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 consume, 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 nonpartisan 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 adequate 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; AmerisourceBergen; 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 Physicans & 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; Enterprise 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, International 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 Opthalmology; 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 nonvoting 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.''

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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 gentlewoman 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 program, 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: ''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. 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 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 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