicians & Surgeons; West Virginia Academy of Otolaryngology—Head and Neck Surgery, Inc.; West Virginia Orthopaedic Society; West Virginia State Rheumatology Society; Western Orthopaedic Association; Western Section of the American Urological Association; Wisconsin Academy of Nutrition and Dietetics; Wisconsin Academy of Ophthalmology; Wisconsin Association of Osteopathic Physicians & Surgeons (WAOPS); Wisconsin Hospital Association; Wisconsin Manufacturers & Commerce; Wisconsin Medical Society; Wisconsin Rheumatology Association; Wisconsin State Grange.

Wound Care Clinic—ESU; WPMA—Wisconsin Podiatric Medical Association; Wyoming Chapter American College Emergency Physicians; Wyoming Epilepsy Association; Wyoming Medical Society; Wyoming Ophthalmological Society; ZERO—The End of Prostate Cancer.

Mr. ROE of Tennessee. Mr. Speaker, let me just read one paragraph:

"IPAB, as constructed under PPACA, is a board comprised of Presidential appointees who will be charged with making recommendations to cut Medicare expenditures if spending growth reaches an arbitrary level. Once the Secretary of Health and Human Services implements an IPAB recommendation, that action is not subject to administrative or judicial review. As constructed, IPAB is granted unprecedented powers—even the ability to change laws previously enacted by Congress—with virtually no oversight." Peter Orszag, President Obama's Office

of Management and Budget Director, said it was the largest transfer of power from the legislative branch to a bureaucratic branch since the Federal Reserve, and that is a mouthful.

Democrats and Republicans may not always agree on how to get things done around here, but when you can bring 270 House Members together on one bill, it is pretty clear that something needs to be done immediately.

We were lucky this summer that the Medicare trustees report indicated that IPAB would not trigger until 2021 or 2022, but our back is against the wall and we must act. We cannot afford to let 15 unelected, unaccountable bureaucrats make decisions for our Nation's 58 million Medicare enrollees with no checks from Congress.

Mr. Speaker, I urge my colleagues to support this.

I refer also to a bipartisan letter I signed on December 17, 2009, that was written to the Speaker of the House at that time, NANCY PELOSI, which said the following:

"Finally, as the people's elected representatives, we must oppose any proposal to create a board that would surrender our legislative authority and responsibility for a Medicare program to unelected, unaccountable officials within the very same branch of government that is charged with implementing the Medicare policies that affect so many Americans."

Mr. Speaker, I urge my colleagues to support this rule and support the final passage because that will show the American people you stand with America's seniors.

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. DUNN), who is also a physician.

Mr. DUNN. Mr. Speaker, I thank my friend for yielding me time.

Mr. Speaker, I rise in support of Protecting Seniors' Access to Medicare Act, sponsored by my colleague and fellow physician, Representative ROE.

ObamaCare's establishment of the Independent Payment Advisory Board, or IPAB, is perhaps the most insidious part of the Affordable Care Act.

With IPAB, 15 unelected bureaucrats would be in power to make health coverage decisions for 55 million Americans who are Medicare beneficiaries. Care would be rationed, physicians like myself would be unable to pursue the course of treatment we think is appropriate for our patients, seniors would lose access to the best care, all without any input from Congress or any accountability to voters.

With all of the divisiveness that we see in Washington, the IPAB repeal bill we consider today is genuinely bipartisan. Mr. Speaker, I urge my colleagues to give an overwhelming bipartisan vote and show the country we are serious about keeping our promises to our seniors.

Mr. BURGESS. Mr. Speaker, I yield myself 1½ minutes.

Mr. Speaker, I did want to delineate the membership of this board, as is

outlined in the Affordable Care Act. The board will be appointed by the President with the advice and consent of the Senate, with the advice and consent of the Secretary or the Administrator of the Centers for Medicare and Medicaid Services, and the Administrator of the Health Resources and Services Administration. All of those individuals will serve as ex officio non-voting members. But here are the qualifications for the actual board:

"The appointed membership of the board shall include individuals with national recognition for their expertise in health finance and economics, in actuarial science, health facility management, health plans, and integrated delivery systems, and reimbursement of healthcare facilities. . . ."

Missing from that picture, of course, are the people who actually provide the care to people who are involved in that doctor-patient relationship. Almost as an afterthought, here at the end of that paragraph, "allopathic and osteopathic physicians."

The other aspect is that no member of the board can receive outside income. That may be a good idea, but that guarantees there will not be a practicing physician on that board. I think that is a significant oversight.

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

Ms. SLAUGHTER. Mr. Speaker, I yield myself 1 minute.

Mr. Speaker, I am very troubled by this. I don't want to insult my learned colleagues, but it plainly says in the legislation that IPAB cannot ration healthcare, cannot raise taxes or increase deductibles and copayments. Under the current law, section 1899A, 42 U.S.C. clearly states: "The proposal shall not include any recommendation to ration healthcare; raise revenues or Medicare beneficiary premiums; increase the cost sharing, including deductibles, coinsurance, and copayments; or otherwise restrict benefits or modify eligibility criteria."

□ 1245

I regret I have to do that, because it is a direct contradiction of what my good friends on the other side have told the country and what I assume that they believe.

Mr. Speaker, Russia interfered with our 2016 election. That much is clear from special counsel Mueller's investigation, which led to indictments against two Trump campaign aides. The legitimacy of our electoral system is at stake, and it is time the Republican-controlled Congress sets aside the partisan politics and treats this threat with the gravity it deserves.

If we defeat the previous question, I will offer an amendment to the rule to bring up Representative SWALWELL and Representative CUMMINGS' bill, which would create a bipartisan commission to investigate the Russian interference in the 2016 election.

Mr. Speaker, I ask unanimous consent to insert the text of the amendment in the RECORD, along with extraneous material, immediately prior to the vote on the previous question.

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

There was no objection.

Ms. SLAUGHTER. Mr. Speaker, one of the worst political stories I have heard in my lifetime is what we just talked about, the “death panel,” what it is going to do, even though it is prohibited by the written law to do the things that it has been accused of being able to do. Most of that, PolitiFact talked about the death panel part of it and said that that was the 2009 lie of the year. But here we are, 8 years later, and we keep hearing mistruths about the panel and its intent. The board is about keeping Medicare growth in line, nothing more, nothing less.

So let’s be honest about what the bill really is about: attacking the Affordable Care Act. Regardless of what you think about the Independent Payment Advisory Board, the Nation has immediate problems today that deserve our attention, from healthcare to education, to infrastructure.

We should not be taking this valuable House time talking about a board that may or may not come into existence 4 years from now. That is not what we need to deal with today. So I urge a “no” vote on the previous question and the rule.

I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, ObamaCare was packed full of provisions that took power and healthcare choices away from the American people. One of the most egregious examples of ObamaCare’s overreach is the Independent Payment Advisory Board, IPAB.

The architects of ObamaCare designed the IPAB as a panel of 15 unelected and unaccountable people who were tasked with making arbitrary cuts to Medicare after a certain level of spending is reached. Mr. Speaker, the American people elected Congress to make decisions on healthcare policy, and I know my constituents agree that Medicare is too important to be left in the hands of unaccountable people.

The IPAB would take an ax to Medicare spending, adversely affecting untold numbers of vulnerable seniors, instead of allowing Congress to implement patient-centered reforms that increase value to seniors and lowers cost.

The IPAB approach would lead to rationing healthcare, which would put bureaucrats—bureaucrats, not doctors—in charge of deciding what procedures folks would receive through Medicare.

Mr. Speaker, the American people deserve thoughtful and deliberative decisions by their elected officials, and

that is why I support repealing the IPAB, and I ask my colleagues to join me in doing so.

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

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

I recall things a little differently. I recall the lie of the year being, if you like your doctor, you can keep your doctor, but I guess that is a debate for another day.

Mr. Speaker, today’s rule provides for consideration of an important piece of legislation to protect seniors’ access to healthcare from the ill-advised Medicare Independent Payment Advisory Board created by the Obama administration within the Affordable Care Act.

I thank the authors, Chairman BRADY and Dr. ROE, and the 270 House cosponsors of H.R. 849 for their thoughtful and bipartisan legislation, and I urge my colleagues to support the rule providing for consideration of this underlying bill, and then support the bill.

Mr. ROE of Tennessee. Mr. Speaker, I would like to include in the RECORD the following letter:

CONGRESS OF THE UNITED STATES,

Washington, DC, December 17, 2009.

Hon. NANCY PELOSI,
Speaker, House of Representatives,
Washington, DC.

DEAR MADAM SPEAKER: In July, 75 members of the U.S. House of Representatives wrote to express strong opposition to proposals, such as the “Independent Medicare Advisory Council (IMAC) Act of 2009” and the “Medicare Payment Advisory Commission (MedPAC) Reform Act of 2009” (H.R. 2718, S. 1110, S. 1380), that would divest Congress of its authority for Medicare payment policy and place this responsibility in an executive branch commission or board. This letter clearly stated opposition to the inclusion of these or any other similar proposals in health reform or any other legislation, but with recent developments, we, the undersigned members, believe it is imperative to restate our strong opposition to any proposal or legislation that would place authority for Medicare payment policy in an unelected, executive branch commission or board.

Consistent with the July letter, on November 7, 2009, the House passed the “Affordable Health Care for America Act” (H.R. 3962) did not include provisions to create an unelected Medicare board. Yet, at present, the Senate is considering the “Patient Protection and Affordable Care Act of 2009,” which includes provisions to create an “Independent Medicare Advisory Board” (IMAB) that would effectively end Congress’s authority over Medicare payment policy.

To create an unelected, unaccountable Medicare commission as envisioned in the Senate’s IMAB proposal would end Congress’s ability to shape Medicare to provide the best policies for beneficiaries in our communities around the country. Through the legislative process, and from Medicare’s beginning, Members have been able to represent the needs of their communities by improving benefits for seniors and the disabled, affecting policies that fill the health care workforce pipeline, and ensuring that hospitals are equipped to care for diverse populations across our individual districts. Such a responsibility is one that is not taken, nor should be given away, lightly.

These proposals would severely limit Congressional oversight of the Medicare pro-

gram, and to place this authority within the executive branch, without Congressional oversight or judicial review, would eliminate the transparency of Congressional hearings and debate. Without the open and transparent legislative process, Medicare beneficiaries and the range of providers who care for them would be greatly limited in their ability to help develop and implement new policies that improve the health care of our nation’s seniors. An executive branch Medicare board would also effectively eliminate Congress’s ability to work with the Centers for Medicare and Medicaid Services to create and implement demonstration and pilot projects designed to evaluate new and advanced policies such as home care for the elderly, the patient-centered medical home, new less invasive surgical procedures, collaborative efforts between hospitals and physicians, and programs designed to eliminate fraud and abuse.

The creation of a Medicare board would also effectively eliminate state and community input into the Medicare program, removing the ability to develop and implement policies expressly applicable to different patient populations. Instead, national policies that would flow from such a board would ignore the significant differences and health care needs of states and communities. Geographic and demographic variances that exist in our nation’s health care system and patient populations would be dangerously disregarded. Furthermore, all providers in all states would be required to comply even if these policies were detrimental to the patients they serve. Such a commission could not only threaten the ability of Medicare beneficiaries, but of all Americans, to access the care they need.

Finally, as the people’s elected representatives, we must oppose any proposal to create a board that would surrender our legislative authority and responsibility for the Medicare program to unelected, unaccountable officials within the very same branch of government that is charged with implementing the Medicare policies that affect so many Americans. Therefore, we must strongly oppose the creation of IMAB, IMAC, a reconstituted MedPAC or any Medicare board or commission that would undermine our ability to represent the needs of the seniors and disabled in our own communities. Again, we urge you to reject the inclusion of these or any like proposal in health reform or any other legislation.

Sincerely,

Richard Neal, Gary Ackerman, Shelley Berkley, Brian Bilbray, Tim Bishop, Marsha Blackburn, Mary Bono Mack, Ginny Brown-Waite, Michael Burgess, G.K. Butterfield, Steve Buyer, Kendrick Calvert, Michael Capuano, Russ Carnahan, Bill Cassidy, Donna Christensen, Judy Chu, Yvette Clarke, William Lacy Clay, Joe Courtney.

Joseph Crowley, Susan Davis, William Delahunt, Eliot Engel, Sam Farr, Bob Filner, John Fleming, Barney Frank, Phil Gingrey, Alan Grayson, Gene Green, Brett Guthrie, John Hall, Maurice Hinchey, Mike Honda, Steve Israel, Hank Johnson, Steve Kagen, John Lewis, Nita Lowey.

Steve Lynch, Daniel Maffei, Carolyn Maloney, Edward Markey, Eric Massa, Doris Matsui, Jim McDermott, Jim McGovern, Jerry McNerney, Kendrick Meek, Gregory Meeks, Jerrold Nadler, John Olver, Bill Pascrell, Donald Payne, Laura Richardson, Phil Roe, Mike Rogers, Dana Rohrabacher.

Bobby Rush, Linda Sanchez, Allyson Schwartz, Pete Sessions, Pete Stark, Mike Thompson, Patrick Tiberi, John Tierney, Edolphus Towns, Lynn Woolsey.

The material previously referred to by Ms. SLAUGHTER is as follows:

AN AMENDMENT TO H. RES. 600 OFFERED BY
MS. SLAUGHTER

At the end of the resolution, add the following new sections:

SEC. 2. Immediately upon adoption of this resolution the Speaker shall, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 356) to establish the National Commission on Foreign Interference in the 2016 Election. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Foreign Affairs. After general debate the bill shall be considered for amendment under the five-minute rule. All points of order against provisions in the bill are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions. If the Committee of the Whole rises and reports that it has come to no resolution on the bill, then on the next legislative day the House shall, immediately after the third daily order of business under clause 1 of rule XIV, resolve into the Committee of the Whole for her consideration of the bill.

SEC. 3. Clause 1(c) of rule XIX shall not apply to the consideration of H.R. 356.

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Republican majority agenda and a vote to allow the Democratic minority to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's *Precedents of the House of Representatives* (VI, 308-311), describes the vote on the previous question on the rule as "a motion to direct or control the consideration of the subject before the House being made by the Member in charge." To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that "the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition" in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R-Illinois) said: "The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition."

The Republican majority may say "the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever." But that is not what they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives, (6th edition, page 135). Here's how the Republicans describe the previous question vote in their own manual: "Al-

though it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule. . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment."

In Deschler's *Procedure in the U.S. House of Representatives*, the subchapter titled "Amending Special Rules" states: "a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate." (Chapter 21, section 21.2) Section 21.3 continues: "Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon."

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Republican majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

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

The SPEAKER pro tempore. The question is on ordering the previous question.

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

Ms. SLAUGHTER. 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, further proceedings on this question will be postponed.

PROVIDING FOR CONSIDERATION OF H.R. 3922, COMMUNITY HEALTH AND MEDICAL PROFESSIONALS IMPROVE OUR NATION ACT OF 2017

Mr. BURGESS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 601 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 601

Resolved, That upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 3922) to extend funding for certain public health programs, and for other purposes. All points of order against consideration of the bill are waived. In lieu of the amendment in the nature of a substitute recommended by the Committee on Energy and Commerce now printed in the bill, the amendment printed in part A of the report of the Committee on Rules accompanying this resolution, modified by the amendment printed in part B of that report, shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous ques-

tion shall be considered as ordered on the bill, as amended, and on any further 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 Energy and Commerce; and (2) one motion to recommit with or without instructions.

The SPEAKER pro tempore. The gentleman from Texas is recognized for 1 hour.

Mr. BURGESS. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentlewoman from New York (Ms. SLAUGHTER), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which 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. BURGESS. Mr. Speaker, House Resolution 601 provides for the consideration of a critical bill to provide health insurance and healthcare to millions of underprivileged children. This package, which includes two separate bills: H.R. 3922, the Community Health And Medical Professional Improves Our Nation, CHAMPION, Act of 2017; and H.R. 3921, the Healthy Kids Act. This was reported out of the Committee on Energy and Commerce after lengthy deliberation and negotiation and a lengthy markup.

The rule provides for 1 hour of debate, equally divided and controlled by the chair and the ranking member of the Committee on Energy and Commerce.

The rule adopts an amendment from the chairman of the Energy and Commerce Committee, modified by a second amendment by the same author, combining the two bills into the package on the floor today.

Further, the rule waives all points of order and makes in order no further amendments to the legislation. However, the minority is afforded the customary motion to recommit.

The congressionally appropriated stream of funding for the Children's Health Insurance Program expired at the end of September. Funding for other important public health programs, such as community health centers, the National Health Service Corps, and Teaching Health Center Graduate Medical Education, also expired at the end of September.

While every State that receives Federal funding through these programs continues to have adequate dollars to maintain health insurance for every enrolled child, several States are beginning to exhaust their unspent 2017 funds and redistributed funds from the Center for Medicare and Medicaid Services. With November now upon us, waiting any longer will only put more

pressure on those States to begin sending notifications to children and families that they are losing their coverage for those programs; so it is important that we reauthorize funding for the Children's Health Insurance Program and other programs now.

H.R. 3922, the CHAMPIONING HEALTHY KIDS Act, will achieve that important task. It is essential to our efforts to ensuring that these programs continue to meet the healthcare needs of children and families who have come to rely upon them.

Today, more than 8 million low-income children across our country depend on the Children's Health Insurance Program for many of their healthcare services. These include routine doctor visits, immunizations, prescription medicines, and dental care. Through flexible, capped allotments to the States, the program has been able to successfully support these children, while providing States with opportunities to tailor their respective programs as best meet the needs of their respective populations.

The CHAMPIONING HEALTHY KIDS Act would extend CHIP for another 5 years, which is the longest extension since its inception in 1996. An extension through fiscal year 2022 will provide financial stability for every State's CHIP program and certainty for those children and their families who are covered. Additionally, ensuring coverage for CHIP-eligible children will make them less likely to have to enroll in Medicaid or ObamaCare.

This bill also contains and maintains a provision under the Affordable Care Act that provided 23 percent increased matching for 2 years; then that draws down to an increase of 11.5 percent matching in the third year; and then, finally, provides funding at pre-ACA levels for the final 2 years.

These funding levels will provide the States enough time to plan their budgets before returning to the regular CHIP matching rates, thereby restoring the fiscally responsible Federal-State Medicaid partnership.

While reauthorizing CHIP funding is the primary focal point of this legislation, the CHAMPIONING HEALTHY KIDS Act also includes other important provisions relating to our Nation's healthcare. The bill provides a 2-year extension of funding for Federally Qualified Health Centers, community health centers.

One in thirteen individuals nationwide relies upon a community health center to receive healthcare services. The Community Health Center Fund plays an important role in supplementing the services that Federally Qualified Health Centers are able to deliver to underserved communities by providing care to all Americans, regardless of income or ability to pay.

Funding for the Teaching Health Center Graduate Medical Education program is also extended for another 2 years.

The legislation includes a 2-year extension of other important health pro-

grams, including funding for the National Health Service Corps, Family-to-Family Health Information Centers, the Youth Empowerment Program, the Personal Responsibility Education Program, the Special Diabetes Program for Type 1 Diabetes, and the Special Diabetes Program for American Indians.

In addition to the important funding streams addressed in this bill, the Committee on Energy and Commerce incorporated a way to help our Nation's territories in a time of need following recent natural disasters. The bill includes more than \$1 billion for the Medicaid programs in both Puerto Rico and the U.S. Virgin Islands. This funding should assist our territories in providing care for their populations who have faced substantial devastation from Hurricanes Irma and Maria.

The Medicare funding issue is unique to Puerto Rico and the United States citizens living in the territories. This was a problem that predated the hurricanes, but it was exacerbated by the devastation that the storm brought to the islands. Without a legislative fix from Congress, this will be an ongoing and festering problem until it is properly addressed, and the bill before us today begins to do just that.

□ 1300

Additionally, the bill delays the \$5 billion in cuts to many of the hospitals across the country from the Affordable Care Act-mandated Medicaid disproportionate share hospital reductions for fiscal years 2018 and 2019. I am sure that many of my colleagues have heard from hospitals in their districts whose ability to remain operational and to continue to provide care could be jeopardized by these payment cuts.

These cuts are offset in future years, adding an additional \$6 billion in reductions in fiscal year 2021, 2022, and 2023. This delays but does not fix a problem that ObamaCare created for safety net hospitals. It is one which we will have to revisit, but it delays the cuts that have already been affected by current law and protects these safety net hospitals which provide care to the neediest citizens in our country.

Not only does the CHAMPIONING HEALTHY KIDS Act reauthorize funding for essential health programs, the bill is fully offset. It will not add to the national debt. The Committee for a Responsible Federal Budget called this a "responsible health package," noting that the \$18 billion cost of the bill is fully offset with savings beyond the 10-year budget window.

One of the ways that costs are offset was to alter the qualified health plan grace period so that it would align with State law grace period requirements. This involved changing, in the Affordable Care Act, the grace period for subsidized individuals from 90 days to 30 days unless a State specifically allows otherwise.

It also redirected \$6.4 million from the Prevention and Public Health Fund to help pay for the legislation. This

fund is required by law to receive \$2.5 billion in annual appropriations which must be used for prevention, wellness, and public health initiatives administered by the Department of Health and Human Services. If Congress—let me say it again—if Congress does not direct these funds toward specific efforts, the Secretary of Health and Human Services has the authority to spend the funds however he or she deems fit.

While we are redirecting these taxpayer dollars, the overarching purpose of the funding is still to improve the health and wellness of Americans through existing mechanisms, and community health centers will do just that.

We allow for certain wealthy Medicare beneficiaries with individual incomes of over \$500,000 to pay increased premiums in order to offset some of the cost of authorizing these programs. These beneficiaries will be subject to higher premiums, thereby increasing their overall cost, but still their cost will be lower than if they purchased insurance on the exchange.

The CHAMPIONING HEALTHY KIDS Act is a fiscally responsible way to fund some of our Nation's most important public health programs. The bill would ensure continued access to care for children and individuals who rely on the programs for vital healthcare services.

Mr. Speaker, this is a good bill. Mr. Speaker, these offsets are reasonable. For these reasons, I encourage my colleagues to support today's rule and support the underlying bill, and I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I yield myself such time as I may consume, and I thank the gentleman for yielding me the customary 30 minutes.

Mr. Speaker, 33 days ago, funding for the Children's Health Insurance Program, which 9 million children rely on for their healthcare and well-being, expired after the program was allowed to lapse. States crafted budgets, assuming Federal CHIP funding would arrive on time as it has always done, and they are now scrambling to develop a patchwork solution to keep the program alive.

Six States and the District of Columbia have warned they will run out of funding by December, next month. Thirteen States say they will soon have to tell enrollees they could lose coverage without immediate congressional action. Utah officials have even considered sending letters to enrollees as early as this week letting them know the program is being forced to wind down.

The Kaiser Family Foundation has found that 32 States are expected to run out of funding by March if Congress fails to act. I am glad we are here today with a bill to reauthorize CHIP and other public health programs, but they are woefully inadequate.

This bill is paid for by eviscerating funding from one of the most important parts, again, of the Affordable

Care Act that helps to keep people well: the Prevention Fund. This fund focuses on children's health, expanding access to lifesaving vaccines and reducing the risk of lead poisoning, among many other things.

This is a particularly heartless cut when you consider that many residents of Flint, Michigan, still can't get a clean glass of water from the faucet or bathe in uncontaminated water 3 years after the water crisis began. Children there in Flint will be forced to live for the rest of their lives with impacts ranging from neurodevelopmental damage and behavioral changes to hypertension and anemia, damage caused by a government that failed to act.

If it fails to adequately fund Medicaid for Puerto Rico and the U.S. Virgin Islands as they continue to try to rebuild following the devastating recent hurricanes, that would be a compounding of the tragedy. This bill fails to waive the requirement that both of those islands match Federal investment before they can access any of the Medicaid funding, and we don't deal with that at all, even for CHIP.

Seventy percent of Puerto Rico doesn't even have power 6 weeks after Hurricane Maria hit. I am proud to say that a lot of New York utility workers are down there now, and I am sure we will see results soon. Residents of Puerto Rico are washing clothes and bathing in contaminated streams and rivers, and drinking it as well. A million people there still don't have any running water. They don't have the ability to put up millions of dollars, either, to match these funds because they are struggling to survive. We don't address that. These are American citizens, and we have an obligation to help them.

These reauthorizations are a chance to really work together and deliver, but we are worried about this opportunity because there is no indication that this bill could pass the Senate with the cuts that it has made to the Affordable Care Act. I am referring, of course, to the ones that relate to preventive care. That would be a major tragedy.

As I have already said, so many States are right at the edge of not being able to fund the program at all. Other States are ready to tell both community health services and CHIP that they are no longer providing for them.

This partisan approach will only delay the extension of the programs even further. I consider that a major dereliction of our duties.

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

Mr. BURGESS. Mr. Speaker, I yield myself 30 seconds in response before yielding to the chairman of the Rules Committee.

It pains me to hear people talk about the 33-day delay in getting SCHIP funding resubmitted. I just want to assure the House of Representatives that Republicans on the Subcommittee on

Health in the Energy and Commerce Committee have been ready to go with this legislation. We did our legislative hearings early in the summer, as the gentleman will recall because he was there, and we were ready for our mark-up in the month of September.

Why was it delayed? Let me reference an article from CQ News, October 23, 2017: "Democrats do not want a children's health insurance bill to come to the floor this week for a vote, said Frank Pallone, Jr., ranking member of the House Energy and Commerce Committee at a district event. . . ."

"The idea is to not have the bill come to the floor this week," said Pallone. . . ."

I include in the RECORD a copy of the CQ News article.

[From CQ News, Oct. 23, 2017]

HOUSE DEMOCRATS PUSH TO DELAY
CHILDREN'S HEALTH VOTE
(By Sandhya Raman)

Democrats do not want a children's health insurance program bill to come to the floor this week for a vote, said Frank Pallone Jr., ranking member of the House Energy and Commerce Committee at a district event broadcast on Facebook Live on Monday.

"The idea is to not have the bill come to the floor this week," said Pallone, emphasizing that Democrats still want to find a bipartisan compromise and will not accept the changes to Medicare or Medicaid that Republicans want to use to fund the coverage. He later added, "This is supposed to come up Thursday. Hopefully, it won't."

Pallone suggested that the process could be lengthy if the House passes a partisan bill and the Senate does not act quickly to pass their bipartisan measure. The two likely would have to be reconciled through conference negotiations.

"We're going to just delay this for months, and the end result could be we don't deal with this until the end of the year," said Pallone, speaking at a community health center.

Democrats disagree with the offsets in House bills to reauthorize CHIP (HR 3921) and community health centers and other safety net programs (HR 3922). The CHIP bill's offsets include increasing premiums for Medicare recipients with income over \$500,000 a year and limiting Medicaid benefits for lottery winners. In addition, Democrats take issue with an offset that would bill other insurance before Medicaid for recipients who use more than one form of coverage.

The offsets for the community health centers include changes to undermine the 2010 health care law (PL 111-148, PL 111-152) including cutting almost \$6.4 billion from the Prevention and Public Health Fund over 10 years. Republicans also would allow states to create their own grace periods for individuals on the exchanges to pay their premiums or use a default one-month grace period. The current grace period is three months.

"If you miss it and you don't pay it, you can't get your insurance. You've got to re-enroll for the next year," Pallone said about the grace period.

"The problem is that they haven't been willing to give much on taking this money from the Affordable Care Act or Medicare, but why do they even have to come out of health care at all? Why can't we use another vehicle to pay for it?" said Pallone, adding, "Part of that could be cut back significantly."

Democrats also object to the way Puerto Rico's Medicaid funding in the CHIP bill would be addressed.

"They're still requiring a state match from Puerto Rico," said Pallone. "The bill funds a little bit, but it's totally worthless if Puerto Rico has to come up with the match."

The island does not have money to contribute, Democrats say.

Earlier this month, Committee Chairman Greg Walden of Oregon asked his Democratic colleagues to suggest offsets that may be more amenable than those currently in the bill that the committee passed. Last week, Walden said in a statement that he had not received any Democratic offers.

Democrats contend they have put suggestions on the table.

One idea would require drug companies to help seniors better afford their prescriptions by closing a funding gap, known as the "doughnut hole," in Medicare coverage. Currently, seniors have to pick up more costs after a certain spending threshold until they hit another limit when Medicare resumes paying for coverage.

"We've been making offers back. One of the things we said is make the drug companies pay for the doughnut hole. We still have a doughnut hole for Medicare Part D. So if they pay for the cost of that, that could be used as a payfor," said Pallone.

"This bill that may go to the floor next week is going nowhere," said Pallone, stating that it would "be a totally partisan vote."

Federal funding for CHIP expired Sept. 30. The Centers for Medicare and Medicaid Services has redistributed unused CHIP funds to nine states and territories including Arizona, California, Minnesota, Washington, American Samoa, Guam, Northern Mariana Islands, U.S. Virgin Islands and Oregon. The funds come from unused CHIP allotments from previous years and are used to help states that are running low on their current year funds.

Mr. BURGESS. Mr. Speaker, I yield 5 minutes to the gentleman from Texas (Mr. SESSIONS).

Mr. SESSIONS. Mr. Speaker, I really appreciate the distinguished gentleman from Lewisville, Texas, Dr. MICHAEL BURGESS, who serves several roles in this House of Representatives. First of all, he is chairman of the Subcommittee on Health for the Energy and Commerce Committee—actually, his favorite committee—and then his duties at the Rules Committee, and MIKE has spent a good number of years in service to the entire body. I want to thank Dr. BURGESS for his personally handling not only this matter, but bringing to Congress a really strong attitude that he has about children.

Dr. BURGESS, for a number of years since his early days in Parkland Hospital in Dallas, Texas, as a resident and then becoming an obstetrician-gynecologist who served not only the Dallas area, thousands of people, but he brought to that a love of children, women, and families to give precious life to the United States of America, I want to thank him for his healthy child bill that he brought to the Energy and Commerce Committee.

Mr. Speaker, let me say this. The gentlewoman from New York, the ranking member of the Rules Committee, and the entire committee yesterday spent a great deal of time not only looking at this particular bill, but other very germane issues related to healthcare. My colleagues, including

the gentlewoman from New York, really have the best heart in this. I believe this is an issue where we agree. We agree that children's health is not only an important part of what Congress should be involved in but, actually, resolving the issues.

She is very correct. Several weeks ago it was brought up in the Rules Committee the timeliness of this issue, the appropriateness of the Rules Committee handling this bill to get it to the floor so that we would allow not only the American people to understand what we were doing, but, really, to put it in play so that this could be handled by the United States Senate and the President.

I want to congratulate my colleagues. I think that my colleagues, to a person, understand the importance of this—and certainly MIKE BURGESS' leadership at Energy and Commerce Committee—but also the Rules Committee. So reauthorizing the Children's Health Insurance Program, or CHIP, as it is known, is vitally important. It is important because there are some 400,000 children in Texas, alone, where Chairman BURGESS and I live.

We see not only families, but we see the healthcare community. We see other elected officials and just normal people at home who expect us to get our work done. We are today. In fact, we are not only getting it done, but, as Chairman BURGESS has talked about and even as the gentlewoman, Ms. SLAUGHTER, has talked about, there will be States at the end of November that will be running on fumes, be running on empty, and a good number of States are funded until probably February or March. But that is not a reason for us to delay.

So we are here, respectfully, to ask the entire body, Republicans and Democrats, and also to let the American people know that the Children's Health Insurance Program, through the efforts of MIKE BURGESS and through the efforts of GREG WALDEN as chairman of the committee, who have worked very diligently to make sure that it not only comes to the floor, but that the new nuances of the bill that will include many, many good bipartisan ideas will be offset, and it will be offset. We are going to have to make sure as we move forward that those are careful instructions that we all understand.

But the bottom line to this is, Mr. Speaker, this Congress, because of the bipartisanship, because of the ability, because of the importance of CHIP, is handling this today.

We are going to ask all Members if they did not have a chance to see what I thought was a robust, distinguished panel that came to us yesterday to talk about this, but also the thoughtful ideas from our Members about the importance of this, I think we can convince this body—this body, Republicans and Democrats—that the underlying legislation helps secure for 5 more years—which is what the goal

was, 5 more years—to make sure that we can move forward; and it gives States the authority and the responsibility, gives the American people confidence that what we are doing to take care of this issue has not only been done, but presented in such a way that it will be successful.

That is our job, Mr. Speaker. Our job is to take the work that comes from the committee of jurisdiction—in this case, the Energy and Commerce Committee—and move that through, look at it, vet it, and make sure the best ideas happen. I am pleased and proud to be here today.

Ms. SLAUGHTER. Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Ms. MATSUI), a distinguished member of the Energy and Commerce Committee.

Ms. MATSUI. Mr. Speaker, I thank the gentlewoman for yielding.

Mr. Speaker, I rise in opposition to this rule. For months, House Republicans have delayed action to fund CHIP and community health centers. These programs are critical in our communities and cannot survive without this funding.

□ 1315

They have always been bipartisan, but, unfortunately, the bill before us today is not. Instead of working with us, Republicans have focused on TrumpCare and sabotaged the ACA. Now they have put forward this bill full of poison pills that will only further delay funding these critical public health programs, and to turn what has been traditionally a bipartisan process into a political game does a disservice to families.

H.R. 3922 eliminates the ACA's Prevention and Public Health Fund which helps people in my district and other districts get vaccines, prevent diabetes, and combat heart disease. The reason we put the preservation fund in the ACA in the first place was to reorient our health system towards prevention, which ultimately saves money and keeps people healthier.

We all want to ensure kids have the insurance that they need to access affordable care, but slashing benefits that will in the long term hurt the very children and families that CHIP and the community health centers help, as this bill does, is the wrong way to go. Through its cuts to the Prevention Fund, this legislation is another attempt by Republicans to undermine the ACA.

Unfortunately, this is just one of many acts of sabotage that we have seen over the last year from the Trump administration and congressional Republicans.

On top of these attacks on the Affordable Care Act, H.R. 3922 creates a false choice between helping seniors and helping kids. This legislation makes changes to Medicare that will hurt all seniors' benefits in the long term.

Democrats have offered solutions that would pay for funding CHIP and

community health centers in a way that doesn't rob Peter to pay Paul. I support the substitute amendment offered by Ranking Member PALLONE which would do just that.

Mr. Speaker, I am extremely disappointed that the Republicans have chosen this partisan path for programs that are so dear to our communities, and I urge my colleagues to vote "no" on H.R. 3922 and to support the Democratic substitute.

Mr. BURGESS. Mr. Speaker, I yield myself 30 seconds for the purpose of a response before I yield to the gentleman from Georgia.

Mr. Speaker, if we are going to tell stories, then "once upon a time" should be part of our opening.

This bill merely takes some of the discretion for the Prevention and Public Health Fund away from the administration and returns it to Congress where it is supposed to be in the first place, so we take discretion over some of the Prevention and Public Health Fund dollars away from the executive branch and redirect these dollars to proven public health programs that enjoy broad, bipartisan support in Congress like the community health centers. Every Democrat voted for the Cures for the 21st Century, and it did exactly the same thing.

Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, we are here over a month late to reauthorize CHIP while the families of 9 million children are holding their breath to see whether their kids are going to have health insurance. We are bringing this up now because my colleagues on the other side of the aisle asked us to delay, and, in good faith, we did.

Over 232,000 children in Georgia rely on CHIP for their health insurance. My constituents are asking why we delayed it. I am sad to have to tell them that my colleagues on the other side of the aisle decided to delay our efforts to pass the bill out of the Energy and Commerce Committee, and they then decided to delay bringing the bill to the floor for a vote.

I would hope that they would have a good reason for these delay tactics, but the truth is that they opposed a provision that was requested by President Obama in his fiscal year 2013 through fiscal year 2017 budgets that has a minor impact on the highest earners under Medicare.

This is politics at its worst, and I stand here today to say that enough is enough.

The Energy and Commerce Committee's markup of this bill was stalled three times because our friends decided to oppose a policy that the previous administration supported. When the American people tell us that they are fed up with the partisan politics, this is exactly what they are talking about.

Mr. Speaker, I ask my colleagues to join me today in putting the needs of 9 million children above short-term political interests.

Ms. SLAUGHTER. Mr. Speaker, I yield 5 minutes to the gentlewoman from Connecticut (Ms. DELAURO).

Ms. DELAURO. Mr. Speaker, I rise to voice my opposition to this rule and to the underlying bill.

First, by the way, my colleague from California (Ms. MATSUI) talked about the Democratic substitute. But let's be clear, it is our Republican colleagues, the majority, who would not make a Democratic substitute in order that would allow us to come here to have a debate on their proposal and what we proposed. How about that for democracy in the United States House of Representatives? No Democratic substitute.

So let's leave that aside and focus on what we have here today. Again, opposed to the rule, opposed to the bill.

The Children's Health Insurance Program is vital for millions of our Nation's most vulnerable citizens—our children. The gentleman before spoke about 9 million children. Yes. But do you know how long we have waited for the majority to reauthorize the Children's Health Insurance Program? The length of time is shameful. But even more shameful is how the majority intends to pay for the Children's Health Insurance Program.

This is what the bill does. The bill includes massive cuts to something called the Prevention and Public Health Fund. What is the Prevention and Public Health Fund? It is inclusive of many of the programs that we rely on in order to save lives.

Yes. They are the programs that go to help our community health centers be able to treat people who come to their door. Twenty-three million people in the United States use community health centers. It is often their primary care.

But let me lay out for you what some of these programs are: the Centers for Disease Control childhood vaccines—vaccinations and immunizations for our kids being cut—lead poisoning prevention. You go to any community in this country, and they will tell you whether it is water or whether it is paint. Some of our children have the highest levels of lead, and what we need to be doing is screening them at a very early age so that we can address the issue. They cut this out, also the Centers for Disease Control heart disease program, stroke and diabetes programs, breastfeeding grants for hospitals, childhood obesity prevention, and suicide prevention. We are looking today at an opioid crisis in this Nation that so often results in suicides, and they are willing to cut the heart out of the Prevention Fund programs to fund the Children's Health Insurance Program.

So we are harming children at one end of the spectrum and robbing the money from that end of the spectrum to pay for the Children's Health Insurance Program, which I am a big supporter of. So we are stealing from this prevention program.

Now today, my Republican colleagues have offered a tax cut proposal. Take a hard look at it because the richest, the wealthiest, and those with the most lobbyists are the biggest beneficiaries of these tax cuts, and middle class working families will get the short end of the stick. Those people who make over \$1 million—several million dollars—are going to get the benefit of the tax cut. Why aren't we taking that money and paying to reauthorize the Children's Health Insurance Program rather than taking the money from the Prevention and Public Health Fund?

So instead of providing tax cuts today for the richest 1 percent of Americans, we could have a strong Children's Health Insurance Program, and we could have a strong Prevention and Public Health Fund that does not have to make these egregious cuts.

I think there is one more point that people need to know about this bill. The bill cuts something that was in the Affordable Care Act—the grace period. They cut that back to 30 days. That means if someone misses one health insurance payment, they can lose their insurance for the remainder of the year.

Today, our biggest economic challenge as a nation is that people are in jobs that just don't pay them enough to live on. They can't afford their healthcare. It is cruel, and it is a brazen attempt to undermine the Affordable Care Act, which, quite frankly, has been the majority's agenda for a very long time.

The SPEAKER pro tempore (Mr. GUTHRIE). The time of the gentlewoman has expired.

Ms. SLAUGHTER. Mr. Speaker, I yield the gentlewoman from Connecticut an additional 30 seconds.

Ms. DELAURO. There is no need to play off children's health insurance against the Prevention and Public Health Fund. There is no need to cut back on the grace period for the folks who may miss one health insurance payment.

So I urge my colleagues: don't be cruel; don't be inhumane. To those of my colleagues who will say no to this, you stand on solid ground. You stand with families in this Nation. You stand with children when you say no to cuts that are going to hurt their lives.

Mr. BURGESS. Mr. Speaker, I am pleased to yield 3 minutes to the gentleman from Alabama (Mr. BYRNE), who is a fellow member of the House Rules Committee.

Mr. BYRNE. Mr. Speaker, I thank my colleague for yielding, and I rise to extend my support for this rule and the underlying legislation.

This legislation funds critical, bipartisan health programs that help keep our communities healthy.

Mr. Speaker, I have long been a strong supporter of CHIP because I have seen it in action back in my home State of Alabama. I served on the Alabama State School Board back when

Alabama implemented our CHIP program, known as ALL Kids. ALL Kids was the first CHIP program in the country, and it has made a real difference. In fact, the uninsurance rate for children in Alabama has gone from 20 percent pre-CHIP to 2.4 percent today.

For 83,000 Alabama children under 19, the program offers low-cost, comprehensive healthcare coverage that includes regular checkups, immunizations, sick child doctor visits, prescriptions, vision care, dental care, and much more.

CHIP has always been a bipartisan program, and I hope this reauthorization will earn bipartisan support for the children of America.

This legislation also reauthorizes the community health centers fund. I am a huge champion of community health centers because, again, I have seen them work in Alabama from the Mostellar Medical Center in Bayou La Batre to Franklin Primary Health in Mobile to Southwest Alabama Health Services in McIntosh. These centers are vitally important to so many Americans, but especially to low-income families and those in rural areas.

One in 13 people nationwide rely on a health center for their healthcare needs, and this reauthorization is necessary to ensure those individuals continue to receive access to medical care.

This legislation also includes many other healthcare provisions to meet other priorities. Among these provisions, I am pleased the legislation continues Medicaid disproportionate share hospital payments, or DSH payments, as they are commonly known.

DSH provides funding to hospitals that treat a large number of indigent patients. DSH is absolutely critical to the life of Alabama's hospitals, and failure to renew these important payments could result in numerous hospital closures in our State.

So, Mr. Speaker, I urge my colleagues on both sides of the aisle to get behind this legislation and ensure it gets across the finish line. We should not let petty political arguments keep us from ensuring that children have access to affordable health insurance, keeping the doors open at community health centers, or allowing Alabama's hospitals to continue serving communities in need.

Ms. SLAUGHTER. Madam Speaker, I yield 5 minutes to the gentleman from New Jersey (Mr. PALLONE), who is the distinguished ranking member of the Committee on Energy and Commerce.

Mr. PALLONE. Madam Speaker, I want to thank the ranking member of the Rules Committee.

I just want to express the tremendous frustration that I have and that Democrats have in general with the way the Republican leadership has handled the CHIP bill, IPAB, and community health centers, the legislation we are considering today and tomorrow.

First of all, I need to point out that it was over a year ago when I asked

leadership of our committee to try to come up with bipartisan legislation with regard to community health centers and SCHIP, the children's initiative, and all they wanted to do from January until September—9 months—was repeal the Affordable Care Act.

□ 1330

That is all they were interested in. They didn't want to hear anything about CHIP or community health centers, just repeal the Affordable Care Act.

My colleagues on the other side suggested that somehow, because of CHIP, they are very concerned about kids. Well, the fact of the matter is, if you repeal the Affordable Care Act, children—everyone—and community health centers would suffer such damage because they would lose their health insurance or the underpinnings of the community health centers, which have been financed with the Affordable Care Act, that any suggestion that somehow because you are concerned now about CHIP or community health centers is belied by the fact that you spent the last 9 months, through September, trying to repeal the Affordable Care Act. If you really cared about these things, then you would not have sought that repeal.

Once that repeal seemed to be over in September, then the Republicans on the committee and the leadership were willing to talk about CHIP and community health centers. But mind you, the authorization for those two programs ended September 30. So it was literally too late.

Now my colleagues on the other side say: Oh, well, we are bringing this bill up today because we really care about kids and community health centers.

Exactly the opposite. If you did care, in the sense that you wanted to get legislation passed, then you wouldn't bring this bill up today. We all know that if the bill is not bipartisan, which it is not, it will never pass the Senate. What is going to happen is these bills will pass on a partisan vote on Friday and, as a consequence, they will go to the Senate and there will be no action and we will have to deal with this at the end of the year as part of some larger omnibus spending bill or whatever we do at the end of the year.

So anyone who tells you that the Republicans, in trying to pass a partisan bill, are actually moving forward on CHIP or on community health centers, that is simply not true.

Now, what are we facing here with these three bills? And I include IPAB, CHIP, and community health centers. What we are really facing is another effort on the part of the Republican leadership to repeal or sabotage the Affordable Care Act.

All these things are part, in some fashion, of either pay-fors or authorization of the Affordable Care Act. The fact of the matter is, we are now seeing what I would call piecemeal repeal.

You couldn't repeal it outright, so you do a piecemeal repeal. You repeal

IPAB. You basically use funding from the Prevention Fund and you gut that so you can pay for the CHIP funding. You change the grace period so something like half a million people lose their health insurance. Meanwhile, the President of the United States is out there every day issuing executive orders to get rid of cost-sharing subsidies to cut back on the outreach program.

If you look at all this, it is nothing more than a piecemeal repeal of the Affordable Care Act. It is sabotaging the Affordable Care Act.

This has not changed. The first 9 months to September, outright repeal. Now, between now and the end of the year, piecemeal repeal. Every day, a different bill.

The real inconsistency, which is the best I can say about what is going on, is to say that we have to come up with offsets to pay for the Children's Health Initiative Program and the community health centers, but we don't have to do it for IPAB. \$17.5 million is what it is going to cost, according to the CBO, to repeal IPAB. If you use that money, it would almost pay for the CHIP and the community health centers bill that will be considered the next day.

So, again, we have this total inconsistency suggesting that somehow we care about one thing. What is really going on is robbing Peter to pay Paul. The way that you pay for the community health centers and the CHIP bill, basically, sabotaging the Affordable Care Act, is you shorten the grace period from 90 days to 30 days, when people, if they don't pay their premium, will lose their health insurance. We know that maybe almost 688,000 people, according to the CBO, will lose their health insurance.

The SPEAKER pro tempore (Ms. FOXX). The time of the gentleman has expired.

Ms. SLAUGHTER. Madam Speaker, I yield an additional 1 minute to the gentleman from New Jersey.

The SPEAKER pro tempore. Members are reminded to address their remarks to the Chair.

Mr. PALLONE. Then you have the Prevention Fund, which is used for children's lead poisoning programs, children's vaccines, and for the opioid program that the Republicans say they care so much about. These are going to go away in order to pay for CHIP and community health centers.

What is going on here is unbelievable. I just say to my colleagues: look at what is actually happening. We had a Democratic substitute and the Rules Committee wouldn't even let us consider it.

So it is not just the underlying issue of what is actually happening here in terms of the substance of the bills. It is also the process that is being used. That is why I am glad I am talking during the Rules Committee time.

We had a Democratic substitute that would have had a great piece of legislation that paid for the community health centers, paid for CHIP, without

sacrificing other healthcare programs that help kids and other Americans. They wouldn't even let us consider it here today.

So I say to my colleagues: basically, vote "no" on the rule. Turn down this rule and let us have another opportunity to actually do something that is important and that is meaningful.

Mr. BURGESS. Madam Speaker, I yield myself 30 seconds.

First off, the gentleman may not remember that we had a legislative hearing in June on this very bill. It was delayed from June 14. The gentleman may recall there was an unfortunate circumstance of a shooting at a congressional baseball practice. In fact, a member of our committee, Majority Whip STEVE SCALISE, was in surgery, and most felt we couldn't go through with the hearing that day, but we had it 2 weeks later as soon as we could get the hearing time. So it was done well in advance of the expiration of the funding.

Furthermore, as far as the substitute goes, the minority is afforded the customary motion to recommit. I look forward to the gentleman introducing a substitute at that time.

Madam Speaker, I yield 2 minutes to the gentlewoman from Tennessee (Mrs. BLACKBURN).

Mrs. BLACKBURN. Madam Speaker, I thank the gentleman from Texas for his work that has just been so consistent on how we meet the needs of our health centers, the Children's Health Insurance Program, and also on the repeal for IPAB.

When we talk about IPAB, it is so important that we mention our colleague and my fellow Tennessean, Dr. PHIL ROE, who is a Member of this Chamber. I applaud him for his consistent work on keeping that in front of us.

I think it is fair to say, as Chairman BURGESS has said, that we have worked diligently on the CHIP issue. I know that the gentleman from New Jersey is not pleased with how that is going to be paid and how we address the payments.

But I have to say, our goal, Madam Speaker, is to make certain that the States have the funding that is necessary for them to meet the needs of children who are needing these health services. This is something that we have been diligent in our work to meet those needs and to work with our States and to see how best to do this so that needs are being met right there where those children have them and that the States have the resources they need.

When it comes to the Independent Payment Advisory Board, we ought not have to be discussing this today because this is something that should never have been passed in the first place. It is something that was completely unnecessary. We are looking at going in and changing this, and for good reason.

There is a bipartisan agreement that you have to get down the costs that are

in Medicare, and I know that is not going to be an easy task.

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

Mr. BURGESS. Madam Speaker, I yield an additional 30 seconds to the gentlewoman from Tennessee.

Mrs. BLACKBURN. Madam Speaker, I think one of the things that we know, when you are looking at IPAB, you don't want to give those decisions of how you are going to adjust healthcare for Medicare enrollees to 15 unelected, appointed bureaucrats that really have no responsibility to anyone in this process.

This is our responsibility. It is appropriate that Congress recoup that responsibility, that we make these decisions. I support the legislation that is in front of us.

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

Ms. JACKSON LEE. Madam Speaker, let me make a proclamation here on the floor of the House, and that is that all the sweat and tears of the Democratic Members, although we offered the opportunity to our Republican friends to do something about healthcare, all of our sweat and tears proved to be a successful response to the 25 million uninsured Americans.

No matter how much our friends on the other side of the aisle try to nitpick and pick away at a successful affordable care program, they simply cannot do it.

To the American people: It worked. It worked because we included and supported healthcare for children with CHIP. It worked because we supported and expanded community health centers. It worked because we had IPAB, which is not going to be in effect until 2021 and not to do anything but preserve Medicare.

On the other hand, today we have a pronounced tax bill that will jeopardize the Medicare trust fund, will take millions and billions away from Medicaid. The last hammer in the coffin will be the destruction of the Children's Health Insurance Program and community health clinics.

Let me be very clear: I happen to be in an area in the southern part of Texas, from Corpus to Port Aransas, to Rockport, to Beaumont, to Houston and Harris County, where Hurricane Harvey devastated our community.

Healthcare is crucial. Many of our hospitals were under water. People were not able to access healthcare. The community health clinics are the best neighborhood source of healthcare.

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

Ms. SLAUGHTER. Madam Speaker, I yield an additional 1 minute to the gentlewoman from Texas.

Ms. JACKSON LEE. Madam Speaker, the legislation by my friends is to destroy Peter to prop up Paul, rather than take the Pallone amendment—which I want to thank Ms. SLAUGHTER for offering in the Rules Committee—

to provide real funding and that would find a way to effectively support the Children's Health Insurance Program and, of course, the community health clinics, which, in the State of Texas, has been a lifesaver for all of our communities.

We were the poster child for having the largest number—a quarter of our people in Texas—who did not have health insurance. With the Affordable Care Act and, of course, the community health clinics, we were able to do it.

Let me finish by saying it was a bipartisan effort in 1997, with a balanced budget, that we created the Children's Health Insurance Program. It has been an effective, strong armor, if you will, around children's health.

Everywhere I go, such as the Texas Children's Hospital, they are raving about the Children's Health Insurance Program and Medicaid. Today or tomorrow, we are going to break that system by taking money from somewhere else to destroy another healthcare program and putting in this program.

Mr. BURGESS. Madam Speaker, may I inquire as to how much time is remaining?

The SPEAKER pro tempore. The gentleman from Texas has 6½ minutes remaining. The gentlewoman from New York has 9 minutes remaining.

Mr. BURGESS. Madam Speaker, I yield myself 2 minutes.

Madam Speaker, I want to address the issue of the Prevention and Public Health Fund.

The bill before us does redirect \$8.9 billion for the Prevention and Public Health Fund to support critically important public health programs that expand access to care and improve health outcomes.

The Prevention Fund was established in the Affordable Care Act as mandatory funding for prevention and public health programs to improve health and help restrain the rate of growth in private and public sector healthcare costs.

According to statute, billions of dollars in advanced appropriations are to be used for the broad purpose of supporting programs authorized by the Public Health Service Act for prevention, wellness, and public health activities. However, prevention, wellness, and public health activities are allowable, but no Prevention Fund-specific or generally applicable definitions of these terms are to be found in the Public Health Service Act, the Affordable Care Act, or anywhere else in Federal law.

The Affordable Care Act was not accompanied by committee reports in either Chamber. The Department of Health and Human Services has not published regulations, guidance, or other information to clarify the Department's views about the types of activities that are within the scope of the Prevention Fund.

□ 1345

Annual mandatory appropriations, the Prevention Fund, continue in per-

petuity. If Congress does not explicitly allocate the funding, then the Secretary of HHS has the authority to spend these dollars without congressional oversight.

This bill takes discretion over some of the—some, not all—some of the Prevention Fund dollars. It takes it away from the executive branch and redirects these dollars to proven public health programs that enjoy broad bipartisan support in Congress like community health centers, a program that employs 190,000 people and served over 24 million patients in 2015.

This has been supported in the past in other legislation, most recently in the Cures initiative, where Democrats and Republicans supported the redirecting of funding for the Prevention Fund for the specific purpose of preserving public health.

Madam Speaker, I reserve the balance of my time.

Ms. SLAUGHTER. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, in May, the Republican majority recklessly passed their healthcare repeal bill without any analysis at all from the nonpartisan Congressional Budget Office, finding out a month later that it would have taken insurance away from 23 million people.

I fear the majority is going to make the same dangerous mistake with their tax bill. The New York Times reported that some sections of the bill released today are placeholders that will “allow Republican leaders to work out the details of a new set of revenue-raisers that would be inserted in the bill before the full House votes on it”—in other words, they will be a surprise.

After the Ways and Means Committee marks up the bill, they will rewrite the bill in a back room and jam it through the House. It is beyond irresponsible to vote on a bill of this magnitude without knowing how it will impact hardworking Americans.

We employ dozens of well-qualified, nonpartisan expert economists and public policy analysts with advanced degrees in the Congressional Budget Office precisely for moments like this, and it appears the majority is again, this year, prepared to move so fast that no Member will have the benefit of their nonpartisan advice.

So if we can defeat the previous question, I will offer an amendment to the rule that will prevent this massive tax cut bill from coming to the House floor unless nonpartisan analysis from the experts at the Congressional Budget Office has been available for at least 2 days.

Madam Speaker, I ask unanimous consent to insert the text of my amendment in the RECORD, along with extraneous material, immediately prior to the vote on the previous question.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from New York?

There was no objection.

Ms. SLAUGHTER. Madam Speaker, I yield myself the balance of my time.

Madam Speaker, we don't have time to spare playing games here with the CHIP program. It is on life support in many States, with officials scrambling to try to keep it alive. This is a program, you have heard before, that 9 million children rely on.

And 2,800 community health centers are at risk of closing their doors if we do not reauthorize the community health centers. That would leave millions of people without healthcare, cost more than 50,000 jobs, and already the centers nationwide have been forced to consider cutting services following the majority's failure to reauthorize the program before it expired on September 30.

Everybody knows that these centers do remarkable work. They deliver quality care at lower cost. More than 330,000 veterans relied on them for healthcare last year alone. They could be reauthorized under a clean bill in seconds. Instead, the majority is putting them at risk through this partisan bill, which seems unlikely to pass the Senate, and we will then be nowhere.

If you want to know why only 13 percent of the public approves of Congress under the leadership, just look at the bill before us today. Republican leaders have turned even the most bipartisan programs into endeavors that seem unlikely to become law.

They have disallowed the Democratic Party to have any substitute with any other ideas that they did not have before so that we can, as Ms. DELAUNO mentioned, have an honest debate. We see that time after time in the Rules Committee, the inability for our side to even get amendments passed. But not to allow a substitute bill of this magnitude is, I think, really a dereliction of duty. It speaks volumes about the inability to get things done.

And lastly, Madam Speaker, I want to recognize George Agurkis. He is sitting here with me. George has been on the Rules Committee staff for 9½ years. He is leaving us at the end of the week to take a wonderful new job and new project. He is a Pennsylvania neighbor we always could count on. He is a lot of fun. We are going to miss that and his aunt, Rose, who works in the cloakroom. And we know that she gives the best birthday parties in the world, and we don't know what we are going to do. We hope that George will come back and celebrate those with us and Rose will once again delight us with every kind of sweet thing in the world.

So back to the bill at hand. I urge a "no" vote on the previous question, on the rule, and on the bill, and I yield back the balance of my time.

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

I do want to address one of the things that has come up in the discussion, and that is the issue of the language in the underlying bill that supports the citi-

zens, the American citizens in Puerto Rico.

There was a problem in Puerto Rico with their Medicare system, the way people were not automatically enrolled as they were in every other State and territory. There was a problem under the Affordable Care Act where they faced a Medicaid funding cliff.

These problems existed prior to the two hurricanes that hit the island, and a request was made to Chairman WALDEN and me, on behalf of the people of Puerto Rico, to fix these problems prior to the storms coming ashore, and that is what we fixed in the language of this bill.

I might remind this body that, when Hurricane Katrina came ashore around Labor Day of 2005, a similar problem was encountered. Ultimately, the State's share of that FMAP payment was made. It was made with funds from the Deficit Reduction Act, which were allocated on September 30, 2006, over a year later.

The fact is that there are going to be funds available to Puerto Rico to help offset their part, their match of their State's share of the Federal match, but it will likely come through the money that is appropriated for disaster relief. But we are fixing their underlying problem that existed before the hurricanes. If we don't fix it, it continues to be a problem year in and year out, and the American citizens of Puerto Rico are poorly served by that.

So this body is taking that up today, and I am proud of the fact that our subcommittee and our full committee recognize that and provided that relief.

Madam Speaker, I want to enter into the RECORD a letter from Texas Health Resources, Mr. Barclay Berdan. I want to quote from this letter: "We . . . appreciate your leadership on delaying cuts to Medicaid DSH, which took effect on October 1, 2017."

"Thankfully, H.R. 3922 would eliminate the scheduled Medicaid DSH reductions in fiscal years 2018 and 2019, thus allowing a critical source of funding to continue for safety net hospitals."

TEXAS HEALTH RESOURCES,
November 1, 2017.

Hon. MICHAEL BURGESS,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE BURGESS: As one of the nation's largest faith-based, nonprofit health care systems, Texas Health Resources (Texas Health) provides more than 350 points of access throughout North Texas, including 29 hospitals (acute-care, short-stay, behavioral health, rehabilitation and transitional care) and more than 100 outpatient facilities, satellite emergency rooms, surgery centers, behavioral health facilities, fitness centers and imaging centers. The system also includes a large physician group, home health, preventive and well-being services as well as more than 250 clinics and physician offices to provide the full continuum of care for all stages of life. I am writing to thank you for your leadership on the Championing Healthy Kids Act of 2017 (H.R. 3922) to extend funding for the Children's Health Insurance Program (CHIP). We strongly support a five-year extension of CHIP funding, along with the

elimination of reductions in fiscal years (FY) 2018 and 2019 to the Medicaid disproportionate share hospital (DSH) payments.

Texas Health has supported CHIP since its inception, and the program currently covers 8.9 million children with family incomes above Medicaid eligibility limits who lack access to affordable private coverage. The nation's uninsured rate for children is a record low of 5 percent due in part to Medicaid and CHIP coverage. While CHIP is authorized by Congress to operate until October 1, 2019, legislative action is needed to continue funding beyond FY 2017. Failure to extend CHIP funding could result in coverage losses for millions of children and increased financial pressure for states that may lead to reductions in eligibility and benefits. This legislation safeguards the program by providing for a five-year extension of funding.

We also certainly appreciate your leadership on delaying cuts to Medicaid DSH, which took effect on October 1, 2017. As you know, Medicaid DSH payments support Texas Health's hospitals in serving north Texas' most vulnerable individuals—the poor, the elderly, and the disabled. Congress reduced Medicaid DSH payments in the Affordable Care Act, reasoning that hospitals would care for fewer uninsured patients as health coverage expanded. However, the projected increase in coverage has not been fully realized, and Congress subsequently delayed the start of the cuts that were scheduled to begin in FY 2014. As a result, Texas hospitals will sustain a \$148 million cut in vital payments in federal fiscal year 2018. The cumulative loss for Texas hospitals for 2018 through 2024 is \$3.2 billion. Thankfully, H.R. 3922 would eliminate the scheduled Medicaid DSH reductions in Fiscal Years 2018 and 2019, thus allowing a critical source of funding to continue for safety net hospitals.

Thank you for your steadfast leadership on addressing these important programs by supporting H.R. 3922. As Congress moves forward on these important issues, we appreciate your continued willingness to work with us to extend funding for CHIP, eliminate reductions to Medicaid DSH payments, and safeguard programs critical to hospitals. If we can provide you or your staff with additional information, please do not hesitate to contact.

Sincerely,

BARCLAY BERDAN,
FACHE, Chief Executive Officer,
Texas Health Resources.

Mr. BURGESS. Madam Speaker, I also have a letter from the Children's Hospital Association, which renews the call for bipartisan CHIP extension: "Children's hospitals thank Congress for its long-term bipartisan commitment to CHIP and for the children it serves. We look forward to working with lawmakers to maintain a strong CHIP program and strengthen healthcare for children in the future."

CHILDREN'S HOSPITALS RENEW CALL FOR
BIPARTISAN CHIP EXTENSION

Children's hospitals urge Congress to protect children and families by passing a bipartisan five-year extension of the Children's Health Insurance Program (CHIP) as soon as possible.

We are pleased that members of the House Energy and Commerce Committee have developed bipartisan CHIP policies that reflect the needs of children, including a five-year extension of the program that provides for robust CHIP funding, and continue important beneficiary protections such as the Maintenance of Effort provision, funding for

the Pediatric Quality Measures Program, express lane eligibility, and outreach and enrollment grants. These policies are also included in the bipartisan Senate proposal on CHIP, and we thank the committees of jurisdiction in both chambers for including these crucial policies.

If CHIP funding is not extended soon, CHIP-enrolled children may become underinsured or uninsured altogether. CHIP is an important bipartisan health coverage program for over 6 million low-income children. CHIP builds off of a strong Medicaid program by providing age-appropriate and affordable coverage for children who fall above Medicaid eligibility levels, but lack access to other health coverage options.

Concerning reports indicate that states are taking steps to limit programs in order to address the looming funding shortfall, despite receiving federal redistribution funds. We urge Congress to act now and avoid potentially disastrous consequences caused by further delay by enacting a strong, bipartisan five-year extension of CHIP.

Children's hospitals thank Congress for its long-term bipartisan commitment to CHIP and the children it serves. We look forward to working with lawmakers to maintain a strong CHIP program and strengthen health care for children into the future.

Mr. BURGESS. Finally, Madam Speaker, I will tell you I am perplexed. I, frankly, do not understand why there is reticence to providing an offset for funding of children's health insurance by income relating to part B premiums for people who earn over \$500,000 a year, seniors who earn over \$500,000 a year, or a couple who earns over \$875,000 a year. This was language that was included in President Obama's budget, so don't tell me it is not bipartisan, because it was bipartisan.

Now, Madam Speaker, today's rule provides for the consideration of an important piece of legislation to maintain the important funding streams for millions of underprivileged children depending on the program.

I want to thank Chairman WALDEN for his efforts to continually work with the minority on the Energy and Commerce Committee, repeatedly providing the requested extensions by the ranking member in order to continue discussions on the legislation.

The package reflects hours of work to create legislation that will benefit millions of America's children so that they can lead healthier lives. I urge my colleagues to support today's rule and the underlying legislation, the CHAMPIONING HEALTHY KIDS Act.

The material previously referred to by Ms. SLAUGHTER is as follows:

AN AMENDMENT TO H. RES. 601 OFFERED BY
MS. SLAUGHTER

At the end of the resolution, add the following new section:

SEC. 2. It shall not be in order to consider a comprehensive tax reform measure or matter reported pursuant to Sections 2001 or 2002 of House Concurrent Resolution 71 in the House or in the Committee of the Whole House on the state of the Union unless easily searchable electronic estimates and comparisons prepared by the Director of the Congressional Budget Office and Joint Committee on Taxation have been made available on a publicly available website of the House 48 hours in advance.

(b) It shall not be in order to consider a comprehensive tax reform measure or mat-

ter reported pursuant to Sections 2001 or 2002 of House Concurrent Resolution 71 in the House or in the Committee of the Whole House on the state of the Union, that is called up pursuant to a rule or order that makes an amendment in order or considers such an amendment to be adopted, unless easily searchable updated electronic estimates and comparisons prepared by the Director of the Congressional Budget Office and Joint Committee on Taxation reflecting such amendment have been made available on a publicly available website of the House 48 hours in advance.

(c) It shall not be in order to consider a rule or order that waives the application of paragraph (a) or paragraph (b). As disposition of any point of order under paragraphs (a) and (b), the Chair shall put the question of consideration with respect to the measure, matter, or rule as applicable. The question of consideration shall be debatable for 10 minutes by the Member initiating the point of order and for 10 minutes by an opponent, but shall otherwise be decided without intervening motion except one that the House adjourn.

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Republican majority agenda and a vote to allow the Democratic minority to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's Precedents of the House of Representatives (VI, 308-311), describes the vote on the previous question on the rule as "a motion to direct or control the consideration of the subject before the House being made by the Member in charge." To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that "the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition" in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R-Illinois) said: "The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition."

The Republican majority may say "the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever." But that is not what they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives, (6th edition, page 135). Here's how the Republicans describe the previous question vote in their own manual: "Although it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule. . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment."

In Deschler's Procedure in the U.S. House of Representatives, the subchapter titled "Amending Special Rules" states: "a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate." (Chapter 21, section 21.2) Section 21.3 continues: "Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon."

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Republican majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

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

The SPEAKER pro tempore. The question is on ordering the previous question.

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

Ms. SLAUGHTER. Madam 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, further proceedings on this question will be postponed.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 1 o'clock and 56 minutes p.m.), the House stood in recess.

□ 1455

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. PALMER) at 2 o'clock and 55 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed.

Votes will be taken in the following order:

Ordering the previous question on House Resolution 600;

Adopting House Resolution 600, if ordered;

Ordering the previous question on House Resolution 601; and

Adopting House Resolution 601, if ordered.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

PROVIDING FOR CONSIDERATION OF H.R. 849, PROTECTING SENIORS' ACCESS TO MEDICARE ACT OF 2017

The SPEAKER pro tempore. The unfinished business is the vote on ordering the previous question on the resolution (H. Res. 600) providing for consideration of the bill (H.R. 849) to repeal the provisions of the Patient Protection and Affordable Care Act providing for the Independent Payment Advisory Board, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

The vote was taken by electronic device, and there were—yeas 230, nays 193, not voting 9, as follows:

[Roll No. 600]

YEAS—230

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

Stewart	Wagner
Stivers	Walberg
Taylor	Walden
Tenney	Walker
Thompson (PA)	Walorski
Thornberry	Walters, Mimi
Tiberi	Weber (TX)
Tipton	Webster (FL)
Trott	Wenstrup
Turner	Westerman
Valadao	Williams

NAYS—193

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

NOT VOTING—9

Barr	Brooks (AL)	Peters
Black	Gowdy	Pocan
Bridenstine	Hensarling	Upton

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. HULTGREN) (during the vote). There are 2 minutes remaining.

□ 1516

Messrs. O'HALLERAN, KILMER, TED LIEU of California, and RUIZ changed their vote from "yea" to "nay."

So the previous question was ordered.

The result of the vote was announced as above recorded.

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.

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

The yeas and nays were ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 240, nays 178, not voting 14, as follows:

[Roll No. 601]

YEAS—240

Abraham	Gohmert	Newhouse
Aderholt	Goodlatte	Noem
Allen	Gosar	Norman
Amash	Gottheimer	Nunes
Amodel	Granger	O'Halleran
Arrington	Graves (GA)	Olson
Babin	Graves (LA)	Palazzo
Bacon	Graves (MO)	Palmer
Banks (IN)	Griffith	Paulsen
Barletta	Grothman	Pearce
Barton	Guthrie	Perry
Bergman	Handel	Peterson
Biggs	Harper	Pittenger
Bilirakis	Harris	Poe (TX)
Bishop (MI)	Hartzler	Poliquin
Bishop (UT)	Herrera Beutler	Posey
Blackburn	Hice, Jody B.	Ratcliffe
Blum	Higgins (LA)	Reed
Bost	Hill	Reichert
Brady (TX)	Holding	Renacci
Brat	Hollingsworth	Rice (SC)
Brooks (IN)	Hudson	Roby
Buchanan	Huizenga	Roe (TN)
Buck	Hultgren	Rogers (AL)
Bucshon	Hunter	Rogers (KY)
Budd	Hurd	Rohrabacher
Burgess	Issa	Rokita
Byrne	Jenkins (KS)	Rooney, Francis
Calvert	Jenkins (WV)	Rooney, Thomas J.
Carbajal	Johnson (LA)	Ros-Lehtinen
Carter (GA)	Johnson (OH)	Rosen
Carter (TX)	Johnson, Sam	Roskam
Chabot	Jones	Ross
Cheney	Jordan	Rothfus
Coffman	Joyce (OH)	Rouzer
Cole	Katko	Royce (CA)
Collins (GA)	Kelly (MS)	Russell
Collins (NY)	Kelly (PA)	Rutherford
Comer	King (IA)	Sanford
Comstock	King (NY)	Scalise
Conaway	Kinzing	Schneider
Cook	Knight	Schweikert
Costello (PA)	Kustoff (TN)	Scott, Austin
Cramer	Labrador	Sensenbrenner
Crawford	LaHood	Sessions
Culberson	LaHood	Shimkus
Curbelo (FL)	LaMalfa	Shuster
Davidson	Lamborn	Simpson
Davis, Rodney	Lance	Sinema
Denham	LoBiondo	Smith (MO)
Dent	Long	Smith (NE)
DeSantis	Loudermilk	Smith (NJ)
DesJarlais	Love	Smith (TX)
Diaz-Balart	Lucas	Smucker
Donovan	Luetkemeyer	Stefanik
Duffy	MacArthur	Stivers
Duncan (SC)	Marino	Suozzi
Duncan (TN)	Marshall	Taylor
Dunn	Massie	Tenney
Emmer	Mast	Thompson (PA)
Estes (KS)	McCarthy	Thornberry
Farenthold	McCaul	Tiberi
Faso	McClintock	Tipton
Ferguson	McHenry	Trott
Fitzpatrick	McKinley	Turner
Fleischmann	McMorris	Valadao
Flores	Rodgers	Wagner
Fortenberry	McSally	Walberg
Foxx	Meadows	Walden
Franks (AZ)	Meehan	Walker
Frelinghuysen	Messer	Walorski
Gaetz	Mitchell	Walters, Mimi
Gallagher	Moolenaar	Weber (TX)
Garrett	Mooney (WV)	Webster (FL)
Gianforte	Mullin	Wenstrup
Gibbs	Murphy (FL)	

Westerman
Williams
Wilson (SC)
Wittman

Womack
Woodall
Yoder
Yoho

Young (AK)
Young (IA)
Zeldin

NAYS—178

Adams
Aguilar
Barragán
Bass
Beatty
Bera
Beyer
Bishop (GA)
Blumenauer
Blunt Rochester
Bonamici
Boyle, Brendan
F.
Brady (PA)
Brown (MD)
Brownley (CA)
Bustos
Butterfield
Capuano
Cárdenas
Carson (IN)
Cartwright
Caster (FL)
Castro (TX)
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleave
Clyburn
Cohen
Connolly
Conyers
Cooper
Correa
Costa
Courtney
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
Demings
DeSaulnier
Deutch
Dingell
Doggett
Doyle, Michael
F.
Ellison
Engel
Eshoo
Espallat
Esty (CT)
Evans

Foster
Frankel (FL)
Fudge
Gabbard
Gallego
Garamendi
Gomez
Gonzalez (TX)
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hanabusa
Hastings
Heck
Higgins (NY)
Himes
Huffman
Jackson Lee
Jayapal
Jeffries
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kelly (IL)
Kennedy
Khanna
Kihuen
Kildee
Kilmer
Kind
Krishnamoorthi
Kuster (NH)
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lawson (FL)
Levin
Lewis (GA)
Lieu, Ted
Lipinski
Loeb sack
Lofgren
Lowenthal
Lowe
Lujan Grisham,
M.
Luján, Ben Ray
Lynch
Maloney,
Carolyn B.
Maloney, Sean
Matsui
McCollum
McEachin
McGovern
McNerney
Meeks
Meng

Moore
Moulton
Nadler
Napolitano
Neal
Nolan
Norcross
O'Rourke
Pallone
Panetta
Pascarell
Payne
Pelosi
Perlmutter
Pingree
Polis
Price (NC)
Quigley
Raskin
Rice (NY)
Richmond
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Sánchez
Sarbanes
Schakowsky
Schiff
Schrader
Scott (VA)
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sires
Slaughter
Smith (WA)
Soto
Speier
Swalwell (CA)
Takano
Thompson (CA)
Thompson (MS)
Titus
Tonko
Torres
Tsongas
Vargas
Veasey
Vela
Velázquez
Visclosky
Wasserman
Schultz
Waters, Maxine
Watson Coleman
Welch
Wilson (FL)
Yarmuth

NOT VOTING—14

Barr
Black
Bridenstine
Brooks (AL)
Gowdy

Hensarling
Hoyer
Lee
Marchant
Peters

Pocan
Scott, David
Stewart
Upton

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining.

□ 1524

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.

PROVIDING FOR CONSIDERATION
OF H.R. 3922, COMMUNITY
HEALTH AND MEDICAL PROFES-
SIONALS IMPROVE OUR NATION
ACT OF 2017

The SPEAKER pro tempore. The unfinished business is the vote on order-

ing the previous question on the resolution (H. Res. 601) providing for consideration of the bill (H.R. 3922) to extend funding for certain public health programs, and for other purposes, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 230, nays 191, not voting 11, as follows:

[Roll No. 602]

YEAS—230

Abraham
Aderholt
Allen
Amash
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barton
Bergman
Biggs
Bilirakis
Bishop (MI)
Bishop (UT)
Blackburn
Blum
Bost
Hollingsworth
Brady (TX)
Brat
Brooks (IN)
Buchanan
Buck
Bucshon
Budd
Burgess
Byrne
Calvert
Carter (GA)
Carter (TX)
Chabot
Cheney
Coffman
Cole
Collins (GA)
Collins (NY)
Comer
Comstock
Conaway
Cook
Costello (PA)
Cramer
Crawford
Culberson
Curbelo (FL)
Davidson
Davis, Rodney
Denham
Dent
DeSantis
DesJarlais
Diaz-Balart
Donovan
Duffy
Duncan (SC)
Duncan (TN)
Dunn
Emmer
Estes (KS)
Farenthold
Faso
Ferguson
Fitzpatrick
Fleischmann
Flores
Fortenberry
Foxy
Franks (AZ)
Frelinghuysen
Gaetz
Gallagher
Garrett
Gianforte
Gibbs
Gohmert

Goodlatte
Gosar
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Griffith
Grothman
Guthrie
Handel
Harper
Harris
Hartzler
Herrera Beutler
Hice, Jody B.
Higgins (LA)
Hill
Holding
Hollingsworth
Hudson
Huizenga
Hultgren
Hunter
Hurd
Issa
Jenkins (KS)
Jenkins (WV)
Johnson (LA)
Johnson (OH)
Johnson, Sam
Jordan
Joyce (OH)
Katko
Kelly (MS)
Kelly (PA)
King (IA)
King (NY)
Kinzinger
Knight
Kustoff (TN)
Labrador
LaHood
LaMalfa
Lamborn
Lance
Latta
Lewis (MN)
LoBiondo
Long
Loudermilk
Love
Lucas
Luetkemeyer
MacArthur
Marchant
Marino
Marshall
Massie
Mast
McCarthy
McCaul
McClintock
McHenry
McKinley
McMorris
Rodgers
McSally
Meadows
Meehan
Messer
Mitchell
Moolenaar
Mooney (WV)
Mullin
Newhouse
Noem

Norman
Nunes
Olson
Palazzo
Palmer
Paulsen
Pearce
Perry
Pittenger
Poe (TX)
Poliquin
Posey
Ratcliffe
Reed
Reichert
Renacci
Rice (SC)
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas
J.
Ros-Lehtinen
Roskam
Ross
Rothfus
Rouzer
Royce (CA)
Russell
Rutherford
Sanford
Scalise
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smucker
Stefanik
Stewart
Stivers
Taylor
Tenney
Thompson (PA)
Thornberry
Tiberi
Tipton
Trott
Turner
Valadao
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Williams
Wilson (SC)
Wittman
Womack

Woodall
Yoder

Yoho
Young (AK)

Young (IA)
Zeldin

NAYS—191

Adams
Aguilar
Barragán
Bass
Beatty
Bera
Beyer
Bishop (GA)
Blumenauer
Blunt Rochester
Bonamici
Boyle, Brendan
F.
Brady (PA)
Brown (MD)
Brownley (CA)
Bustos
Butterfield
Capuano
Carbajal
Cárdenas
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleave
Clyburn
Cohen
Connolly
Conyers
Cooper
Correa
Costa
Courtney
Crist
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
Demings
DeSaulnier
Deutch
Dingell
Doggett
Doyle, Michael
F.
Ellison
Engel
Eshoo
Espallat
Esty (CT)
Evans
Foster
Frankel (FL)
Fudge

Gabbard
Gallego
Garamendi
Gomez
Gonzalez (TX)
Gottheimer
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hanabusa
Hastings
Heck
Higgins (NY)
Himes
Hoyer
Huffman
Jackson Lee
Jayapal
Jeffries
Johnson (GA)
Johnson, E. B.
Jones
Kaptur
Keating
Kelly (IL)
Kennedy
Khanna
Kihuen
Kildee
Kilmer
Kind
Krishnamoorthi
Kuster (NH)
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lawson (FL)
Lee
Levin
Lewis (GA)
Lieu, Ted
Lipinski
Loeb sack
Lofgren
Lowenthal
Lowe
Lujan Grisham,
M.
Luján, Ben Ray
Lynch
Maloney,
Carolyn B.
Maloney, Sean
Matsui
McCollum
McEachin
McGovern
McNerney
Meeks
Meng
Moore
Moulton
Murphy (FL)
Nadler

Napolitano
Neal
Nolan
Norcross
O'Halleran
O'Rourke
Pallone
Panetta
Pascarell
Payne
Pelosi
Perlmutter
Pingree
Polis
Price (NC)
Quigley
Raskin
Rice (NY)
Richmond
Rosen
Roybal-Allard
Ruiz
Ruppersberger
Ryan (OH)
Sánchez
Sarbanes
Schakowsky
Schiff
Schneider
Schrader
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sinema
Sires
Slaughter
Smith (WA)
Soto
Speier
Suozi
Swalwell (CA)
Takano
Thompson (CA)
Thompson (MS)
Titus
Tonko
Torres
Tsongas
Vargas
Veasey
Vela
Velázquez
Visclosky
Walz
Wasserman
Schultz
Waters, Maxine
Watson Coleman
Welch
Wilson (FL)
Yarmuth

NOT VOTING—11

Barr
Black
Bridenstine
Brooks (AL)

Gowdy
Hensarling
Peters
Peterson

Pocan
Rush
Upton

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining.

□ 1531

So the previous question was ordered.

The result of the vote was announced as above recorded.

MOMENT OF SILENCE IN MEMORY OF VICTIMS OF
TERRORIST ATTACK IN NEW YORK

The SPEAKER. The Chair would ask all present to rise for the purpose of a moment of silence.

The Chair asks that the House observe a moment of silence in memory of the victims of the terrorist attack in New York.

Without objection, 5-minute voting will continue.

There was no objection.

The SPEAKER. The question is on the resolution.

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

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

The yeas and nays were ordered.

The SPEAKER. This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 231, nays 192, not voting 9, as follows:

[Roll No. 603]

YEAS—231

Abraham	Gohmert	Mooney (WV)
Aderholt	Goodlatte	Mullin
Allen	Gosar	Newhouse
Amash	Granger	Noem
Amodel	Graves (GA)	Norman
Arrington	Graves (LA)	Nunes
Babin	Graves (MO)	Olson
Bacon	Griffith	Palazzo
Banks (IN)	Grothman	Palmer
Barletta	Guthrie	Paulsen
Barton	Handel	Pearce
Bergman	Harper	Perry
Biggs	Harris	Pittenger
Bilirakis	Hartzler	Poe (TX)
Bishop (MI)	Hensarling	Poliquin
Bishop (UT)	Herrera Beutler	Posey
Blackburn	Hice, Jody B.	Ratcliffe
Blum	Higgins (LA)	Reichert
Bost	Hill	Renacci
Brady (TX)	Holding	Rice (SC)
Brat	Hollingsworth	Roby
Brooks (IN)	Hudson	Roe (TN)
Buchanan	Huizenga	Rogers (AL)
Buck	Hultgren	Rogers (KY)
Bucshon	Hunter	Rohrabacher
Budd	Hurd	Rokita
Burgess	Issa	Rooney, Francis
Byrne	Jenkins (KS)	Rooney, Thomas
Calvert	Jenkins (WV)	J.
Carter (GA)	Johnson (LA)	Ros-Lehtinen
Carter (TX)	Johnson (OH)	Roskam
Chabot	Johnson, Sam	Ross
Cheney	Jones	Rothfus
Coffman	Jordan	Rouzer
Cole	Joyce (OH)	Royce (CA)
Collins (GA)	Katko	Russell
Collins (NY)	Kelly (MS)	Rutherford
Comer	Kelly (PA)	Sanford
Comstock	King (IA)	Scalise
Conaway	King (NY)	Schweikert
Cook	Kinzinger	Scott, Austin
Costello (PA)	Knight	Sensenbrenner
Cramer	Kustoff (TN)	Sessions
Crawford	Labrador	Shimkus
Culberson	LaHood	Shuster
Curbeo (FL)	LaMalfa	Simpson
Davidson	Lamborn	Smith (MO)
Davis, Rodney	Lance	Smith (NE)
Denham	Latta	Smith (NJ)
Dent	Lewis (MN)	Smith (TX)
DeSantis	LoBiondo	Smucker
DesJarlais	Long	Stefanik
Diaz-Balart	Loudermilk	Stewart
Donovan	Love	Stivers
Duffy	Lucas	Taylor
Duncan (SC)	Luetkemeyer	Tenney
Duncan (TN)	MacArthur	Thompson (PA)
Dunn	Marchant	Thornberry
Emmer	Marino	Tiberi
Estes (KS)	Marshall	Tipton
Farenthold	Massie	Trott
Faso	Mast	Turner
Ferguson	McCarthy	Valadao
Fitzpatrick	McCaul	Wagner
Fleischmann	McClintock	Walberg
Flores	McHenry	Walden
Fortenberry	McKinley	Walker
Fox	McMorris	Walorski
Franks (AZ)	Rodgers	Walters, Mimi
Frelinghuysen	McSally	Weber (TX)
Gaetz	Meadows	Webster (FL)
Gallagher	Meehan	Wenstrup
Garrett	Messer	Westerman
Gianforte	Mitchell	Williams
Gibbs	Moolenaar	Wilson (SC)

Wittman
Womack
Woodall

Yoder
Yoho
Young (AK)

Young (IA)
Zeldin

NAYS—192

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

NOT VOTING—9

Barr
Black
Bridenstine

Brooks (AL)
Gowdy
Peters

Pocan
Reed
Upton

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. HULTGREN) (during the vote). There are 2 minutes remaining.

□ 1538

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.

Stated for:

Mr. SCALISE. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted "yea" on rollcall No. 603.

Mr. REED. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted "yea" on rollcall No. 603.

OFFICIAL PHOTOGRAPH OF 115TH CONGRESS

The SPEAKER. Pursuant to House Resolution 350, this time has been designated for the taking of the official photo of the House of Representatives in session.

The House will be in a brief recess while the Chamber is being prepared for the photo. As soon as the photographer indicates that these preparations are complete, the Chair will call the House to order to resume its actual session for the taking of the photograph. At that point the Members will take their cues from the photographer. Shortly after the photographer is finished, the House will proceed with business.

RECESS

The SPEAKER. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess while the Chamber is being prepared.

Accordingly (at 3 o'clock and 40 minutes p.m.), the House stood in recess.

□ 1543

AFTER RECESS

The recess having expired, the House was called to order by the Speaker at 3 o'clock and 43 minutes p.m.

(Thereupon, the Members sat for the official photograph of the House of Representatives for the 115th Congress.)

PROTECTING SENIORS' ACCESS TO MEDICARE ACT OF 2017

Mr. PAULSEN. Mr. Speaker, pursuant to House Resolution 600, I call up the bill (H.R. 849) to repeal the provisions of the Patient Protection and Affordable Care Act providing for the Independent Payment Advisory Board, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. BYRNE). Pursuant to House Resolution 600, the amendment in the nature of a substitute recommended by the Committee on Ways and Means, printed in the bill, shall be considered as adopted, and the bill, as amended, shall be considered read.

The text of the bill, as amended, is as follows:

H.R. 849

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Protecting Seniors Access to Medicare Act".

SEC. 2. REPEAL OF THE INDEPENDENT PAYMENT ADVISORY BOARD.

Effective as of the enactment of the Patient Protection and Affordable Care Act (Public Law 111-148), sections 3403 and 10320 of such Act (including the amendments made by such sections) are repealed, and any provision of law amended by such sections is hereby restored as if such sections had not been enacted into law.

The SPEAKER pro tempore. The bill shall be debatable for 1 hour, equally divided among and controlled by the chair and ranking minority member of the Committee on Energy and Commerce and the chair and ranking minority member of the Committee on Ways and Means.

The gentleman from Kentucky (Mr. GUTHRIE), the gentleman from New Jersey (Mr. PALLONE), the gentleman from Minnesota (Mr. PAULSEN), and the gentleman from Michigan (Mr. LEVIN) each will control 15 minutes.

The Chair recognizes the gentleman from Minnesota.

GENERAL LEAVE

Mr. PAULSEN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and insert extraneous material on the bill into the RECORD.

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

There was no objection.

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

I rise today in support of H.R. 849, the Protecting Seniors' Access to Medicare Act. This discussion is not new. Republicans and Democrats came together to pass this same bill back in 2015. This year there is, once again, strong bipartisan support with 45 Democratic Members and 225 Republican cosponsors. It passed out of the Ways and Means Committee last month with bipartisan support, too.

This bill will repeal the Independent Payment Advisory Board, or IPAB, created in ObamaCare, the Affordable Care Act. The IPAB puts 15 unelected bureaucrats in charge of Medicare spending with significant unilateral powers to slash payments to providers, forcing them to stop seeing Medicare patients without any accountability, judicial review, or transparency.

The board's unprecedented authority to alter Medicare policy could ultimately reduce seniors' access to healthcare and put the government, rather than the patient, at the center of the healthcare system.

Putting Medicare on a sustainable financial footing is a top priority for all of us here in Congress, but passing the buck to a handful of unaccountable bureaucrats is not the right approach.

Last year, the Medicare Trustees Report stated that this was to be the year that the IPAB's authority to make cuts would be triggered. Fortunately, this year's Medicare Trustees Report has given us slightly more time, but next year, they can come back and move that date up once again. This is a cloud that will hang over providers and beneficiaries, unless we act and pass this bill today.

Now some have stated that this bill does not solve any immediate problem, and they have questioned the need to act on the bill today. I believe that our seniors and our healthcare providers are a priority. Why should we kick the

can down the road when we can stop this today?

There are letters of support from over 700 bipartisan groups representing patients, employers, hospitals, doctors, nurses, and other healthcare professionals all voicing strong support for IPAB repeal.

They believe that the threat of this board is enough to warrant repeal and to place the decisionmaking back in the hands of elected Members of Congress, and I agree.

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

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

Mr. Speaker, this is really the question: Why in the world are we taking up a bill to terminate a board that does not exist? Why in the world are we doing so when premiums are rising and action should be taken to strengthen them? Why in the world are we passing a bill that would increase the deficit by \$17.6 billion? Pay for CHIP, the Republicans say, but not this bill.

So however you feel about IPAB, this is the wrong time and the wrong bill for addressing it. The ACA enrollment period began yesterday, and because of actions of the Trump administration, consumers across the country face confusion and instability in the market.

Rather than addressing these urgent issues, we are engaged today in a political exercise to repeal IPAB, a board that has no members under a provision that has never taken effect and is not projected to be triggered before 2021, according to CMS actuaries.

In September, every Democratic member of the Ways and Means Committee wrote to Chairman BRADY urging bipartisan action to stabilize the insurance market. But after repeated requests, we never received a response from the chairman, and, to date, the House has taken no action on behalf of consumers.

In the meanwhile, the Trump administration has continued to work to undermine the law and access to healthcare by: one, cutting off funding for cost-sharing assistance for moderate-income enrollees; two, slashing funds to navigators that help consumers enroll in coverage—the biggest navigator in Michigan had its funding cut by 90 percent; three, shortening the enrollment period; four, shutting down healthcare.gov on weekends; and five, proposing to chip away at consumer protections through executive fiat.

These actions have significantly contributed to insurers exiting the market and raising premiums. It is nothing less than direct and deliberate sabotage; so, instead, the Republicans today bring up a bill about a board that does not exist, and the latest is it would not until 2021, at the earliest.

There are simple actions that we can take today to repair some of the damage and, thereby, improve the insurance markets. Senators LAMAR ALEXANDER and PATTY MURRAY recently came to a bipartisan agreement that

would provide funding for the cost-sharing reductions and outreach and enrollment activities that strengthen the risk pool in the marketplace.

Unfortunately, as we see today, my Republican colleagues continue to ignore these and other important issues, while allowing an administration, obsessed with repeal of ACA, to do so through executive action what could not be done legislatively.

What is more, they are bringing to the floor today a bill that the Congressional Budget Office estimates will raise the deficit by \$17.5 billion over the next decade. I repeat, raise the deficit by \$17.5 billion over the next decade. And this is just a small preview of the coming GOP tax bill, which would increase our Nation's debt by \$1.5 trillion according to the Republican's own budget resolution.

And whatever happened to the crocodile tears we used to hear from Republicans about the deficit? In terms of today's bill lacking any offset, how about at least starting to address the staggering cost of prescription drugs, a step that would save both senior citizens and the Medicare program money.

Mr. Speaker, the American people need Congress to take action to lower their healthcare costs and to stabilize the markets. They do not need today an irrelevant political bill such as H.R. 849. If you support real steps to lower health insurance premiums now, vote "no" on this bill.

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

Mr. PAULSEN. Mr. Speaker, I yield myself such time as I may consume, and let me just start by saying that some of my colleagues on the other side of the aisle have called on us to work with them over and over again to find common ground, to make fixes in the flaws in ObamaCare.

□ 1600

Today we have an opportunity to do exactly that. We should all be joining together. There is bipartisan support on this bill to eliminate this unnecessary and potentially very destructive body, one that I would define as a major flaw in the law. This is the exact process that we have been asking for—you have been asking for.

The bill has been through regular order. We have had countless hearings on this topic. We have actually voted not once, but twice, in past Congresses to repeal the IPAB to keep it from harming access to seniors' care.

So today we are bringing this bill forward—this legislation forward—as a stand-alone provision, not tied to any other policies, to once and for all allow Members to say whether they support or oppose this unaccountable board.

Mr. Speaker, I yield 4 minutes to the gentleman from Tennessee (Mr. ROE), who has been a tireless champion for seniors in Tennessee and, since day one, has been working on this legislation to repeal the IPAB.

Mr. ROE of Tennessee. Mr. Speaker, I rise in support of my bill, H.R. 849, the

Protecting Seniors' Access to Medicare Act of 2017, a bipartisan bill with 270 cosponsors, that repeals two sections of the Affordable Care Act and terminates the Independent Payment Advisory Board—or the IPAB—once and for all. I thank Chairman BRADY and Chairman WALDEN for bringing this important bill to the floor.

I also want to start by thanking my lead Democrat cosponsor from California, Dr. RAUL RUIZ. Dr. RUIZ and his staff have worked tirelessly with my staff to get more cosponsors this Congress than we have ever had before, including 45 Democrats. Seeing such strong bipartisan support for my bill only makes sense, however, since doing away with the IPAB has been a bipartisan idea since it was first proposed.

In December of 2009, I joined Congressman RICHARD NEAL and 72 other bipartisan Members in writing then-Speaker PELOSI expressing our opposition to the IPAB's creation. On the day the ACA passed the House, I filed legislation to repeal the IPAB, and have received bipartisan support in every Congress since. This is about access for seniors' care and quality of their care. By the way, the IPAB was not in the House version of the Affordable Care Act. Only the Senate sent that back over here. So it was not part of the House to begin with.

We got lucky this summer that the Medicare trustees' report did not trigger the IPAB. Otherwise, there would have been significant statutory requirements to cut Medicare within a year. These cuts would have been made to provide reimbursements, which would do nothing but drive providers out of Medicare and would eliminate options for our seniors to receive healthcare.

Peter Orszag, President Obama's Office of Management and Budget Director, said this was the greatest ceding of power from the Congress to a bureaucracy since the formation of the Federal Reserve. Remember, it has been stated here, Mr. Speaker, that the board hasn't been formed. That means one person makes these decisions, not the Congress. Medicare recipients can't come to their elected official and effect changes in this IPAB if it is enacted, and it will be.

One of the major concerns we hear today is that the CBO has estimated that this bill will cost over \$17 billion that is not paid for. First of all, the CBO describes its estimates as "extremely uncertain" because it is quite possible that under current law, the IPAB will not be triggered.

Secondly, this is the same dilemma we were in with the sustainable growth rate—SGR. Medicare says to doctors: You go out and provide the care, but if you provide too much, we will cut your payments.

As a physician myself, having seen how much havoc the SGR wreaked every year, we can't afford to put providers through this again. We spent months and years getting that cor-

rected. Knowing that many Members were concerned about the offsets in previous years, we have a bill on the floor today that all of our cosponsors can support.

I look forward to seeing all 270 of my cosponsors voting in favor of passage in order to preserve Medicare for our Nation's seniors. We have a chance to send a strong statement of support to Americans of Medicare age that do not want to see their healthcare arbitrarily cut by a body of 15 unelected, unaccountable bureaucrats, or the Secretary of HHS, if the board is not empaneled. If there are hard decisions to be made on Medicare, Congress should not abdicate that duty to a group of people with no oversight or legal recourse. Those decisions should be made by the people elected as representatives of the people.

Mr. Speaker, I urge my colleagues to support final passage of this bill and maintain Medicare services for our Nation's seniors, because this is truly a bipartisan issue that will affect all seniors equally.

Mr. LEVIN. Mr. Speaker, I yield 5 minutes to the gentleman from Wisconsin (Mr. KIND).

Mr. KIND. Mr. Speaker, I thank my friend for yielding me this time.

Mr. Speaker, I rise today in opposition of the repeal of the Independent Payment Advisory Board.

This is another classic example of a solution in search of a problem. Of all the things that we should be working on in Congress in a bipartisan fashion to improve and to fix the problems that exist within our healthcare system, we have legislation on the floor before us today that calls for the repeal of a non-existing commission, based on non-consistent spending cuts being proposed for Medicare, based on a nonconsistent cost of rate of increase in spending under the Medicare program, all of which is going to add \$17.5 billion to the deficit over the next 10 years because this bill isn't paid for. And the irony is they are coming forward with this legislation, which will add another \$18 billion to the debt, on the same day they release a tax bill that calls for an additional \$1.5 trillion worth of deficit spending because the tax bill hasn't been offset. At some point and at some time, we have got to take a bipartisan stand on fiscal responsibility in this place again because it is not happening today.

Instead, we should be working on short-term, practical solutions to stabilize and bring more certainty to the health insurance marketplace, in light of what the administration is doing to completely undermine the marketplaces today. We ought to be working on delivery system reform proposals that will emphasize the establishment of accountable care organizations and medical homes and value-based purchasing and bundling arrangements and different alternative payment models to get us to a system of value, quality, and outcomes, and away from

the fee-for-service payment for the volume of services, regardless of results.

Let's be honest, the real cost driver in our Federal budget—and it is true at the State and local level—has been healthcare costs because we have an aging population. That is the work that we should be working on together, is the delivery system reform and the payment reform, so we are aligning the incentives in the right direction where we are telling our healthcare providers: You will be compensated based on good results, not on how much you do.

There is a lot within the Affordable Care Act giving our providers the very tools in order to accomplish that, and we ought to be enhancing that here today. Instead, we are wasting time on a commission that, according to the CMS's own actuary, says, at the very earliest, it might be comprised in 2021. But, even then, it warrants us, with the mission that we have given it, that: Hey, you have got healthcare spending within the healthcare system that, Congress, you need to deal with. And then come back with recommendations. And then it is up to us to make corrective action at that time.

So all this talk about unelected bureaucrats making these decisions belies what the legislation actually calls for in the establishment of the IPAB. This was, however, another important cost containment tool that was put into the Affordable Care Act to try to restrain the growth of healthcare spending. We need more of those type of ideas, rather than efforts today to remove those tools and then possibly see just unbridled healthcare spending in the future.

What is really disturbing is I know there is a lot of common ground in this area, yet the American people wouldn't know it, with this political ping-pong ball on healthcare reform going back and forth and the chaos and the confusion that it is causing, and that is unfortunate.

So, instead, today, we ought to first take steps to stabilize the insurance exchanges, rather than an administration that is doing everything they can to limit the enrollment during the signup period, which actually started yesterday and lasts until December 15. They have cut by 90 percent funding for marketing of the exchanges. They have cut by almost 50 percent the funding for our navigators back home who are trying to help people get affordable healthcare coverage in their lives. They ended the cost-share payments, which only increases the cost for healthcare for everyone else because of the risk that the insurance plans now face.

The other segment of the population that we should be focused on in helping is that 5 or 6 percent of the population that are in the individual market who don't qualify for premium tax credits because they are getting hammered today. You would think that would be another area of bipartisan commonality that we can come together on

to provide relief for those individuals who are in the individual market experiencing these higher premiums, part of it being done because of the elimination of the cost-sharing reduction payments, but, instead, nothing is being done on that front.

My friend from Michigan also pointed out that we should be having hearings about the cost of prescription drugs in committee. That is one of the main cost drivers within the healthcare system, yet there is deafening silence in the Halls of Congress when it comes to taking measure on that front, even though President Trump promised during the course of his campaign and even earlier this year to try to take some action in a bipartisan way to address drug costs.

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

Mr. LEVIN. Mr. Speaker, I yield an additional 1 minute to the gentleman from Wisconsin.

Mr. KIND. It was an initiative that the President was even interested in trying to address. Yet, again, nothing is being done.

So this legislation is much ado about nothing because there is nothing pending. In fact, nothing would be pending, according to the CMS actuary, until, at the earliest, 2021. Instead, we are wasting time and opportunity to address the real problems and finding the real fixes that are needed in the healthcare system. There I am confident there is a lot of bipartisan overlap, having worked with many of my colleagues on the committee and across the aisle, on many of these measures that I just mentioned here today.

So I encourage my colleagues to vote “no” and allow this to go forward, because it does keep an eye on rising costs and it keeps the pressure where it belongs—right here in Congress—to take future action if the rate of growth starts spinning out of control.

Mr. PAULSEN. Mr. Speaker, I yield 1 minute to the gentleman from Pennsylvania (Mr. ROTHFUS), who has been a tireless advocate working on Medicare issues as well.

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

Mr. Speaker, I rise today in strong support of H.R. 849, the Protecting Seniors’ Access to Medicare Act.

The Independent Payment Advisory Board, known as the IPAB, was created under the ACA, and consists of a panel of 15 unelected, unaccountable government bureaucrats with the authority to single-handedly cut Medicare spending. By doing this, the IPAB reveals the truth that government, rather than the patient, is at the center of our Nation’s healthcare policy.

In repealing the IPAB, we begin to help get rid of the notion of the mentality that Washington knows best when it comes to our healthcare. It is imperative that we act now before nominees are put forward to serve on the board and access to care is greatly decreased or denied.

My constituents in western Pennsylvania rely on these funds for their healthcare needs. I am proud to see Congress working together in a bipartisan manner on this commonsense legislation that will keep patients and doctors in control of healthcare decisions and preserve Medicare for current and future seniors.

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

Mr. PAULSEN. Mr. Speaker, I yield 1 minute to the gentleman from Indiana (Mr. MESSER), a member of our leadership team.

Mr. MESSER. Mr. Speaker, I thank the gentleman from Minnesota for his hard work on this topic.

Mr. Speaker, Hoosiers continue to suffer under the negative impacts of ObamaCare each and every day. Despite the House keeping its promise to repeal this disastrous law, the Senate has failed to act.

But, fortunately, we have an opportunity today to make a difference, to protect our seniors, and to get rid of one of ObamaCare’s worst provisions: the Independent Payment Advisory Board, better known as the IPAB.

This board consists of 15 unelected and unaccountable bureaucrats who have the power to ration healthcare for our seniors without any congressional oversight. For an individual patient, this board has the power to make your healthcare decisions for you, and that is not fair.

This bill will change that. It disbands the board and ensures our seniors continue to have access to their healthcare that they need.

Mr. Speaker, I urge my colleagues to roll back this dangerous ObamaCare provision and to support this commonsense legislation.

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

Mr. PAULSEN. Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. ALLEN), who is an original cosponsor of this legislation.

Mr. ALLEN. Mr. Speaker, I rise today to urge my colleagues to support the Protecting Seniors’ Access to Medicare Act.

How many of you know what the Independent Payment Advisory Board is—also known as the IPAB?

How many of you know who serves on the board?

I would venture to say that not many people know the 15 unelected, unaccountable bureaucrats who have unilateral authority to cut Medicare spending.

When the Democrats passed ObamaCare, they created the Independent Payment Advisory Board, providing them with unprecedented power to alter Medicare policy, ultimately, having the chance to reduce seniors’ access to healthcare and put the government at the center of our healthcare system with zero accountability or transparency.

□ 1615

My constituents deserve better and Americans across this Nation deserve better.

A vote for this legislation is a vote to give seniors more control over their healthcare decisions. I urge my colleagues to support Dr. ROE’s bill.

Mr. LEVIN. Mr. Speaker, I reserve the balance of my time, unless Mr. PAULSEN is ready to close.

Mr. PAULSEN. Mr. Speaker, I have no more speakers.

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

Mr. Speaker, I want to say this to my colleagues, whom I very much respect, who signed on to this bill, many of them early on this year. There have been three changes of circumstance:

First, right then, it appeared that IPAB might come into existence in 2017. Now the actuary has made clear that will not happen under these circumstances until 2021.

Secondly, since the bill was introduced, circumstances have changed. The administration has taken steps to undercut healthcare for Americans. So because of cost-sharing and other issues, premiums have been rising. That is a second change of circumstance why this is the wrong bill at the wrong time.

Third, the last time it came up, it was paid for. In the Committee on Ways and Means, when we raised this issue, we were told, as always: Well, we don’t have to pay for it in the committee, but it can be paid for on the floor.

This is totally unpaid for, zero, no effort to pay for it, and it would add \$17.5 billion to the national debt. Already, it is at its record level with, now, the threat of \$1.5 trillion more.

So I really urge, no matter what were the circumstances when you signed on, in almost every case they have changed, and so there is such good reason why this is the wrong bill at the wrong time, and I think to vote for this is really the wrong vote.

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

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

Mr. Speaker, my colleagues on the other side of the aisle have supported this bill in the Ways and Means Committee in regular order last month and in a prior vote, I will add, back in 2015.

Rather than take control away from the American people and from our seniors, we should be expanding choice, expanding access, and expanding flexibility and competition in Medicare, and we can start that right now, today, by passing this legislation to terminate the IPAB once and for all.

Now, my colleagues on the other side of the aisle have also called on us to work with them to find common ground, to work with them to fix those flaws in the Affordable Care Act. Well, today, with this vote, we have the opportunity to do just that, to join together to eliminate this unnecessary

and potentially destructive provision—certainly, it is a major flaw in the law—and pass this bipartisan legislation.

Repealing IPAB is crucial to maintaining and expanding access to high-quality care for our Nation's seniors and ensuring that Medicare payment policy is not dictated to us and our constituents by a board of unelected and unaccountable bureaucrats.

Mr. Speaker, I want to thank Dr. ROE and I want to thank Dr. RUIZ on the other side of the aisle for their leadership on this bill, along with the Energy and Commerce and Ways and Means Committee members.

Mr. Speaker, I strongly urge my colleagues to support the passage of H.R. 849, and I yield back the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield myself as much time as I may consume.

Mr. Speaker, I rise in support of H.R. 849, the Protecting Seniors' Access to Medicare Act of 2017.

The Independent Payment Advisory Board, or IPAB, was created in the Affordable Care Act to reduce per capita rate of growth in Medicare spending. If a spending target is exceeded, cuts must be made, and the HHS Secretary is directed to implement the proposals made by this 15-person board automatically unless Congress affirmatively acts to alter the proposals or to discontinue automatic implementation of the proposals. This board has not yet been formed, but the statute requires the HHS Secretary to come up with the required reductions instead.

Medicare is crucial for our Nation's seniors to see their doctors, and the program's viability must be protected. There is no question that Medicare must be modernized in order to continue for future generations, but IPAB is not the right approach, and a bipartisan group of my colleagues agree that IPAB is not the answer to fixing Medicare's shortfalls.

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

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. RUIZ).

Mr. RUIZ. Mr. Speaker, today I rise in strong support of my bill, the bipartisan Protecting Seniors' Access to Medicare Act of 2017.

I was proud to introduce this commonsense, bipartisan bill with my friend on the other side of the aisle, Congressman Dr. PHIL ROE.

Mr. Speaker, I thank Dr. ROE and his staff for their many years of hard work and advocacy on this issue. I am pleased that our offices were able to work closely on this bill, building a strong, bipartisan working relationship.

H.R. 849 eliminates the well-intentioned but misguided Independent Payment Advisory Board, or IPAB, that was created under the Affordable Care Act.

Everyone can agree that we need to address the high cost of healthcare and

strengthen the solvency of Medicare. However, the IPAB approach is misguided, because it establishes an appointed and unelected panel that would have the authority to make cuts to Medicare, with no accountability to seniors.

Our constituents must be able to hold elected officials accountable for decisions made regarding changes to Medicare regardless of who is in power.

What is more, if the board failed to act, the Health and Human Services Secretary, whether Democrat or Republican, would be able to singlehandedly make cuts to Medicare.

Fortunately, the targeted Medicare growth rate to trigger IPAB has never been reached and the board has not yet been appointed. However, we must act now to ensure that it never happens.

Again, we can all agree that we must address the high cost of care and strengthen the solvency of Medicare, but we should do this by addressing the overall long-term cost of care.

I am pleased we are taking action in the House now, and I hope the Senate can consider this bill quickly. I encourage my colleagues to join me in passing this commonsense, bipartisan improvement to the Affordable Care Act and work together to protect and strengthen Medicare for our Nation's seniors.

Mr. Speaker, I urge my colleagues to vote "yes."

Mr. GUTHRIE. Mr. Speaker, I yield 3 minutes to the gentleman from Oregon (Mr. WALDEN), the chairman of the Energy and Commerce Committee and my good friend.

Mr. WALDEN. Mr. Speaker, I want to thank Mr. GUTHRIE from Kentucky. He has done a terrific job on the Energy and Commerce Committee on many fronts related to improving healthcare, especially for seniors and low-income Americans, among others.

Mr. Speaker, today I rise in strong support of H.R. 849. This is the Protecting Seniors' Access to Medicare Act of 2017. This will repeal the Independent Payment Advisory Board, IPAB.

The purpose of IPAB is to reduce Medicare's per capita growth rate. While, certainly, that is important work, this is not the solution.

The IPAB, created by the Affordable Care Act, would be composed of 15 unelected bureaucrats authorized to unilaterally make decisions regarding Medicare's finances, whether that be through draconian cuts to provider payments or by imposing policy changes that would reduce Medicare spending if the program exceeds an arbitrary growth rate target.

In other words, they can do just about anything they want to cut Medicare, and we don't have much of a say in it. These changes would automatically go into effect, and the Secretary of Health and Human Services would be forced to implement these reductions should IPAB be triggered, unless Congress passed legislation that would achieve the same amount of savings.

It is also worth noting that current law does not require a public comment period before IPAB issues their recommendations, so there would be no chance for the public to weigh in. And individuals and providers would have no recourse against the board—can you imagine that?—as its decisions are not subject to appeal or judicial review. This is hardly a model of transparency and accountability.

While IPAB hasn't been constituted yet, the threat of this provision of law remains. So I cannot support IPAB. I never have, because its potential cuts to providers, our doctors and hospitals and others and healthcare facilities would increase out-of-pocket costs for seniors and potentially limit the availability of medical services, restricting seniors' access to care, particularly in our rural areas.

Congress can and should act now to prevent IPAB and prevent the unelected bureaucrats from ever being at the helm of our country's Medicare Program.

I know the importance of this program. It took very good care of my parents, my wife's parents, and others I know. We should reject the premise of surrendering our oversight and our responsibility to preserve and protect the Medicare Program to a board with the power to make binding decisions about Medicare policy, with little accountability.

We know how to make sure seniors have an affordable, sound, reliable healthcare system. We have to create competition at every turn in the healthcare system and look for models that work, like Medicare part D.

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

Mr. Speaker, I rise in opposition to H.R. 849, the IPAB repeal.

Mr. Speaker, Republicans have spent the last 9 months trying to repeal the Affordable Care Act and they have failed, but instead of working with Democrats to improve the ACA, they will stop at nothing to repeal the law piece by piece.

The Republicans' partisan bill to reauthorize CHIP, community health centers, and other public health extenders is paid for on the back of Medicaid recipients, Medicare, low- and middle-income families with the Affordable Care Act health coverage, and the Prevention Fund, but yet they will not bother to pay for the \$17.5 billion it will cost to repeal IPAB.

IPAB was enacted as a backstop to the other cost-saving and quality-improvement efforts in the ACA, such as accountable care organizations, patient-centered care models like Medical Homes, programs that pay for quality, not quantity and value-based purchasing.

Because of the Affordable Care Act and these programs, Medicare spending growth has slowed and Medicare solvency has been extended.

According to the CMS actuary, IPAB will not be triggered until 2021, so the

timing of today's repeal is premature and politically motivated.

IPAB repeal would increase the deficit by \$17.5 billion. This is fiscally irresponsible of Republicans, especially as they prepare to announce a tax package that will saddle our country with \$1.5 trillion of debt in order to give tax cuts to the wealthy and corporations.

IPAB repeal is not about helping seniors. Don't let the Republicans kid you. Contrary to what the Republicans say, IPAB is prohibited from sending recommendations to Congress that would harm seniors by increasing their out-of-pocket costs or cutting their benefits. In fact, it is the Republican ACA repeal efforts that would cut nearly a trillion dollars from Medicaid and Medicare, harming seniors and other vulnerable Americans, which would have truly led to the rationing of healthcare.

So for all these reasons, I urge my colleagues to vote "no" on H.R. 849, the IPAB repeal.

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

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. BILIRAKIS), a member of the Energy and Commerce Committee.

Mr. BILIRAKIS. Mr. Speaker, I thank and appreciate my friend from Kentucky. He does a great job on the Energy and Commerce Committee and as vice chairman on the Health Subcommittee.

Mr. Speaker, I rise in support of the Protecting Seniors' Access to Medicare Act. I am a proud cosponsor of this bill, and I am glad we are passing this much-needed bill.

The Affordable Care Act created the Independent Payment Advisory Board. This board of unelected and unaccountable bureaucrats was charged with the single goal of cutting Medicare payments to physicians and hospitals. We can't let that happen.

This poorly conceived scheme could force physicians to exit the Medicare Program or limit their Medicare patients. We can't let that happen.

This would create an access-to-care problem for the 170,000 Medicare beneficiaries in my district. When I am back in the district talking to seniors, senior advocates, local physicians, hospitals, practically everyone has raised concerns with this board.

This is a commonsense repeal bill. They say that it hasn't been implemented yet, it hasn't been set up yet. Okay. Well, let's get rid of it. Most people don't want it.

Mr. Speaker, again, we need to pass this particular bill. We need to abolish this bad idea.

□ 1630

Mr. PALLONE. Mr. Speaker, I yield 4 minutes to the gentleman from Vermont (Mr. WELCH), a member of our committee.

Mr. WELCH. Mr. Speaker, the issue here about Medicare is one where there

is universal support in this body for that program that was passed in 1965 by a bipartisan vote. It is a lifeline for many of our seniors—for all of our seniors. It is a program where, since everybody pays, everybody benefits. It gives all of us confidence that our parents or ourselves will have access to good healthcare.

We have a challenge. The cost of healthcare in this country is far too expensive, and it is for a variety of reasons that our country spends twice as much on healthcare as most industrialized countries in the rest of the world and we don't get better results for that.

The challenge for us, if we want to save healthcare, particularly Medicare, is to start focusing on reforms that bring the cost of healthcare down and don't compromise quality.

The Affordable Care Act extended access to healthcare for millions of Americans, but it also included some steps that began bending the cost curve. The rate of growth in the Medicare spending has started to come down under the Affordable Care Act. It was patient-centered programs, it was accountable care organizations, it was value-based payment systems. These things where, for the first time, Congress talked not just about extending access, but trying to reform payment systems so that we could get the benefit of a more efficient system.

The IPAB is simply one of the potential tools that would be used in order to present to Congress recommendations. Unlike what Mr. WALDEN said, it would be the final say of Congress whether we wanted to approve or not any recommendation by the IPAB.

Here is the difference in how we are approaching healthcare. Many in this body on the Republican side have focused on the cost of healthcare, its contribution to the debt. The policy proposal in the form of repealing the Affordable Care Act, its way of reducing the cost of healthcare was to take healthcare away from 24 million Americans. That is what that bill did.

That is one way to control the cost of healthcare, have people go without. It is the wrong way. We all know that. We have got to bite the bullet here and start addressing the fact that we spend too much. Some of it is wasteful procedures, some of it is gaming the system, some of it is these incredible maneuvers by drug companies.

I am just going to give one example because I want to give this example as an indication of how right before our eyes bad things are happening that we are allowing to occur.

HUMIRA, a very good drug by AbbVie. Their patent was expiring. That patent is legislatively provided to give them exclusive marketing and selling rights. They have a monopoly price. It is incredibly expensive, like \$70,000 for a supply.

Amgen had a biosimilar that was going to be marketed, and then you would have the benefit of competition. The price would go down.

AbbVie and Amgen made a deal. We don't know how much AbbVie paid to Amgen, but suddenly Amgen is not going to bring its generic, in effect, to market until 2023, but—and this is part of their agreement—they are going to sell their biosimilar product in Europe now.

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

Mr. PALLONE. Mr. Speaker, I yield an additional 2 minutes to the gentleman from Vermont.

Mr. WELCH. Mr. Speaker, Europe is going to get the benefit of that lower price and the United States is not.

My question to my colleagues—it is not just about the IPAB. It is about let's get real. Let's get real on drug prices. Let's get real on the fee-for-service as opposed to value-based system. Let's get real on cracking down on Medicare fraud. Let's get real on focusing on the cost side, where all of us acknowledge bad things are happening. This fear of these "unelected bureaucrats," where it is 15 people who, at the end of the day, whatever recommendation they want to make to us, force us to make a hard decision as to whether it is a good recommendation or a bad recommendation.

We are in charge. This is going to be rammed down our throat, but what it does force us to do is start looking where the money is; rip-off drug prices, excessive procedures that actually create medical risk.

Mr. Speaker, we do have a challenge of healthcare cost in this country, but the focus has to be on improving the delivery system and taking the rip-off pricing out of the system.

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. COSTELLO), a member of the Energy and Commerce Committee.

Mr. COSTELLO of Pennsylvania. Mr. Speaker, I rise in strong support of H.R. 849, the Protecting Seniors' Access to Medicare Act.

Mr. Speaker, this bipartisan legislation would bring an end to the Independent Payment Advisory Board, also known as the IPAB. Since its creation as part of the ACA, the IPAB has threatened to put an unelected panel of 15 Washington bureaucrats at the center of the healthcare delivery model.

Not only would the IPAB shift healthcare decisionmaking away from patients and physicians, it would also empower this panel with the unilateral ability to make arbitrary cuts to Medicare without proper oversight and with zero accountability to the very seniors and beneficiaries whose healthcare access they would affect.

Mr. Speaker, it is time to end this unrealistic, unreasonable, and unpopular one-size-fits-all approach to healthcare delivery. It was the wrong approach from the start, and today's vote will help bring an end to this dangerous power grab once and for all.

Mr. Speaker, I want to thank all those involved, and I encourage my colleagues to support this important bipartisan effort.

Mr. PALLONE. Mr. Speaker, may I inquire as to how much time remains?

The SPEAKER pro tempore. The gentleman from New Jersey has 5½ minutes remaining, and the gentleman from Kentucky has 8½ minutes remaining.

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

Mr. Speaker, I can't help but put what is happening today in terms of the Republicans putting up this bill on the IPAB and what is happening tomorrow with the Republicans putting up a CHIP and community health centers bill but point out that collectively what they are trying to do is what they were not able to do in the first 9 months of this session when they sought very hard and pushed very hard to repeal the Affordable Care Act.

What is going on here today and tomorrow with the IPAB and community health centers and CHIP is essentially an effort to repeal the Affordable Care Act piece by piece, in my opinion.

What do we do?

We see the IPAB, which is part of the Affordable Care Act. We see the pay-fors for community health centers and the CHIP tomorrow, taking away money from the Prevention Fund from the Affordable Care Act, limiting the grace period when people will lose their insurance that they have under the Affordable Care Act.

This goes along also with what is happening with the President as well. The President has, in the last month or so, said that he is not going to pay the cost-sharing subsidies. He has cut back on the outreach so that people don't know what is in the Affordable Care Act. He has cut back on the period when people can sign up and get their insurance in half.

What we are seeing, in my opinion, is the Republicans sabotaging the Affordable Care Act. They couldn't repeal it, so now they are doing whatever they can to sabotage it. It is really ironic or inconsistent, however you want to put it. On the one hand they are insisting that when it comes to kids and community health centers, which is a group of people you would think they would be most concerned about, they insist on paying for it by taking money from other healthcare programs. We are asked to take money from the Prevention Fund, which pays for vaccines for children, which pays for the children's lead poisoning program, which is a major part of our opiate prevention program. This is the money that comes from the Prevention Fund. Basically, they are taking that money and using it to pay for the community health centers and the Children's Health Initiative, which means that that money is lost. That money is lost for those other purposes.

With regard to the grace period, they are saying, well, if you fail to pay your insurance, it used to be 90 days before you lost it. Now it would be 30 days before you lost it, which means that you end up with about 500,000 or 600,000 peo-

ple who have insurance now under the Affordable Care Act that would lose it, according to the CBO.

Yet, at the same time, with the IPAB repeal, which we are considering now, which costs \$17.5 billion, and which, as my colleague from Vermont said, is a mechanism to try to save costs, they are saying: Well, we don't have to pay for that. We can just repeal it. We will forego those additional costs, which become part of the deficit.

Mr. Speaker, for all these reasons, the bottom line is, what the Republicans are doing is not fair. It is not fair to the kids. It is not fair to the people who are going to lose their health insurance.

I will say as the last thing that this is going nowhere. One of the reasons why Democrats have been urging the Republicans with regard to the CHIP and community health centers to work with us on a bipartisan basis is because we know if this bill passes today on a partisan vote, because we can't support it for the reasons I explained, then that means that it is going to go to the Senate and it is going to die because there is no reason to believe that the Senate is going to take up this partisan bill.

I think it is just a huge mistake on the part of Republicans. Basically, what they are signaling today is that they don't really care about this. They wanted to stick around until the end of year, which means the community health centers and CHIP just basically wither on the vine for lack of funds. That is not fair. It is not fair to the kids. It is not fair to those who use community health centers.

Mr. Speaker, for all these reasons, I would urge a "no" vote on the bill today, the IPAB repeal; and I will also ask for a "no" vote tomorrow on the CHIP and the community health centers legislation.

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

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

Mr. Speaker, one, this IPAB effort is bipartisan. We have even heard on the floor both sides of the aisle support passage of the bill. It has been bipartisan.

First, a couple of things. On the value-based payments—which I think is the direction we need to go to rein in the costs and make sure we have sustainable programs, but the IPAB's annual short-term focus savings provision would affect Medicare and the wider health system in unpredictable ways with potentially many negative unintended consequences by doubling down on the traditional practice of squeezing payment rates in order to slow spending with no meaningful eye to how these changes impact long-term incentives—the IPAB could work at cross purposes to broaden reform that would base Medicare payments on quality and value.

On the offset, we did offset CHIP and the community health centers. We know that money is going to be spent.

We know that when we authorize it, it is going to be spent. We believe it is going to be spent wisely. That is why we are moving forward with these bills.

The IPAB has not been constituted, and repealing it should not have to be offset since it has not spent any money nor been charged yet with finding any savings. The IPAB trigger has never been hit. The CBO estimates that the IPAB would be triggered in 2023, 2025, and 2027. But by their own admission, and I quote from the report, "Given the uncertainty that surrounds these projections, it is possible such authority would be invoked in other years," or we could also assume possibly never at all.

The CBO estimate also has to assume the level of cuts required by the amount Medicare is spending that exceeds the trigger. The CBO also then has to speculate on how reductions made in any one year would impact the trigger in future years, further laying assumption upon guesswork. As the CBO notes in their estimate, the estimate represents a broad range of possible effects.

The CBO admits they do not know if the IPAB will be triggered or what policies they might pursue if activated. Some of their assumptions are one-sided bets that may or may not achieve savings, and the CBO must further speculate on the probabilities associated with such variations.

Mr. Speaker, in closing, I believe the IPAB will not be effective providing real solutions for Medicare solvency. It contributes disproportionately little to the projected cost savings needed in Medicare, but it has the potential to hurt seniors' access to care. Fundamentally, I believe it is a constitutional affront to the legislative branch.

□ 1645

The IPAB decisions don't come to Congress to be approved or disapproved. We can undo the IPAB decisions if we have dollar-for-dollar replacement, but that could even be blocked by a minority vote in the Senate.

So I urge my colleagues to support H.R. 849, to repeal the Independent Payment Advisory Board, and I hope there will continue to be bipartisan support for this important legislation.

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

Ms. JACKSON LEE. Mr. Speaker, I rise in opposition to H.R. 849, the so-called "Protecting Seniors' Access to Medicare Act of 2017," which repeals the Independent Payment Advisory Board (IPAB), that was established under the ACA in response to high rates of growth in Medicare expenditures and charged with developing proposals to "reduce the per capita rate of growth in Medicare spending."

I opposed this bill when it came to the floor as H.R. 1190 in the 114th Congress and I oppose it now because by repealing IPAB, the bill would eliminate an important safeguard that will help reduce the rate of Medicare cost growth responsibly while protecting Medicare beneficiaries.

Mr. Speaker, H.R. 849 is nothing but another attempt, in a long line of House Republican efforts to undermine both the Medicare guarantee and the Affordable Care Act.

Repealing IPAB would cost over \$17.5 billion during the course of a ten year period according to the Congressional Budget Office (CBO).

Mr. Speaker, Republicans do not even make an attempt to find an offset for this \$17.5 billion increase to the deficit resulting from repeal of the IPAB, while at the same time they plan to bring to the floor a partisan bill to reauthorize CHIP, Community Health Centers, and other public health extenders by cutting Medicare and slashing funding for programs relied upon by Medicaid recipients, low and middle income families with Affordable Care Act health coverage.

After more than seven years under the Affordable Care Act, more than 20 million Americans have gained health coverage; up to 129 million people who could have otherwise been denied or who faced discrimination now have access to coverage.

Mr. Speaker, given the real challenges facing our nation, it is irresponsible for the Republican majority to continue bringing to the floor unpaid for bills that would do serious harm to millions of Americans if they were to be enacted.

House Republicans have tried more than 65 times to undermine the Affordable Care Act, which has enabled more than 20 million previously uninsured Americans to know the peace of mind that comes from having access to affordable, accessible, high quality health care.

Their batting average to date is .000; they have struck out every time because the American people appreciate and strongly support the Affordable Care Act.

Mr. Speaker, I ask my colleagues to look at the facts and abandon this misguided effort to undermine the ACA and impose significant negative impacts on Americans currently insured.

The Independent Payment Advisory Board is to recommend to Congress policies that reduce the rate of Medicare growth and help Medicare provide better care at lower costs.

IPAB membership by law is to be made up of 15 members appointed by the President and confirmed by the Senate and been comprised of the non-partisan CBO, economists, and health policy experts as contributing to Medicare's long-term sustainability.

Mr. Speaker, the IPAB is already prohibited from recommending changes to Medicare that ration health care, restrict benefits, modify eligibility, increase cost sharing, or raise premiums or revenues.

Under current law, the Congress retains the authority to modify, reject, or enhance IPAB recommendations to strengthen Medicare, and IPAB recommendations would take effect only if the Congress does not act to slow Medicare cost growth.

Finally, Mr. Speaker, let me point out to our friends across the aisle that according to the CMS actuary, IPAB will not be triggered until 2021, so the timing of today's repeal is premature and politically motivated.

IPAB was enacted as a backstop to the other cost saving and quality improvement efforts in ACA, such as accountable care organizations, patient-centered care models like medical homes, programs that pay for quality not quantity, and value based purchasing.

Because of the ACA and these programs, Medicare spending growth has slowed and Medicare's solvency has been extended.

Increasing the deficit by \$17.5 billion as a result of repealing the IPAB would be fiscally irresponsible, especially now that Republicans have introduced a tax package that will saddle our country with \$1.5 trillion of debt in order to give tax cuts to the wealthy and corporations.

Mr. Speaker, despite the Supreme Court's upholding of the law's constitutionality, the reelection of President Obama, and Speaker Ryan's admission that "Obamacare is the law of the land," Republicans refuse to stop wasting time and taxpayer money in their effort to take away the patient protections and benefits of the Affordable Care Act.

Mr. Speaker, I call upon House Republican leaders to stop wasting our time trying to take away healthcare protections that Americans depend on and to start addressing pressing national priorities.

And they should start with working with Democrats on a bipartisan and responsible plan to reauthorize the Children's Health Insurance Program ("CHIP") which insures more than 9 million kids and fully funding the relief efforts needed to help American communities recover from the devastating effects of Hurricanes Harvey, Irma, and Maria.

I urge my colleagues to join me in voting against H.R. 849.

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

Pursuant to House Resolution 600, the previous question is ordered on the bill, as amended.

The question is on the engrossment and third reading of the bill.

The bill 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 bill.

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

Mr. PALLONE. 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 307, nays 111, not voting 14, as follows:

[Roll No. 604]

YEAS—307

Abraham
Aderholt
Aguilar
Allen
Amash
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barragán
Barton
Beatty
Bera
Bergman
Biggs
Bilirakis
Bishop (GA)
Bishop (MI)
Bishop (UT)
Blackburn
Blum
Blunt Rochester
Bost
Boyle, Brendan
F.

Brady (TX)
Brat
Brooks (IN)
Brownley (CA)
Buchanan
Buck
Bucshon
Budd
Burgess
Bustos
Butterfield
Byrne
Calvert
Capuano
Carbajal
Cardenas
Cárter (GA)
Carter (TX)
Castro (TX)
Chabot
Cheney
Clarke (NY)
Coffman
Cole
Collins (GA)
Collins (NY)
Comer
Comstock

Conaway
Connolly
Cook
Correa
Costello (PA)
Courtney
Cramer
Crawford
Crist
Cuellar
Culberson
Curbelo (FL)
Davidson
Davis (CA)
Davis, Rodney
DeFazio
DeGette
Demings
Denham
Dent
DeSantis
DesJarlais
Diaz-Balart
Donovan
Duffy
Duncan (SC)
Duncan (TN)
Dunn

Emmer
Engel
Estes (KS)
Esty (CT)
Farenthold
Faso
Ferguson
Fitzpatrick
Fleischmann
Flores
Fortenberry
Foss
Frankel (FL)
Franks (AZ)
Frelinghuysen
Gabbard
Gaetz
Gallagher
Gallego
Garrett
Gianforte
Gibbs
Gohmert
Gomez
Gonzalez (TX)
Goodlatte
Gosar
Gottheimer
Gowdy
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Green, Gene
Griffith
Grothman
Guthrie
Handel
Harper
Harris
Hartzler
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins (LA)
Higgins (NY)
Hill
Holding
Hollingsworth
Hudson
Huizenga
Hultgren
Hunter
Hurd
Issa
Jenkins (KS)
Jenkins (WV)
Johnson (GA)
Johnson (LA)
Johnson (OH)
Johnson, Sam
Jones
Jordan
Joyce (OH)
Katko
Keating
Kelly (MS)
Kelly (PA)
Kihuen
Kilmer
King (IA)
King (NY)
Kinzinger
Knight
Krishnamoorthi
Kuster (NH)

Kustoff (TN)
Labrador
LaHood
LaMalfa
Lamborn
Lance
Larson (CT)
Latta
Lawrence
Lewis (MN)
Lieu, Ted
LoBiondo
Lofgren
Long
Loudermilk
Love
Lucas
Luetkemeyer
Lujan Grisham,
M.
Lynch
MacArthur
Maloney, Sean
Marchant
Marino
Marshall
Massie
Mast
McCarthy
McCaul
McClintock
McHenry
McKinley
McMorris
Rodgers
McNerney
McSally
Meadows
Meehan
Meeks
Meng
Messer
Mitchell
Moolenaar
Mooney (WV)
Moulton
Mullin
Murphy (FL)
Newhouse
Noem
Nolan
Norcross
Norman
O'Halleran
O'Rourke
Olson
Palazzo
Palmer
Panetta
Pascarella
Paulsen
Pearce
Perry
Peterson
Pittenger
Poe (TX)
Poliquin
Posey
Ratcliffe
Reed
Reichert
Renacci
Rice (SC)
Richmond
Roby
Roe (TN)

Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas
J.
Ros-Lehtinen
Rosen
Roskam
Ross
Rothfus
Rouzer
Royce (CA)
Ruiz
Ruppersberger
Rush
Russell
Rutherford
Sánchez
Sanford
Schneider
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Sewell (AL)
Shea-Porter
Shimkus
Shuster
Sires
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smucker
Soto
Stefanik
Stewart
Stivers
Suozi
Taylor
Tenney
Thompson (PA)
Thornberry
Tiberi
Tipton
Torres
Trott
Turner
Valadao
Vargas
Veasey
Vela
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Watson Coleman
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Williams
Wilson (SC)
Wittman
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IA)
Zeldin

NAYS—111

Adams
Bass
Beyer
Blumenauer
Bonamici
Brady (PA)
Brown (MD)
Carson (IN)
Cartwright
Castor (FL)
Chu, Judy
Cicilline
Clark (MA)
Clay
Cleaver
Clyburn
Cohen
Conyers
Cooper
Costa
Crowley
Cummings
Davis, Danny
Delaney
DeLauro
DelBene
DeSaulnier
Deutch
Dingell
Doggett
Doyle, Michael
F.
Ellison
Eshoo
Español
Evans
Foster
Fudge
Garamendi
Green, Al
Grijalva
Gutiérrez

Hanabusa
Hastings
Heck
Himes
Hoyer
Huffman
Jackson Lee
Jayapal
Jeffries
Kaptur
Kelly (IL)
Kennedy
Khanna
Kildee
Kind
Langevin
Larsen (WA)
Lawson (FL)
Lee
Levin
Lewis (GA)

Lipinski	Pelosi	Slaughter
Loeback	Perlmutter	Smith (WA)
Lowenthal	Pingree	Swalwell (CA)
Lowe	Polis	Takano
Lujan, Ben Ray	Price (NC)	Thompson (CA)
Maloney	Quigley	Thompson (MS)
Carolyn B.	Raskin	Titus
Matsui	Rice (NY)	Tonko
McCollum	Roybal-Allard	Tsongas
McEachin	Ryan (OH)	Velázquez
McGovern	Sarbanes	Visclosky
Moore	Schakowsky	Walz
Nadler	Schiff	Wasserman
Napolitano	Schrader	Schultz
Neal	Scott (VA)	Waters, Maxine
Pallone	Serrano	Welch
Payne	Sherman	Yarmuth

NOT VOTING—14

Black	Peters	Sinema
Bridenstine	Pocan	Speier
Brooks (AL)	Scalise	Upton
Johnson, E. B.	Scott, David	Wilson (FL)
Nunes	Simpson	

□ 1711

Messrs. BEN RAY LUJÁN of New Mexico, DANNY K. DAVIS of Illinois, SCOTT of Virginia, and Ms. KAPTUR changed their vote from “yea” to “nay.”

Mr. HIGGINS of New York, Ms. GABBARD, Messrs. DENHAM, and MCNERNEY changed their vote from “nay” to “yea.”

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Ms. SINEMA. Mr. Speaker, due to a technical glitch, my vote was not recorded. Had I been present, I would have voted “yea” on rollcall No. 604.

Mr. PETERS. Mr. Speaker, my vote was not recorded on rollcall No. 604 on H.R. 849—The Protecting Seniors’ Access to Medicare Act due to my attendance at the Vatican’s Health of People, Health of Planet and Our Responsibility: Climate Change, Air Pollution and Health. I intended to vote “aye”.

Mr. NUNES. Mr. Speaker, on the legislative day of Thursday, November 2, 2017, I was unavoidably detained and was unable to cast a vote on a rollcall vote. Had I been present, I would have voted “yes” on rollcall No. 604.

Stated against:

Ms. WILSON of Florida. Mr. Speaker, had I been present, I would have voted “nay” on rollcall No. 604.

PROTECTING PATIENT ACCESS TO EMERGENCY MEDICATIONS ACT OF 2017

Mr. HUDSON. Mr. Speaker, I ask unanimous consent to take from the Speaker’s table the bill (H.R. 304) to amend the Controlled Substances Act with regard to the provision of emergency medical services, with the Senate amendment thereto, and concur in the Senate amendment.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. HULTGREN). The Clerk will report the Senate amendment.

The Clerk read as follows:

Senate amendment:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Protecting Patient Access to Emergency Medications Act of 2017”.

SEC. 2. EMERGENCY MEDICAL SERVICES.

Section 303 of the Controlled Substances Act (21 U.S.C. 823) is amended—

(1) by redesignating subsection (j) as subsection (k); and

(2) by inserting after subsection (i) the following:

“(j) EMERGENCY MEDICAL SERVICES THAT ADMINISTER CONTROLLED SUBSTANCES.—

“(1) REGISTRATION.—For the purpose of enabling emergency medical services professionals to administer controlled substances in schedule II, III, IV, or V to ultimate users receiving emergency medical services in accordance with the requirements of this subsection, the Attorney General—

“(A) shall register an emergency medical services agency if the agency submits an application demonstrating it is authorized to conduct such activity under the laws of each State in which the agency practices; and

“(B) may deny an application for such registration if the Attorney General determines that the issuance of such registration would be inconsistent with the requirements of this subsection or the public interest based on the factors listed in subsection (f).

“(2) OPTION FOR SINGLE REGISTRATION.—In registering an emergency medical services agency pursuant to paragraph (1), the Attorney General shall allow such agency the option of a single registration in each State where the agency administers controlled substances in lieu of requiring a separate registration for each location of the emergency medical services agency.

“(3) HOSPITAL-BASED AGENCY.—If a hospital-based emergency medical services agency is registered under subsection (f), the agency may use the registration of the hospital to administer controlled substances in accordance with this subsection without being registered under this subsection.

“(4) ADMINISTRATION OUTSIDE PHYSICAL PRESENCE OF MEDICAL DIRECTOR OR AUTHORIZING MEDICAL PROFESSIONAL.—Emergency medical services professionals of a registered emergency medical services agency may administer controlled substances in schedule II, III, IV, or V outside the physical presence of a medical director or authorizing medical professional in the course of providing emergency medical services if the administration is—

“(A) authorized by the law of the State in which it occurs; and

“(B) pursuant to—

“(i) a standing order that is issued and adopted by one or more medical directors of the agency, including any such order that may be developed by a specific State authority; or

“(ii) a verbal order that is—

“(I) issued in accordance with a policy of the agency; and

“(II) provided by a medical director or authorizing medical professional in response to a request by the emergency medical services professional with respect to a specific patient—

“(aa) in the case of a mass casualty incident; or

“(bb) to ensure the proper care and treatment of a specific patient.

“(5) DELIVERY.—A registered emergency medical services agency may deliver controlled substances from a registered location of the agency to an unregistered location of the agency only if the agency—

“(A) designates the unregistered location for such delivery; and

“(B) notifies the Attorney General at least 30 days prior to first delivering controlled substances to the unregistered location.

“(6) STORAGE.—A registered emergency medical services agency may store controlled substances—

“(A) at a registered location of the agency;

“(B) at any designated location of the agency or in an emergency services vehicle situated at a registered or designated location of the agency; or

“(C) in an emergency medical services vehicle used by the agency that is—

“(i) traveling from, or returning to, a registered or designated location of the agency in the course of responding to an emergency; or

“(ii) otherwise actively in use by the agency under circumstances that provide for security of the controlled substances consistent with the requirements established by regulations of the Attorney General.

“(7) NO TREATMENT AS DISTRIBUTION.—The delivery of controlled substances by a registered emergency medical services agency pursuant to this subsection shall not be treated as distribution for purposes of section 308.

“(8) RESTOCKING OF EMERGENCY MEDICAL SERVICES VEHICLES AT A HOSPITAL.—Notwithstanding paragraph (13)(J), a registered emergency medical services agency may receive controlled substances from a hospital for purposes of restocking an emergency medical services vehicle following an emergency response, and without being subject to the requirements of section 308, provided all of the following conditions are satisfied:

“(A) The registered or designated location of the agency where the vehicle is primarily situated maintains a record of such receipt in accordance with paragraph (9).

“(B) The hospital maintains a record of such delivery to the agency in accordance with section 307.

“(C) If the vehicle is primarily situated at a designated location, such location notifies the registered location of the agency within 72 hours of the vehicle receiving the controlled substances.

“(9) MAINTENANCE OF RECORDS.—

“(A) IN GENERAL.—A registered emergency medical services agency shall maintain records in accordance with subsections (a) and (b) of section 307 of all controlled substances that are received, administered, or otherwise disposed of pursuant to the agency’s registration, without regard to subsection 307(c)(1)(B).

“(B) REQUIREMENTS.—Such records—

“(i) shall include records of deliveries of controlled substances between all locations of the agency; and

“(ii) shall be maintained, whether electronically or otherwise, at each registered and designated location of the agency where the controlled substances involved are received, administered, or otherwise disposed of.

“(10) OTHER REQUIREMENTS.—A registered emergency medical services agency, under the supervision of a medical director, shall be responsible for ensuring that—

“(A) all emergency medical services professionals who administer controlled substances using the agency’s registration act in accordance with the requirements of this subsection;

“(B) the recordkeeping requirements of paragraph (9) are met with respect to a registered location and each designated location of the agency;

“(C) the applicable physical security requirements established by regulation of the Attorney General are complied with wherever controlled substances are stored by the agency in accordance with paragraph (6); and

“(D) the agency maintains, at a registered location of the agency, a record of the standing orders issued or adopted in accordance with paragraph (9).

“(11) REGULATIONS.—The Attorney General may issue regulations—

“(A) specifying, with regard to delivery of controlled substances under paragraph (5)—

“(i) the types of locations that may be designated under such paragraph; and

“(ii) the manner in which a notification under paragraph (5)(B) must be made;

“(B) specifying, with regard to the storage of controlled substances under paragraph (6), the manner in which such substances must be stored at registered and designated locations, including in emergency medical service vehicles; and

“(C) addressing the ability of hospitals, emergency medical services agencies, registered locations, and designated locations to deliver controlled substances to each other in the event of—

- “(i) shortages of such substances;
- “(ii) a public health emergency; or
- “(iii) a mass casualty event.

“(12) **RULE OF CONSTRUCTION.**—Nothing in this subsection shall be construed—

“(A) to limit the authority vested in the Attorney General by other provisions of this title to take measures to prevent diversion of controlled substances; or

“(B) to override the authority of any State to regulate the provision of emergency medical services consistent with this subsection.

“(13) **DEFINITIONS.**—In this section:

“(A) The term ‘authorizing medical professional’ means an emergency or other physician, or another medical professional (including an advanced practice registered nurse or physician assistant)—

“(i) who is registered under this Act;

“(ii) who is acting within the scope of the registration; and

“(iii) whose scope of practice under a State license or certification includes the ability to provide verbal orders.

“(B) The term ‘designated location’ means a location designated by an emergency medical services agency under paragraph (5).

“(C) The term ‘emergency medical services’ means emergency medical response and emergency mobile medical services provided outside of a fixed medical facility.

“(D) The term ‘emergency medical services agency’ means an organization providing emergency medical services, including such an organization that—

“(i) is governmental (including fire-based and hospital-based agencies), nongovernmental (including hospital-based agencies), private, or volunteer-based;

“(ii) provides emergency medical services by ground, air, or otherwise; and

“(iii) is authorized by the State in which the organization is providing such services to provide emergency medical care, including the administering of controlled substances, to members of the general public on an emergency basis.

“(E) The term ‘emergency medical services professional’ means a health care professional (including a nurse, paramedic, or emergency medical technician) licensed or certified by the State in which the professional practices and credentialed by a medical director of the respective emergency medical services agency to provide emergency medical services within the scope of the professional’s State license or certification.

“(F) The term ‘emergency medical services vehicle’ means an ambulance, fire apparatus, supervisor truck, or other vehicle used by an emergency medical services agency for the purpose of providing or facilitating emergency medical care and transport or transporting controlled substances to and from the registered and designated locations.

“(G) The term ‘hospital-based’ means, with respect to an agency, owned or operated by a hospital.

“(H) The term ‘medical director’ means a physician who is registered under subsection (f) and provides medical oversight for an emergency medical services agency.

“(I) The term ‘medical oversight’ means supervision of the provision of medical care by an emergency medical services agency.

“(J) The term ‘registered emergency medical services agency’ means—

“(i) an emergency medical services agency that is registered pursuant to this subsection; or

“(ii) a hospital-based emergency medical services agency that is covered by the registration of the hospital under subsection (f).

“(K) The term ‘registered location’ means a location that appears on the certificate of reg-

istration issued to an emergency medical services agency under this subsection or subsection (f), which shall be where the agency receives controlled substances from distributors.

“(L) The term ‘specific State authority’ means a governmental agency or other such authority, including a regional oversight and coordinating body, that, pursuant to State law or regulation, develops clinical protocols regarding the delivery of emergency medical services in the geographic jurisdiction of such agency or authority within the State that may be adopted by medical directors.

“(M) The term ‘standing order’ means a written medical protocol in which a medical director determines in advance the medical criteria that must be met before administering controlled substances to individuals in need of emergency medical services.

“(N) The term ‘verbal order’ means an oral directive that is given through any method of communication including by radio or telephone, directly to an emergency medical services professional, to contemporaneously administer a controlled substance to individuals in need of emergency medical services outside the physical presence of the medical director or authorizing medical professional.”

Mr. HUDSON (during the reading). Mr. Speaker, I ask unanimous consent that the Senate amendment be considered as read.

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

There was no objection.

The SPEAKER pro tempore. Is there objection to the original request of the gentleman from North Carolina?

There was no objection.

A motion to reconsider was laid on the table.

APPOINTMENT OF MEMBERS TO BOARD OF VISITORS TO UNITED STATES NAVAL ACADEMY

The SPEAKER pro tempore. The Chair announces the Speaker’s appointment, pursuant to 10 U.S.C. 6968(a), clause 10 of rule I, and the order of the House of January 3, 2017, of the following Members on the part of the House to the Board of Visitors to the United States Naval Academy:

Mr. GALLAGHER, Wisconsin, to fill the existing vacancy thereon;

Mr. CUMMINGS, Maryland

Mr. RUPPERSBERGER, Maryland

□ 1715

SUPPORTING THE HEARTBEAT BILL

(Mr. ROKITA asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ROKITA. Mr. Speaker, I rise today to discuss the importance of life.

Thomas Jefferson famously wrote that every man has the right to “life, liberty, and the pursuit of happiness.” I hold this quote near and dear because we must defend these rights. That is certainly true with the right to life for a baby.

Last week, I met with Rachelle Heidelbaugh with Faith2Action. Rachelle told me her story about when

she chose life and how she has continued fighting for life through Faith2Action. Her story was truly moving and pulled at the heartstrings. I couldn’t help but give her a hug because her story is so meaningful and her efforts are truly saving lives.

While Rachelle visited, we talked about the Heartbeat bill. The Heartbeat bill would ensure that every unborn child with a heartbeat is protected. We need to do whatever we can to protect life, and this bill will allow us to keep on protecting unborn boys and girls.

Rachelle gave me the Heartbeat Bill Hero Award like many in this House have gotten. The award is this small token that I am proud to carry because it represents thousands of lives that are being saved.

I will always stand up for a baby’s right to life, and I hope my colleagues will join me in supporting H.R. 490, the Heartbeat bill legislation.

REPUBLICAN TAX PLAN

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

Ms. FRANKEL of Florida. Mr. Speaker, I stand against Republican efforts to give massive tax cuts to the wealthiest citizens and big corporations while robbing the pockets of middle class families and ransacking Medicare and Medicaid.

My constituents are worried. Just ask Marion, who uses Medicare to buy her costly diabetes drugs, or Sherry, whose husband has Alzheimer’s and lives in a nursing home paid for by Medicaid.

Americans want a better deal, one that invests in infrastructure, education, and innovative research and lowers the costs of things like child care and prescription drugs.

We want better jobs, better pay, and a better future, not more giveaways to hedge funds and conglomerates.

RECOGNIZING NONPROFIT LEADERS IN BUCKS COUNTY, PENNSYLVANIA

(Mr. FITZPATRICK asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. FITZPATRICK. Mr. Speaker, I rise today to recognize the hard work and significant impact of numerous nonprofit organizations in Bucks County, Pennsylvania.

Recently, I had the opportunity to meet with a group of CEOs from nonprofits across Bucks County. These organizations span a range of areas, including health and human services, education, arts and humanities, and services for our community’s seniors.

I want to thank Potential, Inc., NOVA Bucks County, the James A. Michener Art Museum, Pearl S. Buck International, the David Library of the

American Revolution, the Mercer Museum and Fonthill Castle, Libertae, The Open Link, YWCA Bucks County, and the Central Bucks County Family YMCA—Doylestown Branch. The productive and frank conversations facilitated by these organizations is a tribute to both these nonprofit leaders and their members.

Bucks County is made a better place because of the amazing people we have committed to our nonprofit community. We thank them for giving their time, their energy, and their passion in serving a cause bigger than themselves.

HONORING THE LIFE OF JEREMIAH GRANT

(Mr. PAYNE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PAYNE. Mr. Speaker, today I rise to congratulate a group that I have worked with for some time, the Jersey City H.O.N.E.Y. Bees Double Dutch team for their big wins at the American Double Dutch League's 44th international competition.

But tragedy intervened. Sadly, on October 28, one of the H.O.N.E.Y. Bees passed away. I ask my colleagues to join me in honor and remembrance of the life of Jeremiah Grant.

Jerry was a student at the Ollie Culbreth Jr. School in Jersey City, New Jersey. He excelled in academics and in the world of competitive jump rope. At only 8 years old, Jerry was the youngest member of the H.O.N.E.Y. Bees. He was also the only boy on the team and was called Prince Bee. Jerry was a winner, and his legacy of love will live on in north Jersey.

May Jerry "Prince Bee" continue flying high in eternal peace.

CHIP AND COMMUNITY HEALTH CENTERS

(Mr. JOHNSON of Louisiana asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. JOHNSON of Louisiana. Mr. Speaker, I rise today to speak in favor of H.R. 3922, the Community Health and Medical Professionals Improve Our Nation Act. This legislation reauthorizes the Children's Health Insurance Program—or CHIP, as we know it—as well as funding for community health centers in a fiscally responsible manner.

These programs have proven to be a valuable asset for many of the people in this country and many of the constituents that I have back home in Louisiana who don't qualify for Medicaid but still need assistance in accessing affordable health insurance.

In Louisiana alone, insurance providers have projected that rates will increase substantially next year as healthcare options continue to dwindle. For that reason, many Americans are choosing to forgo healthcare cov-

erage altogether rather than suffer under the weight of the new, increased costs.

In times of high uncertainty in our healthcare system due to ObamaCare, this legislation makes meaningful reforms to ensure the most vulnerable among us, our children, remain protected.

The Community Health Center Fund has proven to be a critical resource for Louisiana's Fourth Congressional District by delivering much-needed resources to my local community health centers.

I just want to say this program, in particular, is vitally important for the safety and security of our children. Republicans in Congress have worked tirelessly to draft this legislation to ensure that this bill maintains important safeguards for our children and families and protects their access to critical care.

SAFE PEDESTRIAN AND BICYCLE PATHS

(Mr. ESPAILLAT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ESPAILLAT. Mr. Speaker, I rise today to express my greatest sorrow for the New Yorkers, their families, and visitors who were affected by the tragedy in Lower Manhattan just 2 days ago. I offer my sincere condolences and prayers to their family members.

After this senseless and indiscriminate attack, Mr. Speaker, we cannot wait for another tragedy to pass before we decide to better protect pedestrians and bicyclists, especially in areas of high foot traffic.

The sidewalks and bike lanes of Times Square, the Financial District, and other city centers nationwide remain vulnerable. The STOP Act is a bipartisan bill that I have introduced, along with my colleague Congressman DAN DONOVAN from New York, just this last month and was recently introduced by Senator GILLIBRAND in the Senate.

As we saw in Charlottesville, Barcelona, and in Times Square months ago, vehicles are increasingly utilized in terror attacks worldwide. We must prioritize the safety of our constituents first, including the safety of pedestrians and of our communities. The STOP Act will provide for the installation of bollards in areas of high foot traffic.

This attack does not define New York, just as no other attack can crush the spirit of our city. We rise above those threats when we continue being a city that embraces people of all cultures and teaches love and respect.

RECOGNIZING RACHEL CHAMPNEY

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

Ms. TENNEY. Mr. Speaker, I rise today to recognize Rachel Champney, a markswoman who was recently awarded the 2017 Rimfire World Championship title in the ladies limited division.

A 15-year-old sophomore at Vernon-Verona-Sherrill High School, Rachel began shooting only 2 years ago but has developed a deep love and respect for the sport. She learned how to shoot through local marksmanship programs before being encouraged to compete nationally by members of the Trenton Fish and Game Club. Now, Rachel can fire through six targets with deadeye accuracy in under 3 seconds.

With Rachel's success has also come a passion to share her advocacy for gun safety. Rachel spends her free time teaching new shooters, including her family and friends, proper firearm safety measures. As Rachel grows as a markswoman, she continues to grow as a community leader.

Congratulations on this amazing accomplishment, Rachel, and I hope to have the honor of shooting with you in the near future.

CALLING FOR CHIP REAUTHORIZATION

(Mr. MCEACHIN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. MCEACHIN. Mr. Speaker, today I rise to speak on the importance of reauthorizing the Children's Health Insurance Program, commonly referred to as CHIP.

In my home State of Virginia, there are 66,000 children and 1,100 pregnant women who rely on CHIP. Almost 6,000 of those children and pregnant women live in my district. They need a clean reauthorization of CHIP. Instead, this week, we are expected to vote on a bill that will put my constituents at risk.

As reported from committee, this new version of CHIP, the so-called HEALTHY KIDS Act, is loaded with poison pills that would undermine the Affordable Care Act, Medicare, and Medicaid. According to the Georgetown University Center for Children and Families, CHIP with Medicaid boosted the rate of children's health coverage to more than 95 percent.

Mr. Speaker, why tamper with such success? I urge my colleagues on the other side of the aisle to bring a bill to the floor that reauthorizes CHIP and supports our constituents.

TAX REFORM

(Mr. ROTHFUS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ROTHFUS. Mr. Speaker, today House Republicans introduced H.R. 1, the Tax Cuts and Jobs Act.

This day has been a long time coming. Since Republicans gained the majority in 2011, there have been numerous congressional hearings and briefings, feedback from constituents on

what tax reform might look like, and even the introduction of a comprehensive reform bill introduced in the last Congress. Republicans campaigned on a better way to tax reform in specified areas for reform, and we followed that up earlier this year with a framework document setting forth our principles.

Today is the culmination of more than 6 years of work, but our work is not done. Now Members of Congress and the public will have the opportunity to study the legislation in detail. When all the dust settles, two questions will remain:

Will this put more money in the average American's pocket?

Will this put America in a much better position in the global economy and allow us to finally break through years of stagnation with much healthier growth, more jobs, and higher incomes?

That should be our focus. I encourage everyone to visit fairandsimple.gop, and I look forward to a real debate on how tax reform and tax cuts will relight opportunities for all Americans.

SUPPORTING THE STATE AND LOCAL TAX DEDUCTION

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

Ms. ESTY of Connecticut. Mr. Speaker, for weeks we have heard that the partisan tax plan crafted behind closed doors might include the elimination of the deduction for families' State and local income taxes. Today the rumors became reality. The tax plan announced today would drastically reduce the State and local tax deduction.

Let me be as clear as I can be. This proposal is a tax increase on middle class families, and I oppose it. Working people in my State already send more dollars to the Federal Government in taxes than they receive back in support. For every dollar we send to Washington from Connecticut, we receive back just 83 cents. By attacking the State and local deduction, this tax plan would make life even harder for real people in my district.

A senior citizen in Simsbury, Connecticut, called me to say that she might lose her home if this tax deduction is taken away from her. Seniors who live on a fixed income shouldn't have to risk losing a roof over their head just so that Congress can cut the corporate tax rate.

Families who are already struggling to pay their bills, put their kids through college, and buy their first home shouldn't have to suffer in order to cut taxes for the wealthiest Americans.

The President promised that tax reform would help our middle class and would bring jobs back. It is doing neither.

I urge my colleagues to support keeping the State and local deduction.

SUPPORT REPUBLICAN TAX PLAN

(Mr. MCHENRY asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. MCHENRY. Mr. Speaker, here in Washington, we are in the midst of a major debate on tax reform, tax simplification, and tax cuts.

The plan unveiled by House Republicans today is a tax cut plan for middle-income, middle class families in America. If you are a family of four making \$59,000, which is the median family income in America, you will receive a \$1,200 tax cut as a result of the plan that we unveiled today.

That is real money for middle class families in North Carolina. Maybe it is not real money in Washington, D.C., but it is real money in western North Carolina.

We need tax cuts. We need tax simplification. We need economic growth, more American jobs, and a more competitive environment in America so that we can keep jobs here in the United States and not offshore those jobs. We need middle class families to win. Our plan does that.

Mr. Speaker, I urge my colleagues to support our efforts.

FISCALLY IRRESPONSIBLE TAX BILL

(Mr. SCHRADER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SCHRADER. Mr. Speaker, today, my colleagues on the Republican side of the aisle released their fiscally irresponsible tax bill.

I am still reading my way through the 492-page proposal, but it doesn't take long to notice a huge flaw in the process: the majority is using the partisan budget reconciliation process, a process traditionally reserved for deficit reduction, to add over \$1.5 trillion to the deficit and jam a reckless bill through the House without hearings, study, or debate. We don't have to operate that way.

Let's compare where we were the last time Congress reformed the Tax Code in 1986 to where we are today.

When Congress last took up this monumental task, it took over 2 years. There were 4 months of public hearings, more than 450 witnesses, 26 days of markup, and months of debate. This wasn't easy, but what did we get?

We got a simplified Tax Code that did not add to the deficit and a bill that had broad bipartisan support in the House and the Senate, and the support of the American people.

Mr. Speaker, let's work together on a bipartisan basis. Let's reform the Tax Code in a way that helps the middle class and does not add to our children's deficit in the future.

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

Mr. RUIZ. Mr. Speaker, we need a hearing on burn pits immediately.

Burn pits are used by our military at bases in Iraq and Afghanistan to eliminate tons of waste, including chemicals and plastics. They cause giant clouds of black smoke containing carcinogens.

Thousands of our men and women in our military are exposed to these cancer-causing hazards. I know because my constituent and friend, Jennifer Kepner, a 39-year-old wife, mother, and Air Force veteran, died from pancreatic cancer 2 weeks ago. Her oncologist made the most probable link between her exposure to burn pits while serving in Iraq and her pancreatic cancer.

Congress must act. Too many questions remain. Are burn pits still being used? What are the DOD and VA doing to help veterans who have been exposed?

On behalf of Jenn and all concerned veterans, I, along with Republicans and Democrats, demand hearings in the Armed Services and VA Committees immediately to get answers.

CONGRESSIONAL PROGRESSIVE CAUCUS: REPUBLICAN TAX PLAN

The SPEAKER pro tempore (Mr. KUSTOFF of Tennessee). Under the Speaker's announced policy of January 3, 2017, the gentlewoman from Washington (Ms. JAYAPAL) is recognized for 60 minutes as the designee of the minority leader.

GENERAL LEAVE

Ms. JAYAPAL. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the subject of my Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Washington?

There was no objection.

Ms. JAYAPAL. Mr. Speaker, today, the Republicans released their tax plan. Unsurprisingly, it is a gift-wrapped tax cut to the rich. Christmas came early, Mr. Speaker. From huge corporate tax cuts to the elimination of the alternative minimum tax paid by the wealthiest Americans, this tax plan will hurt our economy and prioritize the top earners of our country. But there is one person—maybe a group of people—who is very thrilled about this tax plan, Mr. Speaker, and that person is Mr. Money Bags. Mr. Money Bags is really going to benefit from this tax plan.

First of all, the President himself will greatly benefit from the tax plan. It is impossible to know exactly how much because we still don't have his tax returns. He has refused to release them. We would really appreciate, and we demand, frankly, that the American

people know exactly how much he is going to benefit from this tax plan.

Mr. Speaker, as the vice chair of the House Budget Committee, I saw firsthand how the Republicans rammed through a budget plan that paved the way for the massive Ryan-McConnell tax giveaway to the wealthy. Frankly, as a new Member, I find it an affront to the legislative process and an affront to families across the United States in red and blue States alike that we did not have hearings on that budget, that we are not going to have hearings on this tax plan, which is a complete rewrite of the U.S. economy that is going to be pushed through, apparently, in 2 weeks or less. We still have no score on this because we just saw the details of a tax plan today.

The Republicans have made this habit of relying on fake logic and faulty assumptions. They did it with healthcare and the budget, and it is safe to assume that is what we are looking at here.

These cuts do not pay for themselves. Despite the claims that this tax plan is really going to help middle class Americans, the reality is that it is going to hurt millions of American families just to fast-track tax cuts for millionaires, billionaires, and large corporations.

If the Republicans are so opposed to so-called government handouts, as we are always told they are called, then why is it that they seem to be more willing to hand out everything we have to the wealthiest people in this Nation?

Now, we are still exploring all of the details of this tax plan that was just released today, but there is no question that this bill is going to make sure that the wealthiest individuals and the largest corporations in this country get a tax cut of a million dollars. If you happen to be in the top one-tenth of 1 percent, then bingo, Mr. Moneybags is going to get a million dollars in a tax cut every year.

Consider this: if this tax bill lines up with the budget resolution, then 80 percent of the Republican tax cut goes to the top 1 percent by 2027; the average tax cut for the top 1 percent in 2027 would be \$207,000; for millionaires, the cut would be \$230,000; and, as I said, for the top one-tenth of 1 percent, you get to have a million dollars a year. For the middle class, on the other hand, 42 million middle class households would face a tax increase.

Let's not be fooled by this idea that the standard deduction is going up, and let me tell you what that means. It means that, along with the standard deduction going up, you are also getting your credits for individual children taken away, the itemization of it.

So if you have a family with several children, as many Americans do, you will actually end up probably being able to deduct less.

Let's also be clear that when you eliminate the deduction for property taxes and State and local taxes, and you cut all of the services that are going to be required to be cut if you

are going to pay for this tax cut, then you will end up paying more in your States, both in terms of the SALT deduction, but also in terms of all of the increased taxes you are going to have to pay at the local level to fund things like infrastructure and education.

Let's be clear that this plan gives a \$4 trillion tax cut to the wealthiest 1 percent and largest corporations, taxes 42 million working families more, and borrows millions from the future to give those tax cuts.

Last week, in the Rules Committee, I offered an amendment to the Republican budget resolution that would have stopped some of the most egregious impacts of the billionaire's budget.

My amendment would have said that none of the tax cuts proffered in this plan should apply to households in the top 1 percent of income earners. It would have plainly said that the United States is not in the business of giving massive tax cuts to those who are already incredibly wealthy.

Mr. Speaker, I talked about some of the millionaires in my district, because I do have some. I am fortunate to have a good economy in Seattle, where we have a \$15 minimum wage, where we have paid family leave for everybody, yet business is still booming, the economy is doing well. We have people who have done well, and they would like to pay their fair share.

For decades, Republicans have prioritized the interests of corporations and the wealthiest ahead of working class families.

What is being proposed in this budget, this tax plan, is exactly what Republicans in Kansas proposed in 2012.

In 2012, a Republican Governor and Republican Legislature in Kansas passed through the same thing. They said: Let's make sure that we have tax benefits for these passthrough corporations—by the way, Donald Trump owns 500 passthrough corporations; he will benefit greatly from this—and let's make sure that we reduce the tax rates on the wealthiest. In doing so, we will make sure that we are investing in the economy.

That meant, by the way, all those tax cuts had to be paid for. So there was a \$700 million cut to the Kansas State budget, which resulted in schools not being able to operate full time, resulted in roads being in disrepair, and ultimately resulted in Kansas' bond ratings going down.

In the end, that GDP growth that we were promised, the economic growth that was guaranteed if you were to put the money into the top corporations and the top income earners that were supposed to somehow trickle down, that growth never came to be.

So, guess what happened, Mr. Speaker? The Republican Legislature in Kansas rolled back those tax cuts. They said: That trickle down thing didn't work.

The promises of economic growth didn't work, and ultimately they had

to move it back. Finally, Kansas is starting to come out of that by investing in working families.

Ultimately, I believe, and I think Democrats believe, if you invest in regular folks, if you put the money into working families, you give them a tax cut and you make sure that they are actually paying less, not more, even if you say that you are giving them a deduction, in the end, they are paying more in this tax plan. But if you invest the money there, instead of taking \$270 billion that is proposed by repealing the estate tax—which only a tiny portion of people pay, by the way; that estate tax—and 5,400 families are going to get \$270 billion in this Republican tax plan. I say, let's take that money and give it to working families instead of those.

I think that we have a lot of different options. The Congressional Progressive Caucus has put forward our own budget, a people's budget, with our own tax principles. The bottom line is: we believe in ordinary Americans. We believe if you invest there and you give people the opportunity to work in good jobs, to earn good wages, and to really make sure that they have dignity, respect, and can save for the future and send their kids to college, that ultimately builds our economy.

So I am really honored to be doing this Special Order hour with my good friends and colleagues. We are going to do a little bit of a back-and-forth here.

Mr. Speaker, I yield to the gentleman from Arizona (Mr. GALLEG0) to have him talk a little bit about what we are hearing. Is it true? Is it hypocrisy? What do you think about those debts and deficits?

Mr. GALLEG0. Mr. Speaker, we know that the Republican tax plan is a massive, unconscionable giveaway to millionaires and billionaires. We know that it will blow up the deficit and do nothing to raise wages or create solid middle class jobs.

What we don't know, Mr. Speaker, is how much the GOP tax proposal will personally benefit Donald Trump. That is because, unlike every other American President, Donald Trump has refused to disclose his tax returns.

Trump claimed that he couldn't release his returns throughout the campaign because he was "under audit." But, Mr. Speaker, he never provided any concrete proof. More importantly, the IRS confirmed that being under audit in no way prohibits someone from making their returns public. In fact, President Nixon did just that while he was in office.

□ 1745

More recently, when *The Economist* magazine asked Trump about releasing his returns, he said: "I don't know. That's a very interesting question. I doubt it. I doubt it . . . Nobody cares about my tax return except for the reporters. Oh, at some point I'll release them. Maybe I'll release them after I'm finished. . . ."

That is right, Mr. Speaker, we will have to wait until Trump leaves office just to find out just how much money he made thanks to his own tax reform bill. And my Republican friends are apparently just fine with that. There is a shocker. They don't care that Donald Trump is using his office to enrich himself. They don't care that we can't even say with any certainty exactly how much richer he is going to get. They don't care about the debt. They don't care about the deficit. They don't care about making our tax system fairer. Literally, the only thing they care about and that truly matters to House Republicans is that they get to cut taxes for the richest Americans, the people who need a tax cut least of all.

Mr. Speaker, Donald Trump does not need a tax cut, neither does Secretary Mnuchin or Secretary DeVos or Secretary Tillerson or Paris Hilton, but they are going to get one if Republicans have their way.

In 2012, PAUL RYAN said: "We have a debt crisis right in front of us, and what brings down great empires, past and future, is debt."

In 2013, PAUL RYAN said: "Our debt is the biggest threat to this country. We have to tackle this problem before it tackles us."

In 2016, Donald Trump said: "I am the king of debt. I love debt."

It certainly seems like Speaker RYAN has come around to President Trump's way of thinking. Republicans are planning to add \$1.5 trillion to our national debt, and they couldn't be happier about it.

Here is the simple reality, Mr. Speaker. Republicans only care about deficits when they want to cut spending on programs for the poor or for veterans or for the elderly or for our children. Republicans only care about debt when they want to slash Social Security and Medicare. Mr. Speaker, Republicans only care about debt and are only fiscally responsible when there is a Democrat in the White House.

The American people are now seeing right through this hypocrisy, just like they see right through Donald Trump's excuses about his tax returns. They want us to reject this Republican tax plan, and it is about time we started listening to them.

Ms. JAYAPAL. Mr. Speaker, I thank Mr. GALLEGO for his incredible leadership. One of the things, when we think about this plan, there is really—it is a three-step plan.

Number one, transfer trillions of dollars of wealth and tax cuts from middle class working families to the top 1 percent.

Number two, explode the deficit, which we know is part of this deal. We are going to explode the deficit.

Number three, use that exploding deficit as a way to cut spending.

But most of all, I am not sure that the numbers add up. So I wanted to ask my good friend from the Progressive Caucus, Representative TED LIEU from California, to just weigh in with his

wisdom around what exactly is going on with these numbers and what are we seeing in this budget. Does it add up?

Mr. Speaker, I yield to the gentleman from California (Mr. TED LIEU).

Mr. TED LIEU of California. Mr. Speaker, I thank Representative JAYAPAL for yielding.

You know, today is Thursday, so we first have to ask: Why does Jared Kushner still have a security clearance?

But I digress. We are going to talk about the GOP's disastrous tax plan. The reason we know that it is a disaster is one simple fact: the math doesn't add up.

So if you believe that 2 plus 2 equals 5, then this tax plan is for you. For the rest of us, it is going to explode the deficit and add to the Federal debt.

What does that mean?

That means massive cuts to Medicare, to Medicaid, to other vital programs that are protecting seniors and all Americans who depend on some of these programs in order to survive.

Now, we can look at this tax plan and we can say, "Hey, it might give tax breaks to the wealthy who are then going to trickle down," except in the history of the United States, that kind of trickle-down economics has never worked. If you look at how the tax plan is constructed, it really chafes States such as California, New York, New Jersey, Washington, and other States by eliminating the State and local tax deduction.

When you do that, it causes filers to not be able to deduct their State and local taxes; and in California, New York, New Jersey, Washington, and other States, there's going to be tax increases to middle class families.

In addition, because the way the tax plan is constructed, it has the potential to lower housing prices because it also caps your mortgage interest rate deduction. That is why the National Association of Home Builders came out opposing this plan, and they have put out something which is deeply concerning. They are saying this could potentially cause a housing recession.

You also have the National Federation of Independent Business, which represents small businesses across America, opposing this plan.

Why?

This is a big tax giveaway to the ultrawealthy. If you look at an early analysis by The Washington Post, they say that 80 percent of this tax plan's benefits will go to the top 1 percent.

If you look at this tax plan, it is going to hurt middle class Americans in order to fund those at the very top. This is not something we should be doing in our country.

I also request this Speaker work with Democrats on a bipartisan basis. We are not opposed to tax reform. We are opposed to stupid tax reform. And this is just a really stupid plan that, again, explodes the deficit, adds to our Federal debt, and whacks States like California, New York, and New Jersey, as

well as Washington State. So I urge that Republicans work with Democrats and come up with a plan that actually helps middle class Americans instead of going after them.

Ms. JAYAPAL. Mr. Speaker, I thank Representative LIEU.

I wanted to just point out that there was a study that was done out of Wharton on the tax plan. It wasn't on this most recent version, but I think the majority of the things that are in this are still true in what they analyzed. What they came out with and said is that the assumption of 3 percent growth does not make sense; that, really, what they are looking at is 1.3 to 1.4 percent, ultimately, growth, and that it would create a \$10 trillion deficit over time. I believe it was \$3 trillion in the first 10 years. I have to go back and check that number.

Essentially, what they are staying is it doesn't work. The person who actually wrote the 1981 tax cut under Ronald Reagan, who was working for Jack Kemp at the time, wrote an op-ed in The Washington Post, I believe it was, and said: "This theory of trickle-down economics doesn't work. We were wrong when we did that, when we said that back then, and it is wrong to look at that same idea today."

Now, Representative LIEU said Democrats are not opposed to tax reform. That is right if it was real reform. We do think that the Tax Code could be simplified, that it could be fair so that small businesses and working families and folks who are really investing in the economy are the ones to get the benefits of any tax reform, that we would close some of the tax loopholes. Unfortunately, this is not tax reform. What has been proposed is not tax reform. It is tax giveaways to the wealthiest.

I want us to be very clear about what the majority is trying to do here. They are trying to rewrite the U.S. economy with absolutely no hearings. It is, frankly, outrageous that we would not even have a hearing on a major tax bill that is going to affect every single person in this country.

We should have hearings. I don't know what happened to regular order. People talk about regular order, but as a new Member who was just elected last year for my first year in Congress, I can tell you I have not seen regular order. I sat on the Judiciary Committee. We don't have hearings in the Judiciary Committee. The majority of the bills that come to the floor are bills that we have never had an opportunity to have a hearing on. When you look at this tax plan, I believe we should be able to have more than 2 weeks to vote on it.

I think every single American should understand what is in the plan and at least have the opportunity to decide whether or not it is beneficial for them. Unfortunately, Mr. Speaker, I don't think that is happening.

Let me just summarize what we think is happening in this current

version of the tax proposal that has been put forward.

First of all, it is a win for the well connected and the wealthy. That is what the Ryan-McConnell tax bill is. President Trump promised the tax reform would benefit the middle class, not the wealthy; but, unfortunately, rhetoric does not match reality. Instead, this bill that we are looking at now would create a new passthrough loophole that wealthy individuals would exploit to lower their own taxes.

Just as an example, a version of this loophole was used by University of Kansas Basketball Coach Bill Self to avoid paying more than \$125,000 in State taxes in 1 year alone. The alternative minimum tax, which we call the AMT, which ensures that the wealthy at least pay more of their fair share, is eliminated in the Ryan-McConnell plan.

While little is known about President Trump's taxes, we do know that, without the AMT, the President would have paid \$31 million less in taxes in 2005 alone. So you see why Mr. Moneybags over here is so important to this discussion, because that is ultimately who is going to benefit.

Now, Speaker RYAN also believes, as I mentioned, that we should give a windfall to the ultrawealthy by eliminating the estate tax. Again, that estate tax is paid by less than 5,400 families across the Nation, and in 2016, not one person paid the estate tax in seven States.

So what happens to middle class families? Because if all these wealthy folks are going to get all the money, then the question is: So what happens for middle class families? Because that is really where the attention should be. That was what was promised by Donald Trump.

Speaker RYAN and the Republican establishment have attacked common-sense policies used by millions of middle class families in order to pay for this tax giveaway to the wealthy. So Republicans have taken away the ability to write off your State and local tax bills, forcing millions of families to pay taxes twice on the same dollar earned, except for property taxes, up to a mere \$10,000. That is the cap that they are proposing on property taxes.

Americans that are hit with significant medical costs, for example, those who have cancer or ALS or Alzheimer's, would lose their ability to write off these costs under the Republican plan.

The Ryan-McConnell tax bill also eliminates deduction for personal casualty losses. A big blow if you are a victim of crime, theft, or disaster. It also excludes—it eliminates the exclusion for dependent care assistance program, which is an incredibly important benefit for working families.

So in the end, you just have to ask yourself: In order to give trillions of dollars of tax cuts to the wealthiest and the biggest corporations, what does that mean for working families?

It means working families are going to foot the bill over and over again. I believe this is a bad deal for middle class families, for America, and for our economy.

One last thing I forgot to mention is that there is actually an incentive. After all of the talk of bringing jobs back to America, there is actually an incentive in this bill to take work and jobs to a tax-haven country because the amount of taxes that you would pay on that is actually lower than the amount of taxes you would pay if you were to start a factory here in Iowa or Kansas or somewhere in the United States. If you were to actually create jobs here, you would have to pay a higher tax rate than if you were to create that same factory in some tax-haven country in other parts of the world where you don't have to pay—you would end up not paying the same amount of taxes. So this is a bad deal for middle class families.

I don't know if my friend, Mr. JEFFRIES, would like to speak on the tax excellence, so I am really thrilled now to be able to turn this over to a member of the Progressive Caucus, a leader on our Judiciary Committee, Representative HAKEEM JEFFRIES from New York.

Mr. JEFFRIES. Mr. Speaker, I thank Representative JAYAPAL, my good friend and tremendous colleague on both the House Budget Committee and the House Judiciary Committee, the distinguished gentlewoman from the great State of Washington, for her tremendous advocacy, for anchoring this Congressional Progressive Caucus Special Order, and for addressing the American people on this critically important issue, so-called tax reform put forth by House Republicans today in a manner that is clear-eyed, that is authentic, that is comprehensive, and that will hopefully awaken the American people to the notion that this is an attempt by House Republicans to do nothing more than to jam tax cuts for millionaires and billionaires down the throats of the American people.

□ 1800

Now, I represent the Eighth Congressional District in Brooklyn and Queens. I am proud to be a Member of the House of Representatives, proud to be from the city of New York. And we are generous people in New York City; generous people in New York State. In fact, New York State regularly sends tens of billions of dollars more to the Federal Government than we get back in return.

The State of Connecticut sends billions of dollars more to the Federal Government than they get back in return. So does New Jersey. So does California. So does Illinois. So does Pennsylvania. And, for decades, we have allowed that generosity to continue to show itself in terms of the fact that we get shortchanged in homeland security dollars, transportation and infrastructure dollars, and a whole host of other

Federal funds that disproportionately make its way to other parts of the country, often to States in the deep South.

We are generous people. But at what point is enough enough? And today, you have crossed the line by putting a target on the backs of people in New York, and New Jersey, and Pennsylvania, and Illinois, and California, and several other States, including people who live in places like Charleston, South Carolina, or other cities that may have relatively modest State taxes, if any at all, but who are taxed at the local level, or who pay property taxes.

And so everyone throughout the United States of America, tens of millions of people, are going to be hurt by this Republican tax plan, because of the limitations on deductibility related to State and local taxes, because of the draconian limitations on deducting property taxes, and because of the limitations placed on middle class homeowners as it relates to the mortgage interest deduction. You can't make this stuff up.

The Republican tax plan is nothing more than a Ponzi scheme to provide a windfall to millionaires and billionaires, the wealthy and the well-off, to special interest corporations, and to hide it in the notion that it is a middle class tax cut. The Republican tax plan won't help the middle class. It will hurt the middle class. It is a Ponzi scheme. It will undermine Medicare and Medicaid. It will impose billions and billions of dollars in additional deficit. It will force your children and grandchildren to shoulder approximately \$1.5 trillion in additional debt. And this is all being done in order to provide massive tax cuts to millionaires and billionaires, the overwhelming majority of whom will be the ones who disproportionately benefit from the so-called tax reform plan. Yes, it is a Ponzi scheme.

And why do I say that? Well, because what you are going to hear is that trickle-down economic theory; supply-side economic theory; or the latest word craft that they have come up with, dynamic scoring, will result in a situation where these massive tax cuts for millionaires and billionaires, and for special interest corporations, will somehow magically result in unprecedented economic growth. Sounds good. The only problem is that it is a failed, fraudulent, and fake argument. It is a fantasy that has no basis in reality.

When Ronald Reagan, in 1981, cut taxes for the wealthy and for the well-off, we didn't get unprecedented economic growth, we got massive deficits.

When George W. Bush cut taxes for the wealthy and for the well-off in 2001 and 2003, we didn't get unprecedented economic growth, we got a Great Recession—the worst economic crisis since the Great Depression.

When the Republican Governor of Kansas moved forward with what he

called the Kansas experiment, massively cut taxes for the wealthy and for the well-off in Kansas, so much so that the wealthiest 300,000 folks from Kansas didn't pay a single dollar in taxes at all—the people of Kansas were promised unprecedented economic growth, unprecedented job creation—this is the Republican Governor of Kansas—when he cut taxes, you didn't get unprecedented economic growth. What you got were prison riots, overcrowded classrooms, and crumbling infrastructure.

The Republican tax plan is nothing more than a Ponzi scheme. Supply-side economics has failed; trickle-down economics has failed; dynamic scoring is a fantasy. We would say in Brooklyn: Don't believe the hype. We will surgically communicate to the American people why the Republican tax plan will hurt the middle class, hurt working families, hurt children, hurt senior citizens, and hurt those who aspire to be part of the middle class.

And one last point that I would make: I am shocked that you would put a target on the back of people who are paying State and local taxes—presumably because you think this is a deduction that the American people no longer deserve—but then in your same tax plan you allow corporations and businesses, wealthy titans of corporate America who run these companies, to continue to deduct State and local taxes on their corporate tax returns. Seriously? You don't even pretend to have equitable treatment? Oh, I forgot: corporations are people, too.

This is an extraordinary scheme that they are going to try to jam down the throats of the American people. But we are here, as Democrats, to make sure that the American people understand that you are being offered a raw deal. We are going to present to you and fight for a better deal for middle class tax cuts, for tax cuts for small businesses, tax cuts for working families, and to make sure that people in America continue to pay their fair share.

Mr. Speaker, I thank the distinguished gentlewoman from Washington for yielding to me.

Ms. JAYAPAL. Mr. Speaker, I thank Representative JEFFRIES for laying that out so clearly.

I don't know how he feels about the idea that we haven't had a single hearing on this bill. We are hearing that we are going to vote on it in 2 weeks.

What is his experience? Since I am a new Member—I just joined this year—I thought we had regular order, I thought we got to debate things, I thought the minority got to speak up, and maybe we got to take ideas from both sides. What does he think about the idea that they are going to try to ram this thing in in 2 weeks?

Mr. JEFFRIES. Mr. Speaker, I think that is a great question, and it is deeply troubling.

You hear the words “regular order.” That is a Washington, D.C., phrase, but we can translate it for the American people. Regular order equals democ-

racy, and democracy is being undermined as it relates to the Republican tax plan, Ponzi scheme, because they are going to try to jam it down the throats of the American people.

Not a single meaningful hearing, as was done on a bipartisan basis in 1986, when Ronald Reagan and Tip O'Neill got together to reform the Tax Code in a meaningful way, in a bipartisan way, in a thoughtful way. But, unfortunately, regular order, democracy, is being undermined by this Republican-led Congress, as it relates to this tax bill.

Ms. JAYAPAL. Mr. Speaker, what strikes me is, when you don't have a process, you don't have discussion and debate, and you try to jam something through, it means you are trying to hide a whole lot. So I just wanted to say that there is an article in The Washington Post today about winners and losers in the Republican tax plan, and here is what they say are winners.

This isn't a Democrat saying this. This is The Washington Post saying, big corporations—number one winner, big corporations. American megabusineses would get a substantial tax reduction.

And, by the way, that is not just on one level, that is a number of levels. And my colleagues over here know that this is the number one plan here, because there is a clear difference of opinion. You all think that, if you invest in these big corporations and in the wealthiest individuals, you would rather put your faith into those folks rather than middle class families across the country who could actually build our economy.

So this bill cuts the top rate that large corporations would have to pay the biggest one-time drop in the big business tax rate ever; I repeat, the biggest one-time drop in the big business tax rate ever.

On top of that, you would get some new tax breaks if you are a corporation, so you would get to lower your bills.

What I have seen in the polling is that Americans across the country think that corporations are already getting too good of a deal and they should pay their fair share. And what millions of struggling families across the country want is for somebody to actually fight for them, somebody to fight for people who are going to work every day, who are doing everything they can to have an American life that pays them enough money to get a job to put food on the table, to send their kids to college, to retire with dignity, a better deal than the raw deal that they are getting right now. But that is the number one winner.

The second biggest winner, according to The Washington Post: the superrich. And that was the estate tax that I mentioned, which only benefits 5,400 families across the United States who pay that estate tax. But we are going to put hundreds of billions of dollars into repealing the estate tax so that

those 5,400 families can continue to earn more and more money on the backs of the middle class.

And, of course, the third one is anyone paying the alternative minimum tax. That is Donald Trump. The biggest part of his tax bill that he paid, on the one tax return that he released, was from the alternative minimum tax. But that alternative minimum tax is now getting eliminated in this bill to benefit Donald Trump. And it forces people who earn more than \$130,000 to calculate their taxes twice.

There is one more. They said, “Hedge funds, doctors, and lawyers”—that is the fourth one that they mention—as the wealthiest hedge fund managers, who are going to, ultimately, get a sizable discount, while “under the GOP bill, high-earning small-business owners will only pay a tax rate of 25 percent on 30 percent of their business income,” the passthrough business rate.

The reality is that even though there are some small businesses that are passthrough entities, most of those small businesses do not get the majority of their income as passthrough income, they get it from other things. The only people who really benefit from that passthrough are those hedge fund managers and folks like that.

Who are the losers? Small-business owners. The National Federation of Independent Business, which represents 325,000 small businesses said: Uh-uh, we are not supporting the GOP bill. Why? “It leaves too many small businesses behind.”

So Main Street is hurting under this proposal.

Who else? Like you said, people in high-tax blue States. So say good-bye to most of the State and local tax deductions from States like California, New Jersey, New York, Connecticut, and my State. My home State of Washington is really going to be hurt by this because we don't have an income tax, so we have very high property taxes, and we have very high other sales taxes. None of that would be—well, property tax, according to this plan, you would get a tiny, little cap on it of \$10,000.

And then who else is a big loser? The working poor. Here is what The Washington Post says: “While the bill includes lots of tax breaks for big businesses and the rich, the bottom 35 percent of Americans do not get any extra benefits.”

□ 1815

So there is one more loser here, which is interesting. It says, “charities.”

The National Council of Nonprofits says that charitable deductions, when Americans chip in to take care of folks who have been hurt by disasters across the country or they contribute to nonprofits or others, that those charitable deductions are likely to go down under this bill because, interestingly and ironically, the Republicans still enable “the wealthy to continue deducting

their charitable giving.” But most people would not be able to get the tax break because they probably stop itemizing their deductions, so you would actually lose all of that.

So I don’t know, Mr. JEFFRIES. I think we are going to have a lot of work to do here to make sure that the American people understand exactly what this proposal is and to really get the word out.

Mr. JEFFRIES. Well, I appreciate you going through that important list. I think it can be distilled, you know, quite simply.

The winners of the Republican tax plan are the billionaire boys club; the losers are the American people, everyday Americans, all premised, again, on, and you are going to hear this over and over again, dynamic scoring—sounds great—trickle-down economics.

You know, I figured out that trickle-down economics essentially means, for the middle class, you may get a trickle, but you are guaranteed to stay down, because there is no evidence—no evidence from the Reagan experiment, no evidence from the Bush experiment, no evidence from the Brownback experiment in Kansas, no evidence—that if you cut taxes for the wealthy or the well off, for special interest corporations, whether you do it directly or through passthrough entities, that when you cut those taxes, it results in strong, unprecedented economic growth. In fact, our history tells us precisely the opposite.

Bill Clinton raised the top tax rate on high-income earners from 35 percent to 39.6 percent. Did we suffer from a recession as a result of increasing taxes on millionaires and billionaires so that they would pay their fair share? No, quite the opposite—unprecedented economic growth, 20 million-plus jobs created during 8 years of Bill Clinton.

Then George W. Bush comes into town, and we actually had a balanced budget at that time. What does he do? Deficits don’t matter according to the Bush administration. We are going to stimulate tremendous economic growth by cutting taxes on millionaires and billionaires because of trickle-down economics, supply-side economics, dynamic scoring, lower the tax rate from 39.6 on millionaires and billionaires to 35.

What happened? We lost more than 500,000 jobs in 8 years of the Bush Presidency.

Barack Obama comes into town and we had all of these doom-and-gloom projections from my good friends on the other side in terms of what was going to happen. He campaigns on millionaires and billionaires paying their fair share, raises the top tax rate from 35 percent to 39.6 percent. Twelve million-plus private sector jobs were created during 8 years of the Obama Presidency.

That is why I say that the Republican tax plan is nothing more than a Ponzi scheme based on a failed, fraudulent, phony theory of trickle-down economics that has no basis in reality.

I thank the distinguished gentlewoman from Washington for yielding and being so generous and thoughtful in her discussion.

Ms. JAYAPAL. I thank the gentleman from New York for his thoughts.

Once again, I would just draw your attention back to who the real big winner is here in this Republican tax plan. It is Mr. Moneybags.

So if you have got money in bags, millions of dollars, if you are a large corporation, if you are a billionaire, then you are going to benefit from this plan—yes, you will. And you know who is going to pay for that is middle class working families across the country who are going to see their taxes go up, who are going to see their services cut, who are going to ultimately be a part of the plan that has three parts.

The number one part for the Republican plan is transfer trillions of dollars of wealth from middle class America to the wealthiest in the country who don’t need it; number two, explode the deficit, because there is no way to pay for this unless you cut a bunch of stuff; and then, number three, cut more. Use the exploding deficit as an opportunity to cut spending even more: raid Social Security; raid Medicare; raid Medicaid.

This is all part of the budget that was passed last week by Republicans. Let me say, there were 20 Republicans who voted against that budget, and I congratulate them for their courage in voting against that budget. It was a close vote. If we had just gotten a couple more, we would have been able to defeat that budget, and we would have been able to at least require a more thoughtful process for how we move forward on tax reform, because part of what that budget vote did is to allow this process to move forward with less democracy, with less vetting, and with less knowledge for the American people.

Once again, I would say that the only reason to do this without a real debate, to rewrite the American economy without a real debate, is if you want to hide who is going to benefit from it. We know who is going to benefit. It is right here. Mr. Moneybags is going to benefit. Working people are going to suffer.

So I know that we Democrats are absolutely committed to making sure that working families across this country, the vulnerable, the low-income, the folks who are struggling every day, who are just making it, who feel like this economy is not working for them because it is controlled by corporations, by lobbyists, by folks who are here not working for the American people but working for their own special interests, we know that Americans want that to stop. Unfortunately, this plan does not do that.

So Democrats are going to fight every step of the way. The Congressional Progressive Caucus is going to fight every step of the way. We have

our own People’s Budget. We have a real proposal for how to invest in infrastructure, in jobs, in education, in healthcare to make sure that Americans across the country, whether you are in a red State or a blue State, whether you are a Republican or a Democrat, whether you are in rural America or urban America—I actually believe we all want the same things, which is we want to be able to put food on the table; we want to be able to put a roof over our head; we want to be able to go to a job and feel dignity about that job; we want to be able to send our kids to college or to higher education so they can get the skills and training they need and not be mired in student debt—across the country, \$1.4 trillion of student debt that we have, even larger than credit card debt—and we want to be able to retire with dignity.

So, ultimately, my friends, what we are going to have to do as Democrats—and I hope that there are Republicans across the aisle who want the same things and who know that this is a bad deal for middle class families, for working families, for folks who are just struggling to make it, who want to have that better deal, better jobs, better future, we Democrats are going to fight for that.

I hope that we have colleagues on the other side of the aisle who recognize that their districts in blue States, red States, urban, and rural will suffer if this plan goes through.

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

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President.

The Chair would remind Members to direct all remarks to the Chair, and to formally yield and reclaim time when under recognition.

SENATE NEEDS TO TAKE UP HOUSE BILLS

The SPEAKER pro tempore. Under the Speaker’s announced policy of January 3, 2017, the gentleman from Colorado (Mr. BUCK) is recognized for 60 minutes as the designee of the majority leader.

GENERAL LEAVE

Mr. BUCK. 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 the topic of this Special Order.

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

There was no objection.

Mr. BUCK. Mr. Speaker, I appreciate the opportunity to recognize several distinguished Members of the House for the next hour.

When our constituents show up on the first Tuesday in November to exercise their right of self-governance, they carry with them the dreams of a better Republic.

In 2016, the American people commissioned us with a task. They asked us to fight for jobs. They asked us to fight to fix healthcare. They asked us to roll back regulations. They asked us to secure the free world. They asked us to secure our own borders.

The House of Representatives heard them. We have been busy developing and passing legislation that meaningfully improves the lives of Americans. I commend the Speaker and his leadership in moving these bills through the House.

Unfortunately, much of the House's important work is stalled in the U.S. Senate. It is time the Senate pass important legislation and restore trust in our Republic, because before this week, the House had sent 308 bills to the Senate that are still stalled in that Chamber. This is more than any of the previous four Presidential administrations had stalled at this same time in their first year.

For the record, the House of Representatives in the 115th Congress has also passed more total bills than Houses in any of the last four Presidential administrations at this point. We are at 394 total bills passed.

The dreams of this great Republic cannot be realized by the House alone. The Senate must hear the people and come together around the often bipartisan measures we have been sending to them.

As a way of reminding the Senate, I would like to spend the next hour recognizing Members to discuss some of the important bills passed by the House of Representatives that now sit motionless in the U.S. Senate.

I am thankful for my colleagues who are joining me this evening to talk about the House's successful legislative efforts.

Mr. Speaker, I yield to the gentleman from Iowa (Mr. KING) to talk about the No Sanctuary for Criminals Act, H.R. 3003.

Mr. KING of Iowa. Mr. Speaker, I thank the gentleman from Colorado for organizing this Special Order and recognizing me to address it.

I would like to say at the start of this that the folks that had the Special Order ahead of us had not read the bill that they were expounding upon, and it would be impossible for them to have done so. So I want to remind the body of that, Mr. Speaker, and then address the No Sanctuary Cities Act.

It is this: that we saw what happened in San Francisco when the murderer of Kate Steinle had been deported five times. He was a seven-time felon, five-time deportee. He still came back, and he came to San Francisco because he knew that it is a sanctuary city, and if he got crossways with the law for whatever it might be, sleeping on the street or shoplifting or any of the additional felonies that were brought against him, they were not going to notify immigration officials. They were going to turn him back loose on the streets of San Francisco. If he was

taken care of as an indigent, they would turn him loose on the streets of San Francisco.

So Kate Steinle now lies in her grave, her family grieves for her loss, and America felt that pain.

San Francisco is a sanctuary city, and now the entire State of California has declared themselves a sanctuary State.

I think, Mr. Speaker, about the hole in the wall. Butch Cassidy and the Sundance Kid, they had a spot in the canyon there where you had to ride through a notch to get in there, and they posted a guard there. All the bad guys that wanted to get along with the other bad guys in the West went in that place, and if law enforcement came, then they would line up against them and block them from coming in to enforce the law.

That is essentially what we have got going on in city after city all over America: sanctuary cities operating under the erroneous idea that because their cities are so full of illegals, that if they would ever allow Federal immigration enforcement officials to work and cooperate with local law enforcement, those folks might not be in America.

Well, I met with some people today at the Remembrance Project. These are the families who had their family members killed by illegal aliens who are in America. Many of these illegal aliens who killed Americans and killed other illegal aliens and killed people who are here and lawfully present in America, many of them had criminal records. Many of them had been interdicted by law enforcement, but the local jurisdictions decided it wasn't politically correct to cooperate with Federal law.

Well, the Constitution of the United States is the supreme law of the land, and it is an enumerated power that Congress establish an immigration policy. We do that, and we direct that those laws be enforced. The executive branch's job is to do that.

All throughout law enforcement, it has been seamless throughout all of my growing up years. I grew up in a law enforcement family. There was no separation. There was no segregation between city police and county law enforcement officers, the sheriff's department, and highway patrol and DCI and FBI. When there was a crime that was committed, everybody worked together seamlessly.

How is it that these cities and now the State of California have carved themselves out an exception to what has been a timeless, time-honored, established cooperation between all levels of law enforcement?

So the No Sanctuary for Criminals Act, which was my bill, is now sitting on MITCH MCCONNELL's desk with the scores of other bills that the gentleman from Colorado has addressed, and it is one that says there will be no sanctuary cities any longer and that we will be cutting off funds going to these cities until they get the message.

□ 1830

I think it is about time that the Justice Department moved on all of the jurisdiction that they actually have, but we need to help them here in Congress. And it is about time that this bill, along with Sarah's Law and Kate's Law, be moved off of MITCH MCCONNELL's desk to the floor of the United States Senate.

That is just a small piece of the broad picture we are addressing here tonight, Mr. Speaker. We need some action over in the Senate. If they would get rid of that filibuster rule, we would see more action than we are seeing today.

Mr. Speaker, I thank the gentleman for yielding to me, and I encourage him to continue this effort. I am going to stand with him on this. I thank him for all he is doing.

Mr. BUCK. Mr. Speaker, I thank the gentleman from Iowa for his thoughts.

Mr. Speaker, when we learned that Planned Parenthood was selling the tissue of unborn children, America was outraged. Since then, the House has redoubled its effort to pass legislation to protect the unborn.

H.R. 7 and H.R. 36 are two important pro-life measures that have passed the House.

H.R. 36, which would prevent the killing of unborn children who are developed enough to feel pain, passed the House by 237 votes. This legislation has been sitting in the Senate for 31 days.

H.R. 7, which prohibits taxpayer funding for abortion, passed the House by 238 votes. This legislation has been sitting in the Senate for 283 days.

I would like to welcome my friend and colleague from Georgia, Representative JODY HICE, to talk about these two important bills and protecting unborn children. I yield to the gentleman from Georgia.

Mr. JODY B. HICE of Georgia. Mr. Speaker, I sincerely appreciate the gentleman's great leadership in this, and I am grateful to be able to speak on this issue of life.

There have been, as mentioned a few moments ago, some 300, plus or minus, bills sent to the Senate that we have labored here in the House and worked through, negotiated, duked it out, so to speak, gotten ideas on the table, worked it out, sent it over to the Senate, only to see them sit there and do nothing.

Right in the midst of all of that, at the heart of it all, are a couple of very important bills dealing with the issue of life, which is important to all of us. I firmly believe, and I know my colleagues do as well, that all human life at every stage of development is worthy of protection. I am deeply honored and proud of the fact that this House has passed a couple of extremely important bills in that regard.

As the gentleman from Colorado just mentioned, H.R. 7, No Taxpayer Funding for Abortion, by our friend from New Jersey, CHRIS SMITH, and H.R. 36, the Pain-Capable Unborn Child Protection Act, by TRENT FRANKS of Arizona,

are fantastic bills. One basically says that the American taxpayer should not be footing the bill to end the life of unborn children. It has been sitting for over 200 days in the Senate without even a debate.

The other says that, after 20 weeks, when an unborn child is capable of feeling pain, we are not going abort that child in the midst of a period of time where pain is absolutely scientifically proven to be felt. Again, that bill is sitting across the way in the Senate Chamber, and they have not done anything about it whatsoever.

These are important bills. These bills affect lives. Every day that the Senate does nothing, lives are being lost.

The question is: Where is the Senate?

We all sit here and we wait and we wait and we wait. The time has come that the Senate has to take ownership of what the American people elected not only us, but the American people elected them to do, and that is the job, the task, the platform that we all ran on, and at the heart of that is the fight, the battle for life.

I am also proud of the fact that the House, in our appropriations package, defunded Planned Parenthood. This is a promise that we made the American people after the gruesome discovery of how Planned Parenthood was selling baby body parts. Again, we just recognize that life is a gift from God and it is precious and it is to be protected. It is an inalienable right that we as Members of Congress have the responsibility to defend those inalienable rights. Obviously, without the right to life, there, likewise, is no right to liberty, and certainly no right to the pursuit of happiness.

Again, the question is: Where is the Senate on these issues?

It is time that we join together. Again, I thank my friend for having this Special Order and calling on the Senate to deal with this 60-vote threshold that has become an enormous barrier, causing all of us to be dysfunctional in that which the American people sent us here to do.

Our conservative principles, as well as our whole Nation, rests upon us advancing these things that the American people sent us here to do, and at the heart of that is to defend life. I just join in calling on the Senate to deal with this 60-vote rule and move forward on the agenda that we are here to do.

Again, I just thank the gentleman for his kindness in allowing me to speak on this issue, which is important not only to me, but to all of us; and for his leadership on joining us in having a united voice, calling our colleagues down the hallway here to do the job that they were called on to do.

Mr. BUCK. Mr. Speaker, I thank my friend from Georgia for his passionate defense of life.

Mr. Speaker, Americans should be able to go about their daily lives without the fear of nuclear or radiological attack.

Representative DAN DONOVAN's Securing the Cities Act helps equip our cities to deal with these dangerous weapons, providing training and detection resources.

On January 31, the House agreed by voice vote to this commonsense legislation. For some reason, the Senate has failed in the last 276 days to move this bill.

I am proud to have the bill's sponsor, as well as my friend and colleague, DAN DONOVAN, here to share more about this important legislation.

Mr. Speaker, I yield to the gentleman from New York, Mr. DONOVAN.

Mr. DONOVAN. Mr. Speaker, I thank my friend and colleague from Colorado for yielding to me on such an important issue not only to my district, not only to my city, not only to my State, but to our Nation.

Mr. Speaker, I rise this evening to discuss a vital program within the Department of Homeland Security, the Securing the Cities program.

The Domestic Nuclear Detection Office's Securing the Cities program enhances the ability of States and localities to detect and prevent terrorist attacks and other high-consequence events using nuclear and radiological materials in high-risk urban areas through the provisions of training, equipment, and other resources.

Securing the Cities began as a pilot program in 2006 in the New York City region, including surrounding jurisdictions of New Jersey and Connecticut. Since that time, it has expanded to Los Angeles; Chicago; Washington, D.C.; and Houston. Once the program is fully implemented, it is estimated that it will protect nearly 100 million people nationwide, Americans.

Hailing from New York City and representing Staten Island and Brooklyn, I have seen firsthand the positive impact of the Securing the Cities program. Since 2007, our region has purchased more than 13,000 radiation detectors and trained nearly 20,000 personnel.

I had the opportunity to observe an exercise in Brooklyn last year and witnessed New York City Police Department personnel using Securing the Cities-procured equipment to locate and identify hidden radiological sources in a baseball stadium. During the exercise, I spoke with the participating officers and received a demonstration of the different types of equipment they deployed.

This program is making a difference in New York City, and I support its continued expansion. That is why I introduced H.R. 655, the Securing the Cities Act of 2017. This bill authorizes the Securing the Cities program, underscoring our commitment to protecting our major cities from catastrophic terrorist attacks.

As we, unfortunately, saw earlier this week, our major cities, including my hometown of New York City, in particular, remain targets for terrorist groups. We have to do everything we

can to ensure the Department of Homeland Security and our State and local partners have the tools they need to address the threats that we face. The Securing the Cities program is one of those tools.

I am pleased that the House quickly passed my legislation earlier this year on January 31. It is now time for the Senate to act. Mr. Speaker, I urge the Senate to move swiftly to approve H.R. 655 to authorize the Securing the Cities program and ensure its continued expansion.

In April 2010, President Obama stated: "The single biggest threat to U.S. security, both short term, medium term, and long term, would be the possibility of a terrorist organization obtaining a nuclear weapon."

Since that time, the FBI has disrupted attempts by smugglers in Eastern Europe to sell nuclear materials to extremist groups and criminal organizations. The threat has not abated.

I am thankful for the work of the Domestic Nuclear Detection Office to provide support and guidance to New York City and other urban areas to meet the threats we face.

Mr. Speaker, I urge the Senate to quickly take action to pass the Securing the Cities Act of 2017. Again, I thank my colleague for organizing this Special Order.

Mr. BUCK. Mr. Speaker, I thank the gentleman, a fellow prosecutor and a passionate advocate for these issues, for his remarks.

Mr. Speaker, in the summer of 2015, 32-year-old Kate Steinle was gunned down by an illegal immigrant who had been deported five times already.

Kate's Law, introduced by Chairman BOB GOODLATTE, would enhance the penalties on illegal immigrant felons who are deported and then returned unlawfully to the United States.

This legislation passed the House with 257 votes, a bipartisan coalition of Members who simply want to keep violent felons out of the United States. This bill has been stuck in the Senate for 127 days.

Mr. Speaker, I yield to my friend and colleague, Representative ANDY BIGGS, to talk about H.R. 3004, Kate's Law, and the importance of securing our Nation from violent illegal felons.

Mr. BIGGS. Mr. Speaker, I thank my friend from Colorado, Mr. BUCK, for yielding to me. I am grateful for his leadership as a conservative. It has been my honor to serve with him this past year. I appreciate him sharing some time with me tonight as I share several important stories.

Mr. Speaker, these are stories of real people, not just some people who are distant to us. These are people that we know, people just like this.

Mr. Speaker, one early January morning in 2015, a young man named Grant Ronnebeck began the graveyard shift at a QuikTrip convenience store in my district. After his parents divorce, Grant took the initiative to find a job working at this convenience store

in Mesa, Arizona, to help his family pay the bills. He was only 21 years old. He had his entire life ahead of him.

Just before 4 a.m., an angry customer walked in, demanded a pack of cigarettes, and dumped a handful of change on the store counter. Grant started to count the money, but he saw the customer pull a gun out and point it directly at his head.

Grant tried to immediately hand over the cigarettes in a desperate attempt to save his life, but it was too late. The customer shot Grant in the face in cold blood, took the cigarettes, and casually walked out of the store.

Grant's father describes him as being his buddy from the minute he was born and a person that brightened everybody. He did not leave the store alive that night.

The customer's name was Apolinar Altamirano. He was an illegal alien with a long criminal record, including violent crimes. He was held in Federal custody, but then released while he awaited deportation proceedings. Our government let Grant down when they allowed Grant's killer to walk out of custody and onto our streets.

Altamirano should have remained in custody until he was deported, but he was set free, and Grant was killed due to the government's failure to hold this violent criminal in custody until deported.

Sadly, Grant's story is not unique. Many Americans are aware of another tragic incident, the case of Kate Steinle. Kate was 32 years old. She was walking along a San Francisco pier when an illegal alien shot and killed her. This illegal alien had just been released from prison again. He should have been held until deportation, but he, in fact, had been deported many times previously.

□ 1845

Even then, he was set free, only to kill Kate Steinle.

In 2014, Mesa, Arizona, Police Officer Brandon Mendoza was killed in a wrong-way crash by an illegal alien who was driving under the influence of drugs and alcohol.

And in January 2016, Sarah Root was murdered by an illegal alien who was drunk and drag racing in Omaha, Nebraska.

In each of these cases, Grant and Brandon, I am privileged to know their parents, Steve Ronnebeck and Mary Ann Mendoza. These are fierce advocates who tirelessly work to make sure these types of tragedies never happen to another family. I am grateful for their efforts, and I believe that we are making significant headway to stop these types of catch and release programs that allow criminals to remain on our streets.

In June of this year, the House of Representatives passed H.R. 3003, the No Sanctuary for Criminals Act, and H.R. 3004, Kate's Law, tandemly. These bills would end the policies that contributed to the tragic deaths of Grant, Kate, Brandon, and Sarah.

I was pleased to coauthor the first bill, which included my legislation, Grant's Law. Grant's Law is named in memory of Grant Ronnebeck.

All Americans can agree that someone who is criminally violent should not be released back on to the streets. Yet, for years, the Obama administration's policies failed to protect Americans by allowing criminally violent illegal aliens to roam our streets and neighborhoods.

These types of tragedies are preventable when the Federal Government enacts and enforces the No Sanctuary for Criminals Act and Kate's Law. Congress has begun to take meaningful action to bring these tragedies to an end, starting with the two bills we passed in June.

Chairman BOB GOODLATTE showed leadership and commitment to ensure these important bills received swift consideration. These two bills, if enacted and enforced, would protect innocent Americans to prevent future tragedies like those of Grant, Kate, Brandon, and Sarah.

When the bills passed out of the House, I hoped these bills would receive a swift vote in the Senate. That has not happened. I am still hoping for this vote to take place. I call upon the leadership of the Senate to put these bills up for a floor vote.

We owe it to our constituents to put arcane tradition aside and to pass policies that will protect them. Yet, even in a Republican-controlled Senate, we cannot receive an up-or-down vote on these important immigration enforcement bills.

Why is this?

Mr. Speaker, I firmly believe the answer lies in the fatally flawed 60-vote rule. It is more commonly known as the filibuster, but the Senate's tradition is preventing consideration of nearly all legislation passed from the House.

For example, look at our current situation. Since January, the House has passed over 300 bills, including the two immigration and enforcement bills I have just discussed. These bills will most likely languish until the end of the term, in large part, due to the filibuster rule.

So what can be done about this irresponsible inaction? Well, the Senate can change the rule. Indeed, the Senate must change the rule.

Many people do not realize that the 60-vote requirement is not even in the United States Constitution. It dates back to 1917, when the Senate agreed that debate could be cut off with a two-thirds majority vote. Decades later, when deciding a two-thirds vote was found to be too difficult to achieve, the Senate reduced the number of required votes to three-fifths, or 60 of the current 100 Senators.

The filibuster is a tradition, barely a century old, less than half the age of the U.S. Constitution.

There is a place for rules and traditions, but not when they obstruct the

will of American people. Is it honorable for the United States Senate to have a gentleman's agreement to keep bills from being voted on, or to dilute our representation in the United States Senate?

Americans would rather that Congress pass just and reasonable laws than to preserve extraconstitutional, institutional traditions. Americans want our borders secure and our immigration laws to be enforced.

Congress is running out of time to keep its promises to the American people. We promised to ensure that what happened to Kate, Grant, Brandon, and Sarah would not happen again. The House has done its duty. It is time for the Senate to do its duty.

There are no excuses to allow these bills to die in the Senate. I encourage my friends in the Senate to eliminate the 60-vote rule and to consider the two immigration enforcement bills that the House passed in June. We must not allow inaction to be the enemy of our sworn responsibilities as representatives of the American people.

Again, I thank my friend from Colorado. I appreciate the opportunity to say what has been on my mind for some time.

Mr. BUCK. Mr. Speaker, I thank my friend from Arizona for his insight, and I appreciate his comments here tonight.

Mr. Speaker, in 2010, President Obama and Congress passed the Dodd-Frank legislation that attempted to reform Wall Street and end the too-big-to-fail problem. But instead of fixing the financial industry, Dodd-Frank was mainly served to excessively regulate local community banks, making it harder for individuals on Main Street to gain access to credit.

The Financial CHOICE Act, sponsored by Chairman JEB HENSARLING from the Financial Services Committee, replaced Dodd-Frank with a system that holds Wall Street accountable, while also making credit more accessible for Main Street America. The bill passed the House with 233 votes. It has been stuck in the Senate for 148 days.

I yield to the gentleman from West Virginia (Mr. MOONEY), my friend and colleague, who sits on the Financial Services Committee, to talk about H.R. 10, the Financial CHOICE Act.

Mr. MOONEY of West Virginia. Mr. Speaker, I thank my colleague from Colorado, Mr. BUCK, for leading this Special Order effort and for recognizing me to talk about this issue and the general problem in the Senate today of having legislation considered, debated, and passed in a way that we can go to conference committee.

As the gentleman mentioned, the Senate has already failed to act, and is currently failing to act, as we stand here, on over 270 House-passed bills. One of those bills is a really important one, very important to the committee on which I serve.

I am proud to be on the Financial Services Committee. The tradition of

that position was held by my predecessor, SHELLEY MOORE CAPITO, who served on that committee for 14 years. Ably led by Chairman JEB HENSARLING from Texas, we work in a bipartisan fashion, as much as we possibly can, to bring relief to the American people, give consumers choices in banking products, and the ability to get a small loan or get a mortgage for their house. We are doing very important work there.

So, as was mentioned, on June 8 of 2017, this year, here, the U.S. House of Representatives, where I now stand, passed H.R. 10, the Financial CHOICE Act, by a vote of 233-186. I was very proud to vote for that legislation, as I know were a lot of my colleagues.

The Financial CHOICE Act, if you are not familiar with the bill, after the financial crisis in 2007, Democrats held all the Chambers in the House, the Senate, and the Presidency, and they passed sweeping legislation that fundamentally changed the way our economy works for the worse; much more interference in your lives in banking, and the ability to make loans and consider requests for bank loans were done.

Basically, Dodd-Frank is to the financial services industry what ObamaCare is to the healthcare industry. It is a government-knows-better, one-size-fits-all, federally mandated set of laws that have hurt the very people they claim they want to help. It hurts the same people they want to help. So we are repealing most of that, and we are going to empower consumers, give you the choices back.

So we have passed this bill. Let me just give you one example of something in the bill, to be specific. There was something that was designated in the Dodd-Frank bill called too big to fail. You may remember that term, "too big to fail."

That is a situation where Washington bureaucrats had decided that certain banks—the theory is that they are so essential to the global economy that failure would be catastrophic. So it takes the ability to fail out of the banks' system, which then makes them act more risky. Big does not necessarily refer to the size of the company, just what the government decides is essential, too big to fail.

So the first bank that was too big to fail was Bear Stearns. In March of 2008, the Federal Reserve lent \$30 billion to JPMorgan Chase to buy the failing investment bank. Bear was a small bank, but very well-known, and there was a worry that it would destroy confidence in other banks. So your tax dollars were used to, essentially, bail out banks.

So this bill repeals the authority of the Financial Stability Oversight Council to designate firms as systematically important institutions. It prohibits the use of Exchange Stabilization Funds to bail out banks. Most Americans I talk to don't think their taxpayer dollars should be used to bail out banks, so this bill would stop that.

So we passed that bill. We sent it to the Senate. We didn't think the Senate would pass the exact same bill, word for word, that the House passed. We thought they would consider our bill, take the parts they like, maybe change some parts, maybe add some parts, or move some parts, pass a bill in the Senate, and then we would go to a conference committee to reconcile the differences.

One of the biggest travesties I have seen around here of the political process, Mr. Speaker, is the failure to have conference committees in the Congress any longer. The House passes all these bills, over 300 over there; 270 are waiting for the Senate to do anything on. Anything. And we wait for the Senate to act so we can have a conference committee and reconcile the differences.

It is important to understand that no one in the House is demanding they get their way on every bill, every provision, all the time. We simply want to have a product sent to the Senate, have the Senate do their job, do their due diligence, pass legislation in whatever form they can get out of the Senate, and have a chance to go to conference committee, reconcile the differences.

There is some give-and-take there. They won't get everything they want. We may not get everything we want. You can reconcile those differences, and it has to go back and pass again.

Over the past 3 years, my third year in Congress now, I have taken to reminding folks things they learned in fifth grade, in fifth grade school, about how I am just a bill sitting on Capitol Hill, and how it is supposed to go to one Chamber; then it is supposed to go to the other, and they appoint a conference committee to reconcile the differences.

Instead, as the previous speaker, Congressman BIGGS from Arizona, mentioned, the filibuster is abused. You have 48 Democrats in the Senate who filibuster everything. Everything. And for some reason, my colleagues on the majority side of the aisle, the Republicans, don't put the bills on the floor to make the American people see them filibuster, and obstruct, and shut down, avoid conference committees, avoid passing anything in the Senate that would require action, and, therefore, just stop anything from happening. It is a travesty of the political process.

Neither Republican nor Democrats should stand for such an abusive system in the Senate. So I think we should put the bills over there and make them act. We have actually started passing pieces of the CHOICE Act, one small bill at a time, in order to get other stuff over to the Senate, in the hope that they will just do something, act on something.

But we shouldn't have to do that, frankly, Mr. Speaker, because the Senate can simply pass any bill they want, or any Senate bills they want, and then we can consider it in the House as well. We have led by passing the CHOICE Act bill, which is the right thing to do.

You know, as disappointing as it was to see the U.S. Senate fail to pass anything on healthcare, maybe the one silver lining was the American people could finally see what happens if three Republicans join with 48 Democrats to vote against the bill. We did not have the votes to pass anything on healthcare, and the whole healthcare reform plan died at that moment.

We are sitting here today with a failing healthcare system that is going to continue to fail. ObamaCare is going to continue to fail. It is not getting any better. It is getting worse.

Look, our bill wasn't perfect, Mr. Speaker, but at least we did something in the House to address the problem. I am not saying this bill is perfect, the CHOICE Act for financial services, but we are doing something to address the problem that consumers are demanding, where they can have more choice and more access to funds to buy a home or start a small business. We are doing something about it, and the Senate is doing nothing. They don't pass anything.

In fact, we have passed all 12 appropriations bills in this Chamber. All 12 are sitting over there in the Senate, waiting for someone to act.

I think the first thing they should do is bring up the military funding bill. We are in November already. In December, next month, funding runs out. We have passed our appropriations bills. The Senate is doing nothing on appropriations bills.

They should bring that military bill to the floor of the Senate, right now, and have a vote. It passed this Chamber with a strong, bipartisan majority. Funding the military is not a partisan issue. There are votes, I believe, in the Senate and the House to fund the military.

But if the 48 Democrat Senators want to filibuster, abuse their power, abuse this filibuster tradition, which was mentioned is not in the Constitution, it is simply a courtesy extended to the minority party; if they want to continue to abuse that power, the American people should see them, ruthlessly, politically, try to shut down the military, and then try to blame the President or blame the House when they won't pass anything.

They should pass a military appropriations bill that helps fund our troops. We will reconcile the differences and send it to the President's desk. That, ladies and gentlemen, is how the process is supposed to work. That is what kept our democratic republican form of government, constitutional form of government, with democratic elections, the rule of law, a republican constitution; that is what has kept our country, to this point, functional and working well, having that bipartisan, bicameral process.

What is currently happening is really a travesty to this process, where it is being abused by the Senate. They have all these bills over there. It is high time for them to take action, pass

something, pass the best product they can on this issue, and let's go to conference committee and reconcile the differences.

□ 1900

Mr. Speaker, I urge the Senate to act as quickly as possible on the CHOICE Act, on whatever provisions they want to. We are trying to repeal the Consumer Financial Protection Bureau. Another part of that, the fiduciary rule, has really hurt consumers. These are other parts of the CHOICE Act that need action. The American people need and expect relief.

Mr. BUCK. Mr. Speaker, I thank the gentleman from West Virginia for his services on the Financial Services Committee, a demanding committee and a committee that he has certainly shown his brilliance on. So we appreciate his work very much.

Mr. Speaker, with rising premiums and sky-high deductibles, Americans are hurting under ObamaCare. Republicans talk a lot about increasing competition in the healthcare market, and this next bill actually makes that talk a reality.

H.R. 372, the Competitive Health Insurance Reform Act restores Federal antitrust laws to the health insurance industry, ensuring that the market for health insurance remains competitive and affordable for Americans.

On March 22, the House passed this legislation in an overwhelmingly bipartisan fashion, and 416 Members voted for it. It is 226 days later, and the Senate can still not move that legislation through its Chamber.

I yield to my friend and colleague, the gentleman from Arizona (Mr. GOSAR), to say a few words about this bill that he sponsored.

Mr. GOSAR. Mr. Speaker, I thank my friend from Colorado (Mr. BUCK) for taking the opportunity to highlight some of the good work the House has accomplished this year. I urge my colleagues in the Senate to build on these accomplishments so that Congress as a whole can keep their promises to the American people.

As Congress continues to face the preeminent task of repairing our Nation's healthcare system, first and foremost, we must establish the proper foundation for a competitive and consumer-driven health insurance marketplace. The Competitive Health Insurance Reform Act of 2017 will restore the application of Federal antitrust and competition laws to the health insurance industry.

Ending the special interest exemption is the first step to broader healthcare reform. Popular cost-reducing reform priorities, such as selling insurance across State lines and developing diverse consumer-driven plans, are predicated on the robust competitive markets this bill will ensure.

The McCarran-Ferguson Act of 1945 exempted the insurance industry from the Sherman Act and the Clayton Act, acts that have the purpose of ensuring

fair competition. This broad exemption was intended to assist the newly developing business of insurance so that those companies could set sustainable premiums by permitting data sharing between insurance companies.

However, after 70 years, it is apparent that the broad-stroked exemption created by Congress in the 1940s was not wise. Over the decades, and expeditiously since the passage of ObamaCare in 2009, the health insurance market has devolved into one of the least transparent and most anticompetitive industries in the United States.

It is clear that the continued exemption of the health insurance industry from the full application of the Federal antitrust laws has had an unfair impact on consumers. It shows up as artificially higher premiums, unfair insurance restrictions, harmful policy exclusions, and simply no diversity of choice.

These antiquated exemptions are no longer necessary. There is no reason in law, policy, or logic for the health insurance industry to have special exemptions that are different from all other businesses in the United States.

Repeal of the specific section of the McCarran-Ferguson Act, which applies only to health insurance, has strong bipartisan support. A form of this legislation passed the Democratic-controlled House during the 111th Congress by a vote of 406-19 and passed the Republican-led House in the 112th Congress by a voice vote.

Similar legislation has been introduced by multiple Democratic Members of the House, and the text of my bill has been included in the Republican Study Committee's healthcare reform bill for the last four Congresses in a row.

In March of this year, this pro-market reform received its biggest show of support yet, passing by an overwhelming majority of 416-7. Now, when 416 Members of the House agree, it sends a strong call to action in the Senate.

As a dentist, I know how important robust competition is to dynamic and effective health insurance. It should protect the patient as well as the healthcare provider. It should uniformly apply associated checks and balances that incentivize competition and prevent monopolies. Today, in the healthcare market, those equally applied antitrust protections just simply don't exist.

I don't have a crystal ball that will tell you what the future holds for healthcare or what it will look like. I don't think anybody knows. But I can tell you that history is an important guide. The 70-year antitrust exemption for health insurance has strangled competition and resulted in a consolidated, anticompetitive, and nontransparent scheme controlled by seven megacorporations. That is not what we want for our future.

Instead, let's liberate the market by removing this antitrust exemption.

Imagine what could exist when we put the patient first and demand that health insurance companies compete for their business. This market should be patient-centric, patient-focused, and provide a variety of affordable, quality options that empower patient involvement and accountability.

The passage of the Competitive Health Insurance Reform Act into law is an important first step toward increasing competition in the health insurance market and will assist in setting the foundation for real competitive and patient-centered healthcare reform.

I thank my friends in the House for their strong support, and at the same time, promises were made in the Senate to get a vote on the Senate floor. I urge my colleagues in the Senate to build upon the good work of this Chamber and do their part to restore competition in the health insurance industry.

There is an old saying: Trust is a series of promises kept.

Keep the promise. We are watching.

Mr. BUCK. Mr. Speaker, I thank my friend from Arizona, especially with his healthcare background. I know he has said on many occasions that he is a dentist impersonating a Congressman. Right now I feel the same way as a prosecutor impersonating a Congressman, and I appreciate his friendship and great insight.

Mr. Speaker, I would like to now invite my friend and colleague, Representative TED POE, to speak about the Email Privacy Act. This legislation clears up a loophole in the Electronic Communications Privacy Act, or ECPA, that allows the government, after a certain amount of time, to search someone's email if it is held on a third-party server.

The ECPA was passed in 1986. For the past 30 years, our technology has drastically advanced, but our electronic communications policy has been stuck in the 1980s. The Email Privacy Act allows the law to catch up with the tech. This bill simply requires the government to have a warrant if they are going to search your email.

This legislation passed on voice vote. After 269 days, the bill still sits in the Senate Judiciary Committee.

I yield to my friend and colleague, the gentleman from Texas (Mr. POE), to speak about this important legislation.

Mr. POE of Texas. Mr. Speaker, I thank the gentleman from Arizona (Mr. BUCK) for yielding and for doing this Special Order.

Most Members of Congress agree, I believe, that the Constitution should be followed. There are certain rights in the Constitution that are very, very important to all of us. One of those is the right of privacy, enumerated specifically in the Fourth Amendment.

The Fourth Amendment is unique to America. Other countries don't have the Fourth Amendment. We have it in the United States to protect the privacy of Americans.

Let me give you a little history.

As Congressman BUCK pointed out, back in 1986, which was an eternity ago when you start talking about the digital age, Congress passed legislation to protect the emails that people had on their server for 6 months. The idea was that people wouldn't keep their emails. They would delete them, and 6 months was a good enough time to protect those emails from the spies in our government—I will use that phrase, that is my phrase—and that is the current law. But here is what has happened over that 30 years.

Many Americans stored their emails after that 6-month period. They store them in the cloud, for example. Americans store their schedules in the cloud. They store photographs in the cloud.

When Americans store those items that are over 6 months old in the cloud, they are not protected against the search by our government of that email, of those photographs, of that schedule. In fact, searches can take place without the knowledge of the person whose email is being searched, without the approval of that individual, and the government never notifies that individual that that email stored in the cloud was searched because, under current law, the American citizen is only protected for emails stored on their server up to 6 months.

So after about 4 years of working on this legislation with my friend ZOE LOFGREN from California, bipartisan, we presented to Congress H.R. 387, the Email Privacy Act. As Congressman BUCK said, on February 7, to be exact, of this year, that passed by voice vote on this floor, and we sent it down the hallway to the siesta Senate to take a vote over there, and they have yet to vote on it.

So what does that legislation do? It protects the right of privacy of Americans. It requires government to follow the Constitution.

I was a former criminal court judge in Texas for 22 years. Like Mr. BUCK, I was also a prosecutor in the DA's office in Houston.

The Fourth Amendment of the Constitution—remembering that this is unique to America—protects Americans, their persons, their houses, their papers, and their personal effects from the intrusion of government unless government has probable cause and government gets a search warrant. That is the law. That is the Fourth Amendment.

If government has a probable cause, go get a warrant from a judge. I signed hundreds of warrants from law enforcement as a judge.

A simple example: the government can't search our mail, snail mail as it is now called. When you put a letter in the mailbox and the postmaster picks it up and sends it across the fruited plain and it lands in somebody else's mailbox, government cannot generally go into that letter and seize it for any purpose unless they have a warrant to do so.

There are some exceptions, but government can seize your emails after 6 months if they are stored in the cloud, as I already mentioned, without a warrant. So this legislation basically requires government to follow the Constitution.

We have heard about the widespread abuse—that is my opinion—of the NSA over the last several years, the government agencies that felt like they had a blank check to search and seize Americans' information without their knowledge, without their approval, and without a warrant. This legislation goes to prevent that and simply requires that information stored in the cloud—emails, photographs, schedules, or whatever—the government can go get it, but the government has got to get a search warrant to seize that information.

That is what this legislation does. It protects the Fourth Amendment. It protects Americans. It is simple legislation. It passed the House on voice vote, yet the Senate refuses to protect Americans from unlawful searches without the knowledge of Americans. We need to pass the legislation that ZOE LOFGREN and I have sponsored that has passed the House to protect that basic right.

Mr. Speaker, I think our Senators would all vote "yes" for the legislation. They believe in the Constitution like the rest of us. They believe in the Fourth Amendment like the rest of us.

So let's get a vote. Another piece of legislation the House has passed. We have done our job. We want the Senate to follow up and pass this good legislation to make it the law of the land so Americans are more secure in their papers and their effects and their homes.

And that is just the way it is.

□ 1915

Mr. BUCK. Mr. Speaker, I thank the gentleman for his hard work and persistence on this very important issue.

Mr. Speaker, this year, the House completed all 12 appropriations bills. It is the first time in decades that that has happened. I am proud that our Chamber worked hard to return to a regular appropriations process, and I can tell you that there were many late nights spent looking through amendment after amendment both in the Rules Committee hearing room and on the House floor. We thoughtfully considered these bills and offered them for votes on the House floor.

But the Senate hasn't approved any of these 12 bills. Not one. Republicans, month by month, crisis to crisis, were appropriating of the Obama administration era. But now Republicans are in charge, and without Senate action, we are staring down the barrel of another omnibus or continuing resolution. This isn't fair to the American public.

The Founders gave to Congress the power of the purse so that 435 men and women in this Chamber and 100 men and women in the Senate Chamber can

spend weeks at a time thoughtfully discerning how to spend taxpayer dollars. That is our job. The House has finished its work for this year, and now we beg the Senate to finish theirs.

The House has done good work. We have listened to our constituents, worked with our stakeholders, and met each other in the middle on many bills. Now we are left just talking about these great bills because they are all stuck in the Senate.

I want to take a minute in closing to remind the Senate why we are here and why the voters offered the Republican Party control of both Chambers and the House.

We are here because Americans want fewer regulations. We are here because Americans want lower healthcare premiums and costs. We are here because Americans want a stronger stance against the world's bullies. We are here because Americans want a respect for the rule of law. We are here because Americans want our veterans to have the best care. We are here because Americans want better access to credit. They want to protect unborn life. We are here because Americans expect us to improve their lives, to work on meaningful legislation that limits government, that stewards taxpayer dollars effectively, and that guards family values.

Americans should know that the House of Representatives has heard them. We have passed bills to address these concerns. Now we turn to the Senate and ask them to do the same.

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

The SPEAKER pro tempore (Mr. LEWIS of Minnesota). All Members are reminded to avoid engaging in personalities toward Members of the Senate.

TAX REFORM

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

Mr. RYAN of Ohio. Mr. Speaker, I appreciate the opportunity to be here this evening on the floor of the United States House of Representatives and talk about a timely issue that is an issue that is most important to most of the American people, and that is the issue of the economy, globalization, automation, and all of the issues that are coming down on many communities across the United States.

I want to take this opportunity to spend the next 30 minutes walking through for the American people a little bit about what has happened and talk very clearly about the differences in approach on how we deal with these issues, how the Republican Party is trying to deal with these issues, and how those of us on the Democratic side want to deal with these issues.

I don't want to get into a discussion at all, Mr. Speaker, about who hates whom, and who is bad and who is good,

and who is this and who is that. I want to talk about the facts, I want to talk about the historical facts, and I want to talk about what is happening to average families across these United States.

Clearly, given the volatility of the elections over the past 15 years or so, I would argue that most of those elections have been about the economy, and that most of those elections have been about wages, pensions, security, and stability for families.

My district is from Akron, Ohio, over to Youngstown and points in between, right up against the Pennsylvania border. And what we have seen over the last 20 or 30 years—for a while you think that all of this is just happening to your community, and then you realize as you read and travel, you begin to see that, unfortunately, most communities are facing very similar circumstances as the ones that I represent.

So here on this chart we have an outline of what has happened in communities with regard to foreign trade and automation. The red are the States that have been hardest hit. As it moves from red to brown to purple to blue, and then a lighter blue, red is the most down to the least affected by globalization and automation.

You will see on this chart the industrial Midwest, you will see up in New England, you will see down South, you will see as you move more to the central part of the country and then up into the Northwest, the hardest hit are manufacturing States, and the hardest hit by globalization and automation are the Deep South.

So the big question facing the United States of America today in 2017 is: How do we fix this problem?

These are States that have had significantly lower growth, and they have been hit hard with wages that have been stagnant for close to 30 years. We have seen an erosion of their pensions.

So what are we going to do about this?

The topic today in Washington, D.C., is the issue of tax reform. So we talk about tax reform in the context of the last time we had tax reform, 31 years ago. Mr. Speaker, since then, we have seen that 96 percent of income growth has gone to the wealthiest 10 percent of families in the United States. So in 30 years, 96 percent of income growth in the country—almost all of it—has gone to the top 10 percent. So the average family is getting squeezed.

When you look back at the elections going back to, I think, 2006—I thought 2004—2002 and 2004 were going to be elections about the economy, too, but after 9/11, that had an impact on what the national conversation was about with regard to our elections. But I would argue—and I have been here since 2003. I would argue that, in 2006, that election putting Democrats in was about the economy.

I would say that 2008, during the Presidential election and, again, for

Congress, was about the economy. We had a complete collapse. The American people didn't think the Democrats fixed things fast enough, so in 2010 they put the Republicans in Congress. In 2012 things were getting better, and the election went for President Barack Obama, thinking that he was moving things slightly in the right direction. But they thought he would probably be better than Mitt Romney, who would have let the auto industry collapse and who was perceived as being more in line with the financial institutions in the United States. So they voted for President Obama.

Then in 2014, President Obama wasn't doing things fast enough, still the squeeze, and then obviously in 2016, America voted for President Trump, thinking that he was promising expansion of healthcare, opening up the coal mines and opening up the steel mills. He was going to get the economy back, he was going to do it. It was going to be beautiful, and he was going to do it with the waving of a magic wand. It was going to be easy. So all of those elections were about the economy.

So we still have this squeeze happening in the United States. We still have 63 percent of American families who could not withstand a \$500 catastrophe in their family with their car, with their health insurance, with someone's health in their family, or with an accident. \$500 in an emergency would send 63 percent of the families in the United States spinning out of control.

We see with pensions, for example, that the average person 65 years-plus only has \$60,000 in a 401(k), which means they can drop out \$3,000 a year—not a month, a year—out of their 401(k) for 20 years. Their average Social Security is a little over \$1,000. Their pension isn't much. And all of this averages to about \$25,000 a year. So you are squeezed with your pension. You have had stagnant wages. You don't have much of a savings. And most families can't withstand even a \$500 emergency.

This constant squeeze over the last 30 years from globalization and automation has put many of the communities on the last chart behind the eight ball, unable to get and keep their nose above water for them and their families.

So our job is to figure out what the heck are we going to do about that. So the Republicans today proposed a new program of tax cuts. Here is what their tax cuts look like. Remember, I said 96 percent of income growth over the last 31 years went to the top 10 percent. So the Republican plan—again, we are not mad at them. This is just what they think is going to work.

Their idea is: Why don't we give a tax cut to people making more than \$1 million a year? They will see a good chunk of the tax cut. The next group, people making between \$500,000 and \$1 million a year, will see the next part—the biggest chunk of the tax cut.

So the people who are making all of the income gains over the last 30 years,

that huge concentration of wealth in the last 30 years, the Republicans think if we give them a tax cut, then they are going to take that tax cut, and it is going to trickle down to those red States that I had up here earlier in the industrial Midwest, in the South, moving into the central part of the country, and in the New England States that aren't really surrounded and based on finance. Let's give them a tax cut and hope it makes its way and trickles its way down to Youngstown, Ohio. That is their solution. That is what they think is going to work.

So let's ask ourselves: Have we tried this before?

We have. When I was early in my career, we tried this approach of supply-side economics. We are going to cut taxes for the wealthy. They are going to take that money. It is going to make its way back into the economy, and it is going to get wages up, secure pensions, and all the rest.

So with the Republican plan, they have done things to do that. Not just cut taxes for the wealthy, they get rid of the alternative minimum tax, which means no matter how many loopholes you are able to take advantage of, there is a minimum you are going to have to pay. And if they get rid of that minimum tax, and if that minimum tax wasn't in place a few years back, President Trump would have reduced his tax burden by \$30 million—just so we can wrap our heads around this stuff.

Under the plan that they have now, the top 175,000 richest families in the country will see a \$700 tax cut. That is their plan. We really can't afford it because we have got to borrow \$1½ trillion to pay for all this stuff.

So that is where we are. That is their solution. Huge challenges with the middle class, huge challenges with pensions, huge challenges with wages and retirement and cost of healthcare and education, and their plan is to cut the taxes for the wealthy and hope it helps everyone else. That is their plan.

We have tried this before. When President Bush got in, there were two rounds of tax cuts that he passed in the early part of the first decade of this century. He gave most of the taxes, in the same way, to the top 1 percent of earners. They got a huge chunk of what we called the Bush tax cuts.

□ 1930

That was their strategy back then.

What happened in that decade following the Bush tax cuts?

Well, we see that, after the Bush tax cuts, we had the slowest economic growth in the United States post-World War II, the slowest growth across the board in the United States. They cut taxes for the wealthiest in the hopes that it would somehow help the economy. They also deregulated the financial markets because that was going to help, too.

So what happened was that we had very low growth: employment only increased by 0.3 percent, and the real

GDP only grew by 2.6 percent; wages were stagnant.

As we all remember, in 2007 and 2008, things started to unravel in the economy, and we had a huge collapse in the housing market that was deregulated. We didn't have any cops on the beat watching what was going on.

Stagnant growth ends in the collapse, and then Democrats came in and, quite frankly, fixed the problem, stemmed the tide, and did what we did. That is a whole other story.

The whole idea that cutting taxes for the wealthy is really going to bump employment and really bump GDP growth is shown in recent economic history to not be true.

Now, what do we have to compare this with?

If we go back another decade to 1993, when President Bill Clinton got into office, he had a different strategy and the Democrats had a different strategy. We started to run up the deficits coming out of the eighties. We had to get our financial house in order.

President Clinton came in and raised some taxes on the wealthiest people in the country, not because we don't like them, but the country needed revenue. We reinvested that money, balanced the budget, and what happened? A totally different strategy than our friends on the other side—right?—totally different. What we saw in the 1990s was employment at 2.4 percent, and we saw real GDP growth at 3.7 percent.

The red is the Bush tax cut that we have already tried in the historical analysis of that, ending in a financial collapse and stagnant wages. What we saw with President Clinton's economic plan is real growth, and we saw an improvement in employment. Wages went up in every single bracket, from the poorest to the wealthiest. Everybody made more money. We had a balanced plan on how to do it.

When we look at what happened with the Bill Clinton plan—oh, by the way, it ended the decade with a \$5.6 trillion surplus. That is a \$5.6 trillion surplus that we had here in the United States that, when President Bush got in, he gave it all away in tax cuts. I just told you that story.

What the Democrats are saying is kind of what President Trump was saying during the campaign. There has been this huge concentration of wealth at the top, and they have seen all the income gain.

We have got debt and deficits to pay for. We have got to rebuild the United States. We have got to lay broadband in every corner of the country. We need a new energy grid. We need a resilient economy to prepare ourselves for the storms and the hurricanes and the ups and downs from climate change. We have got to reinvest back into our neighborhoods. We have thousands of blighted homes in communities all across the United States that need to come down.

What we are saying is: Don't borrow \$1.5 trillion from China and then take

the money that you are borrowing from China, pay interest on it, and give it to primarily the top 1 percent of the wealthiest people in the United States. That doesn't make any sense.

In good times, I don't know if that makes any sense, but certainly not when we are already running huge deficits, not when we have the baby boomers moving into our healthcare programs for the elderly, not when we have an opioid epidemic where we lost more people in 1 year, last year, than we lost in the entire Vietnam war. That doesn't make any sense.

We have got to rebuild the country. We are competing with China. We have to make sure that our military is equipped, our students are educated, and that we are investing in research and development to develop wind and solar, the next generation of renewable energy, the next generation of jobs.

And we are borrowing money from China to the tune of \$1.5 trillion to give to the wealthiest people in the country? Does that make any sense?

Mr. Speaker, it does not.

This is the most irresponsible tax proposal I have seen. I will even say it is more irresponsible than the Bush tax credits. At least with the Bush tax credits, we had a \$5.6 trillion surplus. Many of us were saying to put that into Medicare, put it into Social Security. In the Al Gore campaign, it became a joke: Put it in a lock box; don't touch it; save it for a rainy day.

A few months later, 9/11 happened, and we could have used some of that for the next decade. We could have rebuilt the economy, moved the economy forward, reinvested it back into the United States. At least we had it coming.

The economy was growing and President Bush said: Well, we will give it back in tax cuts primarily to the rich.

Now we don't even have it. Now we are going to go out and borrow it and bring it in from China and say: Okay, China, we will owe you another \$1.5 trillion because we don't owe you enough already. We are not going to give it to the middle class, who has not seen a pay raise for 30 years. We are going to give it to the top end.

I just think this is very irresponsible for us as we are trying to get the economy to work for everybody and we have all of these challenges that we are trying to get our arms around here in the United States that will take some public investment.

I am not here to say that the government can solve all of our problems, because it can't. I am not saying that every solution is about writing a check from Uncle Sam and putting it into a program, because it is not. But what we do have to do is make some investments on the public side that are going to allow for growth.

When you talk about things like broadband penetration to make sure that rural America or small towns or certain parts of our cities have access to high-speed broadband, high-speed

internet access, you will see that, for every 10 percent penetration, you see, I think it is, 1, 1.3, 1.4 percent growth in the GDP. It sounds like a pretty good investment.

So let's figure out how we can do a public-private partnership with the telecommunications companies and the public to make sure that we have high-speed internet access all over the United States. Let's sit down with the power companies, the energy companies, and figure out how we redo our energy grid so that we can have a 21st century, efficient, secure energy grid.

And, oh, by the way, ask all of these people who are underemployed today to help us build out this new America. Whether it is broadband or the energy grid, it is in the ground. These jobs can't be outsourced. The same with renewable energy. Many of the jobs related to renewable energy cannot be outsourced. These are the investments we need to make.

Again, we are competing with China. This, my friends, is a very important point. When you look at what China is doing militarily with North Korea, not helping as much as we want them to, moving out, actually building islands in the South China Sea, further projecting their force, moving into Africa, already in Africa, establishing bases in Africa, building relationships, getting minerals and other resources out of Africa, moving ahead with battery-powered cars in China and here, moving and spending \$360 billion on renewable energy initiatives by 2020, creating 13 million jobs, China is on the move.

What are we doing? What does the Republican Party want to do? What does the Trump administration want to do, Mr. Speaker, while China is investing billions of dollars in renewable energy, creating 13 million new jobs? This genius idea is to go and borrow \$1.5 trillion from them and take it and give it to the wealthiest people in the United States in the form of a tax cut that they don't need.

We are going to further position ourselves behind them in the race for the green economy. This could mean jobs in places like Youngstown, Ohio, investments in places like Youngstown, Ohio, driving up wages in Youngstown, Ohio, increasing and securing pensions in these industrial States and in the South. That, to me, makes sense. That, to me, is a smart plan.

So, Mr. Speaker, I am deeply frustrated with this tax cut. I think it is irresponsible. I don't think it makes economic sense. As we start to peel through it, other than the big picture of \$1.5 trillion that we are going to borrow from the Chinese to pay for it, they are going to get rid of people's ability to deduct student loans. Medical emergencies will no longer be deductible.

They are providing instability in the wind sector with the wind tax credit, which has about \$50 billion in investments. About 50,000 jobs are at stake and 500 factories participating in this new economy.

There is a way to do this. There is a way to be smart. We can't let our ideology determine our public policy if it doesn't make any sense. If we can have a balanced approach, we pay for the spending; and because of the situation we are in, we ask the wealthiest in the United States to help us pay for this because they have seen 96 percent of the income growth over the last 30 years.

If we do it right and we do it smart, we will position the next generation of Americans to be in an economy that they can thrive in, that provides stability for them, security for them and their families, and it will also help us deal with the great challenge of our time: global climate change.

Mr. Speaker, I hope that, as this process moves forward, we recognize that this tax cut bill is not the solution to the economic problems. It has gone against what the President of the United States campaigned on, and I believe it is the very betrayal of his campaign, a betrayal of what that campaign meant to so many people, and a betrayal of those very people whom he said he was going to help.

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

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ISSUES OF CONCERN

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

Mr. ROHRABACHER. Mr. Speaker, our American way of life and our Judeo-Christian values are under attack as never before. People understand that there is the threat out there, but perhaps the magnitude keeps coming home of how bad and what a great threat it really is.

Radical Islamic terrorists with a backward, evil, 7th century view of the world are out to destroy and kill us. They seek to terrorize Western countries and Americans, in particular, into retreat.

Well, instead, we must stand tall. We must have the courage to do what is necessary because it does depend on us, as it always has been. As when Nazism and Japanese militarism threatened the world, it was the United States that carried the day for the decent people of the world.

When communism threatened to establish atheistic dictatorships throughout the world and was on the march, yes, it was the American people who stood strong and had those policies necessary to hold off the communist menace until it collapsed, basically, of its own inconsistencies and its own evil nature.

Well, we had great leadership at those other battles, and I say, thank goodness that today we now have a President who actually can speak the words against and condemn this hor-

rible force that threatens our country and the people of the world.

Yes, we have a President who can actually say those words, "radical Islamic terrorism." For 8 years, we had a President who couldn't use those words, much less do those things that were necessary to defeat this threat and to make sure our people were secure.

Some, if not many, of our leaders have been afraid to confront the basic nature of those who have made repeated terrorist attacks and assaults. Anyone who is not signing on to their fanatical religious agenda becomes a terrorist target, not only Christians, but Jews and other Muslims.

President Trump is, at long last, providing the courageous leadership in this historic battle. Congress needs to support our President. We need to stand with him and to stand united against this evil, and yes, defend ourselves. We must not be afraid, and we must not only defend ourselves but also do what is necessary to defeat and extinguish this ghoulish adversary and end his bloody assault on Western civilization, and yes, on moderate Islam.

Words are not enough. Our homeland is under attack; people are in danger; our families, our country, and our way of life are under attack. These attackers come from many countries, both men and women. But in common—these people who have been murdering people and the mayhem they have been creating throughout the Western world, whether it is in France or in the United States or elsewhere, these men and women who participate in these evil acts of terrorism have something that they have in common. They all pledge allegiance to radical Islam.

That is our enemy, not Islam, not Islam itself, but the radical fanaticism that terrorists and the Islamic psychopaths that are out there murdering in the worst possible and ghoulish ways, people, in order to—yes, in order to have—to shock us and in order to intimidate the West into retreat.

This week, a 29-year-old Uzbek immigrant plowed a truck into people walking and cycling in a New York City pathway. He killed 8 people, and he proclaimed that he was inspired by Islam. In fact, he said he was proud of what he had done and even requested the display of his Islamic state flag in his hospital room.

We need to ask ourselves: Why are we allowing Islamic terrorists like this into our country in the first place? How much longer will we close our eyes and bury our heads in the sand?

We have even witnessed horrendous terrorist attacks even in my home State. We know that. We have seen it. On December 2, 2015, in San Bernardino, 14 innocent and wonderful people were brutally slaughtered and 22 seriously injured by an immigrant from Pakistan—a hotbed of radicalism. And yes, his motive was his fanatic belief in what he considers to be Islam. It

was truly one of the most evil attacks in our State's history.

In Orlando, on June 12, 2016, 49 nightclubbers out having a good time, enjoying themselves as Americans—life, liberty, and the pursuit of happiness—they were having a good time, and 49 of these nightclubbers were brutally murdered and mowed down.

All of these innocent lives were slaughtered. Americans who were blown apart at the Boston marathon is no different.

We have American victims staring us in the face saying: What are you going to do to bring justice and to protect the Americans that we left behind, our families? These horrific crimes of cowards mirrors what has happened to innocent people throughout the world.

Yes, we Americans are suffering. And as I say, we have seen it in France, we have seen it in Europe, we have seen it in Muslim countries where these fanatics take Christians out and behead them. But they also, of course, attack moderate Muslims. They are out to try to topple the government of el-Sisi and Egypt and all the other governments there that are not committed to the fanatic view of Islam that they hold.

The most recent attacks in New York should, at least, open our eyes to things that we can do here. Maybe we can't stop it all over the world, but the least we can do is to take steps to protect our own citizens from this type of fanatical threat that hangs over us.

Well, we need to take specific steps that can and should be done to help deal with this danger. I have, in fact, discussed a plan with the President—and this is a few months ago—and we have had a lot of work and a lot of things under the bridge since then, but his commitment to border security includes placing a wall on the Southern border.

Yes, making sure that we have border security, and yes, if it takes a wall on our Southern border, the President is right on target. A wall and beefing up our border will, of course, be expensive. That is why I laid out a plan to the President and have since offered legislation that would pay for President Trump's proposed border wall.

The car attack in New York has alerted many Americans and alerted many Americans to something they didn't know about before, and that is that we have an immigration system, an immigration law that permits 50,000 people to immigrate into our country every year—50,000 people who are chosen by lottery, not by some really looking at them, some examination of their credentials, seeing what they could contribute, no. A lottery.

And, of course, Senator SCHUMER in the Senate, I guess, was the man who actually insisted on this. Well, I am sure he was well-intended, but what we have now are people—instead of bringing in the people who can most contribute to our country, he has insisted we leave 50,000 of them up to a lottery system.

This is insanity. It is forced onto us and has been forced into policy by liberal left politicians who would flood our country with illegals, which is something they are doing besides just this threat that we are talking about, because these people who win the lottery, of course, are not coming here illegally.

At the same time, the same people who are pushing that type of system are pushing for policies that would flood our country with illegals and has flooded our country with illegals, that has brought down our healthcare system, our education system. We brought criminals into our country, and we have had an uncontrolled border.

Yes, the people who are responsible for that have also been responsible for policy that just permitted 50,000 people legally to come here; and those 50,000 people are people not selected by a rational process but instead by a lottery.

The terrorist murderers in New York, of course, were here. That terrorist murderer, and maybe murderers, they were here on the lottery visa. They weren't here because they had been selected. In fact, the lottery selected this Uzbeki fanatic Muslim, and he didn't have the skills and the education necessary to live a decent life, and he ended up killing a lot of people in New York. Surprise, surprise.

We should know about these people who are coming into our country, period, whether those people are coming illegally. We have had millions of people pouring into our country illegally, and then what do our liberal left politicians on the other side say? "Oh, we need sanctuary cities to protect them, the ones who are here illegally and have come here illegally," which, of course, does nothing but encourage more people to come here illegally. And the more who are here illegally are people who we don't know what they are all about.

Do you think the fanatic Islamic terrorists that I am referring to today didn't notice that our border was porous and that people were pouring across our border from our Southern border?

Well, we should know about everybody who is coming into the country, and we should choose the very best people who can contribute to our country. I have no problem with a very robust legal immigration into our country, no problem at all, and neither do the Republicans that I know.

What we have a problem with is a flood of illegals coming in, bidding down the wages of our own citizens, some of them criminals attacking and killing the citizens like we saw in San Francisco—a young lady who was killed by an illegal who had been sent home. But also, even within the system that is legal immigrants, we need to know who those people are and select the very best people to come here.

The plan that I offered the President, which will make it easier for him to accomplish this mission, is a plan that

would take that slot in our lottery, 50,000 people who now come in under a lottery like the guy who just killed those people in New York, instead, let's use that slot, those 50,000 places in our legal immigration system and offer it to foreigners who are very wealthy, who can be given the privilege of paying \$1 million each to come here and eventually become a citizen.

If we can do that, that \$1 million and those 50,000 slots will give us all the money we need to build that wall, and it is fitting that we build that wall and we secure our borders and beef up our system of immigration to protect our citizens, and that we actually have people who want to come here and immigrate here pay for that reform.

We need to implement immigration policies that serve the American people. That is what should be first and foremost, not some crazy notion that we are going to, oh, build—get some kind of better spirit by opening up the immigration into our country to anybody who can get here, and let's let a lottery decide, let's not do it rationally. No.

We need to make sure everybody who comes here is going to contribute, and they are good people. Unless we can all stand together—and the most important thing is they are coming here because they want to be Americans, like almost all the legal immigrants who come here, people who want to be Americans, and we will open our arms, as we have, and as Republicans who are opposed to illegal immigration have said over and over again.

Well, I have proposed H.R. 2724, and I call on President Trump to pay attention to this. I call all of my colleagues to pay attention to this. I urge my colleagues to take a look at that legislation. That will offer us the financial resources we need to bolster our borders, to make sure that there is a wall, but, also, to make sure that we are not bringing into this country people who are associated with radical Islamic fanaticism that would do us harm.

I am asking my colleagues to look at that legislation. I am asking anyone who is reading the CONGRESSIONAL RECORD or listening to this, perhaps, to talk to their Congressman on this issue.

Now, in the past 2 weeks, we have been provided information on another issue that I would like to bring up. Mr. Speaker, may I ask how much time I have left.

The SPEAKER pro tempore. The gentleman from California has 16 minutes remaining.

□ 2000

Mr. ROHRBACHER. Mr. Speaker, I will try to bring up something that we have heard, and we need to discuss this as Americans, because it also is about a very major flaw in our system that is apparent, things that have been not right for the last 2 years.

In the past 2 weeks, however, information has been provided to the Amer-

ican people that has exposed the hypocrisy and misinformation, forced down our throats, for months concerning the allegation that President Trump colluded with the Russians in order to steal the last election. Over and over again, fake news filled the airwaves and, of course, the newspapers, suggesting that there was a sinister plot that kept Hillary from becoming President of the United States.

The core accusation was the Russians had hacked into the Democratic National Committee computers. Emails between the Democratic leaders were taken and handed over to Julian Assange, who is the head of WikiLeaks, and that they were released to the public by WikiLeaks.

The skulduggery of the Democrat leadership and the Clinton campaign was, thus, exposed by these emails. Yes, that exposure to this skulduggery and this unconscionable activity between the Clinton leadership, and also the Democratic Party leadership, these emails, yes, did have an impact on the election, as many Democrats who supported BERNIE SANDERS felt that they had been cheated by their own party because the proof was being offered to them by these WikiLeaks emails that had been taken from the Democratic National Committee.

Now, we heard over and over again that Trump stole the election because he was in collusion with the Russians. The lib-left media, which is most of them, found every which way, any little thing that any member of the Trump team did, as sinister proof that there was collusion with the Russians, thus, they stole the election. Well, it was pounded into our heads month after month, even after the election was over.

But Hillary didn't lose that. That is what we are being told. Hillary lost the election. She didn't want us to believe that it was because she was a rotten candidate running on a miserable track record and a platform that undermined her own candidacy, but, instead, she lost because the GOP had subterfuge and treachery in which they were working with Russians, who helped them out to accomplish this horrible crime of stealing the election.

Well, this negative media barrage and this continued attack on President Trump did not stop when the election was over. It went on for months and months. Everybody should remember that. Month after month after the election, in what appeared to be, in my point of view, an effort to disrupt our new President's authority and to exercise powers granted to him by the American voters, that was going to be disrupted, so he could not become a regular President of the United States, as our election process had determined. Talk about not being loyal to the American way of life.

After months of these obstructionist tactics, the American people are now learning the whole truth. They are learning that the attack on Trump was

a total fraud, a power grab by those who lost the election, and an attempt to distract the American people from this wrongdoing.

First and foremost, let's make it clear: the Russians did not hack into and steal the Democratic National Committee's emails. In terms of the collusion with the Russians, it is now coming to light there are far worse things. But the stealing of those emails and then making them public—and, by the way, they were just making public honest emails. We are not talking about giving the public false information. We are talking about giving them information the Democrats didn't want them to have.

But in terms of collusion with the Russians, what is coming to light is that the Clinton Foundation—so these other charges that we have heard about President Trump may be something to distract us about something that was being done that was wrong and, of a similar light, that was wrong and being done by Hillary Clinton and her family.

In terms of collusion with the Russians, it has come to light that the Clinton Foundation collected more than or around \$150 million from Russian oligarchs that Clinton felt was deposited right into the Clinton Foundation coffers. These oligarchs then deposited \$500,000 right into the Clinton family's pockets for a speech. Yeah, they are going to give them a speaker's fee of \$500,000 for one speech. All of this was happening when Hillary was Secretary of State. It was also happening when our government was making a decision as to whether they should sell 20 percent of America's uranium reserves to Russia. Why we would never seriously consider that, I don't know.

But in my research, I have found evidence that, because that did not seem right, the FBI had an informant watching all of this go down, close up, right there in Russia—an informant. Instead of charging Hillary with a crime, which was not done by the FBI, a gag order was placed on this witness who was working as an informer for the FBI.

That gag order at the time, who put it on this witness?

Well, it was the head of the FBI.

Who was the head of the FBI?

Robert Mueller. That gag order was kept on by Mueller, the gag order on the informant that had this information about the negotiations for contributions to the Clinton fund of \$150 million. This guy was kept, and a gag order, all of this time, even while Mueller was head of the FBI. This is the same Mueller who is now the special prosecutor trying to find anything to charge Trump with collusion with the Russians.

That gag order over the witness implicating Hillary was not lifted until last week, when some of us stepped up and said: We have to have a public hearing on this and we need to make sure—not a public hearing on any type of negative or, let's say, illegal collusion with the Russian Government by

any American politician, which would have included Hillary, of course, and will include Hillary and anybody else who colluded with them.

Yes, I know, that I have advanced the idea of cooperating with the Russians, so this may seem out of place. But I have always felt whatever we do with the Russians needs to be what is in the interest of the people of the United States. Certainly giving away 20 percent of America's uranium reserves, and then gagging one of the witnesses to the discussions that were taking place at the time when, at the same time, oligarchs in Russia were providing the Clintons with \$150 million donation to their foundation, and a \$500,000 donation right into the personal pockets of Bill Clinton.

Now, we need to move forward on this. As we know, the special prosecutor, Mr. Mueller, who kept the gag order on this witness, who didn't charge Hillary in the beginning, now has found someone to indict. Paul Manafort has been indicted.

Isn't this interesting?

Our special prosecutor was tasked with trying to see if there was Russian collusion in the last election between the Trump people and the Russians in order to steal the election. And what did he come up with?

Basically, tax evasion by Paul Manafort, who is a longtime politico in this city.

And guess what. The tax evasion he is being charged with happened long before Paul Manafort had anything to do with Donald Trump. That is wrong. That is wrong. There is something really wrong there. We need to get a new special prosecutor or whatever. We need to have these hearings. Our Republicans need to get tough and we need to make sure that we are seeking out this information and documenting it.

For example, putting the people under oath. There were a group of people—policymakers—who made the decision of whether or not to sell that uranium to the Russians. They need to be put under oath and asked whether or not anyone representing the Clintons ever talked to them during that process and encouraged them for this deal of selling the Russians this uranium.

There are all kinds of avenues that we need to follow through on. Instead, Mr. Mueller ends up with some kind of a tax violation by one of the players that happened long before he was even associated with Donald Trump.

Something has gone haywire here. The American people need to see it. Especially when we understand now there is also evidence that during that election, the Clinton campaign paid Russian sources—it went through an intermediary. He was an English intelligence officer—paid millions of dollars to the Russians to get a scurrilous false report and video, or tape, or whatever it was, of President Trump in some type of compromising situation.

But we know now that was false and that Hillary Clinton's campaign and

these people talking about collusion with the Russians were paying, essentially, the Russians to give them this information.

Now, I would hope that this comes out and this becomes something that is explained and the American people understand. When they see this attack on our President by people who have a totally different view of how we should be in the world—remember, our last President could not say the words “radical Islamic terrorist.” He had a different approach than Hillary, the Secretary of State. We know what happened in Benghazi and elsewhere. We have a totally different approach to these challenges America faces overseas. It is all right.

President Obama was elected. Hillary was not elected. President Trump was elected. These efforts to undermine his authority are the worst kind of repudiation of the American way of life and the American system of government. We Americans must stand firm against radical Islam. We must stand firm and offer an alternative of strength and courage, as compared to the cowardice and nonsense that we have seen in the policies of the last 8 years.

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

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. SIMPSON (at the request of Mr. MCCARTHY) for today after 4 p.m. on account of personal reasons.

Ms. EDDIE BERNICE JOHNSON of Texas (at the request of Ms. PELOSI) for the second vote series today, and November 3 on account of family illness.

PUBLICATION OF BUDGETARY MATERIAL

COMMITTEE ALLOCATIONS OF THE FISCAL YEAR 2018 CONCURRENT RESOLUTION ON THE BUDGET

HOUSE OF REPRESENTATIVES,

COMMITTEE ON THE BUDGET,

Washington, DC, November 2, 2017.

Mr. Speaker, pursuant to section 5206 of H. Con. Res. 71, the Fiscal Year 2018 Concurrent Resolution on the Budget, as passed by the House on October 26, 2017, I hereby submit for printing in the Congressional Record: (1) a 302(a) allocation for fiscal year 2018, consistent with title I of H. Con. Res. 71, for the House Committee on Appropriations; (2) 302(a) allocations for fiscal year 2018 and the period of fiscal years 2018 through 2027, consistent with title I of H. Con. Res. 71, for all House committees other than the Committee on Appropriations; and (3) a list of programs, projects, activities, or accounts identified for advance appropriations for purposes of enforcing section 5104 of H. Con. Res. 71.

Associated tables are attached. These committee allocations are made for the purpose of enforcing titles III and IV of the Congressional Budget Act of 1974 and other budgetary enforcement provisions.

If there are any questions regarding these committee allocations, please contact Brad Watson of the Budget Committee staff.

Sincerely,

DIANE BLACK,
Chairman,
Committee on the Budget.

SPENDING AUTHORITY FOR HOUSE AUTHORIZING COMMITTEES

(On-budget amounts, in millions of dollars)

	2018	2018–2027
Agriculture:		
Current Law:		
BA	14,943	748,849
OT	14,727	738,524
Resolution Change:		
BA	–2,243	–209,852
OT	–1,991	–206,919
Total:		
BA	12,700	538,997
OT	12,736	531,605
Armed Services:		
Current Law:		
BA	163,720	1,787,190
OT	159,033	1,781,075
Resolution Change:		
BA	–1,651	–32,949
OT	–1,485	–32,601
Total:		
BA	162,069	1,754,241
OT	157,548	1,748,474
Financial Services:		
Current Law:		
BA	11,840	98,065
OT	–2,487	–17,474
Resolution Change:		
BA	–10,980	–124,012
OT	–10,695	–123,666
Total:		
BA	860	–25,947
OT	–13,182	–141,140
Education & Workforce:		
Current Law:		
BA	332	63,545
OT	–5,671	20,311
Resolution Change:		
BA	–16,809	–353,852
OT	–9,799	–326,214
Total:		
BA	–16,477	–290,307
OT	–15,470	–305,903
Energy & Commerce:		
Current Law:		
BA	431,810	6,362,158
OT	443,960	6,371,181
Resolution Change:		
BA	7,805	–1,652,820
OT	–24,661	–1,656,131
Total:		
BA	439,615	4,709,338
OT	419,299	4,715,050
Foreign Affairs:		
Current Law:		
BA	39,387	336,390
OT	30,227	313,093
Resolution Change:		
BA	0	0
OT	0	0
Total:		
BA	39,387	336,390
OT	30,227	313,093
Oversight & Government Reform:		
Current Law:		
BA	121,621	1,402,778
OT	119,700	1,370,189
Resolution Change:		
BA	–12,746	–281,830
OT	–12,746	–281,706
Total:		
BA	108,875	1,120,948
OT	106,954	1,088,483
Homeland Security:		
Current Law:		
BA	2,336	25,853
OT	2,433	26,758
Resolution Change:		
BA	–430	–25,270
OT	–193	–24,689
Total:		
BA	1,906	583
OT	2,240	2,069
House Administration:		
Current Law:		
BA	23	181
OT	–5	–43
Resolution Change:		
BA	0	0
OT	0	0
Total:		
BA	23	181
OT	–5	–43
Natural Resources:		
Current Law:		
BA	6,003	65,841
OT	5,665	63,642
Resolution Change:		
BA	–3,816	–60,417

SPENDING AUTHORITY FOR HOUSE AUTHORIZING COMMITTEES—Continued

(On-budget amounts, in millions of dollars)

	2018	2018–2027
Judiciary:		
Current Law:		
BA	26,759	154,556
OT	15,708	164,898
Resolution Change:		
BA	–16,098	–67,078
OT	–1,528	–67,178
Total:		
BA	10,661	87,478
OT	14,180	97,720
Transportation & Infrastructure:		
Current Law:		
BA	76,588	737,300
OT	16,949	181,531
Resolution Change:		
BA	–241	–122,290
OT	–193	–3,066
Total:		
BA	76,347	615,010
OT	16,756	178,465
Science, Space & Technology:		
Current Law:		
BA	101	1,017
OT	101	1,017
Resolution Change:		
BA	0	0
OT	0	0
Total:		
BA	101	1,017
OT	101	1,017
Small Business:		
Current Law:		
BA	0	0
OT	0	0
Resolution Change:		
BA	0	0
OT	0	0
Total:		
BA	0	0
OT	0	0
Veterans Affairs:		
Current Law:		
BA	2,453	129,165
OT	5,416	132,834
Resolution Change:		
BA	–748	–49,022
OT	–748	–49,022
Total:		
BA	1,705	80,143
OT	4,668	83,812
Ways & Means:		
Current Law:		
BA	1,080,564	15,412,214
OT	1,078,811	15,405,517
Resolution Change:		
BA	–19,499	–800,344
OT	–19,108	–799,687
Total:		
BA	1,061,065	14,611,870
OT	1,059,703	14,605,830

ALLOCATION OF SPENDING AUTHORITY TO HOUSE COMMITTEE ON APPROPRIATIONS

(In millions of dollars)

	2018
Base Discretionary Action:	
BA	1,064,806
OT	1,167,885
Global War on Terrorism:	
BA	76,591
OT	43,121
Current Law Mandatory:	
BA	1,010,315
OT	998,404

ACCOUNTS IDENTIFIED FOR ADVANCE APPROPRIATIONS

ACCOUNTS IDENTIFIED FOR ADVANCE APPROPRIATIONS FOR FISCAL YEAR 2019 (SUBJECT TO A GENERAL LIMIT OF \$28,852,000,000)

*Labor, Health and Human Services, and Education**Employment and Training Administration*

TABLE 2—REVISIONS TO COMMITTEE ALLOCATIONS—AUTHORIZING COMMITTEE 302(a) ALLOCATIONS

(On-budget amounts, in millions of dollars)

	2018		2018–2027 Total	
	Budget Authority	Outlays	Budget Authority	Outlays
Current Allocation	431,810	443,960	6,362,158	6,371,181
Adjustment for H.R. 3922	21,083	4,367	45,108	4,893
Revised Allocation	452,893	448,327	6,407,266	6,376,074

Education for the Disadvantaged
School Improvement
Career, Technical, and Adult Education
Special Education*Transportation, Housing and Urban Development*Tenant-based Rental Assistance
Project-based Rental Assistance

VETERANS DISCRETIONARY ACCOUNTS IDENTIFIED FOR ADVANCE APPROPRIATIONS FOR FISCAL YEAR 2019 (SUBJECT TO A SEPARATE LIMIT OF \$70,699,313,000)

*Military Construction, Veterans Affairs*Veterans Medical Services
Veterans Medical Support and Compliance
Veterans Medical Facilities
Veterans Medical Community Care

REVISIONS TO THE AGGREGATES AND ALLOCATIONS OF THE FISCAL YEAR 2018 CONCURRENT RESOLUTION ON THE BUDGET

HOUSE OF REPRESENTATIVES,
COMMITTEE ON THE BUDGET,
Washington, DC, November 2, 2017.

Mr. Speaker, pursuant to section 5403 of H. Con. Res. 71, the Concurrent Resolution on the Budget for Fiscal Year 2018, I hereby submit for printing in the Congressional Record revisions to the aggregates and the committee 302(a) allocations printed in the Congressional Record on November 2, 2017. These revisions reflect the budgetary impact of H.R. 3922, the CHAMPIONING HEALTHY KIDS Act of 2017, as modified by H. Res. 601. H.R. 3922 extends funding through fiscal year 2022 for the State Children's Health Insurance Program in addition to providing a two-year extension for Federally Qualified Health Centers and other various public health programs. Corresponding tables are attached.

These revisions represent an adjustment for purposes of budget enforcement. These revised aggregates and allocations are to be considered as the aggregates and allocations established in the budget resolution, pursuant to H. Con. Res. 71, as adjusted. Pursuant to section 4203 of H. Con. Res. 71, these adjustments apply only while H.R. 3922, as modified by H. Res. 601, is under consideration or upon its enactment.

Sincerely,

DIANE BLACK,
Chairman,
Committee on the Budget.

TABLE 1—REVISION TO ON-BUDGET AGGREGATES—BUDGET AGGREGATES

(On-budget amounts, in millions of dollars)

	Fiscal Year	
	2018	2018–2027
Current Aggregates:		
Budget Authority	3,136,721	¹
Outlays	3,131,688	¹
Revenues	2,490,936	31,171,521
Adjustment for H.R. 3922:		
Budget Authority	21,083	¹
Outlays	4,367	¹
Revenues	139	5,128
Revised Aggregates:		
Budget Authority	3,157,804	¹
Outlays	3,136,055	¹
Revenues	2,491,075	31,176,649

¹ Not applicable because annual appropriations acts for fiscal years 2019–2027 will not be considered until future sessions of Congress.

REVISIONS TO THE ALLOCATIONS OF THE FISCAL
YEAR 2018 CONCURRENT RESOLUTION ON THE
BUDGET

HOUSE OF REPRESENTATIVES,
COMMITTEE ON THE BUDGET,
Washington, DC, November 2, 2017.

Mr. Speaker, pursuant to section 5404 of H. Con. Res. 71, the Concurrent Resolution on the Budget for Fiscal Year 2018, I hereby submit for printing in the Congressional Record revisions to the committee 302(a) allocations

printed in the Congressional Record on November 2, 2017. These revisions reflect the budgetary impact of H.R. 849, the Protecting Seniors' Access to Medicare Act of 2017. The bill repeals provisions of the Patient Protection and Affordable Care Act that established the Independent Payment Advisory Board. A corresponding table is attached.

These revisions represent an adjustment for purposes of budget enforcement. The revised allocations are to be considered as the

allocations established in the budget resolution, pursuant to H. Con. Res. 71, as adjusted. Pursuant to section 4203 of H. Con. Res. 71, these adjustments apply only while H.R. 849 is under consideration or upon its enactment.

Sincerely,

DIANE BLACK,
Chairman,
Committee on the Budget.

TABLE 1—REVISION TO COMMITTEE ALLOCATIONS—AUTHORIZING COMMITTEE 302(a) ALLOCATIONS

[On-budget amounts, in millions of dollars]

House Committee	2018		2018–2027 Total	
	Budget Authority	Outlays	Budget Authority	Outlays
Ways and Means				
Current Allocation:	1,061,065	1,059,703	14,611,870	14,605,830
Adjustment for H.R. 849, Protecting Senior's Access to Medicare Act	0	0	17,490	17,490
Revised Allocation:	1,061,065	1,059,703	14,629,360	14,623,320

SENATE ENROLLED BILL SIGNED

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

S. 782. An Act to reauthorize the National Internet Crimes Against Children Task Force Program, and for other purposes.

BILL PRESENTED TO THE PRESIDENT

Karen L. Haas, Clerk of the House, reported that on November 2, 2017, she presented to the President of the United States, for his approval, the following bill:

H.R. 1329. 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. ROHRABACHER. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 8 o'clock and 12 minutes p.m.), the House adjourned until tomorrow, Friday, November 3, 2017, at 9 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

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

3052. A letter from the Assistant Secretary, Securities and Exchange Commission, transmitting the Commission's final rule — Covered Securities Pursuant to Section 18 of the Securities Act of 1933 [Release No.: 33-10428; File No.: S7-06-17] (RIN: 3235-AM07) received October 30, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Financial Services.

3053. A letter from the Chair and Co-Chair, Congressional-Executive Commission on the People's Republic of China, transmitting the 2017 Annual Report of the Congressional-Executive Commission on China, pursuant to 22 U.S.C. 6912(g); Public Law 106-286, Sec. 302(g); (114 Stat. 897); to the Committee on Foreign Affairs.

3054. A letter from the Deputy General Counsel for Operations, Department of Hous-

ing and Urban Development, transmitting four (4) notifications of nomination, pursuant to 5 U.S.C. 3349(a); Public Law 105-277, 151(b); (112 Stat. 2681-614); to the Committee on Oversight and Government Reform.

3055. A letter from the Attorney-Advisor, Office of the General Counsel, Department of Transportation, transmitting two (2) notifications of designation of acting officer, pursuant to 5 U.S.C. 3349(a); Public Law 105-277, 151(b); (112 Stat. 2681-614); to the Committee on Oversight and Government Reform.

3056. A letter from the Program Analyst, NHTSA, Department of Transportation, transmitting the Department's final rule — Motor Vehicle Safety Standards; Electronic Stability Control Systems for Heavy Vehicles [Docket No.: NHTSA-2015-0056] (RIN: 2127-AL78) received October 31, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

3057. A letter from the Management and Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Standard Instrument Approach Procedures, and Takeoff Minimums and Obstacle Departure Procedures; Miscellaneous Amendments [Docket No.: 31154; Amdt. No.: 3765] received October 31, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

3058. A letter from the Management and Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Stage 5 Airplane Noise Standards [Docket No.: FAA-2015-3782; Amdt. Nos.: 36-31; 91-349] (RIN: 2120-AK52) received October 31, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

3059. A letter from the Management and Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Honeywell International Inc. Turbofan Engines [Docket No.: FAA-2016-9451; Product Identifier 2016-NE-24-AD; Amendment 39-19058; AD 2017-20-01] (RIN: 2120-AA64) received October 31, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

3060. A letter from the Management and Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Bombardier, Inc., Airplanes [Docket No.: FAA-2015-8434; Product Identifier 2015-NM-082-AD; Amendment 39-19057; AD 2017-19-27] (RIN: 2120-AA64) received October 31, 2017,

pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

3061. A letter from the Management and Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Airbus Airplanes [Docket No.: FAA-2017-0813; Product Identifier 2017-NM-109-AD; Amendment 39-19059; AD 2017-20-02] (RIN: 2120-AA64) received October 31, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

3062. A letter from the Management and Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Airbus Airplanes [Docket No.: FAA-2017-0498; Product Identifier 2016-NM-175-AD; Amendment 39-19053; AD 2017-19-23] (RIN: 2120-AA64) received October 31, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

3063. A letter from the Office Program Manager, Office of Regulation Policy and Management, Office of the Secretary (OOREG), Department of Veterans Affairs, transmitting the Department's final rule — Extension of the Presumptive Period for Compensation for Gulf War Veterans (RIN: 2900-AP84) received October 27, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Veterans' Affairs.

3064. A letter from the Chief, Trade and Commercial Regulations Branch, U.S. Customs and Border Protection, Department of Homeland Security, transmitting the Department's final rule — Procedures to Adjust Customs COBRA User Fees to Reflect Inflation [USCBP-2017-0025] [CBP Dec. 17-16] (RIN: 1515-AE25) received October 30, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

3065. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's IRB only rule — 2018 Limitations Adjusted As Provided in Section 415(d), etc. [Notice 2017-64] received October 30, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

3066. A letter from the Regulations Coordinator, Centers for Medicare and Medicaid Services, Department of Health and Human Services, transmitting the Department's final rule — Medicare Program; End-Stage Renal Disease Prospective Payment System,

Payment for Renal Dialysis Services Furnished to Individuals with Acute Kidney Injury, and End-Stage Renal Disease Quality Incentive Program [CMS-1674-F] (RIN: 0938-AT04) received October 30, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); jointly to the Committees on Energy and Commerce and Ways and Means.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. BRADY of Texas (for himself, Mr. RYAN of Wisconsin, Mr. SAM JOHNSON of Texas, Mr. NUNES, Mr. TIBERI, Mr. REICHERT, Mr. ROSKAM, Mr. BUCHANAN, Mr. SMITH of Nebraska, Ms. JENKINS of Kansas, Mr. PAULSEN, Mr. MARCHANT, Mrs. BLACK, Mr. REED, Mr. KELLY of Pennsylvania, Mr. RENACCI, Mr. MEEHAN, Mrs. NOEM, Mr. HOLDING, Mr. SMITH of Missouri, Mr. RICE of South Carolina, Mr. SCHWEIKERT, Mrs. WALORSKI, Mr. CURBELO of Florida, and Mr. BISHOP of Michigan):

H.R. 1. A bill to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2018; to the Committee on Ways and Means.

By Mrs. MIMI WALTERS of California (for herself, Ms. STEFANIK, and Mrs. MCMORRIS RODGERS):

H.R. 4219. A bill to amend the Employee Retirement Income Security Act of 1974 to include a voluntary option for qualified flexible workplace arrangements; to the Committee on Education and the Workforce.

By Mr. GRIFFITH:

H.R. 4220. A bill to adopt a certain California flammability standard as a Federal flammability standard to protect against the risk of upholstered furniture flammability and for other purposes; to the Committee on Energy and Commerce.

By Mr. SMITH of New Jersey (for himself, Ms. MAXINE WATERS of California, and Mr. MICHAEL F. DOYLE of Pennsylvania):

H.R. 4221. A bill to amend the Violent Crime Control and Law Enforcement Act of 1994, to reauthorize the Missing Alzheimer's Disease Patient Alert Program, and to promote initiatives that will reduce the risk of injury and death relating to the wandering characteristics of some children with autism; to the Committee on the Judiciary, and in addition to the Committee on Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. BONAMICI (for herself, Mr. DEUTCH, Mr. CRIST, Ms. FRANKEL of Florida, Ms. NORTON, Mr. HIGGINS of New York, and Mr. BLUMENAUER):

H.R. 4222. A bill to amend the Older Americans Act of 1965 to provide equal treatment of LGBT older individuals, and for other purposes; to the Committee on Education and the Workforce.

By Mr. ENGEL (for himself, Mr. CHABOT, Mr. CROWLEY, Mr. YOHIO, Mr. SHERMAN, Mrs. WAGNER, Mr. CASTRO of Texas, and Mr. FRANKS of Arizona):

H.R. 4223. A bill to promote democracy and human rights in Burma, and for other purposes; to the Committee on Foreign Affairs, and in addition to the Committees on Financial Services, the Judiciary, Armed Services,

and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. HANABUSA (for herself and Ms. GABBARD):

H.R. 4224. A bill to authorize the temporary entry into the United States of alien crewmen employed on longline fishing vessels originating in Hawaii, to ensure that such aliens receive reasonable wages and working conditions, and to provide for appropriate enforcement and oversight of fishing companies employing such aliens; to the Committee on the Judiciary, and in addition to the Committees on Education and the Workforce, and Transportation and Infrastructure, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. HUDSON:

H.R. 4225. A bill to amend the Patient Protection and Affordable Care Act by clarifying that State Exchanges are prohibited from imposing fees or assessments on issuers of excepted benefits and standalone dental plans not sold through an Exchange; to the Committee on Energy and Commerce.

By Mr. KIND (for himself and Mr. JONES):

H.R. 4226. A bill to amend the Public Health Service Act to designate certain medical facilities of the Department of Veterans Affairs as health professional shortage areas, and for other purposes; to the Committee on Energy and Commerce.

By Mr. LATTA (for himself, Mr. MARCHANT, Mr. BUCHSON, Mr. CHABOT, Mr. WALBERG, Ms. KAPTUR, Miss GONZÁLEZ-COLÓN of Puerto Rico, Ms. MICHELLE LUJAN GRISHAM of New Mexico, and Mr. RENACCI):

H.R. 4227. A bill to require the Secretary of Homeland Security to examine what actions the Department of Homeland Security is undertaking to combat the threat of vehicular terrorism, and for other purposes; to the Committee on Homeland Security.

By Mr. MCKINLEY (for himself and Ms. DEGETTE):

H.R. 4228. A bill to amend the Department of Energy Organization Act to establish a biennial commission to develop a comprehensive energy policy for the United States; to the Committee on Energy and Commerce.

By Mrs. MCMORRIS RODGERS (for herself, Mr. ADERHOLT, Mr. BISHOP of Georgia, Mrs. BLACKBURN, Mr. BLUM, Mr. BUCHSON, Mr. COLLINS of Georgia, Mr. COLLINS of New York, Mr. COOK, Mr. CRAMER, Mr. DUFFY, Mr. DUNCAN of Tennessee, Mr. FERGUSON, Mr. GALLAGHER, Mr. GIANFORTE, Mr. GRAVES of Georgia, Mr. GRAVES of Missouri, Mr. GRIFFITH, Mr. HARPER, Mrs. HARTZLER, Mr. JENKINS of West Virginia, Ms. JENKINS of Kansas, Mr. JOHNSON of Ohio, Mr. JOYCE of Ohio, Ms. KAPTUR, Mr. KELLY of Pennsylvania, Mr. KING of Iowa, Ms. KUSTER of New Hampshire, Mr. LAMALFA, Mr. LAMBORN, Mr. LATTA, Mr. LONG, Mr. LUETKEMEYER, Mr. MARINO, Mr. MARSHALL, Mr. MOULTON, Mrs. NOEM, Mr. ROGERS of Alabama, Mr. ROTHFUS, Ms. SEWELL of Alabama, Mr. SMITH of Missouri, Mr. TIBERI, Mr. TIPTON, Mr. TURNER, Mrs. WAGNER, Mr. WELCH, Mr. YOUNG of Iowa, Mr. RYAN of Ohio, Mr. ROE of Tennessee, Mr. ALLEN, Mr. VISCLOSKEY, Mr. KELLY of Mississippi, Mr. MULLIN, and Mr. LOEBACK):

H.R. 4229. A bill to extend the transition to new payment rates for durable medical equipment under the Medicare program and

amend title XVIII of the Social Security Act to update the Medicare budget neutrality requirement for oxygen; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. MEADOWS (for himself, Mr. MACARTHUR, Mr. BIGGS, Mr. NORMAN, Mr. YOHIO, Mr. PERRY, Mr. JORDAN, and Mr. BUCK):

H.R. 4230. A bill to require the timely publication of any research source code and data used by a Federal agency in assessing the costs and benefits of new regulations, and for other purposes; to the Committee on the Judiciary.

By Mr. NORMAN (for himself, Mr. GOSAR, Mr. MCCLINTOCK, Mr. FRANKS of Arizona, Mr. MOONEY of West Virginia, Mr. PERRY, Mr. PEARCE, Mr. GOHMERT, Mr. BUCK, Mr. DUNCAN of South Carolina, Mr. BRAT, Mr. BABIN, Mr. ALLEN, and Mr. JODY B. HICE of Georgia):

H.R. 4231. A bill to amend title 5, United States Code, to provide requirements for agency decision making based on science; to the Committee on the Judiciary.

By Mr. POCAN (for himself, Ms. STEFANIK, Mrs. BUSTOS, Mr. HUFFMAN, and Mr. ROGERS of Kentucky):

H.R. 4232. A bill to amend the Rural Electrification Act of 1936 to provide grants for access to broadband telecommunications services in rural areas, and for other purposes; to the Committee on Agriculture, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. RENACCI (for himself and Mr. RICE of South Carolina):

H.R. 4233. A bill to amend the Internal Revenue Code of 1986 to prevent the fraudulent overreporting of income with respect to the earned income tax credit and the additional child tax credit; to the Committee on Ways and Means.

By Mr. RENACCI (for himself, Mr. KILMER, Mr. STIVERS, and Mr. MOULTON):

H.R. 4234. A bill to amend the McKinney-Vento Homeless Assistance Act to authorize college and career counseling for homeless children and youths; to the Committee on Education and the Workforce, and in addition to the Committee on Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. SMITH of New Jersey (for himself and Mr. ESTES of Kansas):

H.R. 4235. A bill to authorize a review of financial services industry requirements of the People's Republic of China and the implications of such requirements on national security interests of the United States; to the Committee on Financial Services, and in addition to the Committees on Foreign Affairs, and Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. CHABOT (for himself, Ms. VELÁZQUEZ, Ms. ADAMS, Mr. BACON, Mr. BLUM, Mr. BRAT, Ms. JUDY CHU of California, Ms. CLARKE of New York, Mr. COMER, Mr. ESPAILLAT, Mr. EVANS, Mr. FITZPATRICK, Miss GONZÁLEZ-COLÓN of Puerto Rico, Mr. KELLY of Mississippi, Mr. KING of

Iowa, Mr. KNIGHT, Mr. LAWSON of Florida, Mr. LUTKEMEYER, Mr. MARSHALL, Mrs. MURPHY of Florida, Mr. NORMAN, Mrs. RADEWAGEN, Mr. SCHNEIDER, Ms. BONAMICI, Mr. CARSON of Indiana, Mr. DELANEY, Ms. HANABUSA, Ms. KELLY of Illinois, Ms. MCCOLLUM, Mr. TAKANO, Ms. SLAUGHTER, and Mr. SWALWELL of California):

H. Res. 603. A resolution recognizing November 25, 2017, as “Small Business Saturday” and supporting efforts to increase awareness of the value of locally owned small businesses; to the Committee on Small Business.

By Ms. SPEIER (for herself, Mr. COSTELLO of Pennsylvania, Mr. POLIQUIN, and Mr. BRADY of Pennsylvania):

H. Res. 604. A resolution amending the Rules of the House of Representatives to require each Member, officer, and employee of the House to complete the program of sexual harassment prevention and response training in employment which is offered by the Office of Compliance, and for other purposes; to the Committee on Ethics, and in addition to the Committee on House Administration, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 7 of rule XII of the Rules of the House of Representatives, the following statements are submitted regarding the specific powers granted to Congress in the Constitution to enact the accompanying bill or joint resolution.

By Mr. BRADY of Texas:

H.R. 1.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1 of the Constitution of the United States.

By Mrs. MIMI WALTERS of California:

H.R. 4219.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8.

By Mr. GRIFFITH:

H.R. 4220.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I, Section 8, Clause 18 of the United States Constitution.

By Mr. SMITH of New Jersey:

H.R. 4221.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3

Article I, Section 8, Clause 4

Article I, Section 8, Clause 18

By Ms. BONAMICI:

H.R. 4222.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8

By Mr. ENGEL:

H.R. 4223.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 18 of the Constitution

By Ms. HANABUSA:

H.R. 4224.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8

By Mr. HUDSON:

H.R. 4225.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8

By Mr. KIND:

H.R. 4226.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 3

By Mr. LATTA:

H.R. 4227.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 18:

The Congress shall have Power to make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.

By Mr. MCKINLEY:

H.R. 4228.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3 “To regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes”

By Mrs. McMORRIS RODGERS:

H.R. 4229.

Congress has the power to enact this legislation pursuant to the following:

Consistent with the understanding and interpretation of the Commerce Clause, Congress has the authority to enact this legislation in accordance with Clause 3 of Section 8, Article 1 of the U.S. Constitution.

By Mr. MEADOWS:

H.R. 4230.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3: The Congress shall have Power to regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes

Article I, Section 8, Clause 18: The Congress shall have Power to make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.

By Mr. NORMAN:

H.R. 4231.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 of the U.S. Constitution

By Mr. POCAN:

H.R. 4232.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 18 of the Constitution of the United States, which states:

The Congress shall have the power to make all laws which shall be necessary and proper for carrying into execution the foregoing powers, and all other powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.”

By Mr. RENACCI:

H.R. 4233.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 1: “Congress shall have Power To lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defense and general Welfare of the United States; but all Duties, Imposts and Excises shall be uniform throughout the United States”

By Mr. RENACCI:

H.R. 4234.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8: To make all Laws which shall be necessary and proper for car-

rying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.

By Mr. SMITH of New Jersey:

H.R. 4235.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions, as follows:

H.R. 83: Mr. RENACCI.

H.R. 173: Mr. ZELDIN, Ms. WASSERMAN SCHULTZ, Mr. JEFFRIES, Mr. AL GREEN of Texas, Mr. COLLINS of Georgia, and Mr. GOSAR.

H.R. 394: Mr. ROKITA and Mr. DUNN.

H.R. 535: Ms. JACKSON LEE.

H.R. 548: Mr. DESJARLAIS.

H.R. 564: Mr. LOUDERMILK.

H.R. 620: Mr. TAYLOR, Mr. FRANCIS ROONEY of Florida, and Mr. HOLDING.

H.R. 632: Mr. ENGEL.

H.R. 643: Mr. ROKITA.

H.R. 719: Mr. ROKITA.

H.R. 747: Mrs. BLACK.

H.R. 771: Mr. BEN RAY LUJÁN of New Mexico.

H.R. 809: Ms. TENNEY.

H.R. 909: Mr. BERA.

H.R. 947: Mr. PANETTA and Ms. MAXINE WATERS of California.

H.R. 972: Mr. TONKO.

H.R. 1038: Mr. GOHMERT.

H.R. 1046: Mr. ALLEN, Mr. NOLAN, Mr. DIAZ-BALART, and Mr. RUTHERFORD.

H.R. 1057: Mr. SMITH of Nebraska and Mr. GOMEZ.

H.R. 1098: Ms. ESTY of Connecticut, Mr. CARSON of Indiana, and Mrs. BROOKS of Indiana.

H.R. 1158: Ms. FUDGE.

H.R. 1164: Ms. MCSALLY.

H.R. 1178: Mr. GAETZ, Mr. GOHMERT, and Mr. LABRADOR.

H.R. 1264: Mr. MOOLENAAR.

H.R. 1284: Mr. ROKITA.

H.R. 1406: Ms. MATSUI, Mrs. BUSTOS, and Mr. BEN RAY LUJÁN of New Mexico.

H.R. 1444: Mr. POLIS.

H.R. 1478: Ms. KAPTUR.

H.R. 1496: Mr. ROYCE of California, Mr. DENHAM, Mrs. MIMI WALTERS of California, Mr. MCCLINTOCK and Mr. LAMALFA.

H.R. 1515: Ms. SÁNCHEZ.

H.R. 1516: Ms. MAXINE WATERS of California.

H.R. 1552: Mr. BUDD.

H.R. 1650: Mr. O'ROURKE.

H.R. 1661: Ms. ESTY of Connecticut, Ms. SCHAKOWSKY, and Mr. VALADAO.

H.R. 1683: Mr. YOHO, Mr. BRADY of Pennsylvania, Mr. RUTHERFORD, and Miss GONZÁLEZ-COLÓN of Puerto Rico.

H.R. 1730: Mr. NADLER, Mr. BRADY of Pennsylvania, and Ms. JAYAPAL.

H.R. 1739: Ms. SÁNCHEZ.

H.R. 1953: Mr. BUTTERFIELD.

H.R. 1976: Mr. NORMAN.

H.R. 2079: Ms. TSONGAS.

H.R. 2092: Mr. RENACCI and Mr. NOLAN.

H.R. 2327: Mr. AL GREEN of Texas, Mr. LARSEN of Washington, and Mr. THORNBERRY.

H.R. 2366: Mr. ELLISON and Mr. O'ROURKE.

H.R. 2437: Mr. BARLETTA.

H.R. 2452: Mr. THOMPSON of California.

H.R. 2506: Mr. BRADY of Pennsylvania.

H.R. 2591: Mr. DUNN, Mr. WALBERG, Mr. WITTMAN, and Mr. FLORES.

H.R. 2603: Mr. ESTES of Kansas.

H.R. 2651: Mr. ESTES of Kansas, Mr. GARRETT, and Ms. MENG.

H.R. 2723: Mr. STIVERS and Mr. RUTHERFORD.

H.R. 2748: Ms. LEE, Mr. BUCHANAN, Ms. SHEA-PORTER, Mr. MOULTON, and Mr. RUPERSBERGER.

H.R. 2773: Mr. POLIQUIN.

H.R. 2790: Mr. CARTWRIGHT, Ms. MATSUI, and Mr. BERA.

H.R. 2826: Mr. FRANCIS ROONEY of Florida.

H.R. 2862: Mr. WALZ.

H.R. 2902: Mr. ESPAILLAT, Mr. PASCRELL, Mr. LIPINSKI, Ms. SLAUGHTER, and Mr. KING of New York.

H.R. 2942: Ms. MAXINE WATERS of California and Mr. NORCROSS.

H.R. 2987: Ms. KUSTER of New Hampshire.

H.R. 3032: Mr. MULLIN and Mr. SHIMKUS.

H.R. 3107: Mr. KNIGHT.

H.R. 3142: Mr. MOONEY of West Virginia.

H.R. 3179: Mr. LUCAS, Mr. MACARTHUR, and Mr. HILL.

H.R. 3272: Mr. VARGAS, Mr. FLEISCHMANN, Mr. KRISHNAMOORTHY, Ms. ROS-LEHTINEN, Ms. SLAUGHTER, Mr. ROSS, Mr. THOMPSON of California, and Mr. LOBIONDO.

H.R. 3282: Mr. COMER.

H.R. 3312: Mr. COOPER, Mrs. BROOKS of Indiana, Ms. JENKINS of Kansas, Mr. PAULSEN, Mrs. WALORSKI, and Mr. COFFMAN.

H.R. 3380: Mr. GOMEZ, Mr. VISCLOSKEY, and Mr. CARTWRIGHT.

H.R. 3445: Mr. CAPUANO.

H.R. 3503: Mr. ROKITA.

H.R. 3507: Mr. YARMUTH.

H.R. 3541: Mr. COSTA.

H.R. 3596: Mr. SOTO, Mrs. WALORSKI, Mr. HOLDING, Mrs. BROOKS of Indiana, Mrs. NOEM, Mr. LONG, Mr. DESJARLAIS, Mr. HUIZENGA,

Mr. GOSAR, Mr. MOONEY of West Virginia, Mr. YOUNG of Iowa, Mr. SMITH of Missouri, Mr. LOEBSACK, Mr. KUSTOFF of Tennessee, Mr. MEEKS, and Mr. ESTES of Kansas.

H.R. 3605: Mr. MEADOWS.

H.R. 3641: Mr. SAM JOHNSON of Texas, Mr. FERGUSON, Mr. LONG, and Mr. ALLEN.

H.R. 3642: Mr. MOOLENAAR and Mr. YOHO.

H.R. 3703: Ms. JACKSON LEE.

H.R. 3712: Ms. JAYAPAL and Mrs. McMORRIS RODGERS.

H.R. 3755: Mr. SMITH of Washington and Ms. JUDY CHU of California.

H.R. 3761: Mr. RYAN of Ohio.

H.R. 3768: Ms. SCHAKOWSKY.

H.R. 3833: Mr. GONZALEZ of Texas.

H.R. 3848: Mr. QUIGLEY.

H.R. 3876: Mr. GOMEZ.

H.R. 3897: Mr. FORTENBERRY, Mr. RUPERSBERGER, Mr. KATKO, Mr. SUOZZI, Mr. RODNEY DAVIS of Illinois, Mr. SHIMKUS, Mr. KELLY of Mississippi, Mrs. McMORRIS RODGERS, and Mr. PERLMUTTER.

H.R. 3940: Mr. ROYCE of California, Mr. COOK, and Mr. PETERS.

H.R. 3966: Mr. BISHOP of Michigan.

H.R. 3969: Mr. GARAMENDI.

H.R. 3970: Mr. KIND.

H.R. 4036: Mr. LOUDERMILK and Mr. GOWDY.

H.R. 4051: Mr. BRADY of Pennsylvania.

H.R. 4078: Mr. CALVERT.

H.R. 4082: Mr. CICILLINE and Mr. O'ROURKE.

H.R. 4090: Mr. BISHOP of Michigan and Mrs. BLACKBURN.

H.R. 4120: Mr. VEASEY and Mr. PERLMUTTER.

H.R. 4122: Mr. COHEN, Mr. CONNOLLY, Mr. HASTINGS, Mr. HIGGINS of New York, Mr.

LARSEN of Washington, Mr. LOWENTHAL, Ms. MOORE, Ms. NORTON, Mr. DAVID SCOTT of Georgia, Mr. TAKANO, and Ms. ROYBAL-ALLARD.

H.R. 4131: Mr. CARTER of Georgia.

H.R. 4143: Mr. BEN RAY LUJÁN of New Mexico, Mr. HECK, Mr. BROWN of Maryland, Mr. PETERSON, and Mr. DUNN.

H.R. 4155: Mr. RASKIN, Ms. SÁNCHEZ, Mrs. NAPOLITANO, Mr. GOWDY, Mr. CROWLEY, and Ms. HANABUSA.

H.R. 4173: Mrs. BROOKS of Indiana.

H.J. Res. 118: Ms. SPEIER.

H.J. Res. 120: Mr. PAYNE.

H. Con. Res. 13: Mr. LAWSON of Florida.

H. Con. Res. 57: Mr. LOWENTHAL and Ms. LOFGREN.

H. Con. Res. 59: Mr. LOEBSACK.

H. Con. Res. 80: Mr. CARTWRIGHT.

H. Con. Res. 81: Mr. TONKO, Mr. SMITH of Washington, and Mrs. LAWRENCE.

H. Res. 15: Ms. KELLY of Illinois.

H. Res. 244: Mr. PETERS.

H. Res. 257: Mr. CARTWRIGHT.

H. Res. 279: Mr. LONG.

H. Res. 401: Ms. BLUNT ROCHESTER and Mr. HUNTER.

H. Res. 477: Mr. ROKITA and Mr. BABIN.

H. Res. 495: Ms. MENG, Mr. FOSTER, Ms. VELÁZQUEZ, and Mr. TAKANO.

H. Res. 505: Mr. PETERS.

H. Res. 564: Mr. WALKER.

H. Res. 584: Mr. GRIJALVA.

H. Res. 596: Mr. PAYNE.

H. Res. 597: Mr. KIND and Mr. WESTERMAN.