

PROVIDING FOR CONSIDERATION OF H.R. 986, PROTECTING AMERICANS WITH PREEXISTING CONDITIONS ACT OF 2019, AND PROVIDING FOR CONSIDERATION OF H.R. 2157, SUPPLEMENTAL APPROPRIATIONS ACT, 2019

Ms. SHALALA. Madam Speaker, by direction of the Committee on Rules, I call up House Resolution 357 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 357

Resolved. That at any time after adoption of this resolution the Speaker may, 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. 986) to provide that certain guidance related to waivers for State innovation under the Patient Protection and Affordable Care Act shall have no force or effect. 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 Energy and Commerce. After general debate the bill shall be considered for amendment under the five-minute rule. The bill shall be considered as read. All points of order against provisions in the bill are waived. No amendment to the bill shall be in order except those printed in part A of the report of the Committee on Rules accompanying this resolution. Each such amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. All points of order against such amendments 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.

SEC. 2. At any time after adoption of this resolution the Speaker may, 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. 2157) making supplemental appropriations for the fiscal year ending September 30, 2019, and for other purposes. 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 Appropriations. After general debate the bill shall be considered for amendment under the five-minute rule. An amendment in the nature of a substitute consisting of the text of Rules Committee Print 116-12, modified by the amendment printed in part B of the report of the Committee on Rules accompanying this resolution, shall be considered as adopted in the House and in the Committee of the Whole. The bill, as amended, shall be considered as the original bill for the purpose of further amendment under the five-minute

rule and shall be considered as read. All points of order against provisions in the bill, as amended, are waived. Clause 2(e) of rule XXI shall not apply during consideration of the bill. No further amendment to the bill, as amended, shall be in order except those printed in part C of the report of the Committee on Rules. Each such further amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. All points of order against such further amendments are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill, as amended, to the House with such further amendments as may have been adopted. The previous question shall be considered as ordered on the bill, as amended, and any further amendment thereto to final passage without intervening motion except one motion to recommit with or without instructions.

The SPEAKER pro tempore. The gentlewoman from Florida is recognized for 1 hour.

Ms. SHALALA. Madam Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Texas (Mr. BURGESS), 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

Ms. SHALALA. Madam Speaker, I ask unanimous consent that all Members be given 5 legislative days to revise and extend their remarks.

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

There was no objection.

Ms. SHALALA. Madam Speaker, on Tuesday, the Rules Committee met and reported a rule, House Resolution 357, providing for consideration of H.R. 986, the Protecting Americans with Preexisting Conditions Act, under a structured rule.

The rule makes in order 12 amendments. The rule provides 1 hour of debate equally divided and controlled by the chair and the ranking member of the Committee on Energy and Commerce.

The rule also provides for consideration of H.R. 2157, the Supplemental Appropriations Act, under a structured rule. The rule self-executes a manager's amendment and makes in order 10 amendments to H.R. 2157.

Finally, the rule provides 1 hour of debate equally divided and controlled by the chair and ranking member of the Committee on Appropriations.

Madam Speaker, I rise today in support of the two bills in this rule, H.R. 986, the Protecting Americans with Preexisting Conditions Act of 2019, and H.R. 2157, the Supplemental Appropriations Act.

H.R. 986 will ensure that the patient protections and benefits of the Affordable Care Act are protected. It will pre-

vent this administration from doing administratively what they failed to do legislatively, make health insurance inaccessible for the, at least, 52 million Americans who live with preexisting conditions.

The administration is trying to coax States, through misuse of the 1332 innovation waivers, to make available plans that don't cover all of the essential health benefits that the ACA requires, or don't cover preexisting conditions, possibly with tax credits. This is consumer fraud. It is a misuse of taxpayer money.

The administration would make it possible for plans to deny coverage or charge higher premiums based on health status. Under their guidance, plans could have lifetime or annual limits. They would be able to charge higher rates to older people than the ACA allows and are not required to cover essential health benefits.

It will hurt consumers who think they are buying comprehensive health insurance and then find out that their plan doesn't cover whatever health crisis they may be facing.

The guidance from the administration is a back door to destroying the Affordable Care Act. H.R. 986 makes sure that that will not happen.

□ 1230

I also rise to support H.R. 2157. The disaster supplemental will provide \$17.2 billion in disaster relief to communities across America, including my own State of Florida.

The House passed a similar bill in January, which the Senate failed to take up. Since January, there have been floods in the Midwest and tornadoes in Alabama, and we have included additional money to fund those disasters.

No American should wait for assistance while Congress squabbles. Seven months have passed since Hurricane Michael devastated the panhandle in Florida, including completely leveling Tyndall Air Force Base. It is time to pass both of these bills.

Madam Speaker, I reserve the balance of my time.

Mr. BURGESS. Madam Speaker, I thank the gentlewoman for yielding me the customary 30 minutes, and I yield myself as much time as I may consume.

Madam Speaker, today, we are considering a bill that appropriates a little over \$17 billion for disasters affecting all parts of the United States.

As Members of Congress, we are elected to serve the people, and part of that duty is providing emergency aid when disaster strikes. I am supportive of disaster relief, and we certainly could have provided this crucial aid months ago. At this time, our communities are still in need.

This is the third time that the House will consider a relief bill to address the same set of disasters.

On 20 December 2018, the House of Representatives passed a continuing

resolution to fund the government through February 8 that also included almost \$8 billion of disaster relief funding, but this bill did not become law.

On January 16, 2019, the House passed a supplemental appropriations package that would have provided a little over \$12 billion in aid. But at the last minute, during Rules Committee debate, Democrats added a short-term, full-government continuing resolution through a manager's amendment that did not include President Trump's request for border security funding. As a result, the government remained closed without providing a resolution to the problem.

It has now been 4 months since the House last considered providing disaster aid, long enough that additional disasters have struck our country, necessitating an increased number.

The bill before us seeks to provide relief funding for Hurricanes Michael and Florence, as well as continued support for Hurricanes Harvey, Irma, and Maria. The wildfires in California will be included in this supplemental, as well as the severe storms and flooding in multiple States, including Texas; the Alaska earthquake; Typhoons Yutu and Mangkhut in the Northern Mariana Islands and Guam; Tropical Storm Gita in American Samoa; volcanic eruptions in Hawaii; and devastating floods across the Midwest.

This third iteration of disaster relief legislation is similar to a bill passed by the House in January of this year, with an additional \$500 million for the Department of Agriculture's Emergency Conservation Program to rehabilitate damaged farmland; \$1.5 billion for the Army Corps of Engineers for projects and flood mitigation; and \$1 billion for the Community Development Block Grant Disaster Recovery account for rebuilding houses, businesses, and public infrastructure. The bill also includes \$600 million for disaster nutrition benefits in Puerto Rico as that island recovers from Hurricane Maria.

The President has expressed concern about Puerto Rico's management of the billions of disaster aid the island has already received. Senate Republicans are negotiating with the White House on a compromise, but Democrats have decided to continue pushing this legislation forward without engaging the other two parties that would be required in order for the bill to become law.

This bill also includes language prohibiting any funds from being used for the construction of a border wall. The crisis on our southern border is not a natural disaster; it is a humanitarian and security disaster, one that we can stop and take steps to prevent in the future. But the Democrats refuse to accept that our Customs and Border Protection and Immigration and Customs Enforcement officers are overwhelmed, that our Office of Refugee Resettlement facilities are near capacity, and that our immigration judges are facing years of backlogged cases.

This is a disaster that we can do something about now. Rather than negotiate in good faith, Democrats have chosen once again to bring up a bill that will not pass the Senate.

I am disappointed that these controversial provisions are included in the bill. It does beg the question: When are we going to get back to the business of legislating?

As an aside, I would note that the House adjourned yesterday at 2 o'clock in the afternoon, plenty of time to continue working on some of these problems. For whatever reason, we decided not to do that.

The second bill under consideration, H.R. 986, is supposed to protect Americans with preexisting conditions. It has a very catchy title. Despite that catchy title, the bill does nothing to enhance preexisting condition protections under the Affordable Care Act.

The first vote that Republicans called this Congress was a motion to require legislation protecting individuals with preexisting conditions. Rather surprisingly, the Democrats voted against that previous question, blocking the motion.

In 2017, as part of the proposed replacement for the Affordable Care Act, Republicans included legislation that would have preserved access for those with preexisting conditions. Again, this was not supported by House Democrats.

H.R. 986 eliminates healthcare choices for States by infringing upon the authority that was given to the Department of Health and Human Services under the Affordable Care Act. Section 1332 of the Affordable Care Act established the Waiver for State Innovation. This allowed States to waive certain ACA regulations in order to provide flexible coverage through new State healthcare programs.

The Secretary of the Department of Health and Human Services was required to promulgate regulations for the granting of these waivers, maintaining that new State health programs stay within the guardrails provided by law.

My constituents of north Texas are consistently concerned about not having access to affordable healthcare. I take meeting after meeting with families who say they are suffering from the high cost of healthcare and prescription drugs, deductibles, and copays. Texans are struggling to afford their health insurance, and I am sure we are not the only ones experiencing these premiums and deductibles.

What good is health insurance if you are afraid to use it because you cannot afford your deductibles and copays? This is an issue that I would like to see us tackle, yet we are here today discussing a bill with a very misleading title that would take flexibility away from States.

During the Rules Committee hearing on Tuesday, we discussed innovative strategies for providing high-quality and affordable health insurance, ex-

panding consumer choice, and some of the positive results for States that have implemented these waivers. In no way did we discuss removing ACA protections for people with preexisting conditions. In fact, I pointed out that the Centers for Medicare and Medicaid Services' Administrator Seema Verma stated in her remarks at the CMS National Forum on State Relief and Empowerment Waivers that "a waiver cannot be approved that might otherwise undermine these protections."

Yet Democrats have titled this bill "Protecting Americans with Preexisting Conditions Act of 2019." This is clearly an attempt to coerce Members of Congress into voting for a bill that actually scales back the guidance recently issued for the application of State innovation waivers.

Energy and Commerce Committee Ranking Member GREG WALDEN offered an amendment to more appropriately title the bill "This Bill Has Nothing to do with Protecting Americans with Preexisting Conditions Act." I hope this amendment will alert Members to the partisan wordplay of the Democrats when we should be focusing on improving the health insurance marketplace.

Taking flexibility away from States is one step closer to a single-payer, government-run healthcare system. This single-payer, government-run healthcare system would only further deteriorate our Nation's healthcare.

The Affordable Care Act was one step in that direction. While it is clear that the Affordable Care Act has proven to be nothing like affordable for Americans, section 1332 waivers would have allowed States the flexibility to employ innovation that works for their citizens.

To date, eight States—Alaska, Hawaii, Maine, Maryland, Minnesota, New Jersey, Oregon, and Wisconsin—have approved State innovation waivers, and seven have created their own reinsurance programs. Premiums in these States—and this is important—premiums in these seven States were almost 20 percent lower, on average, in the first year of enactment. Maryland saw the greatest percent change, with the average individual market premium coming down by more than 40 percent, 43.4 percent, to be precise.

Again, section 1332 of the Affordable Care Act explicitly gives the Department of Health and Human Services the authority to provide guidance surrounding these innovation waivers. As more States submit applications, the administration has learned more about what hurdles States must traverse in order to obtain these waivers.

One limit to a State's ability to apply for an innovation waiver is that the State must have already enacted a State law establishing authority to pursue and implement the waiver. For a State like Texas, where the State legislature meets only every 2 years, this can be a substantial barrier.

The recent Trump administration guidance provides clarity, stating that,

in certain circumstances, existing State legislation coupled with a duly enacted State regulation or executive order could satisfy this requirement.

This guidance, the 1332 guidance, removes some hurdles while maintaining the integrity of the coverage guardrails established by law. Those statutory requirements maintain that coverage must be as comprehensive as coverage would have been absent the waiver, provide cost-sharing to protect against excessive out-of-pocket spending, cover a comparable number of residents, and not increase the Federal deficit.

I would like to reiterate that this is a misleading bill title and that H.R. 986 will restrict healthcare choices for States.

Once again, we are using the valuable time on the floor of the United States House of Representatives to debate something that will not solve the issues of affordability in our Nation's healthcare system and really has no chance of becoming law. It is unfair to patients who are not going to the doctor because, on top of their monthly premiums, their deductible is so high that they cannot afford the visit.

We need a comprehensive solution to address the high patient out-of-pocket costs in our system. This bill moves us in the wrong direction. It will inhibit innovation and much-needed flexibility in our State insurance markets.

As a physician, I cannot support such a piece of legislation, so I will urge opposition to the rule.

Madam Speaker, I reserve the balance of my time.

Ms. SHALALA. Madam Speaker, I yield 3 minutes to the gentlewoman from Florida (Ms. CASTOR), a distinguished member of the Energy and Commerce Committee.

Ms. CASTOR of Florida. Madam Speaker, I thank my colleague and friend from Florida for yielding the time.

Madam Speaker, I rise today in support of the rule and the two very important bills the House of Representatives will consider.

The first is H.R. 986 by my colleague, Representative KUSTER from New Hampshire, that will work to protect our neighbors who have preexisting health conditions, like cancer or heart disease.

Unfortunately, the Trump administration is trying to weaken those protections. They are doing so in the courts and through Congress. So it is very important that the House of Representatives pass into law protections for our neighbors with preexisting conditions.

In fact, the name of the bill is "Protecting Americans with Preexisting Conditions Act." Passing this bill will help keep healthcare accessible and affordable for all Americans.

The second bill is also very important, H.R. 2157. It provides about \$17 billion in disaster relief to Americans who need it, who have suffered through horrendous natural disasters.

It was October 10, 2018, when Florida took a direct hit from Hurricane Michael. It was one of the most powerful storms to make landfall in the United States. It slammed into the panhandle and caused tremendous damage and destruction.

To help meet disaster needs, the House of Representatives, the Democratic-led House, one of the first bills we passed was a disaster relief package on January 16, 2019. It passed by a wide margin with a bipartisan vote. Unfortunately, it ran into opposition from the Senate and the White House.

Madam Speaker, I urge my colleagues now to come back together in a bipartisan way and use this bill to break the logjam in the Senate and keep the focus on our fellow Americans who need disaster assistance.

Disaster relief used to be bipartisan. We need to return to those days and pass it in a timely manner.

□ 1245

Mr. BURGESS. Madam Speaker, just a point of clarification. While our last vote was just after 2 p.m. yesterday, the House actually adjourned a little after 3 p.m. I did want to make that correction.

Madam Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. MEUSER).

Mr. MEUSER. Madam Speaker, I rise today to speak against H.R. 986.

I think everyone in this Chamber can agree that individuals with preexisting conditions should be protected and that the American people should have access to affordable and quality healthcare. This bill falls short of achieving, or even making progress towards, these important goals.

This bill showcases a fundamental misunderstanding of section 1332 waivers, which allow States to pursue more creative and innovative strategies to provide their residents with access to high-quality health insurance. This bill actually rolls back the ability of States to innovate lower costs and expand coverage options for patients and families.

Additionally, this bill is disingenuous in suggesting that it is protecting individuals with preexisting conditions when section 1332 waivers already require States to do so. Rather than calling this the "Protecting Americans with Preexisting Conditions Act," this bill would be more appropriately named the "Don't Let States Innovate Act."

Not surprisingly, this bill also neglects to address the grievous shortcomings of ObamaCare.

In my district, not a day goes by that I don't hear from constituents about the untenable costs of ObamaCare. It is no secret that ObamaCare has led to skyrocketing premiums and deductibles, offering anything but affordable care to the American people. However, the data clearly shows that States using section 1332 waivers to create their own reinsurance programs

saw premiums drop by an average of nearly 20 percent.

We must make our country's healthcare system work better by supporting choice, access, and affordability. This bill forces our country on a pathway towards one size fits all, Big Government-centered healthcare. And this Democrat vision of a top-down healthcare system is one that I absolutely cannot support.

Madam Speaker, I urge my colleagues to vote "no" on the rule and the underlying bill.

Ms. SHALALA. Madam Speaker, I yield 3 minutes to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Madam Speaker, I thank the gentlewoman from Florida for yielding, and I thank her for her leadership.

Madam Speaker, the American people will insist that this legislation passes. My Republican friends, since my time in helping to pass the Affordable Care Act, have never offered a plan to ensure that America's wonderful citizens have good healthcare and that those with preexisting conditions, such as many of us, including myself and many of my constituents in Houston, Texas, are able to access healthcare.

Let me be clear on what this legislation does, as I thank Representative KUSTER for her leadership.

H.R. 986, of which I am strongly in support of, is a saving grace. What it does is it stops the Trump administration in their tracks from watering down an opportunity of flexibility, section 1332.

Here is what is going to happen if we do not pass this legislation:

We will stop the coverage of preexisting conditions, period;

There will be no protections;

You will see a rise in costs in healthcare;

Short-term plans will be thrown to the people and other plans that will destabilize the risk pool;

It will limit access to comprehensive coverage because the Trump guidance says: Just give access and don't worry about if the plan even allows you to be admitted into a hospital;

And finally, it will reduce benefits like maternity coverage, mental healthcare, and coverage of prescription drugs.

Is that what Americans want?

Every day, in my district, I am seeing people desperate for healthcare. There has been not one proposal coming here.

I rise as well to support the supplemental appropriations, because I have been to Puerto Rico and the U.S. Virgin Islands. We need these resources.

But I have also seen the devastation of victims impacted by Hurricane Michael in Alabama, Florida, and Georgia; the damage in Nebraska, Missouri, South Dakota, Iowa, Kansas, and now in Houston, 10 inches of rain and flooding and more rain coming. I know that people who were impacted by Hurricane Harvey are still suffering.

This particular legislation, appropriations, is important. It is important, in particular, to ensure that we add more funding and that we shore up the infrastructure.

I submitted amendments that covered the idea of improving FEMA so that it would stay longer and it would have oversight to know whether it is helping people; to increase energy services so that we don't black out so that people are suffering; and to make sure we have the right kind of water.

There are many other elements to the appropriations bill which I hope to debate at a later time, but this rule should be supported.

Let me additionally go back to the H.R. 986 legislation and indicate that preexisting diseases cover things like sickle cell, which 1 in 13 African American babies are born with; triple negative breast cancer, which is the most deadly and causes immediate or short-term life to White women, Black women, Asian Pacific Islander, American Indian, and Alaska Native women; diabetes; and HIV/AIDS.

This is why H.R. 986 is important, Madam Speaker, and why the appropriations bill is important.

Madam Speaker, I rise in strong and unequivocal support for the rule governing debate on H.R. 986, the "Protecting Americans With Pre-Existing Conditions Act of 2019" as well as the underlying legislation and ask all Members to join me in supporting these legislative initiatives that combat the Trump Administration's ongoing efforts to take away health care from more than 100 million Americans and to make health care dramatically less affordable for those fortunate enough to be insured.

Another reason I strongly support this rule is that it makes in order H.R. 2157, the "Supplemental Appropriations Act of 2019," which provides much needed and long overdue relief to Americans in Puerto Rico and the U.S. Virgin Islands still suffering from the ravages of Hurricanes Maria and Irma, as well as relief to victims of Hurricane Michael which struck Alabama, Florida, and Georgia in October 2018 and to the victims of the Midwestern floods that have caused so much damage in Nebraska, Missouri, South Dakota, Iowa, and Kansas.

H.R. 986, rescinds this damaging, dangerous guidance immediately, and reinforces the ACA's vital protections for people with pre-existing conditions.

It also prevents the Secretaries of HHS and Treasury from promulgating any substantially similar guidance or rule in the future.

Section 1332 of the State Innovation Waivers included in the ACA has a clear statutory directive that states must maintain the level of benefits, affordability, and coverage provided to state residents by the ACA.

This Administration's 2018 Guidance allows states to simply demonstrate that a comparable number of residents will have access to comprehensive and affordable coverage, regardless of whether they actually enroll in that coverage, thereby allowing the Secretaries of HHS and Treasury to approve waivers that do not provide coverage that is as affordable or as comprehensive as under the ACA.

The "Protecting Americans with Pre-Existing Conditions Act" is a vital legislative measure

that emphasizes the importance of not limiting coverage for individuals with pre-existing conditions or imposing lifetime limits on access to care.

Predatory practices such as this will prove to be devastating to communities across the nation, many of which, who will be affected are disproportionately communities of color.

The people receiving the life-sustaining medical protections under this provision will be cast aside and left with no way to cover the exorbitant healthcare costs that would otherwise be covered in through the Affordable Care Act.

Relenting on this protection will put a great number of my constituents and various communities across the nation at terrible risk.

Specifically, in the 18th Congressional District many of my constituents are disproportionately affected by several pre-existing conditions such as:

Sickle Cell Disease (SCD) affects approximately 100,000 Americans and occurs among about 1 out of every 365 Black or African-American births.

SCD occurs among about 1 out of every 16,300 Hispanic-American births.

And 1 in 13 Black or African-American babies is born with sickle cell trait (SCT).

During 2005, medical expenditures for children with SCD averaged \$11,702 for children with Medicaid coverage and \$14,772 for children with employer-sponsored insurance.

About 40 percent of both groups had at least one hospital stay.

The most common cancer in women, no matter your race or ethnicity.

The most common cause of death from cancer among Hispanic women.

The second most common cause of death from cancer among white, Black, Asian/Pacific Islander, and American Indian/Alaska Native women.

Diabetes is at an all-time high in the U.S. and continues to increase exponentially every year.

The CDC's Division of Diabetes Translation states that over 30 million Americans are living with Diabetes, over a quarter undiagnosed.

This trend continues in the state of Texas, where Diabetes is the 6th leading cause of death.

Nearly 12 percent of Texas is living with diagnosed Diabetes.

According to a collaboration report between the nonprofit Texas Health Institute, the State Demographer's Office and Methodist Healthcare Ministries of South Texas, one in three adult Texans are either diagnosed with diabetes, have diabetes but have not yet been diagnosed, or are at high risk for developing the disease within a decade.

Approximately 1.1 million people in the U.S. are living with HIV today.

About 15 percent of them (1 in 7) are unaware they are infected.

The Center for Disease Control (CDC) estimates that the decline in HIV infections has plateaued because effective HIV prevention and treatment are not adequately reaching those who could most benefit from them.

These gaps remain particularly troublesome in rural areas and in the South and among disproportionately affected populations like blacks/African Americans and Hispanics/Latinos.

The overall prevalence of CKD in the general population is approximately 14 percent.

High blood pressure and diabetes are the main causes of CKD.

Almost half of individuals with CKD also have diabetes and/or self-reported cardiovascular disease (CVD).

More than 661,000 Americans have kidney failure. Of these, 468,000 individuals are on dialysis, and roughly 193,000 live with a functioning kidney transplant.

Kidney disease often has no symptoms in its early stages and can go undetected until it is very advanced.

For this reason, kidney disease is often referred to as a "silent disease."

What is also concerning is the overwhelming number of constituents plagued by these diseases, are people of color, African American, Latino, and Native American.

H.R. 986 stopped the Trump Administration in its tracks from taking away health care from vulnerable Americans.

Madam Speaker, the Trump administration cannot be trusted to act in the best interests of the American people that is why I offered two amendments to H.R. 986, which would extend the prohibitions of the bill to (1) ban lifetime limits with respect to persons with pre-existing conditions and (2) prevent the Secretaries from taking any action that would reduce the affordability of comprehensive coverage for children under 26 with pre-existing conditions who are covered under their parents' policies.

I will soon be introducing legislation that will achieve these important objectives and protect vulnerable Americans from an uncaring Administration that is unceasing in its efforts to take away health care from vulnerable Americans.

Madam Speaker, H.R. 2157, the "Supplemental Appropriations Act of 2019," provides much needed and long overdue relief to Americans in Puerto Rico and the U.S. Virgin Islands still suffering from the ravages of Hurricanes Maria and Irma, as well as relief to victims of Hurricane Michael which struck Alabama, Florida, and Georgia in October 2018 and to the victims of the Midwestern floods.

I support this legislation and offered an amendment that would have provided additional funding for electricity delivery and necessary expenses related to the consequences of Hurricanes Harvey, Maria, Irma, and Super Typhoon Yutu including technical assistance related to electric grids.

As the representative of the Eighteenth Congressional District of Texas, which was ground zero for Hurricane Harvey, I regularly hear from constituents expressing their concern with ineffective and inadequate FEMA mechanisms put in place to help rectify the damage caused by natural disasters.

That is why I also offered an amendment to H.R. 2157 that would prohibit funds in the bill from being used to prevent the FEMA Administrator from monitoring the response given to disaster victims in order to ensure quality control or becoming aware of complaints regarding the response given to disaster victims and having in place a mechanism to address such complaints.

A third Jackson Lee amendment to H.R. 2157 would have provided a minimum of \$1 million for wastewater and drinking water treatment works and facilities impacted by Hurricanes Harvey, Irma, and Maria.

Hurricane Sandy inflicted more than \$70 billion in damages in 2012, and Matthew cost

the U.S. about \$10.3 billion in 2016. With Harvey, an estimated 13 million people were affected, nearly 135,000 homes damaged or destroyed in the historic flooding, and up to a million cars were wrecked.

Hurricane Harvey ranks as the second-most costly hurricane to hit the U.S. mainland since 1900, causing more than \$125 billion in damage.

Our residents need more money than for single-family home repairs, whether it is disaster recovery or general housing dollars and I will continue to stride on behalf of the neighborhoods and on behalf of hard-working homeowners who deserve these funds, so they can continue on with their lives and return to their homes.

Victims of natural disasters are entitled to know who to contact when issues related to FEMA arise and to be assured that their questions are answered, and complaints addressed.

Allocating funding for measures such as Electricity Delivery for necessary expenses related to the consequences of Hurricanes Harvey, Maria, Irma, and Super Typhoon Yutu, is vital to negate the effects of these catastrophic events from significantly worsening.

Hospitals, first-responders, and a number of other vital institutions that help our communities recover from the after-effects of natural disasters need access to electricity.

Moreover, with the severity of natural disasters and the ranging of their locations we must be proactive in our preparation for recovery.

Alternatively, water is the most essential resource known to man.

A human can go for more than three weeks without food—Mahatma Gandhi survived 21 days of complete starvation—but water is a different story.

At least 60 percent of the adult body is made of it and every living cell in the body needs it to keep functioning.

Under extreme conditions an adult can lose 1 to 1.5 liters of sweat per hour and if that lost water is not replaced, the total volume of body fluid can fall quickly and, most dangerously, blood volume may drop.

We do not have the luxury of not preparing for hurricanes, floods, earthquakes, mudslides, tornados or other natural disasters.

With these events it is not a question of if, but when.

For these reasons, I urge my colleagues to support the rule and the underlying legislation.

Mr. BURGESS. Madam Speaker, I yield myself 30 seconds to respond before I yield to the gentleman from Iowa.

Madam Speaker, last Congress passed the first comprehensive, stand-alone sickle cell bill for as long as I can remember. There was a partial reauthorization in 2004, signed by President Bush, that was part of a tax bill.

But DANNY DAVIS' bill passed through our committee, passed through the Senate, and passed on the floor of the House in the previous Congress last year; and as a consequence, for the first time in four decades, new sickle cell therapies are coming through the National Institutes of Health.

Madam Speaker, I yield 1 minute to the gentleman from Iowa (Mr. KING).

Mr. KING of Iowa. Madam Speaker, I appreciate the gentleman from Texas yielding to me.

Madam Speaker, I came to the floor to highlight the disasters that we have in the Midwest.

I recall back in 2011 when the Missouri River was 11 miles wide at its widest and 5 to 6 miles wide most everywhere else, all the way through Iowa and down across Missouri. It was a secret flood because you couldn't drive there. You had to fly over to see it.

We have some of these similar circumstances this spring, although it has gotten a little more of the press. We had more water come down below Gavins Point than ever before. It wiped out a lot of ag land on the Iowa side and more so, even, on the Nebraska side.

We have critical infrastructure that has got to be reconstructed. We have got to protect some of these communities that have been nearly wiped out. This Corps of Engineers, in particular, has 41 breaches on the levees just on the Iowa side of the river.

I urge that we get to a conclusion and adoption of a final package on this disaster relief.

But I would point out, Madam Speaker, that this message from the White House said that Congress should not use natural disasters as a pretext to engage in unnecessary spending outside the agreed upon discretionary spending caps.

I am hopeful that this gets worked out between the House and the Senate. We need the relief, and we need it very soon.

Ms. SHALALA. Madam Speaker, I yield 30 seconds to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Madam Speaker, I happen to live and be in the area of the Texas Children's Hospital. I have obviously supported the legislation of DANNY DAVIS.

The point is that people with pre-existing conditions, including sickle cell, will not have access to healthcare under the Trump guidance.

I am standing here not about the research, which is certainly beneficial, but about the fact that I am standing for those with sickle cell, which is a preexisting condition, to not be blocked from having good healthcare. That is why I rise to support H.R. 986, in order to ensure access to healthcare and not stopping preexisting conditions from being covered.

Ms. SHALALA. Madam Speaker, I yield 2 minutes to the gentleman from Mexico (Mr. LUJÁN), the Assistant Speaker.

Mr. LUJÁN. Madam Speaker, I rise today to support the rule because, for the past 2 years, the Trump administration has relentlessly sabotaged the Affordable Care Act and attacked my constituents' access to care.

My Republican colleagues use a lot of smoke and mirrors to talk about these plans, so today I want to read straight from the Texas Department of Insurance website, texas.gov. This page is titled: "What You Need to Know About Short-Term Health Insurance."

Right there, the Texas Department of Insurance says: "Know what the plan covers. It is important to ask what's covered and what's not. For example, short-term plans might not cover emergency care, maternity care, prescriptions, or certain other services. They might not cover care for accidents or health issues."

Listen closely to this: "These plans also do not have to cover preexisting conditions. If a company sells you a plan, it may deny a claim if it determines you had a related condition in the past."

There it is in black and white on the Texas Department of Insurance website. These Trump junk plans discriminate against people with pre-existing conditions.

Let me continue, because it gets better, to the third point, "Other costs." Here the State of Texas specifies that "short-term health plans often have lower premiums, but other costs may be higher."

Let me translate. These Trump junk plans might be cheaper for us up front, but you will pay more money for less coverage on the back end.

That is why, today, I stand proudly with my Democratic colleagues for standing up to the Trump administration's harmful policies and for acting to protect healthcare for the 50 percent of Americans who have a preexisting health condition.

The Trump administration's destructive policies will force the American people to pay more money for less coverage. If you don't believe me, just go to the website yourself. This is unacceptable.

Madam Speaker, I urge my colleagues to vote "yes" on the rule and "yes" on ANN KUSTER's bill, H.R. 986.

Mr. BURGESS. Madam Speaker, I yield myself 2 minutes for the purposes of a response.

First of all, I am grateful that the Texas Department of Insurance does provide that disclosure and transparency. That is a good thing. In fact, Chairwoman ESHOO, the chairwoman of the Health Subcommittee, when we were hearing bills on limited-duration plans, actually had a bill that would require such disclosure. For whatever reason, it was pulled from the markup that we had that day. I was perfectly prepared to support it, but, again, for whatever reason, the chairman of the committee pulled the bill and we did not get to have that debate or markup.

I also need to point out that our discussion today is not on limited-duration plans. I rather expect that there will be an opportunity to debate limited-duration plans. It may come up as early as next week, and I look forward to that debate. But it is also important to point out that these plans in Texas were permitted under the previous administration for the duration of 1 year.

So, again, the State commissioner of insurance is exactly right. He put those caveats up there so people can know what they are purchasing. I do believe

that is important. I think that is an important aspect of the job of the Texas Commission of Insurance. I wish other State commissioners of insurance would behave in a similar fashion.

Madam Speaker, I reserve the balance of my time.

Ms. SHALALA. Madam Speaker, I yield 2 minutes to the gentleman from Texas (Mr. DOGGETT), a distinguished member of the Ways and Means Committee.

□ 1300

Mr. DOGGETT. Madam Speaker, after so many failed attempts to repeal our access to healthcare, Trump and his Republican cohorts are finding new ways to take away coverage from millions of Americans who suffer with pre-existing conditions.

Now, Republicans have hijacked the mechanism that was designed to promote State healthcare innovation to subvert that very innovation.

What they call “innovation” is finding new ways to destroy protections for preexisting conditions and to promote junk insurance plans that cover—well, they cover what you don’t need most.

If you really need it, if it is for your medical condition, they are unlikely to cover it.

How outrageous.

A waiver of Federal regulations designed to encourage innovation that just waves goodbye to the safeguards that an estimated 40 percent of Texans with preexisting conditions really need.

So, while Trump continues to hide his tax returns, he cannot hide the fact that he is sabotaging the healthcare protections for millions of Americans.

After bankrupting his own businesses and leaving creditors at a loss for decades, Trump would bankrupt families with serious medical needs.

And it is almost a joke that he tells us he’s got a great plan to solve all of our healthcare needs—he said it again at the White House this morning—but he is going to wait until after the next election to show us what his secret plan is, which sounds a lot like the failed plan that he advocated in the last election.

Let’s just pass this bill and tear down the wall that Trump and his cohorts want to build between too many Americans and their doctors.

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

Madam Speaker, I want everyone to be clear here. This bill today is actually repealing part of the Affordable Care Act.

Look, I didn’t vote for the Affordable Healthcare Act. I argued against it, passionately—articulately, I might add—but what does the Affordable Care Act say?

Well, it describes the object of today’s legislation, the so-called section 1332 waiver.

Section 1332 is a section of the Affordable Care Act. And section 1332 is titled “Waiver for State Innovation. In

general, a state may apply to the secretary for the waiver of all or any requirements described.”

And this is interesting. “With respect to health insurance coverage within that State for plan years beginning on or after January 1, 2017.”

The way the law was written, none of these waivers were given during the years that President Obama was President.

They only became eligible—the Secretary only became able to provide these waivers January 1, 2017, which was the last 3 weeks of President Obama’s administration.

So when people say, the comparison between the waivers given in the Obama years and the waivers given in the Trump years are vastly different, well, it is true because no waivers were available prior to January 1, 2017.

Look, the Secretary of Health and Human Services has heard the angst that people have trying to deal with the high premiums—premiums, \$600, \$700, \$800 a month for an individual, a deductible of \$6,000 to \$7,000, and the coinsurance, which runs the bills up so that their annual out-of-pocket costs may be somewhere between \$10,000 and \$20,000.

Many people point out to me, they spend more for health insurance—not using anything, but just for the insurance—than they spend for their mortgage payment—not their mortgage insurance, but their mortgage payment.

But, please, let’s do remember, 1332 is part of current law.

Madam Speaker, I reserve the balance of my time.

Ms. SHALALA. Madam Speaker, I am delighted to hear a Member of the other party defend the Affordable Care Act by defending 1332, the waivers.

Let me say this: We are not eliminating the waivers. We are simply objecting to the guidance that was issued by the Department of Health and Human Services, arguing, essentially, that it is inconsistent with the congressional intent when the waivers were created.

Madam Speaker, I include in the RECORD a letter signed by 24 health organizations, including the Cancer Action Network, the American Lung Association, the Susan G. Komen Foundation, and others, urging Members to support H.R. 986.

MAY 8, 2019.

Re Letter of Support from 23 Patient and Consumer Advocacy Organizations for H.R. 986.

Hon. ANN McLANE KUSTER,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE KUSTER: Our 24 organizations, representing the interests of the millions of patients and consumers who live with serious, acute, and chronic conditions, have worked together for many months to ensure that patient voices are reflected in the ongoing Congressional debate regarding the accessibility of health coverage for all Americans and families. Today, we write in strong support of your legislation to protect

people with pre-existing conditions who receive coverage in the individual marketplace. The Protecting Americans with Pre-existing Conditions Act of 2019, H.R. 986, would require the Administration to rescind its Section 1332 State Relief and Empowerment Waivers Guidance, released on October 22, 2018 (1332 guidance). We are concerned about the impact that this guidance could have on the people we represent and applaud your introduction of this bill.

In March 2017, we identified three overarching principles to guide and measure any work to further reform and improve the nation’s health insurance system. Our core principles are that health insurance coverage must be adequate, affordable, and accessible. Together, our organizations understand what individuals and families need to prevent disease, manage health, and cure illness. Our organizations are deeply concerned about how the new 1332 guidance will affect the individual marketplace’s stability in states that choose to pursue some of the policies allowed under this guidance, including those that promote short term plans and other substandard coverage. We are pleased that this legislation represents a significant and meaningful step towards protecting all Americans from coverage that does not cover what they need to promote their health and well-being.

As you know, the 1332 guidance substantially erodes the guardrails governing coverage that people with pre-existing conditions such as cystic fibrosis, lung disease, cancer, cardiovascular disease, diabetes, rare disorders, pregnant women, and many others rely on in the individual marketplace. Of particular concern, the new guidance would allow states to let individuals use advanced premium tax credits to purchase non-compliant short-term, limited duration insurance plans—which could further draw younger, healthier people out of the risk pool for comprehensive insurance and drive up premiums for those who need comprehensive coverage. The guidance also eliminates protections for vulnerable populations, such as individuals with low incomes and those with chronic and serious health issues, by removing the requirement to safeguard those populations under any waiver. We are deeply concerned by this as these changes fundamentally alter the nature of the Section 1332 waiver program and jeopardize adequate, affordable coverage for people with pre-existing conditions in the individual market. Halting the implementation of this guidance will protect people with pre-existing conditions from the repercussions of these market destabilizing actions.

H.R. 986 represents a significant step towards protecting patients and consumers. Yet, we also recognize that there is much more that needs to be done to improve upon our current system of care, including making coverage more accessible and affordable. Up until this year, health insurance enrollment has steadily increased, and, with it, the promise of a more diverse risk pool and greater protection for people with serious health care needs. However, the recent reinterpretation of the guidelines is jeopardizing enrollment. Shortened enrollment periods, fewer resources for outreach and education and less funding for consumer navigators not only creates confusion for consumers but directly impacts the number of individuals who enroll in Marketplace coverage. Without Congressional action, these trends will make it harder for many to access coverage and will further contribute to the destabilization of insurance markets and result in higher premiums for many enrollees.

Making high-quality coverage and care more affordable is also a high priority for the people that we represent. Passage of legislation that expands access to and the level

of advance premium tax credits, fixes the family glitch, creates a nationwide reinsurance program, and reduces systemic health care costs could significantly ease the cost burden for people of all income levels who rely on the individual marketplace for coverage. We urge Congress to support legislation that maintains the quality of coverage while expanding access and affordability.

Again, thank you for your leadership on this critical issue for people with pre-existing conditions. We support your efforts to halt the implementation of the 2018 guidance, ensuring the guidance from 2015 remains intact and promoting stability in the individual marketplace. We urge members of Congress to vote for H.R. 986.

Sincerely,

Hemophilia Federation of America, National Health Council, Cystic Fibrosis Foundation, Epilepsy Foundation, March of Dimes, National Coalition for Cancer Survivorship, American Heart Association, Alpha-1 Foundation, American Liver Foundation, Susan G. Komen, National Hemophilia Foundation, WomenHeart: The National Coalition for Women with Heart Disease.

National Multiple Sclerosis Society, Muscular Dystrophy Association, Lutheran Services in America, American Lung Association, National Alliance on Mental Illness, National Patient Advocate Foundation, Arthritis Foundation, Leukemia & Lymphoma Society, American Cancer Society Cancer Action Network, National Organization for Rare Disorders, Pulmonary Hypertension Association, Cancer Support Community.

Ms. SHALALA. Madam Speaker, I yield 2 minutes to the gentlewoman from the District of Columbia (Ms. NORTON).

Ms. NORTON. Madam Speaker, I thank my good friend for yielding.

Madam Speaker, the administration's guidance permitting junk plans to replace the Affordable Healthcare Act has fooled no one, and certainly not the millions with preexisting conditions and those who now enjoy essential health benefits.

The administration's true intent is clear from its support, in court now, as I speak, of a case to repeal the ACA in its entirety, including preexisting conditions.

Republicans, historically, have initially opposed virtually every form of coverage for the American people, including Social Security, but they have never succeeded in withdrawing or reducing benefits then in use. They will not succeed this time.

In my own District of Columbia, 106,000 residents with preexisting conditions would lose or risk losing or being denied or charged significantly more for health coverage.

The District, on its own, has succeeded in overcoming Republican attempts to weaken the ACA and now has reached virtually universal coverage, in spite of a specific attempt to block the city's successful efforts.

The administration's junk coverage is particularly untenable in allowing Federal subsidies of junk plans.

Republicans failed to overturn the ACA when they controlled majorities in both the House and the Senate. Plans that the administration has put forward to dismember the Act will not succeed either. Because of how insur-

ance works, junk plans put all insured at risk of paying more for insurance.

Today, we intend to expose and defeat the administration's dangerous substitution for the Affordable Healthcare Act.

Mr. BURGESS. Madam Speaker, I yield myself 2 minutes for purpose of a response.

Look, it is not the Trump Administration that is taking money out of the Affordable Care Act and putting it to other purposes. It is clearly written into the law.

And, again, I didn't vote for this law. I voted against it. I argued against it, but the taking of advanced premium tax credits, cost-sharing reductions and small business tax credits under Section 36(b) of the Internal Revenue Code of 1986 under subpart (1)—blah, blah, blah—an alternative means by which the aggregate amount of such credits or reductions that would have been paid on behalf of participants in the exchanges established under this title had the State not received such a waiver, that amount shall be paid to the State for the purposes of implementing the State plan under the waiver.

So it is really pretty clear in the existing language of law. It is not the Trump Administration deviating funds, it was congressional intent. It was passed by this House of Representatives.

Again, I didn't vote for it. I wouldn't have defended it at the time. I didn't think it was a good idea then, probably not the greatest idea now. But the Secretary has this tool to use and he is responding to requests from people's constituents, do something about the high cost of my insurance, the high costs that I am required to spend in order to protect myself against the health catastrophe.

Madam Speaker, I reserve the balance of my time.

Ms. SHALALA. Madam Speaker, I am prepared to close, and I reserve the balance of my time.

Mr. BURGESS. Madam Speaker, I yield 3 minutes to the gentleman from Alabama (Mr. ROGERS).

Mr. ROGERS of Alabama. Madam Speaker, I thank my friend from Texas for yielding.

Madam Speaker, I rise in strong opposition to this rule. This rule demonstrates, once again, that the Democrat majority refuses to acknowledge, accept, or address the very real crisis at our southern border.

Numbers came out yesterday illustrating the magnitude of the crisis. CBP detained more than 109,000 migrants along the southwest border last month alone—a 591 percent increase compared with April of 2017.

In just the last 7 months, more than 1 percent of the total population of Honduras and Guatemala have migrated to the United States.

In total, over a half a million migrants have crossed our border since October of last year, approximately the population of Tucson, Arizona.

Smugglers and cartels continue to preach that now is the time to come to the U.S. These criminal organizations run an international smuggling organization filled with misery and abuse.

CBP has already rescued more than 2,000 migrants this fiscal year, pulling families out of the Rio Grande River and saving children who smugglers have abandoned.

Migrants that survive the smugglers often arrive in poor health, physically exhausted, and in need of urgent medical care.

The men and women of CBP are doing the best they can to respond to this humanitarian crisis, but they have run out of space to safely house and process unprecedented numbers of family units seeking entry into the United States.

Health and Human Services is on the verge of running out of funds to shelter vulnerable, unaccompanied children that are crossing our borders at levels 50 percent higher than just last year.

Last week, the President sent Congress an urgent request for supplemental appropriations to address this humanitarian crisis.

Ranking Member COLLINS and I filed an amendment to the supplemental, which would have provided \$4.5 billion requested by the President.

It would have replenished critical funds needed to feed and shelter migrant families and unaccompanied children, provide urgent medical care and transportation services, and pay the growing cost of overtime for the men and women of DHS working on the front lines of this crisis.

Unfortunately, the majority refused to make our amendment in order, and in doing so they, again, refused to take action to address this crisis.

They stunningly refused to support the men and women of DHS, and most remarkably, they refused to provide the needed assistance to thousands of vulnerable migrants arriving at our border on a daily basis.

The majority's political dysfunction is disgraceful. I urge them to work with the President and Republicans in Congress to immediately resolve this humanitarian crisis.

Madam Speaker, I urge all Members to oppose this rule.

Ms. SHALALA. Madam Speaker, I continue to reserve the balance of my time.

Mr. BURGESS. Madam Speaker, I do have one additional speaker.

Madam Speaker, I yield 3 minutes to the gentleman from Georgia (Mr. WOODALL), who is a valuable member of the Rules Committee, and gave us a stirring history lesson on the ERISA plans and how the protection from pre-existing conditions actually goes back to 1996.

Mr. WOODALL. Madam Speaker, I hope what I am getting ready to say, it turns out to be redundant, that we are going to hear it in the closings of both the gentlewoman from Florida and the gentleman from Texas.

We talk about this preexisting conditions' bill today as if it is going to help with preexisting conditions. As we have discussed already, it is not.

But the preexisting conditions issue is a very real issue. It is a very real issue for families all across the country, and it has been for a long time.

And undeniably, elections were won and lost this past cycle over a preexisting conditions issue based on the misinformation around it.

I don't know how we are advantaged as a community by continuing to perpetuate the misinformation. When we first tackled preexisting conditions in a serious way, we did it together in this institution.

I know, because it was a gentleman from my State, Madam Speaker, Speaker Newt Gingrich, who was sitting in that chair at the time.

It was 1996. Bill Clinton was sitting in the White House. Newt Gingrich was sitting here leading the United States House, and we came together, Republicans and Democrats, we passed the Health Insurance Affordability and Accountability Act that abolished preexisting condition worries for every single family with an ERISA-based plan. Those are the plans that the Federal Government controls.

So what I mean, Madam Speaker, is that for every single plan the Federal Government had dominion over, we eliminated preexisting conditions.

Medicare, no preexisting conditions.

Medicaid, no preexisting conditions.

ERISA plans, no preexisting conditions.

Collectively, that is about 250 million Americans.

What we didn't do was go into the area where the Federal Government had no dominion, which were State-regulated plans, and we said States should have the ability to regulate their own plans.

Now President Obama said, no, States had been moving too slow to help their constituency.

He ran on the platform of taking those plans away from State control; he won that debate. The Affordable Care Act implemented those conditions. And the bill today says, if states have an idea about how to protect families from preexisting conditions that is better than the one in the Affordable Care Act, we don't want to hear it.

□ 1315

There is one solution for preexisting conditions and it is the one that President Obama has implemented, no other. I think that is wrong.

Dr. BURGESS knows more about medicine than I will ever hope to know. He knows more about serving patients than I will ever hope to know.

Ms. SHALALA, as Secretary of Health and Human Services, knows more about healthcare than I will ever hope to know. I trust these folks to find solutions differently in Florida, and differently in Texas than we do in Georgia.

This bill does one thing and one thing only. It continues the debate from 1996, not about whether to help people with preexisting conditions, but about whether States have anything to add to the discussion. I am certain the State of Georgia does. I believe the State of Florida does. I know the State of Texas does.

If we defeat this rule and defeat this bill, it will allow those very best ideas to come out and not ideas about how to keep people down, Madam Speaker, but ideas about how to lift families up.

We have come together on those issues before, Madam Speaker, and we can do it again.

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

I appreciate the comments of the gentleman from Georgia, and I have enjoyed the opportunity of working with him on the Rules Committee.

We are not objecting to what was done in 1996. We are saying to the States that they must cover preexisting conditions as part of a waiver, and they cannot undermine those conditions by imposing annual limits or charging more. The problem with the guidance is that it gives States the opportunity to propose cheap plans that, in essence, undermine preexisting conditions.

Madam Speaker, I reserve the balance of my time.

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

Madam Speaker, if we defeat the previous question, I will offer an amendment to the rule to move a resolution that reinforces the Republican's long-held views that every American should have preexisting condition protections.

On the opening day of the 116th Congress, House Republicans brought a measure to the floor that called on lawmakers to legislate on locking in protections for patients with preexisting conditions. Unfortunately, in a fit of partisanship, House Democrats blocked that effort. If Democrats were serious, they would not object to making a statement on behalf of the House of Representatives that we want to work together with the administration to protect patients with preexisting conditions.

Our position is simple and clear. Republicans stand ready to protect those with preexisting conditions in a manner that will withstand judicial scrutiny, and I hope our Democratic colleagues will join us in that effort.

Madam Speaker, if the previous question is defeated, House Republicans will move to immediately consider a resolution that maintains that no American should have their health insurance taken away or lose protections for preexisting conditions due to the Democrats in Congress enacting an unconstitutional law.

It would instruct Congress and the Trump administration to ask the Supreme Court for a stay in the Texas v. United States decision, should the Af-

fordable Care Act be found unconstitutional.

It would instruct Congress to develop bipartisan legislation that guarantees that no American citizen can be denied health insurance coverage or charged more due to a previous illness or health status.

It includes commonsense consumer protections, provides more choice and affordable coverage than the Affordable Care Act, lowers prescription drug prices for patients, strengthens Medicare for current and future beneficiaries, and rejects the Democrats' radical one-size-fits-all, government-run, Soviet-style, top-down healthcare scheme that would only outlaw the employer-based coverage of more than 180 million Americans.

Madam Speaker, I suspect our Democratic colleagues will vote against considering this resolution, so I must ask: Why are Democrats opposed to making a statement that the goal of the House of Representatives of the United States is to work together to protect coverage for patients with preexisting conditions? If that is not the goal, then what might it be?

Madam Speaker, I ask unanimous consent to insert the text of this amendment into 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 Texas?

There was no objection.

Mr. BURGESS. Madam Speaker, again, I would reiterate that neither bill under consideration today has a chance of becoming law.

While I support funding for disaster relief, the Democrats chose not to negotiate with the Senate and included controversial positions.

As a result, we would likely be considering a disaster relief bill yet another time, and our hard-hit communities will continue to struggle without relief.

Once again, despite the title of H.R. 986, this bill will have no impact on protections for preexisting conditions for Americans with those conditions. It will simply overturn a regulation—overturns part of ObamaCare—it overturns a regulation that allows States to innovate in the Affordable Care Act marketplace, and that provides flexibility and consumer choice to healthcare consumers.

House Republicans continue to support preexisting conditions protections and have offered solutions to give patients this assurance. Republicans stand ready to work with Democrats in a bipartisan manner to pass these protections into law and also provide desperately needed disaster relief.

I look forward to when we can all gather around the negotiating table. I urge a "no" vote on the previous question, a "no" vote on the underlying measures, and I yield back the balance of my time.

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

It was only 10 years ago that people who lacked employer-provided insurance and had preexisting conditions could not find health insurance in many parts of this country, and those who could find health insurance, too often found that their plans were not comprehensive. They might not cover the type of cancer some buyers previously had, or they might have an annual or even a lifetime cap on coverage.

It was 2 years ago that this body passed a bill that stripped those protections, a bill that would make comprehensive health insurance out of reach for many Americans. Thanks to a courageous few, that bill did not become law.

Now that the administration has lost that battle to destroy the Affordable Care Act, they are trying to do it through guidance and through lawsuits.

H.R. 986 prevents the administration from enforcing guidance that would allow States to use taxpayer money to sell subpar health plans on the exchange.

The administration is taking the 1332 waivers, which are designed to allow States flexibility to lower health insurance costs, like through reinsurance, and using it to take away important consumer protections. The 1332 waiver requires high-quality, affordable health insurance while retaining the basic protections of the Affordable Care Act.

As the American Cancer Society notes: This administration guidance tips the scales in favor of insurance products that are inadequate to meet the needs of millions of Americans with preexisting conditions.

Madam Speaker, I also support H.R. 2157, which provides disaster assistance to communities from every nook and corner of this country who are waiting for our help.

When disaster hits this country, we come together and support each other. When tornados, and floods, and hurricanes strike, we help people quickly. It is an embarrassment that a disaster bill has not yet made it to the President's desk in this Congress.

Madam Speaker, I urge a "yes" vote on the rule.

The text of the material previously referred to by Mr. BURGESS is as follows:

AMENDMENT TO HOUSE RESOLUTION 357

At the end of the resolution, add the following:

SEC. 3. Immediately upon adoption of this resolution, the House shall proceed to the consideration in the House of the resolution (H. Res. 280), protecting the health care of all Americans, especially those with preexisting conditions. The resolution shall be considered as read. The previous question shall be considered as ordered on the resolution to adoption without intervening motion or demand for division of the question except one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce.

Clause 1(c) of rule XIX shall not apply to the consideration of House Resolution 280.

Ms. SHALALA. 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.

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, the Chair will reduce to 5 minutes the minimum time for any electronic vote on the question of adoption of the resolution.

The vote was taken by electronic device, and there were—yeas 227, nays 190, answered "present" 1, not voting 13, as follows:

[Roll No. 189]

YEAS—227

Adams	Espallat	Luján
Aguilar	Evans	Luria
Allred	Finkenauer	Lynch
Axne	Fletcher	Malinowski
Barragán	Foster	Maloney,
Beatty	Frankel	Carolyn B.
Bera	Fudge	Maloney, Sean
Beyer	Gabbard	Matsui
Bishop (GA)	Galleo	McAdams
Blumenauer	Garamendi	McBath
Blunt Rochester	Garcia (IL)	McCollum
Bonamici	Garcia (TX)	McEachin
Boyle, Brendan	Golden	McGovern
F.	Gomez	McNerney
Brindisi	Gonzalez (TX)	Meeks
Brown (MD)	Gottheimer	Meng
Brownley (CA)	Green (TX)	Moore
Bustos	Grijalva	Morille
Butterfield	Haaland	Moulton
Carbajal	Harder (CA)	Mucarsel-Powell
Carson (IN)	Hastings	Murphy
Cartwright	Hayes	Nadler
Case	Heck	Napolitano
Casten (IL)	Higgins (NY)	Neal
Castor (FL)	Hill (CA)	Neguse
Castro (TX)	Himes	Norcross
Chu, Judy	Horn, Kendra S.	O'Halleran
Cicilline	Horsford	Ocasio-Cortez
Cisneros	Houlahan	Omar
Clark (MA)	Hoyer	Pallone
Clarke (NY)	Huffman	Panetta
Clay	Jackson Lee	Pappas
Cleaver	Jayapal	Pascroll
Clyburn	Jeffries	Payne
Cohen	Johnson (GA)	Perlmutter
Connolly	Johnson (TX)	Peters
Cooper	Kaptur	Peterson
Correa	Keating	Phillips
Costa	Kelly (IL)	Pingree
Courtney	Kennedy	Pocan
Cox (CA)	Khanna	Porter
Craig	Kildee	Pressley
Crist	Kilmer	Price (NC)
Crow	Kim	Quigley
Cuellar	Kind	Raskin
Cunningham	Kirkpatrick	Rice (NY)
Davids (KS)	Krishnamoorthi	Rose (NY)
Davis (CA)	Kuster (NH)	Rouda
Davis, Danny K.	Lamb	Roybal-Allard
Dean	Langevin	Ruiz
DeFazio	Larsen (WA)	Ruppersberger
DeGette	Larson (CT)	Rush
DeLauro	Lawrence	Ryan
DeBene	Lawson (FL)	Sánchez
Delgado	Lee (CA)	Sarbanes
Demings	Lee (NV)	Scanlon
DeSaulnier	Levin (CA)	Schiff
Deutch	Levin (MI)	Schneider
Dingell	Lewis	Schrader
Doggett	Lieu, Ted	Schrier
Doyle, Michael	Lipinski	Scott (VA)
F.	Loeb sack	Scott, David
Engel	Lofgren	Serrano
Escobar	Lowenthal	Sewell (AL)
Eshoo	Lowey	Shalala

Sherman	Thompson (MS)	Vela
Sherrill	Titus	Velázquez
Sires	Tlaib	Wasserman
Slotkin	Tonko	Schultz
Smith (WA)	Torres (CA)	Torres (CA)
Soto	Torres Small	Watson Coleman
Spanberger	(NM)	Welch
Speier	Trahan	Wexton
Stanton	Trone	Wild
Stevens	Underwood	Wilson (FL)
Suozi	Van Drew	Yarmuth
Takano	Vargas	
Thompson (CA)	Veasey	

NAYS—190

Abraham	Gooden	Norman
Aderholt	Gosar	Nunes
Allen	Granger	Palazzo
Amash	Graves (GA)	Palmer
Amodel	Graves (LA)	Pence
Armstrong	Graves (MO)	Perry
Arrington	Green (TN)	Posey
Babin	Griffith	Ratcliffe
Bacon	Grothman	Reed
Baird	Guest	Reschenthaler
Balderson	Guthrie	Rice (SC)
Banks	Hagedorn	Riggleman
Barr	Harris	Roby
Bergman	Hartzler	Rodgers (WA)
Biggs	Hern, Kevin	Roe, David P.
Bilirakis	Herrera Beutler	Rogers (AL)
Bost	Hice (GA)	Rogers (KY)
Brady	Higgins (LA)	Rose, John W.
Brooks (AL)	Hill (AR)	Rouzer
Brooks (IN)	Holding	Rutherford
Buchanan	Hollingsworth	Scalise
Buck	Hudson	Schweikert
Bucshon	Huizenga	Scott, Austin
Budd	Hunter	Sensenbrenner
Burchett	Hurd (TX)	Shimkus
Burgess	Johnson (LA)	Simpson
Byrne	Johnson (OH)	Smith (MO)
Calvert	Johnson (SD)	Smith (NE)
Carter (GA)	Jordan	Smith (NJ)
Carter (TX)	Joyce (OH)	Smucker
Chabot	Joyce (PA)	Spano
Cheney	Katko	Staubert
Cline	Kelly (MS)	Stefanik
Cloud	Kelly (PA)	Steil
Cole	King (IA)	Steube
Collins (GA)	King (NY)	Stewart
Collins (NY)	Kinzinger	Stivers
Comer	Kustoff (TN)	Taylor
Conaway	LaHood	Thompson (PA)
Cook	LaMalfa	Thornberry
Crawford	Lamborn	Timmons
Crenshaw	Latta	Tipton
Curtis	Lesko	Turner
Davidson (OH)	Long	Upton
Davis, Rodney	Loudermilk	Wagner
DesJarlais	Lucas	Walberg
Diaz-Balart	Luetkemeyer	Marchant
Duffy	Marchant	Walden
Duncan	Marshall	Walorski
Dunn	Massie	Waltz
Estes	Mast	Watkins
Ferguson	McCarthy	Weber (TX)
Fitzpatrick	McCaull	Webster (FL)
Fleischmann	McClintock	Westerman
Flores	McHenry	Williams
Fortenberry	McKinley	Wilson (SC)
Fox (NC)	Meadows	Wittman
Fulcher	Meuser	Womack
Gaetz	Miller	Woodall
Gallagher	Mitchell	Wright
Gianforte	Moolenaar	Yoho
Gibbs	Mooney (WV)	Young
Gohmert	Mullin	Zeldin
Gonzalez (OH)	Newhouse	

ANSWERED "PRESENT"—1

NOT VOTING—13

Bass	Olson	Visclosky
Bishop (UT)	Richmond	Walker
Cárdenas	Rooney (FL)	Wenstrup
Cummings	Schakowsky	
Emmer	Swalwell (CA)	

□ 1352

Messrs. AMASH, ADERHOLT, KINZINGER, BUDD, BILIRAKIS, STIVERS, and KATKO changed their vote from "yea" to "nay."

Ms. SEWELL of Alabama changed her vote from "nay" to "yea."

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.

Mr. BURGESS. Madam 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 227, nays 191, not voting 13, as follows:

[Roll No. 190]

YEAS—227

Adams	Garcia (IL)	Murphy
Aguilar	Garcia (TX)	Nadler
Allred	Golden	Napolitano
Axne	Gomez	Neal
Barragan	Gonzalez (TX)	Neguse
Beatty	Gottheimer	Norcross
Bera	Green (TX)	O'Halleran
Beyer	Grijalva	Ocasio-Cortez
Bishop (GA)	Haaland	Omar
Blumenauer	Harder (CA)	Pallone
Blunt Rochester	Hastings	Panetta
Bonamici	Hayes	Pappas
Boyle, Brendan	Heck	Pascarell
F.	Higgins (NY)	Payne
Brindisi	Hill (CA)	Perlmutter
Brown (MD)	Himes	Peters
Brownley (CA)	Horn, Kendra S.	Peterson
Bustos	Horsford	Phillips
Butterfield	Houlihan	Pingree
Carbajal	Hoyer	Pocan
Carson (IN)	Huffman	Porter
Cartwright	Jackson Lee	Pressley
Case	Jayapal	Price (NC)
Casten (IL)	Jeffries	Quigley
Castor (FL)	Johnson (GA)	Raskin
Castro (TX)	Johnson (TX)	Rice (NY)
Chu, Judy	Kaptur	Rose (NY)
Cicilline	Keating	Rouda
Cisneros	Kelly (IL)	Roybal-Allard
Clark (MA)	Kennedy	Ruiz
Clarke (NY)	Khanna	Ruppersberger
Clay	Kildee	Rush
Cleaver	Kilmer	Ryan
Clyburn	Kim	Sanchez
Cohen	Kind	Sarbanes
Connolly	Kirkpatrick	Scanlon
Cooper	Krishnamoorthi	Schakowsky
Correa	Kuster (NH)	Schiff
Costa	Lamb	Schneider
Courtney	Langevin	Schrader
Cox (CA)	Larsen (WA)	Schrier
Craig	Larson (CT)	Scott (VA)
Crist	Lawrence	Scott, David
Crow	Lawson (FL)	Sewell (AL)
Cuellar	Lee (CA)	Shalala
Cunningham	Lee (NV)	Sherman
Davids (KS)	Levin (CA)	Sherrill
Davis (CA)	Levin (MI)	Sires
Davis, Danny K.	Lewis	Slotkin
Dean	Lieu, Ted	Smith (WA)
DeFazio	Lipinski	Soto
DeGette	Loeb sack	Spanberger
DeLauro	Lofgren	Speier
DelBene	Lowenthal	Stanton
Delgado	Lowey	Stevens
Demings	Lujan	Suozzi
DeSaulnier	Luria	Takano
Deutch	Lynch	Thompson (CA)
Dingell	Malinowski	Thompson (MS)
Doggett	Maloney,	Titus
Doyle, Michael	Carolyn B.	Tlaib
F.	Maloney, Sean	Tonko
Engel	Matsui	Torres (CA)
Escobar	McAdams	Torres Small
Eshoo	McBath	(NM)
Espallat	McCollum	Trahan
Evans	McEachin	Trone
Finkenauer	McGovern	Underwood
Fletcher	McNerney	Van Drew
Foster	Meeks	Vargas
Frankel	Meng	Veasey
Fudge	Moore	Vela
Gabbard	Morelle	Velázquez
Gallego	Moulton	Wasserman
Garamendi	Mucarsel-Powell	Schultz

Waters
Watson Coleman
Welch

Wexton
Wild
Wilson (FL)

NAYS—191

Abraham	Gooden
Aderholt	Gosar
Allen	Granger
Amash	Graves (GA)
Amodei	Graves (LA)
Armstrong	Graves (MO)
Arrington	Green (TN)
Babin	Griffith
Bacon	Grothman
Baird	Guest
Balderson	Guthrie
Banks	Hagedorn
Barr	Harris
Bergman	Hartzler
Biggs	Hern, Kevin
Bilirakis	Herrera Beutler
Bost	Hice (GA)
Brady	Higgins (LA)
Brooks (AL)	Hill (AR)
Brooks (IN)	Holding
Buchanan	Hollingsworth
Buck	Hudson
Budshon	Huizenga
Bucshon	Hunter
Burchett	Hurd (TX)
Burgess	Johnson (LA)
Byrne	Johnson (OH)
Calvert	Johnson (SD)
Carter (GA)	Jordan
Carter (TX)	Joyce (OH)
Chabot	Joyce (PA)
Cheney	Katko
Cline	Kelly (MS)
Cloud	Kelly (PA)
Cole	King (IA)
Collins (GA)	King (NY)
Collins (NY)	Kinzinger
Comer	Kustoff (TN)
Conaway	LaHood
Cook	LaMalfa
Crawford	Lamborn
Crenshaw	Latta
Curtis	Lesko
Davidson (OH)	Long
Davis, Rodney	Loudermilk
DesJarlais	Lucas
Diaz-Balart	Luetkemeyer
Duffy	Marchant
Duncan	Marshall
Dunn	Massie
Estes	Mast
Ferguson	McCarthy
Fitzpatrick	McCaul
Fleischmann	McClintock
Flores	McHenry
Fortenberry	McKinley
Foxx (NC)	Meadows
Fulcher	Meuser
Gaetz	Miller
Gallagher	Mitchell
Gianforte	Mooleenaar
Gibbs	Mooney (WV)
Gohmert	Mullin
Gonzalez (OH)	Newhouse

Yarmuth
Nunes
Palazzo
Palmer
Pence
Perry
Posey
Ratcliffe
Reed
Reschenthaler
Rice (SC)
Riggleman
Roby
Rodgers (WA)
Roe, David P.
Rogers (AL)
Rogers (KY)
Rose, John W.
Rouzer
Roy
Rutherford
Scalise
Schweikert
Scott, Austin
Sensenbrenner
Shimkus
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smucker
Spano
Staubert
Stefanik
Steil
Steube
Stewart
Stivers
Taylor
Thompson (PA)
Thornberry
Timmons
Tipton
Turner
Upton
Wagner
Walberg
Walden
Walorski
Waltz
Watkins
Weber (TX)
Webster (FL)
Westerman
Williams
Wilson (SC)
Wittman
Womack
Woodall
Wright
Yoho
Young
Zeldin

The SPEAKER pro tempore. Under guidelines consistently issued by successive Speakers, as recorded in section 956 of the House Rules and Manual, the Chair is constrained not to entertain the request unless it has been cleared by the bipartisan floor and committee leaderships.

Mr. ABRAHAM. Madam Speaker, if this unanimous consent request cannot be entertained, I urge the Speaker and the majority leader to immediately schedule the Born-Alive bill.

The SPEAKER pro tempore. The gentleman has not been recognized for debate.

PROTECTING AMERICANS WITH
PREEXISTING CONDITIONS ACT
OF 2019

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 986, the Protecting Americans with Pre-existing Conditions Act of 2019.

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

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 357 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 986.

The Chair appoints the gentleman from Illinois (Mr. GARCÍA) to preside over the Committee of the Whole.

□ 1407

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 986) to provide that certain guidance related to waivers for State innovation under the Patient Protection and Affordable Care Act shall have no force or effect, with Mr. GARCÍA of Illinois in the chair.

The Clerk read the title of the bill.

The CHAIR. Pursuant to the rule, the bill is considered read the first time.

General debate shall be confined to the bill and shall not exceed 1 hour equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce.

The gentleman from New Jersey (Mr. PALLONE) and the gentleman from Oregon (Mr. WALDEN) each will control 30 minutes.

The Chair recognizes the gentleman from New Jersey.

Mr. PALLONE. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, I rise to speak in favor of H.R. 986, the Protecting Americans With Preexisting Conditions Act, introduced by Representative KUSTER from our committee.

This legislation should not be necessary but, unfortunately, the Trump

NOT VOTING—13

Bass	Olson	Visclosky
Bishop (UT)	Richmond	Walker
Cardenas	Rooney (FL)	Wenstrup
Cummings	Serrano	
Emmer	Swalwell (CA)	

□ 1401

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.

REQUEST TO CONSIDER H.R. 962,
BORN-ALIVE ABORTION SUR-
VIVORS PROTECTION ACT

Mr. ABRAHAM. Madam Speaker, I ask unanimous consent that the Committee on the Judiciary be discharged from further consideration of H.R. 962, the Born-Alive Abortion Survivors Protection Act, and ask for its immediate consideration in the House.