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No. 82

## House of Representatives

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Ms. JACKSON LEE).

### DESIGNATION OF SPEAKER PRO TEMPORE

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

WASHINGTON, DC,  
May 16, 2019.

I hereby appoint the Honorable SHEILA JACKSON LEE to act as Speaker pro tempore on this day.

NANCY PELOSI,  
Speaker of the House of Representatives.

### MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 3, 2019, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

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

### COMMUNITY ACTION MONTH

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

Mr. THOMPSON of Pennsylvania. Madam Speaker, I rise today to recognize May as Community Action Month.

This year marks the 55th year since the Community Action Network was established to help American families and communities overcome obstacles to poverty. There are more than 1,000 Community Action Agencies across the country that reach children and fami-

lies in 99 percent of America's counties to help provide life-changing services that create pathways out of poverty.

Every year, these agencies help tens of thousands of children and youth with before- and after-school programs; more than 165,000 unemployed people get a job; almost 220,000 families find safe and affordable housing; and about 6.5 million people, including seniors, make their homes more energy efficient and lower their utility bills.

Earlier this spring, I was proud to introduce H.R. 1695, the Community Services Block Grant Reauthorization Act of 2019, with Congresswoman BETTY MCCOLLUM.

This bill renews our Nation's commitment to reducing poverty through locally driven, comprehensive approaches.

Madam Speaker, the Community Services Block Grant traces its roots back more than 50 years ago to the Economic Opportunity Act of 1964. This act established local Community Action Agencies to help identify why people were in poverty and how to address it using public and private resources, a great public-private partnership.

These agencies act as a safety net for low-income individuals and families. Even more importantly, they help create opportunities for people to move from poverty to independence. That is the true measure of success as we look at these Community Action Agencies.

The Community Services Block Grant is the only Federal program with the explicit goal of reducing poverty, regardless of the cause. Unfortunately, this program has not been reauthorized in more than 20 years.

Our bill makes important updates that will strengthen the Community Services Block Grant and the network it supports, including:

A new federally administered Community Action Opioid Response Grant that will enable Community Action Agencies to fill service gaps and re-

spond to unmet needs of low-income individuals, families, and communities affected by the opioid or substance abuse crisis;

A provision requiring Federal approval of State applications and plans, with provisions to allow direct Federal funding of local agencies if a State plan fails to meet Federal requirements; and

A renewed commitment to streamlining the program's stated purpose to reduce poverty through support for Community Action Agencies that improve economic security for low-income individuals and families and create new opportunities in the communities where they live.

This bill will help more than 15 million low-income Americans and provide resources necessary to help lift individuals and families out of poverty.

Madam Speaker, it is time to reauthorize the Community Services Block Grant, and I urge all my colleagues to support this bill, especially during Community Action Month.

### NO ONE IS ABOVE THE LAW

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

Mr. GREEN of Texas. Madam Speaker, it is my privilege to be recognized by you for this 5 minutes.

Madam Speaker, I rise, and still I rise, because I love my country and because I believe that no one is above the law.

We say that quite religiously here in this institution: No one is above the law.

I have in my hand the "Report on the Investigation into Russian Interference in the 2016 Presidential Election." This document, known as the Mueller report, has been released to the public for some 29 days now.

Since its release, we have had many persons, many of whom are Members of

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

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



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this august body, say that they have concluded that the President has committed impeachable acts. Some have gone so far as to say that he should be impeached. I am one of them.

We have also had hundreds of lawyers, many of whom are prosecutors and former prosecutors, say that if anyone else committed the offenses outlined in this document, the Mueller report, that person would be arrested and prosecuted. That person would be prosecuted. That person would not be above the law.

Hence, since this document addresses acts by the President, since the President is not being prosecuted, and since the House of Representatives has not moved to impeach the President, one can conclude that the President is indeed now, for some 29 days, above the law.

No one is above the law, unless you are the President.

No one is above the law. The House of Representatives has a duty to enforce the law.

The President of the United States of America, it has been said by constitutional scholars, by Members of this august body, and by lawyers—hundreds—that he is subject to the law and that he should be properly prosecuted.

It is not happening.

The prosecution of the President in the House of Representatives will take place once impeachment is initiated. Until impeachment is initiated, this President is above the law. He continues to obstruct. He is above the law.

I am using this refrain because it is important for the American public, the people who understand that no one is above the law, to at least see that we have a problem. We have a President who, by most standards, has committed impeachable acts, yet we have not started the impeachment process.

If the President is not impeached, one of two things will happen: one, he won't be impeached; or, two, the Congress of the United States of America would become a toothless paper tiger, not only as it relates to this President, but also as this relates to future Presidents.

We cannot allow the perception of the Congress to be toothless when it comes to our constitutional responsibilities. We have a duty, a responsibility, and an obligation to bring the President to justice.

The bar of justice for this President and any other President is this House of Representatives, and each Member of this House has the responsibility to make sure that justice is served.

I will now start a process that will commence on the second anniversary of my initial call for the impeachment of this President, which will be tomorrow. Tomorrow will be the second anniversary, and I will start a process tomorrow of bringing to this floor a display.

We will display the number of days since the Mueller report was produced and the number of days that this Presi-

dent has gone above the law because until the President is impeached, those who say that he should be impeached, those who say there is evidence enough to impeach, until this President is impeached, we who say this must conclude that he is above the law.

I love my country. I stand on the law. I believe in the Constitution. As such, I believe that this House has a duty and a responsibility to take up impeachment.

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President.

#### AMERICA LEADS THE WAY

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

Mr. ARRINGTON. Madam Speaker, I appreciate the warnings to not mention the President, but you know what? They are going to continue to come. They won't be heeded.

People say they have respect for the rule of law. Do they even have respect for the House rules and the dignity that we have as leaders of our country to follow those rules?

How can we ask the American people to follow rules we pass when we don't follow the rules even on the House floor?

Madam Speaker, I know you understand this. My heart is heavy because I sit here, prepared to speak about one thing, but I feel like I have to say that I am very concerned for my country when my colleagues on the Democratic side speak of socialism as if history isn't littered with examples of failure, of destitution, of destruction of not only the economies of countries that go down that road of ruin but what it does to their people.

We see this in the most recent example of Venezuela. How can we be talking about these big-government, socialist ideas like the Green New Deal? Even Speaker PELOSI calls it a fantasy.

When colleagues on the other side aren't talking about giving Washington more control over the American people's lives, they are talking about party over country, unpatriotic rhetoric, in my opinion, and political theater.

That is the agenda. That is what they have. That is the bold vision of where they want to take this country. Not me, and not the people of west Texas. I can promise you that.

I mentioned the Green New Deal as the Democrats' signature legislation to steward the environment. They want to eliminate airplanes, ladies and gentlemen. They want to eliminate cows.

They want to give everybody a paycheck, guaranteed income whether you work or not. Whether you are capable of working or not working, everybody ought to get a paycheck, guaranteed, full faith and credit of the United States of America.

That is where this country would go if we didn't have a Republican Senate,

if we didn't have a Republican President, and if we didn't have Americans with better sense.

Look, is the climate changing? Yes, it is changing. What are the factors? What are the variables? How serious? Which variables are contributing over the others?

Let me tell you what is real. What is real is the responsibility we have to steward our environment.

I want clean air and water for my three children. I think, as leaders of this great country, we ought to be responsible for providing not only a land of opportunity for the future of our children but a clean land of opportunity.

Let's just get the facts straight for the American people. America has been leading the way in this regard. The Clean Air Act is one example.

We had six key pollutants that we identified, in a bipartisan way, that had an impact on our health and well-being in this country. We have reduced those pollutants by 73 percent since 1970. At the same time, we have grown this economy 230 percent.

America is leading the way. In greenhouse gases, from 2005 to 2017, U.S. energy-related emissions fell by 14 percent when the rest of the world increased their emissions by 20 percent.

Folks, through American innovation, through reasonable regulations, we have been able to lead the world and provide for a cleaner environment and steward God's great Earth, a gift to us.

We do have a stewardship responsibility. We have a calling to our creator and our children.

I don't want the American people to be misled, certainly not at a \$93 trillion cost and a plan that eliminates cows and airplanes. Give me a break.

The committee of jurisdiction, the Energy and Commerce Committee, hasn't even taken up that legislation. But that is what they have.

I hope we can work in a balanced way. I hope we can find ways to continue to do what we are doing, which is to steward our resources, provide for a cleaner environment for our children, and at the same time, make sure that we have opportunities for our kids to pursue their dreams and dream big and do better for their families because just talking about dirty fossil fuel is not enough of a plan.

□ 1015

#### HONORING THE LIFE AND SERVICE OF SEYMOUR "SY" KAPLAN

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

Mr. RUIZ. Madam Speaker, I rise today to honor Seymour Kaplan, known as Sy, a local hero and World War II veteran who passed away on April 19 at the age of 95.

Sy was born on February 28, 1924, to Morris and Fannie Kaplan. At just 17 years old, Sy enlisted in the U.S.

Army—17—and, boy, was his father mad. But from a young age, Sy didn't let anything get in the way of serving others.

During World War II, Sy served this country bravely in the 2nd Army 2nd Corps Division under General George S. Patton.

Sy fought for 3 years, advancing through Italy, France, and Germany. Sy was severely wounded while building a bridge to cross the Rhine River into Germany. For his heroism, Sy earned three Battle Stars and two Purple Hearts.

But Sy's service to our Nation did not end with his military service. Sy was a lifelong advocate for our local veterans. For 25 years, Sy served as the commander of the Disabled American Veterans Chapter 78 in the Coachella Valley. His leadership helped countless veterans find healing, community, and a sense of purpose. Over the years, Sy also helped many homeless veterans find homes and jobs. Sy would show up to every townhall, every event, and every community forum, always ready to make his voice heard.

Shortly after I became a Member of Congress, I remember Sy knocking on my door and asking: "Who is this young guy? What does he know about veterans?"

I sat down with Sy, and I immediately recognized his expertise and, more importantly, his heart. That is why I asked Sy to serve on my veterans advisory board and help my office connect veterans with the healthcare and benefits they have earned and deserve.

Sy said: "Hell, yeah. Let's do this."

When Sy came to our meetings, he would often bring along a veteran in need, and before we started the day's agenda, Sy would give that veteran the space to tell their story. That was Sy Kaplan: a devoted advocate who recognized that good leaders also have to be good listeners.

Sy became one of the visionaries behind Veterans University, my annual event to connect veterans with local and Federal resources. Among his many accomplishments, Sy was instrumental in bringing the Palm Desert VA Clinic to the Coachella Valley. Sy would often visit the clinic to, in his own words: "Make darn sure all of my vets from the Coachella Valley are getting good care."

Last year, it was my honor to present Sy with the Shirley Powell award in recognition of his service to local veterans in our communities. I looked to Sy as a trusted adviser and a dear, dear friend.

Sy was preceded in death by his beloved wife, Doris, and his daughter Ellen. He is survived by his daughter Ilona and a loving community grateful for his leadership and compassion.

I will always remember Sy's blue Disabled Veterans of America shirt, his baseball cap, his energy, and his infectious smile. In Sy's honor, let's make "darn sure," as he would say, that we carry his memory in our hearts.

## REPORT ON H.R. 2779, LEGISLATIVE BRANCH APPROPRIATIONS BILL, 2020

Mr. RYAN, from the Committee on Appropriations, submitted a privileged report (Rept. No. 116-64) on the bill (H.R. 2779) making appropriations for the Legislative Branch for the fiscal year ending September 30, 2020, and for other purposes, which was referred to the Union Calendar and ordered to be printed.

The SPEAKER pro tempore. Pursuant to clause 1, rule XXI, all points of order are reserved on the bill.

## COMMENDING PRESIDENT TRUMP FOR NOT WAIVING THE JONES ACT

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

Mr. BABIN. Madam Speaker, I rise here today commending President Trump for not waiving the Jones Act.

This is a hypothetical picture, thank goodness, a Chinese-built vessel, subsidized by their communist regime, operated by the Chinese, and delivering Chinese goods, all in the very heartland of the United States of America. But this could easily become a reality if the Jones Act is waived.

For the past 100 years, the Jones Act has brought strength and certainty to maritime commerce here in the United States. It has protected the rights of American sailors, created and maintained American jobs, and been one of the single largest factors in facilitating the strong American economy that we are enjoying.

The Jones Act states that goods shipped between U.S. ports are to be built, owned, and operated by the citizens of the United States, and to support the Jones Act would be an easy decision to continue promoting the policy of America first.

To waive the Jones Act would be to directly jeopardize our national security, our economic growth, and our ability to provide American jobs all across this country. Worst of all, waiving the Jones Act would be allowing these foreign-operated ships into our waterways and could be opening the door to espionage. These foreign vessels would have the potential to literally threaten our national security by exposing our waterways to very real threats.

Not only has the Jones Act played a vital role in economic growth, but it has and continues to play a very large role in disaster recovery and the efforts of emergency response. Take a look at the photos of New York City after the attack on 9/11. You will see the Hudson River and the East River full of American vessels who quickly came to the rescue. Or how about all of the supplies delivered to the coastal communities after catastrophic hurricanes?

The list goes on to include the cleanups of oil spills, fires, and nautical ac-

cidents. Americans are always there, and the Jones Act makes that possible.

The Jones Act creates stability and certainty to the maritime and shipping industry. Taking away the Jones Act strips this industry of job and market availability and stability, handing it over to foreign countries to cheaply fill the role through questionable labor practices and lower standards of performance. It would singlehandedly jeopardize one of the Nation's most reliable and strongest of our economic drivers.

As a conservative Republican, I am well aware that many groups and thought leaders here in Washington and back in Texas, whom I respect and agree with on most of the other issues, do not share my view on the Jones Act, and they are actively working to try to weaken or even repeal it.

I respectfully, but firmly, disagree, and that is why I am calling on any and all of my colleagues who want to repeal the Jones Act to explain why the image that they see here would make for a better and stronger America.

If they need to borrow this poster, I will be glad to let them use it. Just let me know.

## CONGRESS MUST BE INVOLVED AND ENGAGED

The SPEAKER pro tempore (Mr. RUIZ). The Chair recognizes the gentleman from Texas (Ms. JACKSON LEE) for 5 minutes.

Ms. JACKSON LEE. Mr. Speaker, I have had the privilege of serving in this august body, and serving the American people and the people of the 18th Congressional District.

Just a few minutes ago, I was at Arlington Cemetery participating in the wreath-laying ceremony for the women of the United States military, those who have fallen in battle, and recognizing young and new women members of the United States military.

In fact, Sergeant Kelly, whom I honored, is in combat, having been given permission to be engaged in combat since 2015 by the Pentagon and the United States Defense Department. That means that I have the greatest respect for all of these men and women and take very seriously the issues of war and peace.

I was here in the United States Congress during the heinous and devastating attack on this Nation on 9/11. I was here for Afghanistan and Iraq, the Kosovo war, the Bosnian war. Every one of those war zones I visited. I saw the men and women sacrifice. I take very seriously this issue of war.

I am very concerned with the efforts now in the waters in the Mideast, with the intelligence that is alleged by the administration that is coming and this saber-rattling that is occurring, because the lives of our men and women will be put in harm's way.

Congress must be engaged, and I demand that, beyond the immediate

briefing today, the Members of the United States Congress, those who care about national security, homeland security, be briefed as to why our vessels are there, others are headed there, and the allegations or suggestion that 120,000 troops will be moving in that direction.

America is strong. We have no fear, but we have always been a defender, not an offender. Iran is not just any old country in the Mideast. Shamefully, we disengaged from the Iran nuclear deal—wrong decision, evidenced by what is happening today.

You cannot backdoor conversations. You have to show yourself willing to negotiate with leaders from the position of facts and knowledge.

I can't stomach the frivolous engagements and noninformation that is translating into our men and women put in harm's way. We must be involved and engaged.

So I ask the administration to do so posthaste. I ask that we move forward with knowledge of what is going on, and each and every Member of this body and the other body should be knowledgeable about this point.

I return to a local issue that has bothered me, and as a member of the Judiciary Committee, I want the family of Pamela Turner, who is now deceased, to know that I stand with them.

I do not give a blanket assessment of the great law enforcement we have in this Nation, but I am appalled at the shooting death of an African American woman, Black woman, shot down in cold blood in the streets.

Yes, this lady was walking her dogs in her apartment complex. There are suggestions that this individual was well-known to police and that there were some mental health issues, something that we have to fight against and give resources. Unfortunately, she was with warrants.

I have no quarrel with people doing their job; but you are in your home, your apartment, walking your dogs, any other means could have been utilized to pick you up on warrants. You are not going anywhere. We know your address. Through an unfortunate interaction, altercation, the gun was taken out by a law enforcement officer, and she was shot five times—not once to wound, but five times.

So this requires, for the comity of relationships and respect, a full Federal and State investigation—we cannot hide—just as I have indicated that shooting on Harding Street, recently, by officers requires a thorough and full investigation, which is going on right now.

So I would simply say that because we are the land of the free and the brave, we are adherents to the Constitution and democracy and dignity and justice for all, this is an untenable and unacceptable act, that I could be walking my dogs, unarmed, and I proceed into an unfortunate circumstance which included a Taser, but then it re-

sults in the absolute ending of my life, and I may be a person who needed mental health assistance.

I am deeply troubled to learn of the death of the Pamela Shantay Turner, who was shot and killed by a Baytown Police Officer. She was a mother of three children, and she died the day after Mother's Day.

In the investigation following Ms. Turner's death, the officer indicated that he was patrolling as part of his duty, and recognized Ms. Turner from "prior dealings" and proceeded to commence an arrest but she resisted. Nothing in the record suggests any wrongdoing by Ms. Turner prior to this chance encounter with Baytown Police. Reports suggest the officer attempted to arrest Ms. Turner. The officer alleges Ms. Turner reached for his Taser and a lieutenant with the Baytown police claims that Ms. Turner actually tased the officer. According to the Baytown Police Department, the officer fired his duty weapon and struck multiple rounds at Ms. Turner. The shooting was recorded by a civilian and caught on cell phone video. After her death, it was revealed that Ms. Turner suffers from serious mental ailment. Prior to her death, Ms. Turner, 44, was heard stating that she was pregnant. After her death, this was determined not to be the case.

I stand with the family of Pamela Turner. We must get to the truth; the facts and we will not relent until justice is served. The circumstances surrounding Ms. Turner's death are shocking and I demand a state and federal inquiry into her death. First, what predicate did the officer involved have in detaining Ms. Turner? Why were no efforts made to de-escalate the controversy so that it did not end in a loss of life? And, if Ms. Turner was known to law enforcement in prior dealings, did they not also know about her mental state? In recent months, we have seen too many instances of these types of killings. During National Police Week we honor our officers and I abhor attacks on our brave law enforcement personnel. As a member of the House Judiciary Committee, I look forward to working with law enforcement to protect justly our citizens and them. This disturbing act should not have happened and should never be repeated.

□ 1030

#### HONORING TROOPER MATTHEW GATTI

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

Mr. KUSTOFF of Tennessee. Mr. Speaker, I rise today to honor the incredible life of Trooper Matthew Gatti of the Tennessee Highway Patrol.

On May 6, 2019, just a week or so ago, while responding to a call for help on Interstate 40 in Tennessee, Trooper Gatti was killed in the line of duty.

Matthew Gatti will be remembered in west Tennessee and in our entire Nation as a dedicated public servant, a husband, a son, a brother, and a friend to all.

Although just 24 years old, Trooper Gatti had an incredible, an impressive career in public service. He served with the Madison County Sheriff's Office in Jackson, Tennessee, and then began working for the Tennessee Highway Patrol.

In addition to serving others, Matthew was passionate about hunting, about baseball, about comedy, and he was an active member of his church, Gospel Light Baptist Church, in Jackson, Tennessee.

Trooper Gatti lived a life that very few people have the honor of living.

According to those who knew him the best, Trooper Gatti's willingness to serve and his constant sacrifice for others was of second nature to him.

He exemplified duty and service both on and off the clock, and for that, I am truly grateful.

Matthew had a deep love for his church, and his strong faith could be seen in everything that he did. His friends described him as a humble gentleman who would say or do anything to lift your spirits.

Matthew leaves behind his loving wife, Anna; his parents, Christopher and Christy; his sisters, Hannah and Esther; his brother, Joshua; his mother-in-law and father-in-law, Kimberly and Frankie Lax; and his grandparents.

Matthew was a blessing to our community, and his life was a service and an inspiration.

Trooper Gatti died doing what he loved doing: protecting people, protecting his community, and protecting the State of Tennessee. And although his life on Earth has ended, his legacy will live on.

My thoughts are with his family, with his friends, and with the men and women of the Tennessee Highway Patrol.

I also want to thank all the men and women in uniform who risk their lives each and every day to protect all of us for our safety and for our betterment.

Matthew Gatti will never be forgotten.

Madam Speaker, I yield to the gentleman from Tennessee (Mr. GREEN), my colleague.

Mr. GREEN of Tennessee. Madam Speaker, I thank Congressman KUSTOFF for yielding.

Madam Speaker, most of us run away from danger, but our law enforcement, they run toward it.

Last Monday, Tennessee State Trooper Matthew Gatti was killed in the line of duty responding to a car fire on I-40.

I had the privilege of knowing this young trooper. Our families were dear friends.

This young man was just 24 years old, but he lived a life of exemplary service to us all.

Matthew's father said that he died doing what he lived for: serving God and serving others.

We honor those who pay the ultimate sacrifice for freedom. We honor this young man for his commitment to our safety. We honor his family for raising a young man who would serve us all in such a way.

#### HONORING EMILY CARNES

The SPEAKER pro tempore (Ms. JACKSON LEE). The Chair recognizes the

gentleman from South Carolina (Mr. NORMAN) for 5 minutes.

Mr. NORMAN. Madam Speaker, I rise today to honor the late Emily Carnes, a former resident of South Carolina's Fifth District who dedicated her life to the preservation of the historic Buford battlefield.

The Battle of Buford was significant and momentous in the southern campaign during our Revolutionary War. 113 Continental troops perished during this struggle and another 150 suffered terrible wounds.

Witnessing this carnage was Emily Carnes' great-great-grandfather, Jacob. Emily would go on to tell her ancestor's story in her book, "Jacob Was There".

The book describes Jacob Carnes, who was 16 years old at the time, and on the fateful day of May 29 of 1780, Jacob was employed plowing in a field close to the historic site when the Continental troops under Colonel Abraham Buford clashed with the British forces led by Lieutenant-Colonel Banastre Tarleton.

Jacob hid behind a tree during the struggle, but was eventually discovered by British troops, who took him into custody. While in their custody, British troops commanded Jacob to bury an American soldier alive. Jacob refused.

In reply, a British soldier fired his musket and shot off one of Jacob's fingers, therefore, adding Jacob's name to the long list of patriots who gave their blood for our freedom.

In remembrance of her great-great-grandfather's traumatic experience and the historic importance of the battle to the southern campaign, Emily Carnes singlehandedly cared for and preserved the 2 acres of leaf and debris-filled battlefield for years. She did this with no support and very few means. Indeed, she couldn't even afford to fly a flag in remembrance of those who gave their life for our independence.

Finally, in 2010, the Friends of Buford Massacre Battlefield was established, and Ms. Carnes was awarded an honorary member.

Thanks to Ms. Carnes' lifelong efforts, the former 2-acre site now encompasses over 47 acres of surrounding land on which the battle was fought, with the site now proudly flying the Stars and Stripes, the Buford Battle flag, and the State flags of Virginia and South Carolina.

The site now also includes modern comforts like a patio, walkways, informational kiosks, and a memorial bronze plaque inscribed with the names of 216 men recognized for defending their country in the Battle of Buford.

We thank Ms. Carnes for her lifelong passion and dedication to this sacred soil and for preserving this moment in a State and Nation's history for all of us to remember and enjoy.

## WE CAN PROTECT THE RIGHTS OF LGBTQ INDIVIDUALS AND RELIGIOUS LIBERTY

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

Mr. CURTIS. Madam Speaker, I rise today to speak about the Equality Act.

First and foremost, I must begin by saying that I believe the LGBTQ community is a critical part of the fabric of our country. They are deserving of our unequivocal love and respect, and their contributions to my home State of Utah are utterly invaluable.

As the mayor of Provo, I prioritized inclusion and love, and sought to ensure my administration did everything possible to recognize the intrinsic value of all of our citizens, including our LGBTQ community.

I fought hard against discrimination and was grateful for my associations with organizations like Provo Pride, Equality Utah, Encircle, and others, who I was honored to stand with to ensure that our city motto of "Welcome Home" extended to everyone.

Perhaps even more important than that, I am grateful for the association and relationships of my life that have helped me better understand the experiences of the LGBTQ community, and who have been patient with me, a conservative Utah boy raised in the 1960s, who took longer than I am proud of to gain empathy for this important issue.

Again, I say I am incredibly grateful for the contribution of the LGBTQ community and will always stand with them in respect and support.

With the Equality Act, we face a unique challenge: balancing the needs and protections against discrimination with the importance of protecting religious liberty, which is one of the fundamental rights enshrined at the foundation of our Nation.

I believe this compromise is possible, because I have seen it before in my home State with historic legislation called the Utah Compromise that effectively balanced the absolute rights of both LGBTQ individuals as human beings and religious institutions protected by the First Amendment.

The Equality Act fails to strike that balance. Instead, these two interests are treated as zero sum games, with no good-faith effort put forth for both sides to win.

This bill would end longstanding religious liberties under the Religious Freedom Restoration Act, a historic bipartisan legislative victory fought for by the current Democratic leader in the Senate, CHUCK SCHUMER; my own Utah mentor, Orrin Hatch, a Republican; and liberal icon, Ted Kennedy. It was also signed into law by Democrat Bill Clinton.

I have introduced commonsense amendments that would help achieve this critical balance of protection for both maintaining the standards against discrimination and religious freedom, but I am frustrated that House Democratic leaders have decided

there will not be any consideration or even debate of amendments to the Equality Act. Instead, they have established a model of legislative gas-lighting.

In this case, they are taking issues where broad bipartisan agreement is possible and taking the debate right off the table on issue after issue, whether it be climate change, violence against women, and now the Equality Act.

They disregard willing partners, such as myself, standing here hoping to work with them, and instead, prefer to pass party-line bills that won't go anywhere so they have issues to campaign on.

If my colleagues on the other side of the aisle truly want to achieve progress on this issue, I hope they will recognize that they have a willing partner in me, but they must be willing to work together to legislate and make room to protect both religious liberty and the LGBTQ community.

Exploiting yet another group in order to pass a campaign message bill along party lines is not in harmony with this body.

I hope they will hear me today and change course before we vote on this bill.

## RECOGNIZING JUSTIN MASSIELO AND EMELIE CURTIS

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

Mr. FITZPATRICK. Madam Speaker, I rise today to recognize two impressive student athletes from Bucks County, Pennsylvania, who are making their school and our entire community very proud.

Justin Massiello and Emelie Curtis, students at Pennsbury High School in Fairless Hills, Pennsylvania, both recently hit impressive milestones in their respective sports.

Justin, a senior, recently recorded his 100th hit as a 4-year starter for the Falcons' varsity baseball team, and Emelie, a junior, just notched her 100th career goal as a 3-year starter for the Falcons' varsity girls lacrosse team.

What makes their achievements even more special, Madam Speaker, is that Justin and Emelie also are cousins.

On behalf of our entire community, I would like to congratulate Justin and Emelie on their notable athletic achievements. We wish them, and their families continued success.

## RECOGNIZING LIEUTENANT TERRY HUGHES

Mr. FITZPATRICK. Madam Speaker, this week is National Police Week, and I rise today to recognize a dedicated law enforcement professional from Bucks County, Pennsylvania, who recently retired after a very distinguished career in public service.

Lieutenant Terry Hughes of the Bristol Township Police Department retired after over 30 years in local law enforcement.

A resident of Bristol Township throughout his entire life, Lieutenant

Hughes previously worked at the police departments in Hulmeville, Newtown Township, Northampton, and Middletown before joining his hometown's police force in 1990.

Throughout his entire tenure in Bristol Township, Terry became a senior member of the department, leading detectives, running special investigations, and he was a driving force in public outreach.

Madam Speaker, I had the opportunity to personally work with Lieutenant Hughes on the Department of Justice's Weed and Seed program.

We thank our friend, Terry, for his years of public service and for protecting our community. Terry has law enforcement in his blood, and I have no doubt whatsoever that his service in protecting our community will carry on.

ST. MICHAEL'S EVANGELICAL LUTHERAN CHURCH  
CELEBRATES 150TH ANNIVERSARY

Mr. FITZPATRICK. Madam Speaker, I rise today to recognize a faith community in Bucks County, Pennsylvania, that recently celebrated a very special milestone.

St. Michael's Evangelical Lutheran Church in Sellersville commemorates its 150th anniversary this year.

First commissioned in 1869, St. Michael's was to be a union church between Reformed and Lutheran Christians. Nearly 2,000 people attended one of St. Michael's consecration ceremonies.

The church is rich with tradition and history. Early sermons were spoken in German, and in 1904, the church became the first building in Sellersville to have electricity.

Today, the St. Michael's community is as active as ever, participating in community meals, working on community gardens, and providing food for Pennridge FISH and Keystone Opportunity Center, and offering numerous educational programs.

Madam Speaker, we congratulate the St. Michael's faith community on their 150th anniversary of such an amazing and special place.

I would also like to thank Pastor Julie Bergdahl for her pastoral care and leadership.

#### RECESS

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

Accordingly (at 10 o'clock and 45 minutes a.m.), the House stood in recess.

□ 1200

#### AFTER RECESS

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

#### PRAYER

Rabbi Bruce Lustig, Washington Hebrew Congregation, Washington, D.C., offered the following prayer:

Eternal God, without whom life has no spiritual source, no divine meaning, purpose, or destiny, but with whom there is power for the present and hope for the future, refresh our faith that the strains of life may not break our spirits. Restore our confidence that our world is undergirded by eternal purpose.

Bless those who give service of heart to this great Nation. Give them strength to temper their judgments by the compassion of the human soul. Know that none are free until all are free, free from fear, want, bigotry, and callous hatred of the other. Let the courage of their convictions make America worthy of her past and blessed by her future.

Let not cynicism blight, nor faithlessness uproot our confidence to live as we pray, so that, unashamed, our leaders may transmit to generations to come an America better than ours.

Hear our prayer.

Amen.

#### THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

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

#### PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentlewoman from Puerto Rico (Miss GONZÁLEZ-COLÓN) come forward and lead the House in the Pledge of Allegiance.

Miss GONZÁLEZ-COLÓN of Puerto Rico led the Pledge of Allegiance as follows:

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

#### WELCOMING RABBI BRUCE LUSTIG

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

There was no objection.

Mr. RASKIN. Mr. Speaker, I rise to honor Rabbi Bruce Lustig, who just led us in this wonderful opening prayer.

Rabbi Lustig is senior rabbi of the Washington Hebrew Congregation, which is Washington, D.C.'s largest and oldest synagogue and where many of my constituents worship.

The son of a refugee from Nazi Germany, his mother, Hedy Lustig, Rabbi Lustig grew up in Nashville, Tennessee, where he was often the only Jewish child at school. The strong cultural identity instilled by his mother, and the emphasis his family placed on en-

gaging with his Christian friends and classmates, laid the foundation for his lifelong commitment to interfaith work, including his efforts to open dialogue and strengthen relationships among Jews, Christians, Muslims, and people of all faiths.

Ordained at the Hebrew Union College-Jewish Institute of Religion, Rabbi Lustig holds a doctorate of divinity and a master's degree in Hebrew letters. He earned his bachelor's with honors from the University of Tennessee.

In delivering today's opening prayer in the House, Rabbi Lustig continues a venerable and important tradition. Since the Washington Hebrew Congregation was created in 1862, every single one of its senior rabbis has delivered an opening prayer before the U.S. Congress. Rabbi Lustig now joins that esteemed group.

Mr. Speaker, I am honored to welcome Rabbi Lustig to the House today, and I would like to extend my thanks for his excellent leadership in our community and for offering today's prayer.

#### ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

#### CELEBRATING HEAD START AND COMMEMORATING THE MEMORY OF DR. EDWARD ZIGLER

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

Mr. LARSON of Connecticut. Mr. Speaker, I rise today to congratulate the Head Start program on its 54th anniversary and the 25th anniversary of Early Head Start.

I had the proud distinction of serving with Dr. Edward Zigler of Yale University, who passed away this past year. He was a leader in this and worked with every President from JOHN KENNEDY to Barack Obama.

He is generally regarded as the father of the Head Start program but also regarded for his longstanding work with children. In fact, it was Ed Zigler who said, "My politics are children," and then proceeded to dedicate a lifetime to creating remedies for childcare, which he labeled, in America, "a cosmic crashout."

So many young people today experience the dilemma of balancing their work with bringing up their children. But it was Ed Zigler's leadership that recognized we should utilize our schools. He promoted School of the 21st Century as a way for us to get our arms around the whole issue of having safe, affordable childcare.

I rise today to commemorate his memory and congratulate the Head Start program.

# PASS A DISASTER SUPPLEMENTAL BILL

(Miss GONZÁLEZ-COLÓN of Puerto Rico asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Miss GONZÁLEZ-COLÓN of Puerto Rico. Mr. Speaker, I think it is urgent for Congress to approve the disaster supplemental bill.

Although I welcome the House version, I am still waiting on the Senate side to work a final solution.

The more that passage is delayed, the longer our communities will wait because just passing the appropriation is the beginning of a drawn-out process.

I know my constituents are still waiting for the \$600 million for the Nutritional Assistance Program that I have long been advocating. That will cover the gap in funding under the supplemental appropriations we made immediately after Hurricanes Irma and Maria.

As of last month, those residents who have not fully recovered are already seeing a decrease in benefits because we have not yet passed the disaster bill.

For example, 20 months later, of some \$42 billion allocated to Puerto Rico, just \$12 billion has been outlaid. That means that we have work to do, and this funding is still being reviewed with great scrutiny from FEMA, HUD, and OMB. That is the reason I do believe we should move across aisles to make this happen.

## LEGISLATING ON BEHALF OF THE PEOPLE

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

Ms. JACKSON LEE. Mr. Speaker, let me, too, add my appreciation and congratulations to Head Start, a very viable program, not only in my district, as I watched little children become empowered with education, but also around the Nation. I congratulate all of those who were engaged in its beginning, and I thank them for their brilliance and their leadership.

I rise today to say that we are troubled because the work of this body is to legislate on behalf of the people of the United States. We are, in fact, the people's House, and we have done our work. We have passed disaster funding.

Those of us who are, if you will, the remnants of various hurricanes in the 2017 season—in particular, those that impacted the East Coast, Puerto Rico, Houston, and the State of Texas—are waiting for disaster funding, which we have done.

We are waiting for the Violence Against Women Act to be passed. We are waiting for the universal background checks to be passed. We are waiting for protecting people against losing their preexisting condition coverage and, of course, lowering prescription drugs to pass. All that has been passed in this House.

We are waiting as we begin to debate the Equality Act that will have a blind eye to anyone's difference and be able to celebrate them and support them without discrimination.

Where is the other body? Why haven't they passed a bill in 3 months? Why can't we do the work for the American people?

It is time to get the job done.

## HONORING OFFICERS DURING NATIONAL POLICE WEEK

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

Mr. WILSON of South Carolina. Mr. Speaker, this is National Police Week, highlighted by Peace Officers Memorial Day, which President John F. Kennedy designated, in 1962, as May 15.

Law enforcement officers and their families selflessly serve our communities across the country. Americans appreciate honoring officers, their families, and fallen heroes on Peace Officers Memorial Day.

Law enforcement personnel are national heroes. We are grateful for their sacrifices made to serve and protect our country on a daily basis.

We also provide our deepest support and gratitude to those who have been injured or lost their lives in the line of duty and to their families. Grateful citizens across the country will take time to thank a police officer this week.

In conclusion, God bless our troops, and we will never forget September the 11th in the global war on terrorism.

## STOP PRICE-FIXING ON GENERIC DRUGS

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

Mr. HIGGINS of New York. Mr. Speaker, last week, 44 attorneys general filed a lawsuit in Federal court against 20 generic drugmakers, alleging market manipulation and price-fixing.

The American people's tax dollars are invested in unprofitable basic research that is essential to bringing highly profitable drugs to market. The United States Government is also a huge purchaser of these generic drugs.

In some cases, it is alleged that one company sets the price of a drug and the others follow, without the cost-cutting influence of competition. All of this resulted in billions of dollars in harm to patients and the U.S. economy.

Congress must stop this price-fixing scheme and will vote this week to approve legislation to end this price-fixing and market manipulation perpetuated by these generic drugmakers.

## ENACT THE JAKE LAIRD ACT OF 2019

(Mrs. BROOKS of Indiana asked and was given permission to address the

House for 1 minute and to revise and extend her remarks.)

Mrs. BROOKS of Indiana. Mr. Speaker, as we recognize National Police Week, let's provide our law enforcement every tool possible to prevent senseless acts of gun violence from harming or claiming the lives of innocent people, including our law enforcement officers.

That is why, today, I am reintroducing a gun violence reduction bill, categorized as a red-flag bill, with my colleague TED DEUTCH, who represents Parkland, Florida, and our colleagues from Michigan, FRED UPTON and DEBBIE DINGELL.

Our bill, the Jake Laird Act of 2019, is named after an IMPD officer who paid the ultimate sacrifice serving and protecting his community of Indianapolis, Officer Jake Laird.

Our bill provides grants to States to enact laws substantially similar to Indiana's red-flag law because we know that, since 2005, this Hoosier common-sense bill has been working.

Specifically, the Jake Laird Act will enable law enforcement to remove and retain firearms from individuals who are determined to be a danger to themselves or others, while ensuring due process under the law.

According to a USA Today article recently published, more than 30 States across the country are either considering similar measures or have passed red-flag laws.

It is past time for our Nation to adopt laws like Indiana's red-flag law that will keep our law enforcement and citizens safer.

## WE DO NOT ALLOW DISCRIMINATION

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

Ms. UNDERWOOD. Mr. Speaker, I am here today to tell you about Gwyn Ciesla of Aurora, Illinois. Gwyn is a wife, a mother of two, and an IT professional with two decades of experience. She is also a transgender woman.

Gwyn transitioned about 2 years ago. Shortly afterward, she began interviewing for jobs to advance her career.

Gwyn was met with hesitation from potential employers. On multiple occasions, recruiters were suddenly uninterested in Gwyn after they conducted in-person interviews—no follow-up, no phone calls or emails, just complete silence.

This is a horrifying reality for many people in the trans community like Gwyn. A 2016 report by the National Center for Transgender Equality found roughly 30 percent of trans people have been denied a job or a promotion, or were fired, because of their gender identity.

This kind of discrimination is not only hurtful and illegal, but it hurts our economy, which is why groups like the Chamber of Commerce and over 200



major corporations support the Equality Act.

Gwyn is now employed, but there are so many others still forced to sit on the sidelines, keeping top talent out of our workforce.

The Equality Act would ensure everyone has the opportunity to earn a living and contribute to our economy, and it would send a message that we do not allow discrimination in our country.

□ 1215

#### HONORING DAVID KING

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

Mr. RIGGLEMAN. Mr. Speaker, I rise today to remember David King, an indomitable family man, a constituent of mine who passed away after a hard-fought battle with cancer on May 2.

David was born in Houston, Texas, but moved to Virginia in 1995 and spent over 2 decades there. He will be remembered for his lasting contribution to the Virginia wine industry and his King Family Vineyards. It is one of my favorite places for a glass of wine.

David served as a chairman of the Virginia Wine Board and worked tirelessly as a free-market advocate for vineyard agriculture and agritourism in Virginia. He leaves an enormous legacy in both the wine industry and his local Crozet community.

David is survived by his loving wife, Ellen; his six sons and daughters-in-law, Carrington and Corie, Stuart and Ali, James and Kelly; as well as his eight grandchildren.

One of David's favorite phrases was this: "A rising tide lifts all boats," and David lived by that, lifting up those around him in success.

We will miss him dearly.

#### HONORING IAN JACOB TRONE

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

Mr. TRONE. Mr. Speaker, I rise today to honor my nephew, Ian Jacob Trone, who was born May 18, 1991. This Saturday, he would have been 28 years old. But on December 31, 2016, Ian died alone in a hotel room from a fentanyl overdose.

Ian was a nice young man. He, like many of us, was destined to grow up, find a partner, and start a family. He was a huge sports fan, and like many young boys his age, he had a sense of humor, he was a friend to many.

But last year, 72,000 people died of an overdose. Almost 70 percent of those involved fentanyl. This is the most important issue in America today.

In Congress, we must be determined to end this devastation, both Democrats and Republicans.

Ian Jacob Trone left us too soon, and I will do everything in my power to

make sure we don't senselessly lose more lives to this epidemic.

#### ABORTION IS NOT HEALTHCARE

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

Mr. BIGGS. Mr. Speaker, yesterday I introduced the Abortion Is Not Health Care Act. This bill amends the Internal Revenue Service's treatment of out-of-pocket abortion costs as a medical expense.

This bill was drafted after receiving feedback from my constituents that they no longer wanted their tax dollars to support the abortion industry.

It is unfathomable to me that my Democratic colleagues in Congress continue to not only condone the practice of abortion but allow taxpayer dollars to subsidize this abhorrent practice.

For years, the pro-abortion movement has marketed abortion as a form of reproductive healthcare, but it is time for us to be honest with ourselves. Healthcare is primarily a restorative function, one that helps our bodies and minds to heal from disease or ailment.

Under no circumstances should healthcare include the intentional taking of life.

The Abortion Is Not Health Care Act is a small step towards ending the Federal Government's treatment of abortion as a healing medical practice.

I am happy that several of my colleagues and many pro-life groups, including March for Life, Family Research Council, Eagle Forum, Center for Arizona Policy, Arizona Right to Life, and others have endorsed this bill.

As Members of Congress, we have a duty to protect life.

Mr. Speaker, I urge all my colleagues to uphold the call for human dignity at all stages of life, including while still in the womb, and support the Abortion Is Not Health Care Act.

#### PRESCRIPTION DRUGS

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

Mrs. AXNE. Mr. Speaker, Iowans are struggling to keep up with the rising cost of prescription drugs.

A teacher in Farragut, who has had diabetes for 20 years, is spending over \$750 a month for insulin. That is a third of her take-home pay, and she needs a second job just to cover her costs.

A woman from West Des Moines wrote to me that her medication used to cost \$50 for a 90-day supply and now that price has gone to \$1,000. Her family found they can buy the same medication in Canada for \$60.

In fact, Americans pay more for prescription drugs than any other country in the world. Brand-name drug manufacturers are gaming the system to reap profits and they are using delay tactics to prevent generic companies

from bringing the same drugs to market.

I ran for Congress to protect Iowans, not Big Pharma. This bill will help bring generics to market quicker to lower the cost for consumers and save billions in taxpayer dollars.

No one should ever have to decide between putting food on the table and taking their medicine.

Mr. Speaker, I urge my colleagues to pass this legislation to lower the cost of prescription drugs for all Iowans and Americans.

#### RECOGNIZING JENNIFER BAUMANN

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

Mr. RODNEY DAVIS of Illinois. Mr. Speaker, I rise today to recognize Jennifer Baumann, a high school senior from my district who was named the recipient of the Good Citizen Award by the Illinois Daughters of the American Revolution.

This year, over 400 high school seniors submitted essays for the DAR Good Citizenship scholarship application. Among these, district DAR chapters identified one student as the person who best exemplifies dependability, service, leadership, and patriotism in their area.

Jennifer was selected from Mt. Zion High School as the representative for the Stephen Decatur Chapter and attended the Illinois State DAR Conference, where she was named the statewide winner of the Good Citizen Award.

By all accounts, Jennifer demonstrates well the attributes of dependability, service, leadership, and patriotism. She is active in nearly every aspect of student life in her high school, where she is the captain of all three of her varsity teams: cross-country, basketball, and track and field. She also serves as the President of the National Honor Society and treasurer of the Student Council, and even finds time to dedicate to volunteering with both the Key Club and her church.

She plans to study speech, language, and hearing sciences at the University of Arizona in the fall.

I am proud to recognize outstanding students in my district, including Jennifer. I congratulate her on this prestigious honor.

#### HEAD START GIVES CHILDREN A BRIGHTER FUTURE

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

Mr. KILDEE. Mr. Speaker, this week, the Head Start program turns 54. Since this life-changing education program was created in 1965, it has served millions of children, giving them and their families a brighter future.

Head Start and Early Head Start provides comprehensive early childhood



education, health, nutrition, social services to low-income children and their families. It is one of the most important investments that we can make to make sure our children have the greatest opportunities to succeed.

It is particularly important and crucial to my hometown of Flint, Michigan, where early childhood education is the most important thing we can do to help children mitigate the effects of lead exposure.

I am really proud of the school districts in Michigan who host this incredible program and provide wrap-around services to children and to their parents.

Mr. Speaker, I thank the teachers, the workers, and the volunteers who support our Head Start kids every day.

To keep Head Start working, we have to fully fund this program in Congress. Support for Head Start is bipartisan. We need to continue that. We need to make sure that we fully fund this program.

I celebrate the success of Head Start. We ought to make sure that every child that seeks that sort of early childhood education has an opportunity to have it.

#### HONORING BOB MAXWELL

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

Mr. WALDEN. Mr. Speaker, I would like to recognize the life of an American hero who I was honored to call my friend, Bob Maxwell of Bend, Oregon, who passed away last weekend at the age of 98.

Bob Maxwell represented the best of what Oregon and America had to offer. Bob was the oldest living Medal of Honor recipient in our country, and his gallantry was well known.

On the night of September 7, 1944, in France, Bob Maxwell threw his unprotected body on top of a German hand grenade to protect the lives of his comrades in World War II.

This unhesitating selflessness earned Bob Maxwell America's highest military honor. It earned him his second Silver Star, a second Purple Heart, and a Bronze Star.

For those who had the pleasure of knowing Bob, as I did, they know that his bravery and heroism were only matched by his kindness, his warmth, his sense of humor, and his humility.

Bob once said of his Medal of Honor: "I am not wearing the medal for any personal deeds. I am wearing it because it represents all the casualties we had in the war. It represents those who were killed defending their country and the ideals that they believed in."

Like his fellow soldiers, Bob's service will forever be cherished in the country that he sacrificed so much to protect.

Bob's legacy will live on in the hearts and minds of everyone he interacted with, and especially in his community in central Oregon, where Bob Maxwell was a pillar.

To the entire Maxwell family, Mylene and I send our heartfelt condolences and prayers during this difficult time of loss.

#### URGENT NEED FOR INFRASTRUCTURE INVESTMENT

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

Mr. DELGADO. Mr. Speaker, I rise today to recognize Infrastructure Week and call attention to the urgent need for investment in rural areas like mine in upstate New York.

As an example, every time I am home in my district, I hear from folks about the need to invest in infrastructure to help our family farmers succeed.

When farmers drive their livestock or dairy products down to New York City or the immediately surrounding areas, they need bridges and roads they can rely on, structures that can carry product without potholes or fear of collapse.

But infrastructure does not just mean bridges, roads, and seaports. It means access to markets through high-speed internet.

Astoundingly, 25 million Americans lack rural broadband. This means 25 million Americans who own small businesses, operate small farms, want to apply for college online, or do homework, or access lifesaving medicine cannot, because they lack internet access.

This week, I was proud to launch, with the leadership of Whip CLYBURN, a task force on rural broadband.

I am ready to partner with folks on both sides of the aisle to address the need to rebuild our infrastructure and access broadband both in upstate New York and across the country.

Let's get this done.

#### MAY IS MENTAL HEALTH MONTH

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

Mr. THOMPSON of Pennsylvania. Mr. Speaker, May is Mental Health Month, a time when we are encouraged to break down the stigmas that surround mental health.

Normalizing conversations about depression, anxiety, and other conditions will help those affected by mental illness seek the quality care that they need and deserve.

One group that is overwhelmingly impacted by mental health disorders is veterans.

Unfortunately, we know that about 22 veterans commit suicide each and every day.

Congress understands how dire the situation has become and is working diligently to find a solution. Fortunately, we have made progress over the past few years.

Last year's passage of the VA Mission Act significantly increased the

care available to our veterans, ensuring they have access to a medical professional before resorting to suicide.

This is a step in the right direction, but more can certainly be done.

These men and women answer the call of duty, and as a Nation, we must care for them when they return home.

Until veteran suicide rates dwindle to zero, I will continue to work with my colleagues to support veterans' mental health programs.

#### COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,  
HOUSE OF REPRESENTATIVES,  
Washington, DC, May 16, 2019.

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

DEAR MADAM SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on May 16, 2019, at 9:54 a.m.:

Appointment:  
Director of the Congressional Budget Office.

With best wishes, I am,  
Sincerely,

CHERYL L. JOHNSON.

#### MARKETING AND OUTREACH RESTORATION TO EMPOWER HEALTH EDUCATION ACT OF 2019

##### GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and add extraneous material on H.R. 987, the Strengthening Health Care and Lowering Prescription Drug Costs Act.

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

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 377 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. 987.

The Chair appoints the gentleman from Rhode Island (Mr. LANGEVIN) to preside over the Committee of the Whole.

□ 1229

##### 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. 987) to amend the Patient Protection and Affordable Care Act to provide for Federal Exchange outreach and educational activities, with Mr. LANGEVIN 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 not exceed 90 minutes, with 60 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce, and 30 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Education and Labor.

The gentleman from New Jersey (Mr. PALLONE) and the gentleman from Oregon (Mr. WALDEN) each will control 30 minutes, and the gentleman from Virginia (Mr. SCOTT) and the gentlewoman from North Carolina (Ms. FOXX) each will control 15 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. 987, the Strengthening Health Care and Lowering Prescription Drug Costs Act. This legislation, Mr. Chairman, is a big step in our commitment to delivering on our promise to make healthcare and prescription drugs more affordable.

It brings together seven bills that passed out of the Energy and Commerce Committee last month. Taken together, these bills will strengthen our Nation's healthcare system, reverse the Trump administration's sabotage of the Affordable Care Act, and help lower the costs of healthcare and prescription drugs.

The first title of this bill contains three bipartisan measures intended to address high prescription drug costs by promoting greater competition in our pharmaceutical marketplace. One of the most effective ways to bring down the cost of prescription drugs is to ensure that generics can come to market as soon as possible.

The first proposal would address so-called exclusivity parking, a practice where a first-time generic is blocking the approval of other generics from entering the market.

The second proposal prohibits the use of pay-for-delay agreements between brand and generic drug manufacturers that delay generic entry into the market.

And finally, the third drug pricing measure would address situations where some brand drug companies are delaying or impeding generic entry by denying generic drug manufacturers access to samples or to single, shared system REMS.

By eliminating these three barriers, we will prevent some manufacturers from manipulating the system to extend their monopolies at the expense of consumers, and this will make prescription drugs more affordable for all Americans.

Now, the second title of this bill, Mr. Chairman, will help lower Americans' healthcare costs, protect people living with preexisting conditions, and reverse some of the most harmful actions the Trump administration has carried

out to sabotage the Affordable Care Act.

Two of the proposals will restore funding for the navigator program and outreach and enrollment efforts that help provide consumers with the support and information that they need to make the right healthcare decisions for their families. Restoring this funding is critical, considering that the Trump administration gutted funding for consumer outreach and marketing by 90 percent. It cut navigator funding by 80 percent, leaving huge swaths of the country without access to fair and unbiased enrollment help.

H.R. 987 will also provide States with funding to establish their own State-based marketplaces, which will help make healthcare more affordable. In 2018, premiums in these State marketplaces were 17 percent lower than in the federally facilitated marketplace, and enrollment was higher for the State plans.

And, finally, Mr. Chairman, H.R. 987 will reverse the Trump administration's regulation to expand junk insurance plans, known as short-term limited duration health insurance. The Trump administration expanded these junk plans from the current 3-month term and made these plans available for up to 3 years.

These junk plans are exactly that, Mr. Chairman: They are junk. They discriminate against people with preexisting conditions. They set higher premiums for people based on age, gender, and health status. They deny access to basic benefits like prescription drugs, maternity care, and mental health and substance abuse treatment, and they set arbitrary dollar limits for healthcare services leading to huge surprise bills for consumers. This legislation would prevent the administration's expansion of these plans from taking place.

In closing, Mr. Chairman, I believe this is an important bill that will lower healthcare and prescription drug costs, protect people with preexisting conditions, and end some of the administration's ongoing sabotage of our Nation's healthcare system.

Mr. Chairman, I urge my colleagues to support this bill, and I reserve the balance of my time.

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

Mr. Chairman, The Washington Post said it best. Allow me to quote this headline from yesterday: "Democrats Are Putting a Political Pothole in the Way of Bipartisan Drug Pricing Bills."

It didn't have to be this way. Americans want us to come together, work together, solve problems. This is a big one. I hear about it every time I am home, and I have done more townhalls than anybody in this House—20 of them so far this year.

Drug pricing is a big issue. We actually agreed. We worked it out. We passed these bills out of committee, unanimously. And then somewhere along the path to the House floor, they

jammed our bipartisan efforts to lower drug costs with clearly partisan bills. The chairman didn't mention those bills came out of committee on a partisan vote.

To bail out ObamaCare, Democrats are once again putting politics and partisanship over what could have been bipartisan public policy.

Republicans and Democrats have been working together on bipartisan legislation to bring generic drugs to market faster by incentivizing more competition and ensuring patients get the earliest possible access to more affordable prescription drugs.

We agree on that, just as we did in the last Congress when I was chairman. We led the effort to revamp every part of the FDA and how they can get drugs to market sooner.

As a result of our work there and in our bipartisan work before that on 21st Century Cures, we really ramped up the ability of the FDA to get competition and new drugs into the market. They set a record last year in getting generics to market as a result of our bipartisan work. We could have had that, today, on this floor.

The first measure that we do agree upon would ensure branded drug makers do not withhold samples that are needed to get generic drugs approved; the second would ban pay-for-delay agreements; and the third would limit first-approved generic makers' ability to stall another rival's launch. So we put a stop to what I would say are bad behaviors in that process.

Together, these bills would help patients actually get access to more affordable prescription drugs, and those bills are bipartisan. Just how bipartisan? Two of the bills passed the Energy and Commerce Committee by voice vote, and the third passed unanimously on a 51-0 vote.

Now, Mr. Chair, this is how the American people expect us to get our work done, but, sadly, House Democrats once again could not pass up a chance to play gotcha politics. So what did they do? They packaged these agreed-to bipartisan drug pricing proposals with a bailout of ObamaCare that passed out of committee on a purely partisan vote.

Now here is what that bill contains:

First, \$200 million a year in taxpayer funding for States to establish ObamaCare marketplaces. This funding expired 5 years ago, albeit not before hundreds of millions of Federal taxpayer resources were wasted, including in my own State that finally had to give up on that and go with a national plan.

New Jersey has recently expressed an interest in creating a new State exchange, and they say they can do it without new Federal taxpayer money; they can do it without us. If a State decides to create an exchange, then they shall be allowed to do so, but we don't need to create new Federal grants for things that States say they have the capacity to do themselves.

Second, \$100 million a year—\$100 million a year—to fund the navigator program. Now, for plan year 2017, navigators received a total of \$62.5 million in grants, and they enrolled 81,426 individuals. That means it cost \$767 per person that they enrolled, and that accounted for less than 1 percent of the total enrollees.

Now, it is important to understand, by contrast, agents and brokers assisted 42 percent of those in the enrollment year of 2018. Do you know what it cost for them to do it? \$2.40. Yet, under this law, you can't use the funds for the navigators to actually pay for those folks, the brokers and agents, to do this work that they do very efficiently. \$767 per enrollee versus \$2.40.

Third, the bill reverses the administration's efforts to allow more State-regulated insurance plan options for consumers who, frankly, are getting priced out of the market and are looking for choices that fit them and their lives.

I want to set the record straight on these plans.

The plans you heard described earlier were actually legal under ObamaCare and the Obama administration, and they are legal under the Trump administration. They provide choices to people in between jobs or people who can't afford these exploding premiums.

You know, the promise that your premium is going to go down 2,500 bucks kind of evaporated as soon as the bill became law, so people are stuck with ever-increasing premiums, enormous deductibles, and saying: Could we please allow our States to put together options for us that still have to go through a State insurance regulator? And they certainly care about their systems.

CBO projected premiums for these plans could be as much as 60 percent lower than the cheapest Federal mandated plan, 60 percent, and, even more, States can regulate these plans. In fact, in the chairman's home State of New Jersey, they are simply banned. That is New Jersey's choice. They should have that choice.

In my home State of Oregon, they are limited to 90 days. That is what we have chosen. This is kind of federalism at its best.

But in their Washington-knows-best mentality, the bills brought before us today strip away this option for longer term plans, and that is wrong and it is unfair.

Fourth, the bill spends \$100,000,000 a year to market the Federal plans. They couldn't stop there. Instead of educating patients on all the plans' options available to them, their legislation actually places a gag order on the promotion of more affordable choices, specifically association health plans, known as AHPs, and the short-term limited duration insurance plans. You can't even tell consumers about that. Oh, no. We are going to have a gag order from Washington.

So there is simply no reason to combine these bills with our bipartisan, I

would say unanimously approved, bills to deal with drugs.

Energy and Commerce Republicans put forth an alternative bill that includes all of H.R. 987's bipartisan drug provisions I referenced earlier but removes the partisan, the strictly gotcha provisions.

Our pragmatic plan replaces these partisan provisions with language extending funding for community health centers, the National Health Service Corps, and other public health extenders for a year. Now, these public health extenders should be a top bipartisan priority for the Congress, as they must be done before the end of the fiscal year, the end of September, and they deserve the attention of Congress.

Let me go back to the navigators for a minute. The Wall Street Journal reported: "One grantee took in \$200,000 to enroll a grand total of one person." They went on to write: "The top 10 most expensive navigators collected \$2.77 million to sign up 314 people."

If you take that \$2.77 million that they want to give to these navigators—they are the most expensive operators on the planet—to sign people up for insurance and gave that to our community health centers, do you know how many people they could cover with \$2.77 million? One estimate is 20,000 patients—20,000 patients.

So Republicans are saying let's take that money and actually get it out to help patients through our community health centers rather than spend it on navigators that can take \$200,000 and enroll one person, or \$767, on average, versus \$2.40 when agents and brokers do this enrollment.

We think we have a better way. Our bill, H.R. 2700, is called the Lowering Prescription Drug Costs and Extending Community Health Centers and Other Public Health Priorities Act. It is pretty straightforward. It is an honest title.

We should take this bill up now, Mr. Chairman, because the majority, unfortunately, has decided to put politics before us today with our bipartisan efforts to lower drug costs.

The bill before us right now is going nowhere in the Senate. They have said that. The White House has weighed in, so they don't like it either.

We should take up the alternative to move our bipartisan work forward and take care of our responsibilities to ensure our community health centers and other public health priorities are funded. That has always been a bipartisan effort.

Finally, just to further the point on the blatant and unnecessary partisanship on display here today, House Democrats made 26 amendments in order on this bill—26. One of those amendments, just one, was authored by a Republican.

Now, they control everything around here, and they said in the opening days they are going to open up this process. Ninety-two percent of the amendments allowed to be brought to the floor so

far this year have been from Democrats. When we were in charge, 45 percent—45 percent—were the minority's amendments that came to the floor.

So, so much for openness. Just one was authored by a Republican. So it is unfortunate we find ourselves here today. It didn't have to be this way.

□ 1245

These are measures, especially on the drug side, we are already all in agreement on. If they were separated out, you would have passage. It would go right to the President from the Senate. I think they would take them up and pass them to become law. So, when the majority is ready to make law, let us know.

In the meantime, we have a better way to take care of our community health centers, our patients, and those seeking more choices and more affordable rates for an insurance product than what the Federal Government is mandating.

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

Mr. PALLONE. Mr. Chairman, I yield 1½ minutes to the gentleman from South Carolina (Mr. CLYBURN), our distinguished whip.

Mr. CLYBURN. Mr. Chairman, I thank the gentleman for yielding me the time.

Mr. Chairman, today, I stand for the American people and the voters of South Carolina's Sixth Congressional District who spoke loud and clear last November, demanding that Congress defend and uphold the right to have access to affordable care.

This is an effort to dismantle the Affordable Care Act, and we stand ready to defend every aspect of this legislation.

We will not stop our efforts to hold this administration and my Republican colleagues accountable as they continue misrepresenting and undermining the Affordable Care Act.

The work of this body, a coequal branch of our government, to conduct legitimate and lawful oversight in order to protect Americans' access to healthcare will not be deterred.

Today, this House will vote on a package of seven bills that will halt the administration's sabotage of the Affordable Care Act, improve the act's implementation, and lower the cost of prescription drugs.

This legislative package, titled the Strengthening Health Care and Lowering Prescription Drug Costs Act, prevents the substitution of junk policies that take advantage of unsuspecting citizens, and it protects against discrimination for preexisting conditions.

The CHAIR. The time of the gentleman has expired.

Mr. PALLONE. Mr. Chairman, I yield an additional 30 seconds to the gentleman from South Carolina.

Mr. CLYBURN. Mr. Chairman, this legislation takes meaningful steps to control prescription drug costs by expanding access to generic drugs so patients don't have to choose between

lifesaving medications and other necessities, like rent or food.

Mr. Chairman, Democrats are addressing crucial healthcare needs. We stand to protect the healthcare of American citizens.

Mr. WALDEN. Mr. Chairman, I yield 2 minutes to the gentleman from Kentucky (Mr. GUTHRIE), a very accomplished member of our committee.

Mr. GUTHRIE. Mr. Chairman, I rise today in opposition to H.R. 987, the supposed Strengthening Health Care and Lowering Prescription Drug Costs Act.

I wish I wasn't giving this speech. As many of my colleagues know, I have a bipartisan track record here in the House. I have been proud to work with many of my Democrat colleagues on a number of issues that impact Kentuckians and people across the country, such as Alzheimer's, the opioid crisis, and workforce development.

Last Congress, I had 10 bipartisan bills signed into law, and I had two additional bipartisan bills pass the House. I hope my colleagues on both sides of the aisle know that I take bipartisanship and our responsibility to get things done for our constituents very seriously. That is why I am extremely disappointed that I will have to vote against H.R. 987 today.

Wherever I go in my district, I hear from Kentuckians about how drug prices are simply too high. This is an issue that affects everyone, and it is one of the few big issues these days that Republicans and Democrats can all agree on. And President Trump has made this a priority.

As ranking member of the Oversight and Investigations Subcommittee, I have launched, with Chair DIANA DEGETTE from Colorado, an investigation on rising insulin prices.

I was proud to support bipartisan legislation in the Health Subcommittee and the full Energy and Commerce Committee. Sadly, Mr. Chairman, Democrats have loaded up what was previously a bipartisan drug pricing legislative bill with political land mines that they know we, as Republicans, will never support.

They made a bipartisan drug pricing bill into an ObamaCare bailout bill. They know that this bill is dead on arrival in the Senate and that President Trump will never sign it.

My colleagues are playing games to score cheap political points in the short term at the expense of Americans across the country who are paying too much at the pharmacy counter.

I urge my colleagues on the Democratic side not to make lowering drug prices another partisan fight. I am willing to work with any of my colleagues to fix this problem, and I urge all my colleagues to do the same.

Mr. PALLONE. Mr. Chairman, I yield 1½ minutes to the gentleman from Illinois (Mr. RUSH), the sponsor of the pay-for-delay legislation.

Mr. RUSH. Mr. Chairman, I thank the full committee chairman for giving me this time.

Mr. Chairman, I am proud, on behalf of the people of the First District of Illinois, to rise today in support of H.R. 987, which includes my legislation, the Protecting Consumer Access to Generic Drugs Act.

My legislation included in today's package prohibits the practice of pay-for-delay where brand-name companies compensate generics to prevent the entry of cheaper drugs into the market.

I have long stood against these anti-competitive deals that limit competition and force consumers to pay more for their medications.

This disgraceful and deceptive practice ends now. I stand with my colleagues to stop drug companies from continuing to rig the system in an attempt to take advantage of hard-working Americans.

My legislation will take a meaningful step toward bringing this behavior to a screeching halt and holding drug companies accountable once and for all.

With today's package of prescription drug bills, we are making progress toward addressing the skyrocketing cost of prescription drugs and are making good on our promise that no American should be forced to make the choice between paying their bills and buying their pills.

Mr. WALDEN. Mr. Chairman, I yield 4 minutes to the gentleman from Texas (Mr. BURGESS), our top Republican on the Health Subcommittee, a former chairman of the subcommittee, and a distinguished member of the Rules Committee.

Mr. BURGESS. Mr. Chairman, I thank the gentleman for yielding, and I do rise today to speak in opposition to H.R. 987.

Mr. Chairman, I am concerned that the Democrats are using bipartisan drug pricing bills to pay for partisan politics.

Look, these bills are proof that we can work together across the aisle and do what is best for constituents. Unfortunately, as The Washington Post so eloquently said yesterday in "The Health 202," "Democrats are putting a political pothole in the way of bipartisan drug pricing bills."

The Democrats have decided to use \$5 billion in savings to fund State-based ACA marketplaces, the federally facilitated marketplace navigator program.

This morning, a publication called STAT published an article titled, "In Washington, a partisan approach to lowering drug costs leaves Democrats doubting their own party leadership."

As this article reported, even House Democrats do not understand why the Speaker of the House and party leadership have decided to politicize bipartisan bills that enjoy widespread support.

The chairwoman of the Energy and Commerce Health Subcommittee is on record as saying she was "not a fan of what happened."

Republicans stand ready to work on solutions. Congressman MARK MEAD-

ows, the chairman of the Freedom Caucus, told STAT that the Democrats' political stunt is a wasted political opportunity.

He continued, "You have got the chairman of the Freedom Caucus willing to work with Democrats on making real, structural reforms on prescription drug prices. And what do they do? They put a poison pill in, trying to augment a failing healthcare-delivery system."

I ask my friends on the other side of the aisle, why are you intent on tanking good legislation that can deliver real results for real people? You say you want to lower drug prices, but your actions speak loudly otherwise.

Fortunately, I am not just here to complain. I also have a solution to the scenario we are facing on the floor today.

On Tuesday night at the Rules Committee, I offered an amendment that would take these three drug policies and the \$5 billion in savings from those policies, and I introduced H.R. 2700, the Lowering Prescription Drug Costs and Extending Community Health Centers and Other Public Health Priorities Act.

H.R. 2700 couples the bipartisan drug pricing policies with reauthorization programs, such as Community Health Centers and Special Diabetes Programs.

Look, reauthorizations are tough. I know. I was chairman of the Health Subcommittee in the last Congress. September seems like a long way away. Many of these programs expire at the end of the fiscal year, but the time to get these things done is now.

We have taken no specific action toward reauthorization of these programs. Again, September seems far away, but we have to account for the time it takes to move through regular order.

On the other issues that we are facing today, the short-term, limited duration rule repeal, according to the Congressional Budget Office and the Joint Committee on Taxation, the policy to repeal the Trump administration's short-term, limited duration insurance rule would result in 500,000 individuals becoming uninsured.

Is this what you want? Isn't it better that people have some form of insurance than none at all?

I take meetings in my office back home in my district with families that cannot afford the high premium, high deductible plans that they have been forced to buy off the ACA exchange. These individuals need lower cost options, and that is exactly what these limited duration plans provide.

States already regulate these plans and have the authority to disallow them at the State level, if they so choose. This is a case for federalism.

I want to quote from the Congressional Budget Office report: "CBO and JCT estimate that enacting the legislation would result in roughly 1.5 million fewer people" participating in insurance plans.

The CHAIR. The time of the gentleman has expired.

Mr. WALDEN. Mr. Chairman, I yield the gentleman from Texas an additional 30 seconds.

Mr. BURGESS. Mr. Chairman, I thank the gentleman.

Of those, more than 500,000 would instead participate in nongroup coverage through the marketplaces established by the Affordable Care Act, and 500,000 would become uninsured.

The drug policies contained in both H.R. 987 and my bill, H.R. 2700, are commonsense bipartisan measures to lower drug prices for our constituents. I am disappointed they have been rolled into a partisan package that will be dead on arrival in the Senate.

We were able to work together in the committee and subcommittee to ensure these policies would improve access to generics for American patients. I hope the Democratic leadership would consider the bipartisan nature of the policies when moving the packages to the floor in the future.

The CHAIR. Members are reminded to address their remarks to the Chair.

Mr. PALLONE. Mr. Chairman, I yield 1½ to the gentlewoman from Illinois (Ms. SCHAKOWSKY), who chairs our Consumer Protection and Commerce Subcommittee.

Ms. SCHAKOWSKY. Mr. Chairman, the real political grandstanding that we are hearing today is from the Republican side of the aisle, which for nearly 10 years has been fighting against the Affordable Care Act.

Over 60 times, they voted against the Affordable Care Act. Maybe it is because some people call it ObamaCare. We know that millions and millions of people have gotten healthcare because of it.

It is time to stop and to say let's work together to make the Affordable Care Act even better and extend access. The fact is that the Affordable Care Act and affordable prescription drugs are two pillars of healthcare access. They really cannot be separated.

I am proud that we have an opportunity today to do what was impossible while the Republicans were in charge of the Congress. Today, we are voting on making impactful, lasting change in lowering the cost of healthcare, including prescription drugs, for Americans nationwide.

Democrats are at the table and ready to pass this legislation.

□ 1300

We are ready to improve all aspects of healthcare from healthcare affordability, to prescription drug affordability. Instead of offering amendments in bad faith, we need to pass this bill.

Mr. Chair, I urge all of my colleagues to reject the amendment by Mr. BUCSHON and support the passage of H.R. 987 in its entirety.

Mr. WALDEN. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, before I recognize our pharmacist, Mr. CARTER from Georgia, I just want to say I have been on the

floor a lot in the last few weeks on this issue, and we keep getting the same refrain about Republicans voting 60 times to repeal ObamaCare.

What is never said is that 30 of those bills, my friends on the other side of the aisle voted for, and President Obama signed them into law—I'm sorry. Twenty-one of those bills were signed into law by President Obama. So it is 21 of the 30 were signed into law by President Obama.

So my point being is, ObamaCare had problems. We came together and tried to address those problems with this legislation, repealing the unsustainable CLASS Act, the co-ops, the Cadillac and medical device taxes we voted to delay, the Independent Payment Advisory Board, and on and on. My friends on the other side of the aisle voted with us and we with them to fix those sorts of things. So don't come down here and tell me it is only Republicans who voted to do things on ObamaCare.

We also support these drug bills. There is no question about that, because we want to get lower-cost drugs and stop bad behaviors that prevent generics from coming to market sooner.

Mr. Chair, I yield 3 minutes to the gentleman from Georgia (Mr. CARTER), a pharmacist.

Mr. CARTER of Georgia. Mr. Chair, I thank the gentleman for yielding.

Mr. Chair, I come before you today a very disappointed person; a disappointed Member of Congress; a disappointed pharmacist. I am disappointed that my Democratic colleagues have decided to prioritize politics over patients by packaging together bipartisan bills to lower drug costs with partisan bills to bail out ObamaCare. They are two completely different subjects.

Republicans and Democrats have worked hard to create strong, bipartisan bills that will increase the amount of generic drugs entering the marketplace, bringing more affordable choices to patients. Now, House Democrats have chosen to use these bipartisan bills to pay for partisan ObamaCare bills.

This bill includes major drug pricing proposals like the CREATES Act, and the pay for delay, which both seek to increase the ability of lower-cost generic drugs getting to the market quickly, providing patients with more affordable choices.

We had long, hard-fought negotiations with our Democratic counterparts in multiple markups that ran until midnight over these two proposals, but we were eventually able to come to an agreement.

The other drug-pricing bill in this package is a bill that I have worked on with my friend, Representative SCHRAEDER from Oregon, the BLOCKING Act. This bill mirrors the proposal from President Trump's budget proposal to keep bad actors from clogging up our generic drug pipeline.

Hear me, Mr. Chair, and hear me clearly. This bill is the picture-perfect definition of good bipartisan legislation. Democrats are throwing that work away by prioritizing politics over patients. All three of these bipartisan drug-pricing bills save money, so the Democrats are choosing to use their hard-fought savings and wish lists for partisan politics.

The bill before us today will throw hundreds of millions of dollars at the failed ObamaCare marketplace and further restrict patient choice. The bottom line is, there is no need for this course. Drug pricing should not be a partisan issue.

In all of my years of being a pharmacist, I have seen patients struggle with the high cost of prescription drugs. Now that I am in Congress, I hear about it all the time from my constituents back home. We all do.

Voters across the country sent us up here to work together on issues, like drug pricing. The three drug-pricing bills in this package show that we can, in fact, do that. We can work together on important issues.

When we work together, we can achieve real results that help patients. But once again, we are letting politics become the priority instead of helping people. Republicans want to work together on drug pricing. The people want us to work together on drug pricing.

I call on my colleagues to do the right thing. Let's put patients before politics.

Mr. Chair, this is important. Strike these partisan poison pills in this bill and send our excellent drug-pricing work over to the Senate and on to the President's desk and have him sign them into law.

Mr. PALLONE. Mr. Chair, I yield 1 minute to the gentleman from Maryland (Mr. HOYER), our distinguished majority leader.

Mr. HOYER. Mr. Chair, if you put patients before politics, you will vote for this bill because patients care about prescription drugs, but they also care about access to affordable, quality healthcare.

Now, you sent a bill to the President—or you didn't really send it to him because it didn't pass the Senate—and you went down to the White House and you exalted about the bill you had passed, and the President said: This is a good bill. Then he had the opportunity to, perhaps, have his advisers tell him what was in the bill, and 10 days later he said: This is a mean bill because it shortchanged patients for politics.

Mr. Chair, last week the House passed H.R. 986, a bill to protect coverage for those with preexisting conditions, and the Republicans said: No, it doesn't do that. They wanted to change the name of the bill. Not only did they want to vote against it, they wanted to change the name of the bill. Why? Because they want to tell the public we

are for protecting you against pre-existing conditions. We just don't vote that way.

This week House Democrats are continuing to strengthen access to affordable healthcare by passing H.R. 987, an additional package of bills aimed at strengthening our healthcare system and lowering prescription drug costs because patients don't just worry about prescription drugs, they worry about their health coverage. As a matter of fact, it is hard to separate the two.

This effort is critical because the Trump administration, in its campaign and from its very first day, and congressional Republicans, have been working tirelessly to sabotage healthcare access and undermine the reforms of the Affordable Care Act. They voted against it and, yes, they voted over, and over, and over again to repeal it.

With all due respect to my friend, we didn't vote for those bills.

Now, we may have voted for some bills to improve the Affordable Care Act, but we certainly didn't vote for any of your bills which had the effect of repealing ObamaCare, because we believe it is in the best interest of the American public, and so does the majority of the American public.

Last year, 1.1 million Americans lost health coverage after years of gains in coverage. This shows us, dangerously, that the Trump administration's administrative sabotage is having its intended adverse effect, from limiting access to open enrollment, to allowing junk plans.

Let me say something about junk plans because the gentleman says: Well, some people can't afford it. Yes, they get a plan and they think they have health coverage, and by the way, it doesn't cover something when they get really ill, or they have lifetime limits, or annual limits. They don't have this covered. They don't have the other covered.

Not only that, but guess what happens to the insurance pool? It becomes riskier. And guess what happens then? The price goes up. You don't have to be a genius or know much about the insurance business to know that that is the case.

From repealing votes in Congress, to anti-ACA lawsuits in the courts, Republicans have been trying to undermine the Affordable Care Act.

From shortening enrollment periods, to cutting funding for outreach to let people know what is available to them and what is the best policy for them. Advice and counsel, they don't have to take any of it, but they ought to have that available to them.

This sabotage is hurting access to affordable, quality healthcare coverage for the people. That is what we are here for. For the people. And that is what this legislation is for. For the people.

The legislation before the House today would push back on these efforts

that sabotage in several ways: first, we are banning junk plans that don't provide adequate coverage and raise premiums for comprehensive health plans.

Next, we are taking action to bring generic drugs to market more quickly, helping to lower the cost of prescription drugs. I appreciate the fact that my Republican colleagues support those bills. I appreciate the gentleman who knows full well as a pharmacist the crisis that confronts people when they can't afford lifesaving and health-enhancing prescription drugs.

But they also are facing real problems on the availability of health insurance should they have to have health providers, whether they are doctors, or hospitals.

Finally, H.R. 987 increases funding for outreach, enrollment, and navigators to help Americans find the right healthcare plan. That is for the people, to help the people understand, and to have access, and to be secure in knowing they have adequate healthcare for them and their families.

It also provides States with additional funding to establish State-based marketplaces. Innovation. Our legislation will provide insurers, providers, and patients alike with greater certainty that the Affordable Care Act will continue to make healthcare available and affordable to Americans with preexisting conditions.

I am pleased that my Republican colleagues are supporting the prescription drug titles of this bill. Perhaps we will send it over to the Senate, and maybe that is all they will send back.

But the fact of the matter is, we have a broader responsibility than just prescription drugs. Democrats are committed to bringing healthcare costs down and making sure more Americans can access quality, affordable coverage.

Mr. Chair, I want to thank Representatives CICILLINE, RUSH, SCHRAEDER, CASTOR, KIM, and BLUNT ROCH-ESTER for their leadership in the component parts of this bill, which will make the security for healthcare better for the people. They have introduced the constituent parts of this bill.

Of course, I want to thank my good friend, FRANK PALLONE. Nobody has worked harder for a longer period of time to enhance the healthcare of Americans. Nobody has worked harder in committee, both initially on the Affordable Care Act, of which he was a very significant part of the authorship, and since then in protecting it and trying to enhance it. This bill is important for us to pass to do just that.

That is why I urge my colleagues on both sides of the aisle to join us in standing up for the Affordable Care Act and its benefits; not undermining the law and its reforms. Having agreement on prescription reforms, bringing prices down, and making generics more available is an important step. But it is not the only step that we need to take. This is not the final step. This is a step. It is an important step.

I hope that Republicans and Democrats would support this bill over-

whelmingly because, as I said, it is for the people.

The CHAIR. Members are reminded to address their remarks to the Chair.

Mr. WALDEN. Mr. Chair, I yield myself such time as I may consume.

I want to make a couple of points before I introduce the author of the CREATES Act. The gentleman that just spoke, Mr. HOYER, voted 21 times, on 21 of the bills that were signed into law to repeal parts of ObamaCare. The gentleman voted for it because those parts were unworkable. So when you hear about 60 times, remember the leader, the distinguished leader, my friend, actually voted for 21 of those, as did I.

When we talk about the people, let me read you a little statement from Tom from Medford who wrote me in October of last year. He said, "Greg, I just received a letter from the insurance company stating their monthly premium next year will go up nearly 40 percent, from \$632 to \$883 per month, and that is with the plan more or less staying the same, but without any out-of-network healthcare."

□ 1315

That is not affordable. That is why we think States should have options.

When it comes to the navigators that they want to dump all this money into, remember agents and brokers in the private sector cost about \$2.40 for them to sign somebody up. The navigators would cost, based on 2017 numbers, \$767 per enrollee. And for the \$2.7 million that was spent to sign up 314 people, if you put that money—as Republicans want to do—into community health centers, one estimate is you could cover 20,000 people with that \$2.77 million.

Mr. Chairman, I yield 2 minutes to the gentleman from Wisconsin (Mr. SENSENBRENNER). My friend is the former chairman of the Judiciary Committee and the former chairman of the Science, Space, and Technology Committee, and a leader on this CREATES effort legislation on bringing drug prices down.

Mr. SENSENBRENNER. Mr. Chairman, I rise in opposition to H.R. 987, the ObamaCare bailout act.

One of the things that has frustrated me in the almost 5 months that the Democrats have controlled this Chamber is that anything that is good, bipartisan, and for the people they turn into a partisan screaming contest. That is exactly what they have done with the CREATES Act, which will bring down prescription drug prices and has strong bipartisan support in both Houses and, as a standalone bill, would have a very good chance of being signed into law.

So we can talk today about all of these things about ObamaCare that the other side of the aisle wants to put more money into, but that is going nowhere. I think what we should do is look at what we can accomplish, and we can accomplish changing the way that drugs are priced through the CREATES Act.



At a time when everything is a dramatic political battle, lowering prescription drug prices is one of the few opportunities where it seemed like Republicans and Democrats could get something meaningful done for the American people.

Just a few weeks ago, the Judiciary and Energy and Commerce Committees worked across the aisle unanimously reporting out several bills to that end. My friend, the gentleman from Rhode Island (Mr. CICILLINE), and I are sponsors of one of those bills, the CREATES Act. Our commonsense legislation would allow consumers to access cheaper generic drugs sooner, driving down costs and saving taxpayers money.

According to CBO estimates, our bill would save the American taxpayer \$3.9 billion over 10 years. This bill has the kind of bipartisan support to become law. However, instead of letting this body vote on our commonsense bill in standalone form, the Democratic leadership has tacked it on to this ObamaCare bill.

The CHAIR. The time of the gentleman has expired.

Mr. WALDEN. Mr. Chairman, I yield an additional 30 seconds to the gentleman from Wisconsin.

Mr. SENSENBRENNER. The ObamaCare bailout package has no chance of passing in the Senate. The majority leader just admitted that. This is a missed opportunity, and it is highly disappointing.

The American people want us to work in a bipartisan manner. The American people want us to accomplish things, and this is a poison pill that will make sure that this bill never sees the light of day in the Senate and will never become law.

When they take up this bill, I hope they strip out all the ObamaCare bailout—free of poison pills—and pass the bipartisan drug pricing bills so the House will be able to reconsider them in a more bipartisan fashion.

Mr. WALDEN. Mr. Chairman, I yield myself such time as I may consume to reinforce what the gentleman from Wisconsin said.

This is from The Washington Post: “The Health 202: Democrats Are Putting a Political Pothole in the Way of Bipartisan Drug Pricing Bills.”

That is all you need to know. It didn't have to be this way. These bills came out of the committee individually. The Democratic leadership put them together knowing full well they could put a poison pill into a drug reform bill and delay consumers' ability to get more affordable drugs sooner, because this legislation could move through the Senate and down to the President much more quickly if it didn't have these provisions.

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

Mr. PALLONE. Mr. Chairman, I yield 1 minute to the gentlewoman from California (Ms. MATSUI).

Ms. MATSUI. Mr. Chairman, I rise today as a proud cosponsor of H.R. 987,

legislation that advances Democrats' commitment to rein in the soaring costs of healthcare for consumers.

I am pleased that we are taking important steps forward to address an issue I hear from constituents almost daily: the rising cost of prescription medicines. Just recently, I heard from Mary, who is living with a lifelong chronic condition. The cost of her medication has skyrocketed in recent years to the point that it has forced her to cancel prescriptions and forgo treatment. This is really unacceptable.

The bills before us today represent an opportunity to make progress by allowing lower cost generic drugs to come to market sooner. Furthermore, these efforts aim to make healthcare more affordable for patients with preexisting conditions by reversing the Trump administration's relentless and ongoing sabotage of the ACA.

This is critical for people like Charis, a constituent in my district who fears that, without the ACA, she would have to hide her rare disease in order to get adequate medical care. No patient should have to live with such a worry.

I am pleased to be able to support these patient protections on the floor today, and I remain committed to keeping the pressure on tackling prescription drug and insurance costs and working to defend Americans' rights to quality and affordable healthcare.

Mr. WALDEN. Mr. Chairman, I reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, I yield 1½ minutes to the gentleman from Vermont (Mr. WELCH).

Mr. WELCH. Mr. Chairman, this legislation is going to help make healthcare more affordable and more accessible.

There are two things:

One, we finally are attacking the explosion in the cost of prescription drugs, and I thank my Republican colleagues for participating in that effort.

In Vermont, we just had a 16 percent rate increase for requests from Blue Cross Blue Shield, and 9 percent of that is attributable to the increase in pharma costs. This is happening because pharma has been ripping us off for far too long.

This bill does two things: One, it ends their abusive, outrageous practice of paying generic companies to delay bringing their lower cost drug to the market. There is no excuse for that. This bill ends it. The second thing it does is deny pharma the opportunity to withhold samples so that generic companies can come up with a competitive product. That is tremendous, it is overdue, and it is just the beginning.

Second, this makes healthcare more accessible by funding navigators. My colleagues disregard that, but, in fact, navigators help people make the complicated decision about what is the best healthcare plan for them.

It also provides money for outreach. We want folks to know what is available for them, make the best choice, and have the security of healthcare.

Finally, there will be protection for the auto enrollment program. Everybody is busy. If the default position is you are back in the plan you had, that is good. There is security in that. People can make options to get out or to change their plan. We want them to shop. This makes healthcare affordable and more accessible.

Mr. WALDEN. Mr. Chairman, I yield myself such time as I may consume to thank the gentleman from Vermont for not only his comments here on the floor, but his comments publicly about what we agree with, which is these issues should have remained separate and not lumped together.

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

Mr. PALLONE. Mr. Chairman, I yield 1½ minutes to the gentlewoman from Florida (Ms. CASTOR).

Ms. CASTOR of Florida. Mr. Chairman, Democrats are doing everything that we can to lower the cost of healthcare and prescription drugs, so I strongly support the act that is on the floor today. It contains two bills that I authored.

First is H.R. 1010, which prohibits the expansion of these junk insurance plans. Junk insurance plans are the ones that do not cover preexisting conditions. You can often be tricked into buying one of these plans and find out it doesn't even cover the trip to the hospital.

In fact, I asked Secretary Azar, in committee, about this. I asked him: You are aware that these junk plans do not cover preexisting conditions?

He said: That is correct.

The bill also contains another section that I authored, the ENROLL Act, to restore funds to our independent navigators who are helping American families choose the right health insurance options for them. Agents and brokers are important, but they are no substitute for independent navigators who are trusted in the community.

We have got to pass these bills today to lower healthcare costs for families all across the country and lower prescription drug costs. I am very proud to have authored two portions of this.

Let's not let them expand these junk plans and leave you on the hook. Let's make sure that families have the independent advice that they need to choose what makes the most sense for them.

Mr. WALDEN. Mr. Chairman, I will say that the State of Florida actually allows State-regulated plans to go up to 364 days to give Floridians an opportunity to have choice. When it comes to association health plans that allow small businesses like I used to own to get together and offer more affordable health insurance, they put a gag order on so that you can't tell America's patients they might have that option.

So, Mr. Chairman, I don't know that I would fully trust all these navigators. According to The Wall Street Journal, one grantee took in \$200,000 of your tax dollars and enrolled one person. The



top 10 most expensive navigators collected \$2.77 million to sign up 314 people. If you put that \$2.77 million into our community health centers, as the Republicans would prefer, to spend that money, then you would cover 20,000 patients, according to one estimate.

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

Mr. PALLONE. Mr. Chairman, I yield 1½ minutes to the gentleman from Oregon (Mr. SCHRADER), who is the sponsor of the BLOCKING Act, one of the generic competition bills.

Mr. SCHRADER. Mr. Chairman, I rise today in favor of the package of bills before us that includes efforts to stabilize the marketplace and address drug prices, a win-win for America. I am particularly proud to rise in support of one bill in the package, my bill, cosponsored with my good friend from Georgia, Buddy Carter, H.R. 938, the BLOCKING Act.

As we are all too well aware, the rising cost of drug prices is deeply impacting every American. At the same time, addressing this issue does not have one big silver bullet solution. The BLOCKING Act is one of many that will address this larger problem. It takes action to ensure that generic drugs reach the market as quickly as possible.

Generic drugs save patients tens of billions of dollars every year. The more competition we have in the generic space, the more savings we see. It is with that knowledge that we provide generic manufacturers that incentive of 180 days of exclusivity.

Unfortunately, in the current system, some generic manufacturers delay bringing their drugs to market by parking their applications, once being awarded the exclusivity, and not actually bringing their drug to market. Doing so does not allow others to come to the market and extends their hold, to the disadvantage of the American consumer.

That being said, a solution is quite simple. We need to prevent loopholes that decrease competition and inadvertently keep drug prices high.

I remain committed to working to lower drug prices and urge others to support passage of this package of bills that will assist in addressing this critical issue for America.

Mr. WALDEN. Mr. Chairman, my friend from Oregon is right on the drug pieces, and like other Democrats I know, there are a lot of people who think that we should keep these bills separately and they would zoom on through here, but not package them up the way they are.

Mr. Chairman, I yield 2 minutes to the gentlewoman from Washington State (Mrs. RODGERS).

Mrs. RODGERS of Washington. Mr. Chairman, I thank our Republican lead on the Energy and Commerce Committee for yielding. I appreciate the gentleman's leadership on this important issue.

Mr. Chairman, I rise today to voice my support for true bipartisan efforts to reduce prescription drug costs. Seniors, patients, and families in my district and all across America are counting on us so that they can afford their medication and have the certainty that they need.

On the Energy and Commerce Committee, we have led. Republicans and Democrats on our committee have been working together on provisions to bring generic drugs to the market faster by incentivizing more competition among generic manufacturers.

We recently passed three drug-pricing bills with overwhelming, bipartisan support. These are three solutions that President Trump stands ready to sign, and we should send them to his desk.

This is an opportunity to build on the bipartisan work from the last Congress to lower drug costs and keep our promises to the American people. Remember, just last fall, President Trump signed our bipartisan bill to ban the gag clauses so patients can save on prescriptions and trust they are getting the best price.

Again, we should build on that work. That is what the people elected us to do; that is what they expect; and that is what they deserve.

□ 1330

So, what has changed, and where are we today?

The new majority—at the expense of patients, seniors, and families—is playing politics with lowering the costs of prescription drugs.

H.R. 987 includes our bipartisan bills, but my colleagues across the aisle have packaged them with very partisan bills to bail out ObamaCare.

These partisan proposals would restrict access to healthcare coverage and stop the administration's work to reduce wasteful spending on programs that aren't working.

The Washington Post called these poison bills a political pothole. We don't need any more political potholes. We need real reforms that the President will sign. This is a ploy, and it is just the latest.

The Energy and Commerce Committee has historically been the most bipartisan committee in the House, putting more bipartisan legislation on the President's desk than any other.

I am disappointed that we have found ourselves here.

Mr. PALLONE. Mr. Chairman, I yield 1½ minutes to the gentlewoman from New Hampshire (Ms. KUSTER), who is the sponsor of our Protecting Americans With Preexisting Conditions Act that we passed last week.

Ms. KUSTER of New Hampshire. Mr. Chair, I thank Chairman PALLONE for yielding and for his guidance and leadership on the Energy and Commerce Committee as we advance critical legislation this week to stabilize the Affordable Care Act and drive down prescription drug costs for all Americans.

Mr. Chair, I rise today in support of H.R. 987, the Strengthening Health

Care and Lowering Prescription Drug Costs Act. I rise hand in hand with Granite Staters and all Americans who have been denied care or have been charged more for care because of preexisting conditions.

Asthma, allergies, Alzheimer's, cancer, diabetes—you can go right through the alphabet—having a child, these are preexisting conditions. And I believe people should not suffer more when they are at their most vulnerable. Patients should not be discriminated against or treated unfairly when they need help the most.

I am committed to reversing the Trump administration's continuous, unrelenting sabotage of the Affordable Care Act that allows and encourages junk health plans.

H.R. 987 invests in access to quality care while lowering prescription drug prices. It ensures that generics can come to market as soon as possible so that seniors are not skipping the medication they need because they cannot afford it.

I support this legislation because it puts patients first. I thank Representative LISA BLUNT ROCHESTER for her leadership on this bill, and I encourage my colleagues to vote "yes" on H.R. 987.

Mr. WALDEN. Mr. Chairman, at this point I would reserve the balance of my time to close.

Mr. PALLONE. Mr. Chairman, I yield 1 minute to the gentlewoman from California (Ms. PELOSI), our dynamic leader, our Speaker.

Ms. PELOSI. Mr. Chair, congratulations. What a joy to see the gentleman in the chair. I thank Chairman PALLONE for his extraordinary leadership as chair of the Energy and Commerce Committee and Congresswoman ANNA ESHOO, chair of the Health Subcommittee. I thank them so much for all their hard work to bring us to this series of bills today, in addition to the bills of last week.

I commend our colleague who just spoke, ANN KUSTER, for her important legislation to preserve the benefit of preexisting conditions not being a barrier to access to care and insurance, and also to LISA BLUNT ROCHESTER for her leadership on the legislation before us today to lower the cost of prescription drugs.

Mr. Chairman and colleagues, on Sunday we marked Mother's Day, a special tribute to our mothers and also a somber reminder of the days when being a mother—when being a woman—was a preexisting medical condition. As a mother of five, I can speak from some experience as to what an obstacle that could be to access to insurance.

Last week, we took action to block the administration's cynical efforts to drag our country back to the dark days of discrimination in healthcare coverage by passing the Protecting Americans With Preexisting Conditions Act.

Again, I salute Congresswoman KUSTER for her leadership on this, and also our chairman.

This is not a fight about legislation that we are gathered about here today. This is about a fight for our lives, the lives of many people affected.

I want to take the opportunity to salute a hero, a hero who testified last week on healthcare at the Rules Committee, Mr. Ady Barkan.

Ady Barkan is a hero to us. He is a man who suffers from ALS, but, in speaking out for better healthcare, with courage, he testified before the committee 2 weeks ago.

Ady said: I was healthy a year ago. I was running on the beach. I am 33 years old. I have an 18-month-old son, Carl. And, out of nowhere, I was diagnosed with ALS, which, as you know, has a life expectancy of 3 to 4 years. No treatment, no cure.

Like so many others, Rachael—that is his wife—and I have had to fight with our insurers, which has issued outrageous denials instead of covering the benefits we paid for.

We have so little time left together, yet our system forces us to waste it dealing with bills and bureaucracy.

That is why I am here today urging you to build a more rational, fair, efficient, and effective system.

That was Ady testifying 2 weeks ago. Since then, Ady lost his grandmother, Dina Abramov, and our sympathy goes out to him. Our congratulations to her for having such a magnificent and courageous grandson.

But Ady has been here so many times with our Little Lobbyists who have preexisting conditions, with many of the communities that represent people with diagnoses that need prescription drugs and cannot afford them.

So, in the coming weeks and months, Democrats will continue our action to strengthen health protections for people like Ady, the Little Lobbyists, and others, because this is life or death. It certainly is quality of life.

And now, our Democratic House, today, is proud to pass the Strengthening Healthcare and Lowering Prescription Drug Costs Act, with Congresswoman BLUNT ROCHESTER.

With this legislation, we are further reducing the price of prescription drugs by promoting competition with generics and reversing the Republican sabotage that we have seen.

Mr. Chair, when we passed the Affordable Care Act, it was absolutely necessary that we do so. Even if everyone in our country approved and loved their insurer and was happy with their healthcare—which was not the case, but even if they did—it was essential that we pass the Affordable Care Act because we could not sustain the costs of healthcare in our country at the time: the cost to an individual; to a family; to a small business; to corporate America, who was paying a big part of the bill; and to the public sector, was a tremendous burden.

With the Affordable Care Act, we were able to lower the rate of increase of healthcare costs in our country.

But one sector, one segment of the healthcare arena that we did not con-

quer was the cost of prescription drugs, which continues to contribute to the increase of healthcare costs in our country.

That is the main reason healthcare costs rise: the cost of prescription drugs.

So, I salute the chairman and the committee and ANNA ESHOO, chair of the subcommittee, and our distinguished chairman of the full committee for his legislation today which helps to lower the cost of prescription drugs to people, to individuals, to families, to everyone who has a part in funding the good health of the American people.

This is really essential. And it is a fight. And it is a fight, but we are taking it one piece at a time.

The reason it had to be combined with other bills is so that it could be paid for. Our Republicans salute the first part of the bill where we encourage competition among generics and this, that, and the other, but want to walk away from the part of the bill that is essential for paying for the legislation.

So, we want to be very, very responsible in all of this.

One of our colleagues on the floor earlier said that this bill was going to go die in hell or someplace. I don't know where. Actually, the distinguished—well, not so in this case, but the Republican leader of the Senate has said that he is the grim reaper and all these bills will die, designating the Senate a graveyard for legislation that would help the good health of the American people, lower costs for them, improve their lives. But he talked about everything that we passed here.

I have some news for the distinguished leader in the Senate, the Republican leader, Mr. MCCONNELL. The support for this legislation, these bills, is alive and well among the American people, and he will be hearing from them, because this legislation, these bills, are a matter of life and death and, certainly, quality of life for America's working families.

So we will never limit the aspirations and meeting the needs of the American people to what might be legislatively acceptable in the mind of a person in the United States Senate, but we will recognize our responsibility to not only pass the boldest common denominator, but to do so in a way that honors what President Lincoln told us: Public sentiment is everything. With public sentiment, you can pass almost anything; without it, practically nothing.

But, in order for the public sentiment to weigh in, the public has to know. And passing legislation of this kind is a strong message. And our advocates, whether it is the Little Lobbyists; whether it is those who are affected by so many aspects that the Republican leadership is out to sabotage, that the Trump administration is out to sabotage, whether in the Congress or in the courts—well, we will take it to the court, as we are in the Supreme Court.

We will fight them in the Supreme Court, but we will also fight them in the court of public opinion. This is very, very important to, not only the health, but also the financial well-being of America's working families.

So, I salute the chairman for this legislation, and I urge everyone to vote for it. And I know that there is bipartisan support for some parts of the bill. I hope that will apply to all of it so that it really can work.

Mr. WALDEN. Mr. Chairman, may I inquire as to how much time remains on each side, please.

The CHAIR. The gentleman from Oregon has 2 minutes remaining. The gentleman from New Jersey has 1½ minutes remaining.

Mr. WALDEN. Mr. Chair, I reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, I yield 1½ minutes to the gentlewoman from California (Ms. BARRAGÁN).

Ms. BARRAGÁN. Mr. Chair, I rise today on behalf of the millions of Americans who are struggling to afford their lifesaving medications. Every day, millions face the tough decision of having to pay for their prescriptions or other basic costs of living like groceries and rent, Americans like Victoria Stuessel from Los Angeles, a mother of three who was just diagnosed with MS.

Because of the high cost of her medications which she uses to delay the progress of her disease, she was forced to skip doses. But this is just one of many stories of people like Victoria who ration their care or stop taking their medication altogether.

Not only is this dangerous, but it could result in death.

The Strengthening Healthcare and Lowering Prescription Drug Costs Act is the first step to stop the rigging of the system so there is no delay to get generics to consumers faster.

That will increase competition, and it will keep drug prices down for consumers.

While there is still much more work that needs to be done to drive down the price of prescription drugs, this bill is a strong first step in ensuring that all Americans can afford the medication they need.

Let's pass this bill and move forward in helping consumers.

Mr. WALDEN. Mr. Chair, I continue to reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, I yield 1½ minutes to the gentlewoman from Delaware (Ms. BLUNT ROCHESTER).

□ 1345

Ms. BLUNT ROCHESTER. Mr. Chairman, I thank Chairman PALLONE for yielding and for his leadership.

Mr. Chairman, I rise in strong support of H.R. 987, the Strengthening Health Care and Lowering Prescription Drug Costs Act. This legislative package is comprised of commonsense proposals that will advance important gains made by the Affordable Care Act and further improve our healthcare

system by, one, lowering the cost of prescription drug prices and, two, increasing access to care.

Included in this package is my bill, the MORE Health Education Act, which will restore funding to the Affordable Care Act's marketing and outreach programs and, according to the CBO, help an additional 5 million Americans get health coverage.

Educating Americans about when they can enroll and what their options are gets more people covered, creates a better risk pool, brings down some of the cost of high premiums, and gets us one step closer to stabilizing the individual marketplace.

ACA outreach not only boosts enrollment, but is also cost effective. The private sector spends between \$250 and \$1,000 per enrollment; however, it costs the government just \$29 to enroll someone in the individual marketplace using TV ads—\$29.

The goal of affordable, accessible, and high-quality healthcare is not a D or an R, it is an A for American.

I urge my colleagues to vote "yes" on this bill.

Mr. WALDEN. Mr. Chair, I continue to reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, I yield 1½ minutes to the gentleman from Texas (Mr. DOGGETT), who chairs the Ways and Means Health Subcommittee.

Mr. DOGGETT. Mr. Chairman, I am here to wade through the pool of crocodile tears being shed by Republicans who, for eight long years, have done nothing meaningful to address prescription price gouging.

This bill provides some protection from anticompetitive pharmaceutical practices. And while it fails to lower drug prices immediately as we need, it offers great hope for the future. Key provisions are substantially the same as legislation I have introduced twice before.

Big Pharma depends on monopoly power to spike prices. Taxpayers finance much of the drug development; then the government grants a monopoly and, too often, that patent monopoly is extended wrongfully by buying off the competition in what are called pay-for-delay contracts.

Big Pharma claims that it has to price-gouge in order to solve and provide cures for the future. What it is really innovative about is not cures, but maintaining its monopoly position.

Today's modest action is very important, but it will not fulfill our Democratic promise to deliver on lowering drug costs until we use the full power of the Federal Government, its purchasing power, to directly negotiate drug prices, much the way that the Veterans Administration gets lower prices for our veterans.

Big Pharma will not yield its monopoly prices willingly. It will take more than a cry of, "Kumbaya." It will take enough Members here with the intestinal fortitude to stand up to one of the most powerful lobbies in America and provide genuine relief.

Let's do that.

Mr. WALDEN. Mr. Chairman, I continue to reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, I yield 1 minute to the gentleman from New Jersey (Mr. KIM), who is the sponsor of the legislation that encourages State exchanges.

Mr. KIM. Mr. Chairman, I rise today in support of taking action to lower healthcare and prescription drug costs.

In each of my townhalls, I heard from my neighbors that they are tired of the politics; they can't afford the partisanship; and they need Congress to be the adults in the room and to act now. I am proud that my bill, the SAVE Act, has been incorporated into the bill that we will be voting on today.

The SAVE Act came from a conversation, a single conversation, as I reached across the aisle to Congressman BRIAN FITZPATRICK, put aside our parties, and worked together to help the people we wake up every day committed to serve.

Congress needs more conversations like that. Congress needs bold action like the one we will be taking today. I call on our colleagues in the House to recognize that our neighbors need healthcare relief, and I call on our colleagues in the Senate to recognize that our neighbors cannot wait for that relief to come.

This is our moment to act to lower healthcare costs. This is our moment to get something done for the American people.

Mr. WALDEN. Mr. Chairman, I yield 1½ minutes to the gentleman from Georgia (Mr. AUSTIN SCOTT).

Mr. AUSTIN SCOTT of Georgia. Mr. Chairman, as I have listened, again, I want to point out the same thing I pointed out the other day, that they act as if you go to the doctor and the doctor says you have a dreaded disease, that you can go out the next day and get an insurance contract. That is simply not true.

Affordable Care Act contracts are not available until January 1 of next year. You can sign up for them starting in November, but you will not have coverage until the first of next year.

And if you think healthcare was expensive and insurance was expensive before the Affordable Care Act, you sure ought to look at it now, because it is significantly more.

I just want to point out that there is a lot of good stuff in this legislation, there really is. I commend both the Democrats and the Republicans on the committee for the work that is done to help the American citizens on the prescription drug issue.

But as a Representative who has 24 counties, in over half the counties that I represent, they have only one insurance carrier—only one insurance carrier. I can tell you these skinny plans are important. If you lose your coverage, where we live, it is, in many cases, the only thing that is available to you.

Is it what people want to have? Is it what we want people to have? I would tell you, no, it is not, but it is sure better than nothing.

So I hope that, as things move forward, we will be able to get some things done on the prescription drugs.

But again, 24 counties that I represent, half of them only have one insurance option. Those insurance carriers, exempt from the antitrust laws of the country—that is the way they wrote the Affordable Care Act. They left them exempt from the antitrust laws of the country.

Mr. PALLONE. Mr. Chairman, I yield 1 minute to the gentlewoman from Minnesota (Mrs. CRAIG).

Mrs. CRAIG. Mr. Chairman, I join my colleagues today in strong support of the Strengthening Health Care and Lowering Prescription Drug Costs Act.

Healthcare is the number one issue I hear about from the families that I represent, and we must do the right thing for the American people and finally focus on lowering the cost of healthcare.

As a child, in my own family, we struggled at times to afford health insurance. I know directly that, if healthcare isn't affordable, it isn't accessible. That is why I have cosponsored bills in this package to lower prescription drug costs and stabilize the Affordable Care Act.

It is unacceptable that 29 percent of Americans ration lifesaving medicine because they cannot keep up with the cost. We need to stop brand-name drug companies from keeping affordable generic alternatives from the market and support efforts to develop lower cost options for families. These efforts have bipartisan support, and I am proud to support them.

Mr. WALDEN. Mr. Chairman, may I inquire again about the amount of time on each side.

The CHAIR. The gentleman from Oregon has 30 seconds remaining. The gentleman from New Jersey has 5 minutes remaining.

Mr. WALDEN. Mr. Chair, I reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, I yield 1 minute to the gentleman from Colorado (Mr. NEGUSE).

Mr. NEGUSE. Mr. Chairman, across the State of Colorado and across my district, the cost of healthcare is an urgent concern to so many of my constituents. That is why I am proud to support the legislation championed by our chairman today.

Today's legislation will provide much-needed reforms to lower the cost of healthcare, protect people with pre-existing conditions, and lower the cost of prescription drugs—and these reforms are urgently needed.

We know for a fact that American consumers pay far more for prescription drugs than it costs to manufacture them. In Colorado, over half a million people each year don't fill a prescription because of the cost—half a million people. The burden has led to heart-breaking stories across my State and

across the Nation of individuals forced to choose between feeding their loved ones and taking life-sustaining medications.

Today's legislation will provide much-needed reforms, will lower prescription drug costs by ending the tactics used by so many drug manufacturers to keep less expensive drugs off the market, and will bring generics to market faster.

I urge passage of the provisions on the floor today to ensure that no American has to skip doses of life-saving medication because of the cost and no American goes bankrupt paying for their healthcare.

I thank the chairman again for his leadership in championing this legislation.

Mr. WALDEN. Mr. Chair, I continue to reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, I yield 2 minutes to the gentleman from New York (Mr. JEFFRIES), the Democratic Caucus chair.

Mr. JEFFRIES. Mr. Chairman, I thank the distinguished chair for his leadership on this critically important issue.

The reckless and reprehensible Republican assault on healthcare is unacceptable, unconscionable, and unacceptable.

This administration wants to take away healthcare protection from tens of millions of Americans.

This administration wants to impose an age tax on people between 50 and 64, which will dramatically increase premiums, copays, and deductibles.

This administration wants to take away protections for those with preexisting conditions, adversely impacting more than 100 million Americans.

Here is the Democratic response: Keep your hands off of the healthcare of everyday Americans.

Our legislation will strengthen the Affordable Care Act, protect people with preexisting conditions, lower healthcare costs, and drive down the high costs of lifesaving prescription drugs because Democrats believe that, in this great country, no American should ever have to choose between putting food on the table, paying the rent, or getting access to lifesaving medication. We believe that healthcare is a right; it is not a privilege. We are not going backward; we are just going to move forward.

This is the wealthiest country in the history of the world. Every single American should have access to high-quality and affordable healthcare, and we are taking a substantial step in that direction today.

I thank the chair and the tremendous members of the relevant committees for their great work.

Mr. Chairman, I urge a "yes" vote.

Mr. WALDEN. Mr. Chairman, I continue to reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, I think I am prepared to close, but I just want to ask about the time on each side once more.

The CHAIR. The gentleman from New Jersey has 2 minutes remaining. The gentleman from Oregon has 30 seconds remaining.

Mr. WALDEN. Mr. Chairman, I yield myself the balance of my time, as I have no other speakers.

I would just like to point out, make clear for the RECORD and for all our colleagues, Republicans supported and worked closely with our Democratic colleagues on the drug reform bills here to get lower cost prescriptions and more generics into the market sooner. There is no light between our shoulders on those issues.

If those bills were brought here independently as they came out of committee independently, they would be headed to the Senate and likely to the President, and we would be moving forward. But, instead, Democrats merged in bills they know Republicans oppose.

When it comes to navigators, the actual number is \$767 per individual the navigators signed up; agents and brokers cost \$240 per enrollee. Mr. Chairman, we would rather take that money and put it into community health centers. That would take care of 20,000 patients, just at \$2.7 million.

Mr. Chairman, I urge opposition to the bill, and I yield back the balance of my time.

□ 1400

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

Mr. Chair, I want to acknowledge the many Members who wanted to lend their strong support to this legislation but were unable to add themselves as cosponsors due to this package being combined for floor consideration as part of the Rules Committee proceedings. Those Members include the sponsors of the individual bills incorporated into this package, as well as Members like Representative SHEILA JACKSON LEE who strongly support our efforts to make healthcare more accessible and affordable.

Let me say, Mr. Chairman, in closing, as Democrats, we promised, and we will fulfill the promise, that we are going to make healthcare more affordable, that we are going to bring down the costs of prescription drugs, that we are going to make sure people who have preexisting conditions are protected, and that we are offering robust, comprehensive plans with all the essential benefits as part of the package.

That is what this bill is about. That is what the bill last week was about as well, guaranteeing that if you have a preexisting condition, you will get affordable health coverage, and saying that in the case of prescription drugs, 90 percent of prescription drugs now have or could have a generic alternative to bring down costs.

They bring them down considerably, but the brand-name drug companies have conspired, in many cases, to make it more difficult for generics to come to market and delayed them coming to market. That drives up the costs of prescription drugs.

We have watched this Trump administration sabotage the Affordable Care Act and put out junk plans so people don't have comprehensive coverage and people with preexisting conditions have trouble finding affordable coverage. They have made it more difficult for people to even know what to buy in the marketplace by cutting back on navigators and the outreach that makes people aware. They have also made it so that many people, unfortunately, don't even have options.

We are going to do whatever we can. Republicans may like some bills, and they may not like others, but we are going to move forward with a package today and also in the future on whatever we can to make premiums more affordable and to bring down drug prices.

Mr. Chair, I urge support for these bills for those reasons, and I yield back the balance of my time.

The CHAIR. The gentleman from Virginia (Mr. SCOTT) and the gentlewoman from North Carolina (Ms. FOXX) each will control 15 minutes.

Mr. SCOTT of Virginia. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, I rise today in support of this bill to improve access to quality health coverage, protect the Affordable Care Act, and cut prescription drug costs for consumers.

Unfortunately, Mr. Chairman, the administration has consistently undermined quality, affordable coverage that Americans have come to expect. House Republicans actually passed a bill last year that CBO concluded would provide coverage for over 20 million fewer people, would increase premiums 20 percent the first year, would cover less, and would jeopardize protections for those with preexisting conditions.

We can do better.

Mr. Chairman, I want to speak on one important provision of H.R. 987 that reverses the administration's attempt to proliferate junk insurance plans.

Mr. Chairman, for healthier, younger Americans, short-term junk plans may sound like a good idea. Unfortunately, those policies will fail to cover essential benefits and will lack consumer protections. They may not provide decent coverage for when they get sick.

The major problem with the proliferation of junk plans is the fact that they allow insurance companies to sell plans to healthy people only, meaning that everybody else would be in an insurance pool that is sicker than they are today. While a privileged few may pay less, everybody else will pay more.

In fact, one study showed that the combination of all these junk plans and lack of mandates and other sabotage of the Affordable Care Act could result in thousands of dollars more for everybody else to pay.

These plans will raise costs for most Americans, and that is a step in the wrong direction.

Mr. Chairman, we should be reducing the cost of insurance for most Americans, not increasing the cost.

Mr. Chair, this bill will prevent the administration from going in the wrong direction, so I urge my colleagues to support H.R. 987.

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

Ms. FOXX of North Carolina. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, I rise as leader of the Republicans on the committee of jurisdiction over employer-sponsored healthcare, the House Committee on Education and Labor.

We have a vital stake in this debate because that is how most Americans get their healthcare, through their employer. Our focus should be on improving those options. Instead, we are here so our Democratic colleagues can grind an ax against the few remaining healthcare options they don't get to control.

Among its many choice-eliminating, freedom-limiting provisions, this legislation would eliminate short-term, limited-duration insurance plans. These plans are an obvious potential solution for millions of Americans, working or not, who may find themselves between jobs or unable to afford rising premiums in the already expensive individual market.

If any of my colleagues on the other side of the aisle claim to be champions for hardworking Americans or the unemployed, their support for this provision is proof that those claims are empty.

It is worth noting for the RECORD that short-term, limited-duration plans were legal under the Obama administration and that States still have the authority to regulate these plans both under the Obama administration and under the current rules. If States choose to limit or prohibit the sale of these plans, they are free to do so.

By considering this bill, House Democrats are once again defaulting to their standard uncreative, blind support for one-size-fits-all Federal mandates instead of respecting the judgment of State lawmakers and authorities, as well as individuals, to act in their States' and their own best interests.

Republicans on the Education and Labor Committee have been and remain fully dedicated to protecting Americans with preexisting conditions and unleashing new customizable, affordable, workable healthcare options that take into account the changing needs of all Americans at all stages of life.

The bill before the House today will not lower drug prices, will not protect anyone from surprise billings, will not lower premiums, will not cut any out-of-pocket costs, and will not provide one cent of tax relief.

Its failure to achieve any of those objectives makes it simply unacceptable for us as Republicans.

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

Mr. SCOTT of Virginia. Mr. Chairman, I yield 2 minutes to the gentleman from Pennsylvania (Ms. WILD).

Ms. WILD. Mr. Chairman, I thank Mr. SCOTT for yielding.

Mr. Chair, I rise in support of H.R. 987. I am proud that we are about to follow through on key campaign promises: lowering drug costs by removing barriers to generic drugs coming to market, reversing the sabotage of the ACA, and rescinding the administration's rule to expand junk plans.

As we all know, Congress sometimes engages in hyperbole, but this is not hyperbole: These plans are truly junk. They are not required to include essential benefit coverage requirements of the ACA. They can deny consumers coverage or charge more based on age, gender, or health status. They come with no guarantees for basic benefits like maternity care, mental healthcare, prescription drug coverage, and other preventive services. They are not subject to the out-of-pocket limitations of the ACA that are designed specifically to protect consumers.

I know a bit about these junk plans because I spent time over Mother's Day weekend desperately helping my 26-year-old son find insurance coverage. In March, he turned 26 and found himself uninsured. He is in a sandwich situation between his 26th birthday and when he will again become eligible for employer-provided healthcare.

Only because I have read countless insurance policies over the years of my legal career did my son avoid the trap of paying \$6,000 for a policy that would afford him almost no coverage with a \$10,000 deductible. That deductible would have applied even to his prescription drugs, of which he needs one.

Just as important, my son is exactly the kind of person we need in the marketplace.

Let's encourage robust participation in marketplace plans, which was the intent of the Affordable Care Act. These junk plans lure young, healthy people away from the ACA pool of plans, resulting in more expensive premiums for the rest of Americans.

Let's pass this bill.

Ms. FOXX of North Carolina. Mr. Chairman, I yield 3 minutes to the gentleman from Virginia (Mr. CLINE).

Mr. CLINE. Mr. Chairman, well, here we go again, another bait and switch by the Democrats.

We have a great bill, the CREATES Act, that allows consumers to access cheaper generic drugs, driving down costs, saving Americans \$3.9 billion over 10 years.

What have they done with it? They have stuck in poison pills designed to take choice away from Americans when it comes to their health insurance plans.

As lawmakers, we owe it to Americans to protect their rights to make their own decisions, particularly as it relates to healthcare. The fact that we are here debating even further reducing these options available to Americans

proves that we are not keeping up our end of the bargain.

ObamaCare created a healthcare paradigm that aimed to take away options from Americans and give that authority to the government. As a result, premiums are skyrocketing, with the highest in the country being in my home State of Virginia.

President Trump, thankfully, has stepped in to allow flexible, short-term, limited-duration plans to help those in my district, where my constituents are pleading for more choices in health insurance. This administration is simply trying to give more options to Americans in this desert of choice.

We should be creating an environment that encourages more choices for individuals and families. This includes a more individualized market, particularly with regard to employer-sponsored health insurance.

It also means increasing pricing transparency at the point of sale to avoid surprise medical billing, which the President championed last week.

Finally, we should address consolidation in the healthcare system through increased enforcement from the FTC and the DOJ under the Sherman Antitrust Act.

This legislation is the height of arrogance. Government knows best, yet again. The American people know nothing about their own choices when it comes to health insurance.

To double down on ObamaCare and take away the few options that are left for constituents, and giving those choices to those who caused this failure in the first place, the Federal Government, is beyond offensive to American citizens.

Mr. Chair, I urge my colleagues to join me in rejecting this legislation. Reject this idea that government knows best, and stand up for affordable and accessible health insurance for all Americans.

Mr. SCOTT of Virginia. Mr. Chairman, I yield 1½ minutes to the gentleman from North Carolina (Ms. ADAMS).

Ms. ADAMS. Mr. Chairman, I thank the gentleman from Virginia for yielding and for his support on this issue.

Mr. Chair, I rise today in strong support of H.R. 987. We must reverse the administration's attempt to sabotage the Affordable Care Act.

Healthcare should not be a partisan issue. It doesn't matter if you are a Democrat, Republican, or unaffiliated. If you get sick, you need to see a doctor. Your body certainly doesn't make the distinction about what your politics are.

The ACA has given millions of Americans, including 500,000 in my home State of North Carolina, access to quality and affordable care. That is huge because people need healthcare.

No one should worry about losing access to quality, affordable health insurance because of a preexisting condition. We all have them.

Black women shouldn't have to worry about dying in childbirth because they don't have equal access to healthcare.

I am proud to support H.R. 987 to invest in quality healthcare for the American people, a healthcare system that works for everyone.

□ 1415

Ms. FOXX of North Carolina. Mr. Chairman, I yield 3 minutes to the gentleman from Tennessee (Mr. DAVID P. ROE), the distinguished ranking member of the Veterans Affairs' Committee.

Mr. DAVID P. ROE of Tennessee. Mr. Chairman, I rise today in opposition to H.R. 987, the Democrats' ObamaCare bailout act. This legislation includes three bipartisan bills that could help lower the cost of prescription drugs. Unfortunately, the majority has decided to package these positive bills with four bills that double down on trying to force ObamaCare on people who don't want it and can't afford it.

We are back on the floor again using valuable time to consider legislation that will not pass the Senate. Make no mistake: If House Democrats wanted to accomplish something, they could have put their three drug pricing bills on the floor by themselves today and they would have passed. Everyone needs to understand that.

Instead of working together to find ways to bring down the costs of healthcare, House Democrats are acting to eliminate affordable options that many folks across the country rely upon for covering their family's healthcare needs.

One provision in this bill would be to limit the availability of short-term limited duration plans to no more than 3 months. This change by President Obama went into effect January of 2017 and overturned 20 years of regulations that had been in place since Bill Clinton was in office, including the entirety of President Obama's administration.

These plans are for essential health benefits chosen by the individual consumer, not the Federal Government. We have different needs at different points in our life. Unfortunately, the ACA does not allow for plans to be sold as "compliant" unless they contain government approved what you need, not what you and your family decide what is in your best interest and can afford.

If my colleagues want to get rid of junk plans, they can start by working with us to get rid of ObamaCare.

In my district, while the individual mandate was in effect, there were 20,000 people who purchased their coverage through the exchange and about 15,000 who paid the penalty. Many of those people who paid the penalty were able to find a plan that was affordable through the Tennessee Farm Bureau or the Christian sharing ministries.

I have said it before and I will say it again: ObamaCare is a good deal for you if you get a subsidy, of which

about 90 percent do. But these subsidies hide the true cost of the care, and for people who don't receive a subsidy, it is unaffordable.

When the Education and Labor Committee marked up the short-term bill last month, I heard the argument that these short-term plans were too difficult to understand, that consumers don't know what they are getting.

This is offensive to me. This is saying, just because patients don't choose plans that Washington bureaucrats think are good for them, they don't have enough sense to figure it out on their own.

They do. I trust the American people. Why on earth when we do something using common sense and creating association health plans that allow small groups to get together—Washington State does that, hardly a conservative State. They have had AHPs for over 20 years, and they are working well.

If my friends across the aisle want to engage in a good faith effort to find solutions to high healthcare costs, I am all in, Mr. Chairman. I want to help. But the point is that people are finding ways outside of ObamaCare to best access coverage for their families.

The CBO initially said there would be 27 million people in the exchanges in 2019. That number is 8 million. Competition works.

I hope my colleagues oppose this legislation, and I am ready to work in a bipartisan way to solve these problems.

Ms. FOXX of North Carolina. Mr. Chairman, may I inquire as to the amount of time left.

The Acting CHAIR (Mr. SABLON). The gentleman from North Carolina has 6½ minutes remaining. The gentleman from Virginia has 10 minutes remaining.

Mr. SCOTT of Virginia. Mr. Chairman, I yield 2 minutes to the gentleman from Rhode Island (Mr. CICILLINE).

Mr. CICILLINE. Mr. Chairman, every day in kitchens and living rooms all across America, working men and women sit down and try to figure out how to pay for their prescription drugs. That is because 25 percent of the people in this country can't afford the medicine they have been prescribed.

Seniors are choosing between COPD and their the groceries. People with cancer are being forced to delay their treatment, cut pills in half, or even forgo treatment altogether. This is happening in the richest, most powerful nation in the history of the world. It is a disgrace.

If government is going to work for the people, then the people who serve in government need to end this crisis, and Democrats are committed to doing just that. We are taking on the big pharmaceutical companies and their lobbyists, and we are going to get the job done.

That is why I am proud that my legislation, the CREATES Act, is included in this legislative package. The CREATES Act will save taxpayers \$3.9 bil-

lion, according to the CBO, and bring down the cost of some prescription drugs by as much as 85 percent.

The CREATES Act does this by directly addressing the abusive delay tactics that big drug companies use to block or delay generic competitors from entering the market.

Over the past decade, some of the biggest drug companies have abused regulatory protocols so they can prevent the sale of affordable drugs. This lets them maintain their control of the marketplace, pull in monopoly profits, and keep their prices at inflated levels.

If it is signed into law, the CREATES Act will create a tailored path for generic drug competitors to obtain the samples that are necessary for regulatory approval of their lower cost formulations.

I am proud that this bill is not only backed by many of our colleagues, but it also has the support of a diverse coalition of healthcare providers, patient groups, and public interest organizations, including AARP and Public Citizen. And I am proud it is included in this package today.

The majority leader in the Senate likes to describe himself as the grim reaper for Democratic legislative proposals. I hope that won't be the case here. He needs to put the interests of the American people ahead of his obsession with fighting Democrats every step of the way.

The CREATES Act and these other proposals that are contained in this package deserve an up-or-down vote in the United States Senate. The American people deserve relief from these outrageous prescription drug prices, and this legislation will achieve that.

Ms. FOXX of North Carolina. Mr. Chairman, I yield 3 minutes to the gentleman from Michigan (Mr. WALBERG), the distinguished Republican leader on the Subcommittee on Health, Employment, Labor and Pensions.

Mr. WALBERG. Mr. Chairman, I rise today in opposition to H.R. 987, and I truly lament the fact that the other side is once again, under their leadership's direction, trying to score political points instead of truly solving problems.

Republicans and Democrats agree on the need to tackle out-of-control prescription drug costs. It is an issue that touches all of our districts. People are struggling and in need of relief.

All of the names mentioned today, the illustrations, from the Speaker of the House on to my colleagues, names that were mentioned of people who are hurting and need relief from drug costs, are being let down by the Democrat leadership today.

Up until today, we have been working together on solutions. On the Energy and Commerce Committee on which I sit, as well, we passed three drug pricing bills with overwhelming bipartisan support: The CREATES Act, the Protecting Consumer Access to Generic Drugs Act, and the Bringing Low-cost Options and Competition while



Keeping Incentives for New Generics Act. These bills would foster greater competition and help bring generic drugs to market as soon as possible and at more affordable prices.

Once again, they all had bipartisan support. They were bills that were good bills.

Unfortunately, the Democrats turned this bipartisan issue into a political football by adding several partisan provisions to this bill package, and they let down everyone that they have talked about today who needs affordable prescription drugs. They are costly provisions that bail out failed ObamaCare programs and strip away affordable healthcare options for families.

The Democrats also rejected a number of commonsense amendments, including one I offered to protect expanded access to association health plans. These association health plans give more affordable options to workers and small businesses to purchase healthcare that fits their needs. We should be encouraging these options, not removing them.

But most of all, today should be a moment of bipartisanship, a moment of meaningful results. We had an opportunity to get something done today on behalf of our constituents who are struggling with skyrocketing costs of prescription drugs. Instead, politics got in the way and we missed that opportunity.

The American people deserve better than that, and I think most of us are better than that. We stand ready to work on lowering prescription drug costs.

I hope our colleagues on the other side of the aisle will talk to their leadership and put politics aside and join us in that effort. I believe we and they are better than that and that, by standing up to leadership that wants to make it political, if they do that, we can get this done. I stand ready to work.

I hate to do this, Mr. Chairman. I want to keep talking about this and get a solution, but my time is up.

Mr. SCOTT of Virginia. Mr. Chairman, I yield 1½ minutes to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Mr. Chairman, I am pleased to rise and support, enthusiastically, H.R. 987, the Strengthening Health Care and Lowering Prescription Drug Costs Act.

This omnibus bill combines three key bills to lower drug costs by promoting generic competition—long overdue—and four key bills to strengthen healthcare, reverse the GOP sabotage, and rescind the Trump administration's devastating junk plan rule.

I know full well what happens when individuals are impacted by junk plans, and they don't have the courage they need. I encourage my good friends on the other side of the aisle to drop politics and join with us to pass this legislation.

This omnibus bill invests most of the savings of \$13.8 billion created by its

cracking down on junk plans into strengthening healthcare, which will fund about 500,000 additional enrollees into non-group coverage and Medicaid.

Let me say to you, in 2017, due to the direct interference by the Trump administration, the number of uninsured people increased by 700,000, the first increase since implementation of the Affordable Care Act.

I know full well that Texas, which is the number one State in the number of uninsured, is experiencing the devastation of not having the expanded Medicaid and the Affordable Care Act at its fullest.

We had a roundtable discussion with people who experience diabetes. Insulin is going through the roof. These people are suffering. The average uninsured resident in my congressional district pays 23 times more for a form of insulin than people living in Australia, 15 times more than they would in the United Kingdom, and 13 times more than they would in Canada.

Let's protect those with preexisting conditions, and let's pass this bill to bring down these drugs and save the lives of our constituents.

Mr. Chair, I rise in strong support of H.R. 987, the Strengthening Health Care and Lowering Prescription Drug Cost Act.

This is an omnibus bill that includes the:

H.R. 938, The BLOCKING (Bringing Low-Cost Options and Competition While Keeping Incentives for New Generics) Act;

H.R. 1499, Protecting Consumer Access to Generic Drugs of 2019;

H.R. 965, The CREATES (Creating and Restoring Equal Access to Equivalent Samples) Act; and

H.R. 1010, Rescinding Trump Administration's Final Rule Promoting Junk Insurance Plans.

This omnibus bill invests most of the savings of \$13.8 billion created by its cracking down on junk plans into strengthening health care, which will fund about 500,000 additional enrollees in nongroup coverage and Medicaid.

Health care should be a fundamental right for all Americans.

This is why I introduced the Breath of Fresh Air Act, which establishes a Department of Education grant program to be used by local education agencies for the purchase of nebulizers for use in elementary and secondary schools and secured passage of Amendments to the Commerce Justice State spending bills that preserve and expand upon green spaces needed to reduce the worse symptoms of respiratory illnesses.

Each Congress I have secured adoption of amendments to Department of Defense Appropriations and Authorization Bills that increase funding for triple negative breast cancer research and treatment.

I am an original sponsor of H.R. 366, the Insulin Access for All Act of 2019, which addresses the extreme financial hardship most vulnerable Americans face and too many may face untimely deaths due to insulin rationing.

Last month, I held a forum in my Congressional district in Houston Texas that engaged physicians, patients, public health officials in a discussion about the high cost of insulin.

The Affordable Care Act (ACA) led to historic gains in health insurance coverage by ex-

tending Medicaid coverage to many low-income individuals and providing Marketplace subsidies for individuals below 400 percent of poverty.

The number of uninsured nonelderly Americans decreased from over 44 million in 2013, the year before major provisions of the ACA went into effect, to just below 27 million in 2016.

Unfortunately, the Trump Administration has been doing all that it can to undermine the ACA and deny deserving Americans access to affordable health insurance.

In 2017, due to direct interference by the Trump Administration the number of uninsured people increased by nearly 700,000 people, the first increase since implementation of the ACA.

One of the most difficult challenges are the hurdles to healthcare created by lack of health insurance and the expense of prescription medication.

In 2017, private health insurance coverage continued to be more prevalent than government coverage, at 67.2 percent and 37.7 percent, respectively.

Of the subtypes of health insurance coverage, employer-based insurance was the most common, covering 56 percent of the population for some or all of the calendar year, followed by Medicaid (19.3 percent), Medicare (17.2 percent), direct-purchase coverage (16.0 percent), and military coverage (4.8 percent).

Unfortunately, the state of Texas remains the state with the most uninsured persons at 17 percent because it refuses to accept federal Medicaid funding to cover the poorest residents of the state.

According to the Kaiser Family Foundation, one in four people taking prescription drugs report difficulty affording their medication.

In 2017, diabetes contributed to the death of 277,000 Americans—and was the primary cause of death for 85,000 of those individuals.

That same year diagnosed diabetes cost the United States an estimated \$327 billion—including \$237 billion in direct medical costs and \$90 billion in productivity losses.

Diabetes drugs, including insulin and oral medications that regulate blood sugar levels, play a critical role in helping people with diabetes manage their condition and reduce the risk of diabetes-related health complications.

After the Democrats took control of the House in January we got to work on a report on the high cost of insulin and we determined that the Americans with diabetes are in crisis.

Insulin—used by approximately 7.5 million Americans to treat their diabetes—was discovered nearly a century ago by Canadian researchers Frederick Banting, Charles Best, J.B. Collip, and J.J.R. Macleod, who assigned their patent to the University of Toronto with the goal of making the medication widely available.

The researchers charged \$3.00 to transfer ownership of insulin to the University of Toronto.

Even though analog insulin has been on the market for nearly 30 years, it has no meaningful generic competition.

Over the past two decades, manufacturers have systematically and dramatically raised the prices of their insulin products by more than tenfold—often in lockstep.

These prices dwarf manufacturing costs. One study found manufacturers could charge as little as \$7 to \$11 per month for insulin and still make a profit.



In recent years, the high prices of diabetes drugs have placed a tremendous strain on diabetes patients as well as the federal government, which provides diabetes medications to more than 43 million Medicare beneficiaries.

Reva Verma, is a type 1 diabetic who faces firsthand the struggles of managing diabetes in an era of skyrocketing insulin prices.

Diabetes is a life-threatening disease that disproportionately affects communities of color.

Diabetes is associated with serious health problems, including heart disease and stroke, kidney failure, and blindness.

There are 15,000 Medicare beneficiaries in the Eighteenth Congressional District who have been diagnosed with diabetes.

These individuals are my constituents and I know that on average, each of them pay 4.8 times the cost of similar medication in Australia, 3.6 times the cost in the United Kingdom, and 2.6 times the cost in Canada.

Additionally, in the Eighteenth Congressional District, there are 191,000 uninsured residents in this district and, because they lack insurance, they often pay significantly more than their insured counterpart, or any patient overseas.

The average uninsured resident in my congressional district pays 23 more times for a form of insulin than people living in Australia, 15 more times than they would in the United Kingdom, and 13 more times than they would in Canada.

The consequences of these staggering costs are not benign.

Many patients often speak of having to make heart-wrenching decisions about what to buy with the commonly fixed incomes attendant to seniors.

Many medical professionals indicate that the high prices for prescription drugs are a function of a lack of competition, and authorizing Medicare to create a program to negotiate drug prices may be an estimable way to lower the cost of prescription drugs.

All told this reflects a disturbing trend: in our country, the cost of branded drugs tends to go up, whereas in other countries, the costs tend to go down.

These high prices lead many people to ration or stop taking their medications, which can result in serious health complications and even death, as the Energy and Commerce Committee heard in direct testimony earlier this year.

The prices of diabetes medications—and insulin in particular—are far higher in the United States than they are overseas, in part because certain federal programs lack the authority to negotiate directly with drug manufacturers.

The Democratic majority came into office with a promise to the American people, to make sure that they had affordable and dependable healthcare.

Today, we are delivering on that promise, not just for persons with diabetes but for all Americans who have pre-existing conditions that require medication management.

Ms. FOXX of North Carolina. Mr. Chairman, I yield 3 minutes to the gentleman from Idaho (Mr. FULCHER).

Mr. FULCHER. Mr. Chair, I rise in opposition to H.R. 987, as well, for a number of reasons; but one in particular that has been raised already is the provision that it terminates the

short-term limited duration insurance provision.

Now, these are a good thing, and they have been good for Idaho. Idaho has been one of the States that has been leading on this front.

Mr. Chairman, before the Affordable Care Act, the average premium in our State was \$1,915. After the Affordable Care Act, that premium average went to \$5,267. And that is, from what I understand, not unlike what has happened in other States, because the young and the healthy left the plans. That left the older, less healthy who were remaining in those plans, and it has driven those costs up.

The younger and the more healthy have gone out of the plan altogether or they have joined a Medi-Share. But the point is that it has driven those numbers up significantly.

In my State, the legislature passed a 3-year provision for short-term plans, and it is good for everyone. If you are in between those jobs or if you are in between coverage for some reason or you need to maintain continuity among the plans, it allows for that.

Mr. Chairman, I have heard a couple of times these referred to as junk. If they were junk, there wouldn't be such demand for it. I would reframe that argument to say that junk would be better described to the system that has driven those prices up from \$1,915 to \$5,267. We want to draw that younger constituency into those plans. Everyone wins. We all win when that is the case.

Mr. Chairman, again, H.R. 987 strikes that provision, and for that reason, I will oppose it, and I ask my colleagues to do the same.

□ 1430

Mr. SCOTT of Virginia. Mr. Chairman, I yield 1½ minutes to the gentlewoman from New York (Ms. CLARKE).

Ms. CLARKE of New York. Mr. Chairman, I would like to, first of all, thank the gentlewoman from Delaware (Ms. BLUNT ROCHESTER) for introducing this very important legislation, and thank Chairman SCOTT for yielding me time and for his leadership and support in continuing to provide access to quality healthcare for working families.

As vice chair of the House Committee on Energy and Commerce, I am happy to stand with my colleagues on the Education and Labor Committee to urge my colleagues to support the Strengthening Healthcare and Lowering Prescription Drug Costs Act.

While H.R. 987 is not a panacea to the many challenges that we face in our Nation's healthcare delivery system, it is sound legislation that will reduce drug pricing and increase market competition to bring generic drugs to the market sooner.

It improves the lives of Americans by lowering the cost of premiums and out-of-pocket expenses and that presents real financial hardships to Americans who have to struggle with limited resources and ask themselves, Do I pay

for medication, or do I purchase food, or school fees, or transportation to and from work?

While my home State of New York has banned the sale of short-term health insurance plans, they are legal in other states and often do not provide a comprehensive level of healthcare insurance and coverage in the event of an emergency.

Mr. Chairman, let's do the right thing and enact legislation that will lower the skyrocketing cost of prescription drugs and give protections to the consumers of health insurance coverage, lifting the burden of access and affordability from the American people.

Ms. FOXX of North Carolina. Mr. Chairman, I reserve the balance of my time.

Mr. SCOTT of Virginia. Mr. Chairman, I yield 1½ minutes to the gentlewoman from Delaware (Ms. BLUNT ROCHESTER).

Ms. BLUNT ROCHESTER. Mr. Chairman, I thank the gentleman from Virginia (Mr. SCOTT), the chairman of the committee.

According to the Merriam-Webster Dictionary, "sabotage" is, an act or process intended to hurt or hamper.

I am a person who is really particular about words, and I have heard this word used a lot. And when I look at what has happened to the Affordable Care Act over the past few years, the administration has slashed the enrollment period, we scrubbed the ACA from government websites, we have cut in-person assistance, and eliminated almost all of the educational outreach for the open enrollment period.

All of the administration's actions were intended to deliberately damage the ACA and hamper American's access to affordable, quality healthcare.

I don't question people's motivations. I think we all want the same thing. We all want healthcare for Americans.

But this bill, H.R. 987, is intended to do two things. Number one, lower the cost of prescription drugs, and number two, strengthen this historic legislation, the ACA.

Today, we have an opportunity to reverse the administration's relentless sabotage of the healthcare system and lower prescription drug prices. And as I think about individuals in my State, I think about a woman who came to me crying because of the cost of her prescription drugs.

Every one of us in here wants to see something happen. Today, we have the opportunity to make that happen.

Mr. Chairman, I urge my colleagues to support H.R. 987.

Ms. FOXX of North Carolina. Mr. Chairman, I reserve the balance of my time.

Mr. SCOTT of Virginia. Mr. Chairman, I yield 2½ minutes to the gentlewoman from Florida (Ms. SHALALA).

Ms. SHALALA. Mr. Chairman, this amendment expresses the sense of Congress that the secretary should not do anything that prohibits State insurance commissioners from allowing for so-called silver loading.

Let me walk you through how we got to this point. Because while silver loading has worked to keep costs on the exchange lower for folks who get subsidies, it has only been used because the President was actively trying to kill the Affordable Care Act.

In 2017, the President decided to stop reimbursing health insurance companies for what are called cost-sharing reductions, or CSRs.

CSRs are payments that health insurance companies are required to make to help low- and moderate-income people afford healthcare.

Under the Affordable Care Act, the health insurance companies must help people that have more affordable, and, possibly, no co-pays or deductibles.

The Federal Government was supposed to reimburse insurance providers for making these payments; however, in October of 2017, the administration stopped making these payments.

This was a deliberate attempt to make health insurance on the exchange unaffordable, and undermine, weaken, and attack the Affordable Care Act.

In response to this, States let health insurance plans do what is now called silver loading. State insurance regulators, in a desperate and creative attempt to stabilize the insurance marketplaces, allowed insurance companies to bill the unpaid CSR costs into their silver plans on the exchange. This was a very creative attempt to stabilize the insurance market.

This wasn't the solution that anyone wanted, but it is a solution that has worked and has created some stability and predictability in the insurance market in the face of an administration that seeks chaos.

Because the tax credits are benchmarked to the silver plan, silver loading has meant that most who receive subsidies did not see an increase in their health insurance premiums.

In fact, new data shows that 2.6 million healthcare.gov consumers are now paying lower premiums as a result of silver loading.

States that allowed for silver loading as a way to cope with the manufactured chaos that the administration tried to inflict on the market, actually saw an increase in enrollment in the exchanges.

The Acting CHAIR. The time of the gentlewoman has expired.

Mr. SCOTT of Virginia. Mr. Chairman, I yield an additional 30 seconds to the gentlewoman from Florida.

Ms. SHALALA. Mr. Chairman, the administration must stop trying to sabotage the Affordable Care Act.

My amendment expresses that it is the sense of Congress that the secretary of Health and Human Services shall not do anything to prohibit the use of silver loading, a program designed by the States to stabilize the health insurance marketplace.

Ms. FOXX of North Carolina. Mr. Chairman, I continue to reserve the balance of my time.

Mr. SCOTT of Virginia. Mr. Chairman, may I inquire as to how much time each side has remaining.

The Acting CHAIR. The gentleman from Virginia has 45 seconds remaining. The gentlewoman from North Carolina has 1 minute remaining.

Mr. SCOTT of Virginia. Mr. Chairman, do I have the right to close?

The Acting CHAIR. The gentleman enjoys the right to close.

Mr. SCOTT of Virginia. Mr. Chairman, I am ready to close, and I reserve the balance of my time.

Ms. FOXX of North Carolina. Mr. Chairman, I yield myself the balance of my time.

Mr. Chairman, Republicans predicted all the bad things that have resulted from the so-called Affordable Care Act. It has not been affordable and has actually increased the cost of health insurance and care.

Unfortunately, our colleagues are so invested in supporting this legislation that they blame Republicans for its failure.

The legislation has failed because it is hopelessly flawed and cannot be fixed.

Mr. Chairman, the piece of legislation before us, as I said earlier, is a choice-limited, freedom-limiting bill, and should not pass.

I would also like to make one more observation.

My colleagues have made repeated references to junk plans. Every time they do that, they are insulting the person who has chosen that plan for one reason or another due to individual circumstances or preferences.

Just because a product isn't something I would buy, or you would buy, does that make it junk? No.

Dismissing less expensive and more flexible health plans as junk isn't taking up for anyone, it is actually putting them down.

That is not the way we should be in this country.

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

Mr. SCOTT of Virginia. Mr. Chairman, I yield myself the balance of my time.

Mr. Chairman, I just want to say a final word about these junk plans.

The problem with them is that you allow them to screen for preexisting conditions and have lower benefits. That might be a good idea for the person buying the plan, but what happens is under the Affordable Care Act everybody pays an average. If you let healthy people buy these junk plans, everybody else's premium will go up.

This sabotage has been estimated with this and the other sabotage, thousands of dollars more for everybody else left behind.

So I rise today in support of the bill, which will improve access to quality health coverage, protect the Affordable Care Act and cut prescription drugs cost.

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

Mr. CARSON of Indiana. Mr. Chair, last November, the American people elected us to this body because of the urgent need to shore

up our health care system and bring down the cost of prescription drugs.

Today, we are making good on that promise to the country by passing another critically important piece of legislation.

H.R. 987, the Strengthening Health Care and Prescription Drugs Act helps protect the Affordable Care Act from the sabotage of the Trump Administration.

In particular, this bill bans the use of "junk" health care plans that harm people with pre-existing conditions; it also helps provide states with more resources to increase health care coverage.

Second, this legislation helps increase generic prescription drug competition which will help bring down prices for patients.

In particular, this legislation includes a bill that I cosponsored that makes it illegal for prescription drug manufacturers to use a practice called "pay-for-delay." This anti-competitive practice delays generic manufacturers from bringing cheaper drugs to market. This bill will prohibit this practice and help increase drug competition.

This bill will not solve every problem ailing our health care system, nor will it immediately fix our prescription drug prices problems.

But the American people deserve these needed reforms without delay. This bill's passage today will help us build additional policies to shore up our health care system and further bring down the cost of prescription drugs. I encourage all of my colleagues to support it.

Ms. BLUNT ROCHESTER. Mr. Chair, I would like to revise my remarks made during general debate of the underlying measure, H.R. 987. In my remarks, I stated that the marketing and outreach provision under Title II of H.R. 987 would increase enrollment into health plans by five million over the ten year period as estimated by the Congressional Budget Office. Due to the methodology adopted by the Congressional Budget Office to estimate the enrollment effect of the underlying measure, the figure is more appropriately represented as increasing enrollment by about 500,000 each year over the ten year period.

The Acting CHAIR. All time for general debate has expired.

In lieu of the amendment in the nature of a substitute recommended by the Committee on Energy and Commerce, printed in the bill, an amendment in the nature of a substitute consisting of the text of the Rules Committee Print 116-14, shall be considered as adopted and shall be considered as an original bill for purpose of further amendment under the 5-minute rule. The bill, as amended, shall be considered as read.

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

H.R. 987

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

#### **SECTION 1. SHORT TITLE.**

*This Act may be cited as the "Strengthening Health Care and Lowering Prescription Drug Costs Act".*

#### **SEC. 2. TABLE OF CONTENTS.**

*The table of contents of this Act is as follows:*

*Sec. 1. Short title.*

*Sec. 2. Table of contents.*

# TITLE I—LOWERING PRESCRIPTION DRUG COSTS

## Subtitle A—Bringing Low-cost Options and Competition While Keeping Incentives for New Generics

Sec. 101. Change conditions of first generic exclusivity to spur access and competition.

### Subtitle B—Protecting Consumer Access to Generic Drugs

Sec. 111. Unlawful agreements.

Sec. 112. Notice and certification of agreements.

Sec. 113. Forfeiture of 180-day exclusivity period.

Sec. 114. Commission litigation authority.

Sec. 115. Statute of limitations.

### Subtitle C—Creating and Restoring Equal Access to Equivalent Samples

Sec. 121. Actions for delays of generic drugs and biosimilar biological products.

Sec. 122. REMS approval process for subsequent filers.

Sec. 123. Rule of construction.

# TITLE II—HEALTH INSURANCE MARKET STABILIZATION

Sec. 201. Preserving State option to implement health care marketplaces.

Sec. 202. Providing for additional requirements with respect to the navigator program.

Sec. 203. Federal Exchange outreach and educational activities.

Sec. 204. Short-term limited duration insurance rule prohibition.

# TITLE III—BUDGETARY EFFECTS

Sec. 301. Determination of budgetary effects.

# TITLE I—LOWERING PRESCRIPTION DRUG COSTS

## Subtitle A—Bringing Low-cost Options and Competition While Keeping Incentives for New Generics

SEC. 101. CHANGE CONDITIONS OF FIRST GENERIC EXCLUSIVITY TO SPUR ACCESS AND COMPETITION.

Section 505(j)(5)(B)(iv) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)(5)(B)(iv)) is amended—

(1) in subclause (I), by striking “180 days after” and all that follows through the period at the end and inserting the following: “180 days after the earlier of—

“(aa) the date of the first commercial marketing of the drug (including the commercial marketing of the listed drug) by any first applicant; or

“(bb) the applicable date specified in subclause (III).”; and

(2) by adding at the end the following new subclause:

“(III) APPLICABLE DATE.—The applicable date specified in this subclause, with respect to an application for a drug described in subclause (I), is the date on which each of the following conditions is first met:

“(aa) The approval of such an application could be made effective, but for the eligibility of a first applicant for 180-day exclusivity under this clause.

“(bb) At least 30 months have passed since the date of submission of an application for the drug by at least one first applicant.

“(cc) Approval of an application for the drug submitted by at least one first applicant is not precluded under clause (iii).

“(dd) No application for the drug submitted by any first applicant is approved at the time the conditions under items (aa), (bb), and (cc) are all met, regardless of whether such an application is subsequently approved.”.

### Subtitle B—Protecting Consumer Access to Generic Drugs

SEC. 111. UNLAWFUL AGREEMENTS.

(a) AGREEMENTS PROHIBITED.—Subject to subsections (b) and (c), it shall be unlawful for an

NDA or BLA holder and a subsequent filer (or for two subsequent filers) to enter into, or carry out, an agreement resolving or settling a covered patent infringement claim on a final or interim basis if under such agreement—

(1) a subsequent filer directly or indirectly receives from such holder (or in the case of such an agreement between two subsequent filers, the other subsequent filer) anything of value, including a license; and

(2) the subsequent filer agrees to limit or forego research on, or development, manufacturing, marketing, or sales, for any period of time, of the covered product that is the subject of the application described in subparagraph (A) or (B) of subsection (g)(8).

(b) EXCLUSION.—It shall not be unlawful under subsection (a) if a party to an agreement described in such subsection demonstrates by clear and convincing evidence that the value described in subsection (a)(1) is compensation solely for other goods or services that the subsequent filer has promised to provide.

(c) LIMITATION.—Nothing in this section shall prohibit an agreement resolving or settling a covered patent infringement claim in which the consideration granted by the NDA or BLA holder to the subsequent filer (or from one subsequent filer to another) as part of the resolution or settlement includes only one or more of the following:

(1) The right to market the covered product that is the subject of the application described in subparagraph (A) or (B) of subsection (g)(8) in the United States before the expiration of—

(A) any patent that is the basis of the covered patent infringement claim; or

(B) any patent right or other statutory exclusivity that would prevent the marketing of such covered product.

(2) A payment for reasonable litigation expenses not to exceed \$7,500,000 in the aggregate.

(3) A covenant not to sue on any claim that such covered product infringes a patent.

(d) ENFORCEMENT BY FEDERAL TRADE COMMISSION.—

(1) GENERAL APPLICATION.—The requirements of this section apply, according to their terms, to an NDA or BLA holder or subsequent filer that is—

(A) a person, partnership, or corporation over which the Commission has authority pursuant to section 5(a)(2) of the Federal Trade Commission Act (15 U.S.C. 45(a)(2)); or

(B) a person, partnership, or corporation over which the Commission would have authority pursuant to such section but for the fact that such person, partnership, or corporation is not organized to carry on business for its own profit or that of its members.

(2) UNFAIR OR DECEPTIVE ACTS OR PRACTICES ENFORCEMENT AUTHORITY.—

(A) IN GENERAL.—A violation of this section shall be treated as an unfair or deceptive act or practice in violation of section 5(a)(1) of the Federal Trade Commission Act (15 U.S.C. 45(a)(1)).

(B) POWERS OF COMMISSION.—Except as provided in subparagraph (C) and paragraphs (1)(B) and (3)—

(i) the Commission shall enforce this section in the same manner, by the same means, and with the same jurisdiction, powers, and duties as though all applicable terms and provisions of the Federal Trade Commission Act (15 U.S.C. 41 et seq.) were incorporated into and made a part of this section; and

(ii) any NDA or BLA holder or subsequent filer that violates this section shall be subject to the penalties and entitled to the privileges and immunities provided in the Federal Trade Commission Act.

(C) JUDICIAL REVIEW.—In the case of a cease and desist order issued by the Commission under section 5 of the Federal Trade Commission Act (15 U.S.C. 45) for violation of this section, a party to such order may obtain judicial review of such order as provided in such section 5, except that—

(i) such review may only be obtained in—

(I) the United States Court of Appeals for the District of Columbia Circuit;

(II) the United States Court of Appeals for the circuit in which the ultimate parent entity, as defined in section 801.1(a)(3) of title 16, Code of Federal Regulations, or any successor thereto, of the NDA or BLA holder (if any such holder is a party to such order) is incorporated as of the date that the application described in subparagraph (A) or (B) of subsection (g)(8) or an approved application that is deemed to be a license for a biological product under section 351(k) of the Public Health Service Act (42 U.S.C. 262(k)) pursuant to section 7002(e)(4) of the Biologics Price Competition and Innovation Act of 2009 (Public Law 111-148; 124 Stat. 817) is submitted to the Commissioner of Food and Drugs; or

(III) the United States Court of Appeals for the circuit in which the ultimate parent entity, as so defined, of any subsequent filer that is a party to such order is incorporated as of the date that the application described in subparagraph (A) or (B) of subsection (g)(8) is submitted to the Commissioner of Food and Drugs; and

(ii) the petition for review shall be filed in the court not later than 30 days after such order is served on the party seeking review.

(3) ADDITIONAL ENFORCEMENT AUTHORITY.—

(A) CIVIL PENALTY.—The Commission may commence a civil action to recover a civil penalty in a district court of the United States against any NDA or BLA holder or subsequent filer that violates this section.

(B) SPECIAL RULE FOR RECOVERY OF PENALTY IF CEASE AND DESIST ORDER ISSUED.—

(i) IN GENERAL.—If the Commission has issued a cease and desist order in a proceeding under section 5 of the Federal Trade Commission Act (15 U.S.C. 45) for violation of this section—

(I) the Commission may commence a civil action under subparagraph (A) to recover a civil penalty against any party to such order at any time before the expiration of the 1-year period beginning on the date on which such order becomes final under section 5(g) of such Act (15 U.S.C. 45(g)); and

(II) in such civil action, the findings of the Commission as to the material facts in such proceeding shall be conclusive, unless—

(aa) the terms of such order expressly provide that the Commission's findings shall not be conclusive; or

(bb) such order became final by reason of section 5(g)(1) of such Act (15 U.S.C. 45(g)(1)), in which case such findings shall be conclusive if supported by evidence.

(ii) RELATIONSHIP TO PENALTY FOR VIOLATION OF AN ORDER.—The penalty provided in clause (i) for violation of this section is separate from and in addition to any penalty that may be incurred for violation of an order of the Commission under section 5(l) of the Federal Trade Commission Act (15 U.S.C. 45(l)).

(C) AMOUNT OF PENALTY.—

(i) IN GENERAL.—The amount of a civil penalty imposed in a civil action under subparagraph (A) on a party to an agreement described in subsection (a) shall be sufficient to deter violations of this section, but in no event greater than—

(I) if such party is the NDA or BLA holder (or, in the case of an agreement between two subsequent filers, the subsequent filer who gave the value described in subsection (a)(1)), the greater of—

(aa) 3 times the value received by such NDA or BLA holder (or by such subsequent filer) that is reasonably attributable to the violation of this section; or

(bb) 3 times the value given to the subsequent filer (or to the other subsequent filer) reasonably attributable to the violation of this section; and

(II) if such party is the subsequent filer (or, in the case of an agreement between two subsequent filers, the subsequent filer who received the value described in subsection (a)(1)), 3 times

the value received by such subsequent filer that is reasonably attributable to the violation of this section.

(ii) **FACTORS FOR CONSIDERATION.**—In determining such amount, the court shall take into account—

(I) the nature, circumstances, extent, and gravity of the violation;

(II) with respect to the violator, the degree of culpability, any history of violations, the ability to pay, any effect on the ability to continue doing business, profits earned by the NDA or BLA holder (or, in the case of an agreement between two subsequent filers, the subsequent filer who gave the value described in subsection (a)(1)), compensation received by the subsequent filer (or, in the case of an agreement between two subsequent filers, the subsequent filer who received the value described in subsection (a)(1)), and the amount of commerce affected; and

(III) other matters that justice requires.

(D) **INJUNCTIONS AND OTHER EQUITABLE RELIEF.**—In a civil action under subparagraph (A), the United States district courts are empowered to grant mandatory injunctions and such other and further equitable relief as they deem appropriate.

(4) **REMEDIES IN ADDITION.**—Remedies provided in this subsection are in addition to, and not in lieu of, any other remedy provided by Federal law.

(5) **PRESERVATION OF AUTHORITY OF COMMISSION.**—Nothing in this section shall be construed to affect any authority of the Commission under any other provision of law.

(e) **FEDERAL TRADE COMMISSION RULE-MAKING.**—The Commission may, in its discretion, by rule promulgated under section 553 of title 5, United States Code, exempt from this section certain agreements described in subsection (a) if the Commission finds such agreements to be in furtherance of market competition and for the benefit of consumers.

(f) **ANTITRUST LAWS.**—Nothing in this section shall modify, impair, limit, or supersede the applicability of the antitrust laws as defined in subsection (a) of the first section of the Clayton Act (15 U.S.C. 12(a)), and of section 5 of the Federal Trade Commission Act (15 U.S.C. 45) to the extent that such section 5 applies to unfair methods of competition. Nothing in this section shall modify, impair, limit, or supersede the right of a subsequent filer to assert claims or counterclaims against any person, under the antitrust laws or other laws relating to unfair competition.

(g) **DEFINITIONS.**—In this section:

(1) **AGREEMENT RESOLVING OR SETTLING A COVERED PATENT INFRINGEMENT CLAIM.**—The term “agreement resolving or settling a covered patent infringement claim” means any agreement that—

(A) resolves or settles a covered patent infringement claim; or

(B) is contingent upon, provides for a contingent condition for, or is otherwise related to the resolution or settlement of a covered patent infringement claim.

(2) **COMMISSION.**—The term “Commission” means the Federal Trade Commission.

(3) **COVERED PATENT INFRINGEMENT CLAIM.**—The term “covered patent infringement claim” means an allegation made by the NDA or BLA holder to a subsequent filer (or, in the case of an agreement between two subsequent filers, by one subsequent filer to another), whether or not included in a complaint filed with a court of law, that—

(A) the submission of the application described in subparagraph (A) or (B) of paragraph (9), or the manufacture, use, offering for sale, sale, or importation into the United States of a covered product that is the subject of such an application—

(i) in the case of an agreement between an NDA or BLA holder and a subsequent filer, infringes any patent owned by, or exclusively li-

censed to, the NDA or BLA holder of the covered product; or

(ii) in the case of an agreement between two subsequent filers, infringes any patent owned by the subsequent filer; or

(B) in the case of an agreement between an NDA or BLA holder and a subsequent filer, the covered product to be manufactured under such application uses a covered product as claimed in a published patent application.

(4) **COVERED PRODUCT.**—The term “covered product” means a drug (as defined in section 201(g) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(g))), including a biological product (as defined in section 351(i) of the Public Health Service Act (42 U.S.C. 262(i))).

(5) **NDA OR BLA HOLDER.**—The term “NDA or BLA holder” means—

(A) the holder of—

(i) an approved new drug application filed under section 505(b)(1) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(b)(1)) for a covered product; or

(ii) a biologics license application filed under section 351(a) of the Public Health Service Act (42 U.S.C. 262(a)) with respect to a biological product;

(B) a person owning or controlling enforcement of the patent on—

(i) the list published under section 505(j)(7) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)(7)) in connection with the application described in subparagraph (A)(i); or

(ii) any list published under section 351 of the Public Health Service Act (42 U.S.C. 262) comprised of patents associated with biologics license applications filed under section 351(a) of such Act (42 U.S.C. 262(a)); or

(C) the predecessors, subsidiaries, divisions, groups, and affiliates controlled by, controlling, or under common control with any entity described in subparagraph (A) or (B) (such control to be presumed by direct or indirect share ownership of 50 percent or greater), as well as the licensees, licensors, successors, and assigns of each of the entities.

(6) **PATENT.**—The term “patent” means a patent issued by the United States Patent and Trademark Office.

(7) **STATUTORY EXCLUSIVITY.**—The term “statutory exclusivity” means those prohibitions on the submission or approval of drug applications under clauses (ii) through (iv) of section 505(c)(3)(E) (5- and 3-year exclusivity), clauses (ii) through (iv) of section 505(j)(5)(F) (5-year and 3-year exclusivity), section 505(j)(5)(B)(iv) (180-day exclusivity), section 527 (orphan drug exclusivity), section 505A (pediatric exclusivity), or section 505E (qualified infectious disease product exclusivity) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(c)(3)(E), 355(j)(5)(B)(iv), 355(j)(5)(F), 360cc, 355a, 355f), or prohibitions on the submission or licensing of biologics license applications under section 351(k)(6) (interchangeable biological product exclusivity) or section 351(k)(7) (biological product reference product exclusivity) of the Public Health Service Act (42 U.S.C. 262(k)(6), (7)).

(8) **SUBSEQUENT FILER.**—The term “subsequent filer” means—

(A) in the case of a drug, a party that owns or controls an abbreviated new drug application submitted pursuant to section 505(j) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)) or a new drug application submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(b)(2)) and filed under section 505(b)(1) of such Act (21 U.S.C. 355(b)(1)) or has the exclusive rights to distribute the covered product that is the subject of such application; or

(B) in the case of a biological product, a party that owns or controls an application filed with the Food and Drug Administration under section 351(k) of the Public Health Service Act (42 U.S.C. 262(k)) or has the exclusive rights to distribute the biological product that is the subject of such application.

(h) **EFFECTIVE DATE.**—This section applies with respect to agreements described in subsection (a) entered into on or after the date of the enactment of this Act.

## SEC. 112. NOTICE AND CERTIFICATION OF AGREEMENTS.

(a) **NOTICE OF ALL AGREEMENTS.**—Section 111(7) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (21 U.S.C. 355 note) is amended by inserting “or the owner of a patent for which a claim of infringement could reasonably be asserted against any person for making, using, offering to sell, selling, or importing into the United States a biological product that is the subject of a biosimilar biological product application” before the period at the end.

(b) **CERTIFICATION OF AGREEMENTS.**—Section 112 of such Act (21 U.S.C. 355 note) is amended by adding at the end the following:

“(d) **CERTIFICATION.**—The Chief Executive Officer or the company official responsible for negotiating any agreement under subsection (a) or (b) that is required to be filed under subsection (c) shall, within 30 days of such filing, execute and file with the Assistant Attorney General and the Commission a certification as follows: ‘I declare that the following is true, correct, and complete to the best of my knowledge: The materials filed with the Federal Trade Commission and the Department of Justice under section 112 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, with respect to the agreement referenced in this certification—

“(1) represent the complete, final, and exclusive agreement between the parties;

“(2) include any ancillary agreements that are contingent upon, provide a contingent condition for, were entered into within 30 days of, or are otherwise related to, the referenced agreement; and

“(3) include written descriptions of any oral agreements, representations, commitments, or promises between the parties that are responsive to subsection (a) or (b) of such section 112 and have not been reduced to writing.’.”

## SEC. 113. FORFEITURE OF 180-DAY EXCLUSIVITY PERIOD.

Section 505(j)(5)(D)(i)(V) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)(5)(D)(i)(V)) is amended by inserting “section 111 of the Strengthening Health Care and Lowering Prescription Drug Costs Act or” after “that the agreement has violated”.

## SEC. 114. COMMISSION LITIGATION AUTHORITY.

Section 16(a)(2) of the Federal Trade Commission Act (15 U.S.C. 56(a)(2)) is amended—

(1) in subparagraph (D), by striking “or” after the semicolon;

(2) in subparagraph (E), by inserting “or” after the semicolon; and

(3) by inserting after subparagraph (E) the following:

“(F) under section 111(d)(3)(A) of the Strengthening Health Care and Lowering Prescription Drug Costs Act;”.

## SEC. 115. STATUTE OF LIMITATIONS.

(a) **IN GENERAL.**—Except as provided in subsection (b), the Commission shall commence any administrative proceeding or civil action to enforce section 111 of this Act not later than 6 years after the date on which the parties to the agreement file the Notice of Agreement as provided by section 112(c)(2) and (d) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (21 U.S.C. 355 note).

(b) **CIVIL ACTION AFTER ISSUANCE OF CEASE AND DESIST ORDER.**—If the Commission has issued a cease and desist order under section 5 of the Federal Trade Commission Act (15 U.S.C. 45) for violation of section 111 of this Act and the proceeding for the issuance of such order was commenced within the period required by subsection (a) of this section, such subsection does not prohibit the commencement, after such period, of a civil action under section

111(d)(3)(A) against a party to such order or a civil action under subsection (l) of such section 5 for violation of such order.

**Subtitle C—Creating and Restoring Equal Access to Equivalent Samples**

**SEC. 121. ACTIONS FOR DELAYS OF GENERIC DRUGS AND BIOSIMILAR BIOLOGICAL PRODUCTS.**

(a) DEFINITIONS.—In this section—

(1) the term “commercially reasonable, market-based terms” means—

(A) a nondiscriminatory price for the sale of the covered product at or below, but not greater than, the most recent wholesale acquisition cost for the drug, as defined in section 1347A(c)(6)(B) of the Social Security Act (42 U.S.C. 1395w-3a(c)(6)(B));

(B) a schedule for delivery that results in the transfer of the covered product to the eligible product developer consistent with the timing under subsection (b)(2)(A)(iv); and

(C) no additional conditions are imposed on the sale of the covered product;

(2) the term “covered product” —

(A) means—

(i) any drug approved under subsection (c) or (j) of section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) or biological product licensed under subsection (a) or (k) of section 351 of the Public Health Service Act (42 U.S.C. 262);

(ii) any combination of a drug or biological product described in clause (i); or

(iii) when reasonably necessary to support approval of an application under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), or section 351 of the Public Health Service Act (42 U.S.C. 262), as applicable, or otherwise meet the requirements for approval under either such section, any product, including any device, that is marketed or intended for use with such a drug or biological product; and

(B) does not include any drug or biological product that appears on the drug shortage list in effect under section 506E of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356e), unless—

(i) the drug or biological product has been on the drug shortage list in effect under such section 506E continuously for more than 6 months; or

(ii) the Secretary determines that inclusion of the drug or biological product as a covered product is likely to contribute to alleviating or preventing a shortage.

(3) the term “device” has the meaning given the term in section 201 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321);

(4) the term “eligible product developer” means a person that seeks to develop a product for approval pursuant to an application for approval under subsection (b)(2) or (j) of section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) or for licensing pursuant to an application under section 351(k) of the Public Health Service Act (42 U.S.C. 262(k));

(5) the term “license holder” means the holder of an application approved under subsection (c) or (j) of section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) or the holder of a license under subsection (a) or (k) of section 351 of the Public Health Service Act (42 U.S.C. 262) for a covered product;

(6) the term “REMS” means a risk evaluation and mitigation strategy under section 505-1 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355-1);

(7) the term “REMS with ETASU” means a REMS that contains elements to assure safe use under section 505-1(f) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355-1(f));

(8) the term “Secretary” means the Secretary of Health and Human Services;

(9) the term “single, shared system of elements to assure safe use” means a single, shared system of elements to assure safe use under section 505-1(f) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355-1(f)); and

(10) the term “sufficient quantities” means an amount of a covered product that the eligible product developer determines allows it to—

(A) conduct testing to support an application under—

(i) subsection (b)(2) or (j) of section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355); or

(ii) section 351(k) of the Public Health Service Act (42 U.S.C. 262(k)); and

(B) fulfill any regulatory requirements relating to approval of such an application.

(b) CIVIL ACTION FOR FAILURE TO PROVIDE SUFFICIENT QUANTITIES OF A COVERED PRODUCT.—

(1) IN GENERAL.—An eligible product developer may bring a civil action against the license holder for a covered product seeking relief under this subsection in an appropriate district court of the United States alleging that the license holder has declined to provide sufficient quantities of the covered product to the eligible product developer on commercially reasonable, market-based terms.

(2) ELEMENTS.—

(A) IN GENERAL.—To prevail in a civil action brought under paragraph (1), an eligible product developer shall prove, by a preponderance of the evidence—

(i) that—

(I) the covered product is not subject to a REMS with ETASU; or

(II) if the covered product is subject to a REMS with ETASU—

(aa) the eligible product developer has obtained a covered product authorization from the Secretary in accordance with subparagraph (B); and

(bb) the eligible product developer has provided a copy of the covered product authorization to the license holder;

(ii) that, as of the date on which the civil action is filed, the product developer has not obtained sufficient quantities of the covered product on commercially reasonable, market-based terms;

(iii) that the eligible product developer has requested to purchase sufficient quantities of the covered product from the license holder; and

(iv) that the license holder has not delivered to the eligible product developer sufficient quantities of the covered product on commercially reasonable, market-based terms—

(I) for a covered product that is not subject to a REMS with ETASU, by the date that is 31 days after the date on which the license holder received the request for the covered product; and

(II) for a covered product that is subject to a REMS with ETASU, by 31 days after the later of—

(aa) the date on which the license holder received the request for the covered product; or

(bb) the date on which the license holder received a copy of the covered product authorization issued by the Secretary in accordance with subparagraph (B).

(B) AUTHORIZATION FOR COVERED PRODUCT SUBJECT TO A REMS WITH ETASU.—

(i) REQUEST.—An eligible product developer may submit to the Secretary a written request for the eligible product developer to be authorized to obtain sufficient quantities of an individual covered product subject to a REMS with ETASU.

(ii) AUTHORIZATION.—Not later than 120 days after the date on which a request under clause (i) is received, the Secretary shall, by written notice, authorize the eligible product developer to obtain sufficient quantities of an individual covered product subject to a REMS with ETASU for purposes of—

(I) development and testing that does not involve human clinical trials, if the eligible product developer has agreed to comply with any conditions the Secretary determines necessary; or

(II) development and testing that involves human clinical trials, if the eligible product developer has—

(aa) submitted protocols, informed consent documents, and informational materials for testing that include protections that provide safety protections comparable to those provided by the REMS for the covered product; or

(bb) met any other requirements the Secretary may establish.

(iii) NOTICE.—A covered product authorization issued under this subparagraph shall state that the provision of the covered product by the license holder under the terms of the authorization will not be a violation of the REMS for the covered product.

(3) AFFIRMATIVE DEFENSE.—In a civil action brought under paragraph (1), it shall be an affirmative defense, on which the defendant has the burden of persuasion by a preponderance of the evidence—

(A) that, on the date on which the eligible product developer requested to purchase sufficient quantities of the covered product from the license holder—

(i) neither the license holder nor any of its agents, wholesalers, or distributors was engaged in the manufacturing or commercial marketing of the covered product; and

(ii) neither the license holder nor any of its agents, wholesalers, or distributors otherwise had access to inventory of the covered product to supply to the eligible product developer on commercially reasonable, market-based terms;

(B) that—

(i) the license holder sells the covered product through agents, distributors, or wholesalers;

(ii) the license holder has placed no restrictions, explicit or implicit, on its agents, distributors, or wholesalers to sell covered products to eligible product developers; and

(iii) the covered product can be purchased by the eligible product developer in sufficient quantities on commercially reasonable, market-based terms from the agents, distributors, or wholesalers of the license holder; or

(C) that the license holder made an offer to sell sufficient quantities of the covered product to the eligible product developer at commercially reasonable market-based terms—

(i) for a covered product that is not subject to a REMS with ETASU, by the date that is 14 days after the date on which the license holder received the request for the covered product, and the eligible product developer did not accept such offer by the date that is 7 days after the date on which the eligible product developer received such offer from the license holder; or

(ii) for a covered product that is subject to a REMS with ETASU, by the date that is 20 days after the date on which the license holder received the request for the covered product, and the eligible product developer did not accept such offer by the date that is 10 days after the date on which the eligible product developer received such offer from the license holder.

(4) METHODS FOR TRANSMISSION OF REQUESTS FOR COVERED PRODUCTS.—A written request for a covered product, offer to sell a covered product, or acceptance of such an offer between the eligible product developer and the license holder shall be made by—

(A) certified or registered mail with return receipt requested;

(B) personal delivery; or

(C) electronic means.

(5) REMEDIES.—

(A) IN GENERAL.—If an eligible product developer prevails in a civil action brought under paragraph (1), the court shall—

(i) order the license holder to provide to the eligible product developer without delay sufficient quantities of the covered product on commercially reasonable, market-based terms;

(ii) award to the eligible product developer reasonable attorney's fees and costs of the civil action; and

(iii) award to the eligible product developer a monetary amount sufficient to deter the license

holder from failing to provide eligible product developers with sufficient quantities of a covered product on commercially reasonable, market-based terms, if the court finds, by a preponderance of the evidence—

(I) that the license holder delayed providing sufficient quantities of the covered product to the eligible product developer without a legitimate business justification; or

(II) that the license holder failed to comply with an order issued under clause (i).

(B) MAXIMUM MONETARY AMOUNT.—A monetary amount awarded under subparagraph (A)(iii) shall not be greater than the revenue that the license holder earned on the covered product during the period—

(i) beginning on—

(I) for a covered product that is not subject to a REMS with ETASU, the date that is 31 days after the date on which the license holder received the request; or

(II) for a covered product that is subject to a REMS with ETASU, the date that is 31 days after the later of—

(aa) the date on which the license holder received the request; or

(bb) the date on which the license holder received a copy of the covered product authorization issued by the Secretary in accordance with paragraph (2)(B); and

(ii) ending on the date on which the eligible product developer received sufficient quantities of the covered product.

(C) AVOIDANCE OF DELAY.—The court may issue an order under subparagraph (A)(i) before conducting further proceedings that may be necessary to determine whether the eligible product developer is entitled to an award under clause (ii) or (iii) of subparagraph (A), or the amount of any such award.

(c) LIMITATION OF LIABILITY.—A license holder for a covered product shall not be liable for any claim under Federal, State, or local law arising out of the failure of an eligible product developer to follow adequate safeguards to assure safe use of the covered product during development or testing activities described in this section, including transportation, handling, use, or disposal of the covered product by the eligible product developer.

(d) NO VIOLATION OF REMS.—Section 505-1 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355-1) is amended by adding at the end the following new subsection:

“(I) PROVISION OF SAMPLES NOT A VIOLATION OF STRATEGY.—The provision of samples of a covered product to an eligible product developer (as those terms are defined in section 121(a) of the Strengthening Health Care and Lowering Prescription Drug Costs Act) shall not be considered a violation of the requirements of any risk evaluation and mitigation strategy that may be in place under this section for such drug.”

(e) RULE OF CONSTRUCTION.—

(1) DEFINITION.—In this subsection, the term “antitrust laws” —

(A) has the meaning given the term in subsection (a) of the first section of the Clayton Act (15 U.S.C. 12); and

(B) includes section 5 of the Federal Trade Commission Act (15 U.S.C. 45) to the extent that such section applies to unfair methods of competition.

(2) ANTITRUST LAWS.—Nothing in this section shall be construed to limit the operation of any provision of the antitrust laws.

## SEC. 122. REMS APPROVAL PROCESS FOR SUBSEQUENT FILERS.

Section 505-1 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355-1), as amended by section 121, is further amended—

(1) in subsection (g)(4)(B)—

(A) in clause (i) by striking “or” after the semicolon;

(B) in clause (ii) by striking the period at the end and inserting “; or”; and

(C) by adding at the end the following:

“(iii) accommodate different, comparable aspects of the elements to assure safe use for a drug that is the subject of an application under section 505(j), and the applicable listed drug.”;

(2) in subsection (i)(1), by striking subparagraph (C) and inserting the following:

“(C)(i) Elements to assure safe use, if required under subsection (f) for the listed drug, which, subject to clause (ii), for a drug that is the subject of an application under section 505(j) may use—

“(I) a single, shared system with the listed drug under subsection (f); or

“(II) a different, comparable aspect of the elements to assure safe use under subsection (f).”

“(ii) The Secretary may require a drug that is the subject of an application under section 505(j) and the listed drug to use a single, shared system under subsection (f), if the Secretary determines that no different, comparable aspect of the elements to assure safe use could satisfy the requirements of subsection (f).”;

(3) in subsection (i), by adding at the end the following:

“(3) SHARED REMS.—If the Secretary approves, in accordance with paragraph (1)(C)(i)(II), a different, comparable aspect of the elements to assure safe use under subsection (f) for a drug that is the subject of an abbreviated new drug application under section 505(j), the Secretary may require that such different comparable aspect of the elements to assure safe use can be used with respect to any other drug that is the subject of an application under section 505(j) or 505(b) that references the same listed drug.”; and

(4) by adding at the end the following:

“(m) SEPARATE REMS.—When used in this section, the terms ‘different, comparable aspect of the elements to assure safe use’ or ‘different, comparable approved risk evaluation and mitigation strategies’ means a risk evaluation and mitigation strategy for a drug that is the subject of an application under section 505(j) that uses different methods or operational means than the strategy required under subsection (a) for the applicable listed drug, or other application under section 505(j) with the same such listed drug, but achieves the same level of safety as such strategy.”

## SEC. 123. RULE OF CONSTRUCTION.

(a) IN GENERAL.—Nothing in this subtitle, the amendments made by this subtitle, or in section 505-1 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355-1), shall be construed as—

(1) prohibiting a license holder from providing an eligible product developer access to a covered product in the absence of an authorization under this subtitle; or

(2) in any way negating the applicability of a REMS with ETASU, as otherwise required under such section 505-1, with respect to such covered product.

(b) DEFINITIONS.—In this section, the terms “covered product”, “eligible product developer”, “license holder”, and “REMS with ETASU” have the meanings given such terms in section 121(a).

## TITLE II—HEALTH INSURANCE MARKET STABILIZATION

### SEC. 201. PRESERVING STATE OPTION TO IMPLEMENT HEALTH CARE MARKET-PLACES.

(a) IN GENERAL.—Section 1311 of the Patient Protection and Affordable Care Act (42 U.S.C. 18031) is amended—

(1) in subsection (a)—

(A) in paragraph (4)(B), by striking “under this subsection” and inserting “under this paragraph or paragraph (1)”; and

(B) by adding at the end the following new paragraph:

“(6) ADDITIONAL PLANNING AND ESTABLISHMENT GRANTS.—

“(A) IN GENERAL.—There shall be appropriated to the Secretary, out of any moneys in the Treasury not otherwise appropriated,

\$200,000,000 to award grants to eligible States for the uses described in paragraph (3).

“(B) DURATION AND RENEWABILITY.—A grant awarded under subparagraph (A) shall be for a period of two years and may not be renewed.

“(C) LIMITATION.—A grant may not be awarded under subparagraph (A) after December 31, 2022.

“(D) ELIGIBLE STATE DEFINED.—For purposes of this paragraph, the term ‘eligible State’ means a State that, as of the date of the enactment of this paragraph, is not operating an Exchange (other than an Exchange described in section 155.200(f) of title 45, Code of Federal Regulations).”; and

(2) in subsection (d)(5)(A)—

(A) by striking “OPERATIONS.—In establishing an Exchange under this section” and inserting “OPERATIONS.—

“(i) IN GENERAL.—In establishing an Exchange under this section (other than in establishing an Exchange pursuant to a grant awarded under subsection (a)(6))”; and

(B) by adding at the end the following:

“(ii) ADDITIONAL PLANNING AND ESTABLISHMENT GRANTS.—In establishing an Exchange pursuant to a grant awarded under subsection (a)(6), the State shall ensure that such Exchange is self-sustaining beginning on January 1, 2024, including allowing the Exchange to charge assessments or user fees to participating health insurance issuers, or to otherwise generate funding, to support its operations.”.

(b) CLARIFICATION REGARDING FAILURE TO ESTABLISH EXCHANGE OR IMPLEMENT REQUIREMENTS.—Section 1321(c) of the Patient Protection and Affordable Care Act (42 U.S.C. 18041(c)) is amended—

(1) in paragraph (1), by striking “If” and inserting “Subject to paragraph (3), if”; and

(2) by adding at the end the following new paragraph:

“(3) CLARIFICATION.—This subsection shall not apply in the case of a State that elects to apply the requirements described in subsection (a) and satisfies the requirement described in subsection (b) on or after January 1, 2014.”.

### SEC. 202. PROVIDING FOR ADDITIONAL REQUIREMENTS WITH RESPECT TO THE NAVIGATOR PROGRAM.

(a) IN GENERAL.—Section 1311(i) of the Patient Protection and Affordable Care Act (42 U.S.C. 18031(i)) is amended—

(1) in paragraph (2), by adding at the end the following new subparagraph:

“(C) SELECTION OF RECIPIENTS.—In the case of an Exchange established and operated by the Secretary within a State pursuant to section 1321(c), in awarding grants under paragraph (1), the Exchange shall—

“(i) select entities to receive such grants based on an entity’s demonstrated capacity to carry out each of the duties specified in paragraph (3);

“(ii) not take into account whether or not the entity has demonstrated how the entity will provide information to individuals relating to group health plans offered by a group or association of employers described in section 2510.3-5(b) of title 29, Code of Federal Regulations (or any successor regulation), or short-term limited duration insurance (as defined by the Secretary for purposes of section 2791(b)(5) of the Public Health Service Act); and

“(iii) ensure that, each year, the Exchange awards such a grant to—

“(I) at least one entity described in this paragraph that is a community and consumer-focused nonprofit group; and

“(II) at least one entity described in subparagraph (B), which may include another community and consumer-focused nonprofit group in addition to any such group awarded a grant pursuant to subclause (I).

In awarding such grants, an Exchange may consider an entity’s record with respect to waste, fraud, and abuse for purposes of maintaining the integrity of such Exchange.”.



(2) in paragraph (3)—

(A) in subparagraph (C), by inserting after “qualified health plans” the following: “, State medicaid plans under title XIX of the Social Security Act, and State child health plans under title XXI of such Act”; and

(B) by adding at the end the following flush left sentence:

“The duties specified in the preceding sentence may be carried out by such a navigator at any time during a year.”;

(3) in paragraph (4)(A)—

(A) in the matter preceding clause (i), by striking “not”;

(B) in clause (i)—

(i) by inserting “not” before “be”; and

(ii) by striking “; or” and inserting “;”;

(C) in clause (ii)—

(i) by inserting “not” before “receive”; and

(ii) by striking the period and inserting “; and”;

(D) by adding at the end the following new clause:

“(iii) maintain physical presence in the State of the Exchange so as to allow in-person assistance to consumers.”; and

(4) in paragraph (6)—

(A) by striking “FUNDING.—Grants under” and inserting “FUNDING.—

“(A) STATE EXCHANGES.—Grants under”;

(B) by adding at the end the following new subparagraph:

“(B) FEDERAL EXCHANGES.—For purposes of carrying out this subsection, with respect to an Exchange established and operated by the Secretary within a State pursuant to section 1321(c), the Secretary shall obligate \$100,000,000 out of amounts collected through the user fees on participating health insurance issuers pursuant to section 156.50 of title 45, Code of Federal Regulations (or any successor regulations) for fiscal year 2020 and each subsequent fiscal year. Such amount for a fiscal year shall remain available until expended.”.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply with respect to plan years beginning on or after January 1, 2020.

#### SEC. 203. FEDERAL EXCHANGE OUTREACH AND EDUCATIONAL ACTIVITIES.

Section 1321(c) of the Patient Protection and Affordable Care Act (42 U.S.C. 18041(c)), as amended by section 201(b)(2), is further amended by adding at the end the following new paragraph:

“(4) OUTREACH AND EDUCATIONAL ACTIVITIES.—

“(A) IN GENERAL.—In the case of an Exchange established or operated by the Secretary within a State pursuant to this subsection, the Secretary shall carry out outreach and educational activities for purposes of informing individuals about qualified health plans offered through the Exchange, including by informing such individuals of the availability of coverage under such plans and financial assistance for coverage under such plans. Such outreach and educational activities shall be provided in a manner that is culturally and linguistically appropriate to the needs of the populations being served by the Exchange (including hard-to-reach populations, such as racial and sexual minorities, limited English proficient populations, and young adults).

“(B) LIMITATION ON USE OF FUNDS.—No funds appropriated under this paragraph shall be used for expenditures for promoting non-ACA compliant health insurance coverage.

“(C) NON-ACA COMPLIANT HEALTH INSURANCE COVERAGE.—For purposes of subparagraph (B):

“(i) The term ‘non-ACA compliant health insurance coverage’ means health insurance coverage, or a group health plan, that is not a qualified health plan.

“(ii) Such term includes the following:

“(I) An association health plan.

“(II) Short-term limited duration insurance.

“(D) FUNDING.—Out of any funds in the Treasury not otherwise appropriated, there are hereby appropriated for fiscal year 2020 and each subsequent fiscal year, \$100,000,000 to carry out this paragraph. Funds appropriated under this subparagraph shall remain available until expended.”.

#### SEC. 204. SHORT-TERM LIMITED DURATION INSURANCE RULE PROHIBITION.

The Secretary of Health and Human Services, the Secretary of the Treasury, and the Secretary of Labor may not take any action to implement, enforce, or otherwise give effect to the rule entitled “Short-Term, Limited Duration Insurance” (83 Fed. Reg. 38212 (August 3, 2018)), and the Secretaries may not promulgate any substantially similar rule.

#### TITLE III—BUDGETARY EFFECTS

#### SEC. 301. DETERMINATION OF BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled “Budgetary Effects of PAYGO Legislation” for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

The Acting CHAIR. No further amendment to the bill, as amended, shall be in order except those printed in House Report 116-61. Each such further amendment may be offered only in the order printed in the report, by a Member designated in the report, shall be considered 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.

AMENDMENT NO. 1 OFFERED BY MR. PALLONE

The Acting CHAIR. It is now in order to consider amendment No. 1 printed in House Report 116-61.

Mr. PALLONE. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 28, strike lines 8 through 11 and insert the following:

(iii) that the eligible product developer has submitted a written request to purchase sufficient quantities of the covered product to the license holder and such request—

(I) was sent to a named corporate officer of the license holder;

(II) was made by certified or registered mail with return receipt requested;

(III) specified an individual as the point of contact for the license holder to direct communications related to the sale of the covered product to the eligible product developer and a means for electronic and written communications with that individual; and

(IV) specified an address to which the covered product was to be shipped upon reaching an agreement to transfer the covered product; and

Page 32, strike lines 15 through 18 and insert the following:

(C) that the license holder made an offer to the individual specified pursuant to paragraph (2)(A)(iii)(III), by a means of communication (electronic, written, or both) specified pursuant to such paragraph, to sell sufficient quantities of the covered product to the eligible product developer at commercially reasonable market-based terms—

Page 33, strike lines 13 through 22.

Page 33, line 23, strike “(5)” and insert “(4)”.

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from New Jersey (Mr. PALLONE) and a Member opposed each will control 5 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 have an amendment sponsored by myself and the ranking member of the full committee, Mr. WALDEN.

We have been considering the CREATES Act and legislation like it for years, and it has long been one of my top priorities. So I was pleased to announce a bipartisan amendment that gained the support of our Republican colleagues during the Energy and Commerce Committee’s consideration of the CREATES bill.

There was only one outstanding concern still to be resolved after that amendment was adopted. And I am pleased now to offer a bipartisan solution to address that concern today.

The concern raised during our full committee markup was that there was a lack of specificity in the provisions that describe the communication requirements related to the request and the delivery of the requested samples between the eligible product developer and the license holder.

This bipartisan amendment filed by myself and my colleague, the ranking member of the Energy and Commerce Committee, Mr. WALDEN, will provide the additional needed clarity to ensure that communication requirements in these negotiations are understood so that there is certainty for both parties.

So I think we have found agreement with our colleagues across the aisle around a shared goal of discouraging anti-competitive conduct and providing certainty to both brand and generic manufacturers about the sample requests and delivery process.

I appreciate the ranking member and his staff for working with me in good faith on this legislation and urge all my colleagues to vote in support of this amendment.

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

□ 1445

Mr. SHIMKUS. Mr. Chairman, I claim the time in opposition, although I do not oppose this amendment.

The Acting CHAIR. Without objection, the gentleman from Illinois is recognized for 5 minutes.

There was no objection.

Mr. SHIMKUS. Mr. Chair, the chairman of the full committee is correct. We appreciate his help and support in working through these technical corrections. We don’t oppose them, and with that, I yield back the balance of my time.

Mr. PALLONE. Mr. Chairman, I appreciate the comments from the gentleman from Illinois.



Again, this is an effort to try to make sure that when a patent expires that the samples or formula are given to generic, so they can develop a generic alternative. That is what the CREATES Act is all about.

I would urge support for my amendment, and I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from New Jersey (Mr. PALLONE).

The amendment was agreed to.

AMENDMENT NO. 2 OFFERED BY MR. MCKINLEY

The Acting CHAIR. It is now in order to consider amendment No. 2 printed in House Report 116-61.

Mr. MCKINLEY. Mr. Chairman, I rise as the designee of the gentleman from Indiana (Mr. BUCSHON), and I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Strike title II (and redesignate the subsequent title and update the table of contents accordingly).

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from West Virginia (Mr. MCKINLEY) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from West Virginia.

Mr. MCKINLEY. Mr. Chairman, the bills to recognize lower drug prices passed the Energy and Commerce Committee with unanimous bipartisan support.

They were genuine efforts to address the most expensive component of healthcare, but Democrats have packaged these bipartisan drug-pricing solutions with controversial, ideologically driven legislation that will not be taken up by the Senate. Shame on them.

So here we go again. According to The Washington Post, in so doing, the Democrats have put a pothole in the path of drug pricing. We have all seen the charts and seen the quotes here earlier in the day.

Mr. Chairman, as the 11th-most bipartisan Member of the House, I recognize the importance of playing nice in the sandbox and putting good legislation before politics. This combination fails that test.

My amendment is simple. It would strike the most controversial portions from the bill, leaving those areas that allow us to lower the cost of prescription drugs.

Therefore, if your goal is to lower the cost of prescription drugs, I would encourage my friends and colleagues to vote "yes" on this amendment. But if you want to play politics with the healthcare of Americans and see this bill stopped in the Senate, then vote "no," and you will see what happens.

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

Mr. PALLONE. Mr. Chairman, I claim the time in opposition to the amendment.

The Acting CHAIR. The gentleman from New Jersey is recognized for 5 minutes.

Mr. PALLONE. Mr. Chair, I yield myself 2 minutes.

Mr. Chairman, I am very disappointed that my Republican colleagues want to strike all of the ACA stabilization measures that we passed through our committee.

These are important bills that should have strong bipartisan support, but, unfortunately, my Republican colleagues continue to be unwilling to work together on commonsense proposals that would lower healthcare costs for consumers.

Funding for outreach and marketing, why is this even controversial to my Republican colleagues? Outreach and advertising are critical to ensuring that people know about the option to enroll in comprehensive coverage.

We know that last year just one in four uninsured people who buy their own insurance were aware of the open enrollment season and the deadline to enroll in coverage.

Another commonsense proposal to lower healthcare costs is to provide funds to States to set up State-based marketplaces. Again, why is this controversial? Over the last few years, State-based marketplaces have had lower premiums and better enrollment than the Federal marketplace.

Enrollment on healthcare.gov has declined due to the Trump administration's sabotage. Enrollment in the State-based marketplaces has actually increased. The navigator funding provisions the Republicans are trying to strike from the bill, again, this is a program to help hard-to-reach individuals sign up for comprehensive coverage.

Finally, the Republicans want to remove protection that would block the Trump administration's expansion of junk insurance plans that discriminate against people with preexisting conditions.

I really can't understand why my Republican colleagues who claim to support protections for preexisting conditions want to defend these plans that discriminate against preexisting conditions and put consumers at extreme financial risk, other than the fact this is a Trump administration initiative, so they don't want to oppose it.

In addition to discriminating against people with preexisting conditions, these junk plans exclude coverage for many important benefits, such as maternity care. And even when you think you are covered, if you get sick while you are on one of these, the insurance companies find a way to avoid paying the bill.

So in closing, this amendment demonstrates what we all know clearly: that Republicans don't want to do anything to actually help lower healthcare costs for Americans or safeguard preexisting condition protections.

Mr. Chair, I urge opposition to this amendment, and I reserve the balance of my time.

Mr. MCKINLEY. Mr. Chairman, this is the third time today I have heard the word "sabotage" so that must be the new operative word coming from my colleagues across the aisle.

I would submit to you, I will turn the table back because if there is someone trying to sabotage the effort of lowering healthcare prices, it is you.

Our chairman on the other side, however, I think genuinely wanted to lower the healthcare prices when the bills came out in a nonpartisan fashion which was universally adopted by us. But someplace from the time they left Energy and Commerce to the time they came to the floor, they were put into something that the Senate has already indicated they have no appetite for.

So if we truly want to lower healthcare prices in this vote, then it is a "yes" vote. But if you want to sabotage this legislation, you go right ahead and do what you have to do.

So I know, Mr. Chairman, there were good efforts here, bipartisan efforts to try to get something done. It looks like something has crept in to cause a problem.

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

The Acting CHAIR. Members are advised to address their remarks to the Chair.

Mr. PALLONE. Mr. Chairman, I yield 1½ minutes to the gentlewoman from Florida (Ms. CASTOR).

Ms. CASTOR of Florida. Mr. Chairman, we are trying to turn back the sabotage of the Trump administration on people's healthcare for the folks back home who we represent. The Trump administration has done everything they can to make it more expensive, whether we are talking about prescription drugs or that all-important health insurance policy.

Don't just take it from me and my Democratic colleagues. Take it from folks who are on the side of our families day in and day out: the American Cancer Society Cancer Action Network, the American Diabetes Association, the American Heart Association, and the American Lung Association. I could go on and on.

Mr. Chair, I include in the RECORD letters from over 20 health groups that represent our families back home who say: Pass this bill.

MAY 15, 2019.

Hon. KATHY CASTOR,  
House of Representatives,  
Washington, DC.

DEAR REPRESENTATIVE CASTOR: The 23 undersigned organizations, representing millions of American patients, providers, and consumers, write today in strong support of H.R. 1010, To provide that the rule entitled "Short-Term, Limited Duration Insurance" shall have no force or effect, which is now included in H.R. 987. Our organizations strongly support providing protections for patients from short-term, limited-duration (STLDI or short-term) plans and support preventing action on implementing or enforcing the "Short-Term, Limited-Duration Insurance" final rule (83 FR 38212, published August 3, 2018).

Our organizations remain concerned about this final rule which expands the maximum

duration of short-term health insurance plans from three months to 364 days. Previously, short term plans were available to fill a temporary gap in coverage, such as gaps in employment. However, since the rule was finalized, the growth and availability of these products continues to threaten patients with pre-existing conditions because insurers offering these policies can either deny coverage or charge higher premiums to individuals with pre-existing conditions. Expanding access to these policies could cause premiums in the marketplace to increase, as younger and healthier individuals choose to enroll in the short-term plans. This forces individuals with serious or chronic conditions into a smaller, sicker risk pool to obtain the coverage they need to manage their health. Premiums for these comprehensive plans would likely skyrocket, making insurance unaffordable.

Short-term plans also lack patient protections guaranteed by the Affordable Care Act (ACA), severely impacting individuals with serious or chronic health conditions. Plan providers are permitted to consider pre-existing conditions in decisions to deny coverage, charge higher premiums, or not cover certain care and treatments. After enrolling in a short-term plan, providers are permitted to rescind or amend coverage based on new health issues. Short-term plans are not required to cover all of the Essential Health Benefits (EHBs) categories outlined in the ACA, potentially forcing individuals to pay out-of-pocket for expensive treatments. These plans can also impose lifetime and annual limits on coverage and do not require limits on out-of-pocket expenses and deductibles.

H.R. 1010 would both protect patients and consumers from substandard insurance products and assist in stabilizing the marketplace. The decreased up-front costs of short-term plans may be more appealing to younger, healthier individuals, thus, dividing the individual marketplace risk pool. Segmenting the market in this way will result in increased premiums for comprehensive ACA-compliant plans in the marketplace, decreasing marketplace stability, and reducing affordable access to insurance.

It is for these reasons we enthusiastically endorse your legislation and urge Congress to act swiftly to limit the sale of short-term insurance plans. People with pre-existing conditions need access to adequate, affordable health insurance. Again, our organizations thank you for your leadership on this critical issue for people with pre-existing conditions, and we support your efforts to expand access to affordable health insurance.

Sincerely,

American Cancer Society Cancer Action Network, American Heart Association, American Lung Association, Arthritis Foundation, Cystic Fibrosis Foundation, Epilepsy Foundation, Hemophilia Federation of America, Leukemia & Lymphoma Society, Lutheran Services in America, March of Dimes, Mended Little Hearts, Muscular Dystrophy Association.

National Alliance on Mental Illness, National Coalition for Cancer Survivorship, National Health Council, National Hemophilia Foundation, National Multiple Sclerosis Society, National Organization for Rare Disorders, National Patient Advocate Foundation, National Psoriasis Foundation, Susan G. Komen, The ALS Association, Women Heart: The National Coalition for Women with Heart Disease.

MAY 15, 2019.

Hon. KATHY CASTOR,  
House of Representatives,  
Washington, DC.

DEAR REPRESENTATIVE CASTOR: The 23 undersigned organizations, representing mil-

lions of American patients, providers, and consumers, write today in strong support of H.R. 1386, Expand Navigator's Resources for Outreach, Learning, and Longevity (ENROLL) Act of 2019, which is now included as a provision in H.R. 987. Our organizations recognize the importance of navigator programs to assist potential enrollees with the open enrollment process. Your legislation will guarantee resources for navigators, allowing them to continue the important work of educating Americans about their coverage and enrollment options.

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 cuts to these services and the lack of reliable resources for consumers who have questions about how to enroll in coverage. We are pleased that this legislation represents a significant and meaningful step towards increasing access to services that help consumers enroll in high-quality health care, including Medicare and Medicaid.

Cuts to navigators and outreach and enrollment activities since 2016 have taken away resources that help consumers understand and select health care coverage. Navigators and consumer assisters are critical to educating the public about their health insurance options and helping individuals enroll in appropriate coverage. Navigators conduct outreach and must provide fair, accurate, unbiased, and culturally appropriate information to individuals and families regarding eligibility and enrollment requirements for the marketplaces and other state health insurance programs. They are valuable allies to consumers seeking affordable coverage that meets their needs. Many navigators also provide in-person help to low-income and rural communities, consumers with limited English proficiency, people with disabilities, and other populations for whom such assistance is not often available.

We strongly and enthusiastically support your legislation to preserve funding for navigator programs. Informed enrollees can choose plans that provide the coverage they need at prices they can afford. Research has shown that states that devote robust resources to marketing, outreach, and enrollment assistance programs experience higher rates of enrollment compared to those who do not. Providing resources to ease the enrollment process will help stabilize the marketplace and result in lower premiums for many enrollees.

People with pre-existing conditions need access to adequate, affordable health insurance. In order to be accessible, potential enrollees need to understand open enrollment and coverage options. With the increase of coverage options that are not compliant with the Affordable Care Act (ACA), such as short-term, limited-duration insurance plans, navigator programs are particularly important to allow uninsured individuals to make informed decisions. This legislation will keep this information accessible to all. Again, our organizations thank you for your leadership on this critical issue for people with pre-existing conditions, and we support your efforts to expand access to affordable health insurance.

Sincerely,

American Cancer Society Cancer Action Network, American Diabetes Association, American Heart Association, American Lung Association, Arthritis Foundation, Cystic Fibrosis Foundation, Epilepsy Foundation,

Hemophilia Federation of America, Leukemia & Lymphoma Society, Lutheran Services in America, Mended Little Hearts.

Muscular Dystrophy Association, National Alliance on Mental Illness, National Coalition for Cancer Survivorship, National Health Council, National Hemophilia Foundation, National Kidney Foundation, National Multiple Sclerosis Society, National Organization for Rare Disorders, National Patient Advocate Foundation, National Psoriasis Foundation, Susan G. Komen, Women Heart: The National Coalition for Women with Heart Disease.

Ms. CASTOR of Florida. Mr. Chair, I wanted to make one more important point. I have heard so much misinformation today from my colleagues on the other side of the aisle who have denigrated our navigators. They say agents and brokers can do the job of helping to sign up our neighbors for health insurance.

Boy, that is not the case. Yes, agents and brokers are important, but we heard expert testimony in our committee that the navigators provide independent, trusted advice. They are our community-based folks at community health centers and groups like the American Cancer Society, who I mentioned, that understand how important it is.

A lot of the agents and brokers send their customers over to navigators to sign up because the agents and brokers are not interested in going over to folks who rely on Medicaid, or the Children's Health Insurance Program.

Mr. PALLONE. Mr. Chair, I yield 1½ minutes to the gentlewoman from Delaware (Ms. BLUNT ROCHESTER).

Ms. BLUNT ROCHESTER. Mr. Chairman, I oppose this amendment because by stripping the ACA's stabilization bills from this package, we are renegeing on the promise that we made to the American people: access to quality, affordable healthcare.

This complete package of bills helps stabilize the ACA which will improve the risk pool, reduce premium cost, and lower the number of uninsured.

The CBO found that my bill, the MORE Health Education Act would help 5 million Americans obtain high-quality health insurance created by the ACA. It is supported by AARP, the American Hospital Association, and a number of other organizations, as was mentioned before.

From day one, there has been a concern that when we shorten the amount of time that people can enroll, when we tell them that we are not going to let them know what is even available to them, and then we take away the resources and the individuals that can help them get there, that is why we feel like we have been watching and witnessing the move backwards.

What we want to do with this bill is move forward. So I urge my colleagues to reject this amendment and support the full legislative package for the people.

Mr. PALLONE. Mr. Chair, I would just ask Members to oppose this amendment because it guts the effort to improve the Affordable Care Act.

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

Ms. BLUNT ROCHESTER. Mr. Chair, I would like to revise my remarks made during debate of amendment No. 2 of H.R. 987, offered by Mr. MCKINLEY. In my remarks, I stated that the marketing and outreach provision under Title II of H.R. 987 would increase enrollment into health plans by five million over the ten year period as estimated by the Congressional Budget Office. Due to the methodology adopted by the Congressional Budget Office to estimate the enrollment effect of the underlying measure, the figure is more appropriately represented as increasing enrollment by about 500,000 each year over the ten year period.

The Acting CHAIR. The question is on the amendment offered by the gentleman from West Virginia (Mr. MCKINLEY).

The question was taken; and the Acting Chair announced that the noes appeared to have it.

Mr. MCKINLEY. Mr. Chair, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from West Virginia will be postponed.

AMENDMENT NO. 3 OFFERED BY MR. WELCH

The Acting CHAIR. It is now in order to consider amendment No. 3 printed in House Report 116-61.

Mr. WELCH. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Add at the end of title II the following new section:

**SEC. 205. PROTECTION OF HEALTH INSURANCE COVERAGE IN CERTAIN EXCHANGES.**

In the case of an Exchange that the Secretary of Health and Human Services operates pursuant to section 1321(c)(1) of the Patient Protection and Affordable Care Act (42 U.S.C. 18041(c)(1)), the Secretary may not implement any process that would terminate the health insurance coverage of an enrollee solely because such enrollee did not actively enroll during the most recent open enrollment period.

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from Vermont (Mr. WELCH) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Vermont.

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

Mr. Chairman, this amendment, which I will describe in a moment, is about improving and preserving the Affordable Care Act. The word "sabotage" has been used here. We don't need that word. We have a very straightforward, very transparent difference of view.

The Democrats supported and passed the Affordable Care Act. We have been defending it for years. The Republicans opposed it. President Trump made it a campaign pledge to get rid of it, and they came within a vote in the Senate, except for John McCain, of repealing the law altogether.

We don't have to use words that are pejorative. We think we should have the Affordable Care Act. We think we should make it stronger, and my colleagues on the other side of the aisle want to vote against it and now want to repeal it.

□ 1500

One of the ways to make the Affordable Care Act effective is to have automatic reenrollment. If a family is in the Affordable Care Act and the time for reenrollment comes up, if they take no action, then they are automatically reenrolled in the plan that they are already in.

If you take away the automatic reenrollment, folks fall off, oftentimes for no particular reason. They were doing other things; they didn't notice it; they didn't have the time; or they didn't get to a navigator. There are lots of things that come between automatic reenrollment and picking your own plan.

By the way, studies have shown that automatic reenrollment, like automatic withdrawal to go into your retirement account, is very, very effective.

The President has indicated a desire to get rid of the automatic reenrollment program. He hasn't done that yet. This amendment would prohibit him from doing so.

There is a reason why the administration would like to get rid of automatic reenrollment. The evidence suggests that that would mean about 2 million Americans would then lose access to their healthcare because they hadn't reenrolled.

We don't want that to happen. We want those American families who depend on the healthcare that they have to continue receiving that healthcare next year just like they received it this year.

This amendment makes it very clear that that automatic reenrollment program would continue to be part of the Affordable Care Act.

Keep in mind, it in no way limits the ability of a family or an individual to decide to get into a different plan or to affirmatively say they don't want to be in any plan. That can still happen. There is total and complete freedom of choice, but it gives security. It is going to be very beneficial to about 2 million American families.

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

The Acting CHAIR. The Committee will rise informally.

The Speaker pro tempore (Mr. DESAULNIER) assumed the chair.

**MESSAGE FROM THE SENATE**

A message from the Senate by Ms. Byrd, one of its clerks, announced that the Senate has passed without amendment a bill of the House of the following title:

H.R. 2379. An act to reauthorize the Bulletproof Vest Partnership Grant Program.

The message also announced that the Senate has passed a bill of the following title in which the concurrence of the House is requested:

S. 1208. An act to amend the Omnibus Crime Control and Safe Streets Act of 1968 with respect to payments to certain public safety officers who have become permanently and totally disabled as a result of personal injuries sustained in the line of duty, and for other purposes.

The SPEAKER pro tempore. The Committee will resume its sitting.

**MARKETING AND OUTREACH RESTORATION TO EMPOWER HEALTH EDUCATION ACT OF 2019**

The Committee resumed its sitting.

Mr. SHIMKUS. Mr. Chairman, I claim the time in opposition.

The Acting CHAIR (Mr. COX of California). The gentleman from Illinois is recognized for 5 minutes.

Mr. SHIMKUS. Mr. Chairman, I reserve the balance of my time.

Mr. WELCH. Mr. Chairman, I have no further speakers, so I reserve the balance of my time.

Mr. SHIMKUS. Mr. Chairman, I believe I have the right to close.

The Acting CHAIR. The gentleman from Vermont is recognized.

Mr. WELCH. How much time is remaining, Mr. Chairman?

The Acting CHAIR. The gentleman has 2 minutes remaining.

Mr. WELCH. Mr. Chairman, as I mentioned earlier, we just have a difference of opinion. We think the Affordable Care Act is important to preserve and important to improve. My colleagues, when they have had an opportunity, have voted to repeal it.

Failing to repeal it, what the Trump administration has done is chip away at it. We don't want the administration to be able to get rid of automatic reenrollment, which would likely result in the loss of 2 million families having access to healthcare.

There has been a number of other things that have happened: slashing funding, slashing funding for consumer outreach and enrollment education by 90 percent, cutting back the uninsured rate for 4 years, and 1.1 million Americans losing coverage last year.

In the latest ACA marketplace final rule, the administration openly contemplated getting rid of this automatic reenrollment. This amendment protects the automatic reenrollment. It is going to protect continued access to care under the Affordable Care Act for 2 million Americans.

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

Mr. SHIMKUS. Mr. Chairman, it is great being on the floor with a lot of my friends on the Energy and Commerce Committee and my colleagues across the aisle. Obviously, we have a fundamental disagreement.

I know, in southern Illinois, one of the biggest questions I always got and concerns was that ObamaCare plans are too expensive, and the deductibles

are too high, so we can't use them. Hence, no one wanted to use them.

Part of the change in the political landscape because of that was Republicans controlled the House. That is what happened politically. Here we are, and my colleagues and I have belabored this point all day, Mr. Chairman, about what we are trying to do. We are trying to lower the cost of prescription drugs, but we have to go back to this ObamaCare debate.

Republicans control the Senate. They are not going to bring it up. The President is not going to sign the bill. It is instructional to have this debate. We understand it. We will eventually come back, and we will address these prescription drug bills. We will get there, but we have to go through this exercise. I understand that.

The three bills that we could vote on and pass right now, probably on a suspension calendar and a voice vote, would be the three prescription drug bills that are part of this package. Those are the CREATES Act, the Protecting Consumers' Access to Generic Drugs Act, and the Bringing Low-cost Options and Competition while Keeping Incentives for New Generics Act, called the BLOCKING Act.

That is what we could be doing today, that and some other things. We hope that what we will be addressing will make major changes in affordability, transparency, and the like.

My colleagues also point out the numerous votes to repeal or replace parts of ObamaCare. I am proud to say I voted for all of them. The facts state that a lot of Democrats supported these, to fundamentally change provisions of ObamaCare.

In fact, 30 of the bills my friends are citing were signed into law. Twenty-one of those bills were signed into law by President Obama. Of the 30 that were signed into law, Speaker PELOSI voted "yes" on 19 of them. These are part of the 60 bills that would repeal and replace, and we have 21, and 19 were voted for by Speaker PELOSI. Leader HOYER voted "yes" on 21 of them. My friend Chairman PALLONE voted on 20 of them.

Here are the examples that we want to lay out: repealing the unworkable and unsustainable CLASS Act, rescinding billions of dollars for the failed ObamaCare co-op program, delaying the Cadillac tax and medical device tax, cutting funding to the Independent Payment Advisory Board, providing regulatory and financial relief from ObamaCare's requirements for small business and independent contractors, requiring accurate income verification before disbursing subsidies to ObamaCare exchanges, and modifying eligibility for ObamaCare exchange subsidies.

We can have this tit for tat, Mr. Chairman, and they will still want to defend ObamaCare. We will always say that the private market is better to provide lower cost and rapid response. It is an ideological fight.

We will get through this debate. We will eventually come back and address these prescription drug issues that, as I mentioned, Mr. Chairman, we probably would pass on a voice vote once we return to this.

I thank my colleagues. I have great respect for my colleague from Vermont. He is a very sincere and good friend. We look forward to debating this more in the future.

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

The Acting CHAIR. The question is on the amendment offered by the gentleman from Vermont (Mr. WELCH).

The amendment was agreed to.

AMENDMENT NO. 4 OFFERED BY MS. BLUNT ROCHESTER

The Acting CHAIR. It is now in order to consider amendment No. 4 printed in House Report 116-61.

Ms. BLUNT ROCHESTER. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 47, line 24, strike "Section 1321(c)" and insert:

(a) IN GENERAL.—Section 1321(c)

Page 49, after line 18, insert the following:

(b) STUDY AND REPORT.—Not later than 30 days after the date of the enactment of this Act, the Secretary of Health and Human Services shall release to Congress all aggregated documents relating to studies and data sets that were created on or after January 1, 2014, and related to marketing and outreach with respect to qualified health plans offered through Exchanges under title I of the Patient Protection and Affordable Care Act.

The Acting CHAIR. Pursuant to House Resolution 377, the gentlewoman from Delaware (Ms. BLUNT ROCHESTER) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Delaware.

Ms. BLUNT ROCHESTER. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, this is a simple amendment designed to ensure that Congress is able to review the Department of Health and Human Services' own analysis of the ACA's marketing and outreach programs.

In April of this year, I led a letter signed by 30 of my House colleagues on the Energy and Commerce Committee requesting HHS disclose any studies and data related to their marketing and outreach efforts for the ACA. HHS and CMS have had more than 50 days to respond to this request and provide crucial documents to the public and Congress. The lack of response confirms our concerns about transparency and commitment to implementing the current law.

While estimates vary, it is clear that marketing and outreach efforts created by the ACA could significantly improve the lives of tens of thousands of Americans. Many of these Americans are simply unaware of the health insurance and financial assistance options available to them. HHS and CMS have the

power and obligation to assist the public in understanding these options.

My colleagues would agree that HHS and CMS also have the obligation to be good stewards of taxpayer dollars by doing this effectively. Because of this, earlier this morning, I sent a follow-up letter requesting that these documents be released without delay.

The results of this study need to be made public so that Congress can enact effective policy that reaches our common goal of quality and affordable health insurance for all Americans.

Simply put, public awareness of the ACA isn't as high as folks are made to believe, and the ACA's marketing and outreach program was an effective tool in helping Americans make informed decisions for their families.

According to Joshua Peck, a former senior adviser at CMS who oversaw the marketing program, the private sector spends between \$250 and \$1,000 per enrollment. How much did it cost the Federal Government? Twenty-nine dollars.

It costs government just \$29 to enroll someone in the individual marketplace using TV ads. That is a good use of taxpayer dollars.

A July 2018 Government Accountability Office report on ACA outreach and enrollment even cites the HHS' study, which looked at the most cost-effective forms of advertising for new and returning enrollees. The GAO found that the study named television ads as one of the best forms of advertising for enrolling Americans. Despite objective, fact-based analysis, the administration eliminated these ads.

Mr. Chairman, I support the underlying legislation, and I ask my colleagues to support my amendment and make clear that HHS should be transparent and release these studies.

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

Mr. SHIMKUS. Mr. Chairman, I claim the time in opposition.

The Acting CHAIR. The gentleman from Illinois is recognized for 5 minutes.

Mr. SHIMKUS. Mr. Chairman, I reserve the balance of my time.

Ms. BLUNT ROCHESTER. Mr. Chairman, in closing, I urge my colleagues to support this amendment and also support the underlying bill, and I yield back the balance of my time.

Mr. SHIMKUS. Mr. Chairman, it is hard to sell a lemon, no matter how much you give in advertising. That is kind of the basis of our opposition to this amendment.

Mr. Chair, as you heard me say in the last debate, in my congressional district, people didn't want to be forced to buy something that was too high, that was unaffordable, that the deductibles were too high, and that we in Washington mandated that they have to buy.

Now we see a period where, in essence, people have a few more choices because of the waiver system, the 1332s. We see people flocking away from

ObamaCare plans to 1332 waivers within the States, which we think is a good deal.

Part of the debate on this is: Let's pump more money in and maybe these people will stay in these failed ObamaCare plans. We reject that. We reject it based upon what we have done with Medicare Advantage and Medicare part D.

The executive branch has said: Let's spend the same amount of money that we do for Medicare part D and Medicare Advantage, which have much higher enrollment than the ObamaCare exchanges.

□ 1515

So we think that is appropriate. We do think that, with \$100 million or more to try to get people to buy a product and you see enrollment go down, that is not a good use of money.

Mr. Chair, with that, we would ask for a "no" vote on the amendment, and I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Delaware (Ms. BLUNT ROCHESTER).

The amendment was agreed to.

AMENDMENT NO. 5 OFFERED BY MR. DESAULNIER

The Acting CHAIR. It is now in order to consider amendment No. 5 printed in House Report 116-61.

Mr. DESAULNIER. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

At the end of title I, add the following:

**Subtitle D—Study on Role of Federal Assistance in Drug Development**

**SEC. 131. STUDY ON ROLE OF FEDERAL ASSISTANCE IN DRUG DEVELOPMENT.**

(a) IN GENERAL.—Not later than two years after the date of the enactment of this Act, the Secretary of the Health and Human Services shall enter into a contract with the National Academy of Medicine to conduct a study on, and submit to Congress a report on, the following:

(1) The percentage of drugs developed in the United States using at least some amount of Federal funding from any Federal source.

(2) The average cost incurred by a drug developer to develop a drug.

(3) The average amount of revenue and profits made by drug developers from the sales of drugs.

(4) The percentage of such revenue and profits that are reinvested into research and development of new drugs.

(5) The appropriate percentage, if any, of such revenue and profits the Secretary, in consultation with the National Academy of Medicine, recommends should be returned to Federal entities for Federal funding used in the development of the drugs involved.

(b) ENFORCEMENT.—A drug developer shall, as a condition of receipt of any Federal funding for the development of drugs, comply with any request for the data necessary to perform the study under subsection (a).

(c) CONFIDENTIALITY.—This section does not authorize the disclosure of any trade secret, confidential commercial or financial information, or other matter listed in section 552(b) of title 5, United States Code.

(d) DEFINITIONS.—In this section:

(1) The term "drug" has the meaning given such term in section 201 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321).

(2) The term "drug developer" means an entity that submitted, and received approval of, an application under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) or section 351 of the Public Health Service Act (42 U.S.C. 262).

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from California (Mr. DESAULNIER) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from California.

Mr. DESAULNIER. Mr. Chairman, my amendment seeks to find information that will help with the high cost of prescription drugs in the United States, to help inform this institution and the American public.

Mr. Chair, I have a form of noncurable blood cancer. In my pocket is a pill I take every day that keeps me alive. It costs \$500 a day.

Most of the research that developed this pill was at the Department of Defense and the National Institutes for Health. American taxpayers did the basic research.

Earlier today, we had a long hearing in the Committee on Oversight of a similar situation where most of the development for an HIV lifesaving drug was developed at the University of California in San Francisco with NIH funding and no funding from the drug supplier that is now making billions of dollars.

What my amendment does is direct the Academy of Medicine to get the information to differentiate what is basic taxpayer healthcare and how much that contributes to these billions of dollars of profits of pharmaceutical companies.

It is not to say that these private investments are not good, but are they low risk and high reward or are they high risk and high reward? That is to say: Are the investors getting a really high risk based on what the taxpayers have done in investment?

All this amendment does is direct the Academy of Medicine to come back with that information.

We hear arguments from our Republican colleagues often that we need these investments in private-sector pharmaceutical companies. I don't disagree, but we need to know what portion of it is actually returning a reasonable rate of return. We want to attract those investments.

Absent this kind of information, it is just a political opinion and argument. My amendment would get to that information that is so important to this debate.

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

Mr. SHIMKUS. Mr. Chairman, I claim the time in opposition.

The Acting CHAIR. The gentleman from Illinois is recognized for 5 minutes.

Mr. SHIMKUS. Mr. Chair, I reserve the balance of my time.

Mr. DESAULNIER. Mr. Chair, I would hope that all the Members would support this amendment. It provides us valuable information by a source that we all value, the National Academy of Medicine, and it will get to this argument of my colleagues across the aisle.

If their argument is right, then the public and the Congress will see it; it will be verified. If it is different—and I believe it is—we will start looking at the real value of private investment and the return on investment that is due the American public.

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

Mr. SHIMKUS. Mr. Chairman, I don't know my colleague very well, but I think it is instructive to our citizens as a whole that Members come from across this great land and have a lot of different issues. I think it is instructive that even Members of Congress can be fighting illnesses and need lifesaving medicine to do that.

I don't think we are fundamentally opposed to the amendment. We don't think it does exactly what the author is claiming it will do.

In this package, in this bill, it is not, obviously, going to go anywhere because the President is not going to sign this bill. It is not going to go through the Senate.

Mr. Chair, I would encourage my colleague to come back and visit with us so that we start moving something that can get bipartisan agreement that I think would be very instructive in looking at this as an addition.

Now, I am speaking for myself, not for the ranking member of the full committee, because the gentleman is right that we need to have information. And when government is helpful in creating the initial science that then goes over to the private sector, that then goes to creating blockbuster drugs, then we should know, kind of, the skin in the game, Mr. Chairman, and how much that is due to good Federal policy by not just legislators, but also our agencies that help push that research by NIH or the CDC or the National Cancer Institute.

Had this bill been brought and the three prescription drug transparency lower cost options been brought to the floor, as I said before—and I am not going to restate this every amendment debate—but we probably would have had a voice vote and we could have gone out for dinner. But it is attached to the ObamaCare rescue mission, which we think the public has already rejected.

So we will get through this process, but I would encourage my colleague to join with the chairman of the committee and Republicans in looking at what we can do on this provision in the future.

Mr. Chair, I would ask my colleagues to vote "no," and I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from California (Mr. DESAULNIER).

The amendment was agreed to.

AMENDMENT NO. 6 OFFERED BY MR. HARDER OF CALIFORNIA

The Acting CHAIR. It is now in order to consider amendment No. 6 printed in House Report 116-61.

Mr. HARDER of California. Mr. Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 46, beginning on line 17, amend clause (i) to read as follows:

(ii) by striking the period and inserting a semicolon; and

Page 46, line 20, strike "clause" and insert "clauses".

Page 46, line 23, strike the period and the end quotes.

Page 46, after line 23, insert the following: "(iv) receive opioid specific education and training that ensures the navigator can best educate individuals on qualified health plans offered through an Exchange, specifically coverage under such plans for opioid health care treatment."; and

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from California (Mr. HARDER) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from California.

Mr. HARDER of California. Mr. Chair, I rise today in support of my amendment to the Strengthening Health Care and Lowering Prescription Drug Costs Act.

Families in my district, in the California Central Valley, need prescription drugs to go down in cost now, and they need access to care for every condition, including mental health and treatment for substance use disorders.

That is exactly what my amendment is going to help with. The navigators that help folks understand healthcare through the exchanges are great, but they need additional tools to make sure folks struggling with opioid addiction get the coverage that they need. My amendment gives them just that.

In most communities I visit, I hear from someone who has been touched by the opioid epidemic, and I am no exception. When I was in high school, I had a friend who was in a tough family situation, so I drove him to school every day for 2 years. He was one of the best golfers I ever met, had an amazing sense of humor. But, after graduating, he developed an addiction to opiates, and about 5 years ago we lost him to an overdose.

Stories like my friend's are far too common. About 130 Americans die every single day from opiate overdose. Folks with substance use disorder deserve access to care just like everyone else, and every person in this country deserves prescription drugs that they can actually afford.

It is for my friend and for our loved ones all across the country who have struggled with this that I urge my colleagues to vote for this amendment.

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

Mr. SHIMKUS. Mr. Chairman, I claim the time in opposition.

The Acting CHAIR. The gentleman from Illinois is recognized for 5 minutes.

Mr. SHIMKUS. Mr. Chair, I would reserve the balance of my time unless my colleague yielded back.

The Acting CHAIR. The gentleman has the only time remaining.

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

Again, I appreciate my colleague coming down to the floor, especially when, in his opening statement, he says he wants drug costs to go down now.

It is not going to happen now because it is in a package that is not going to be accepted by the Senate and the President is not going to sign.

So, if we really want drug prices to go down now, we would have done what we did out of the full committee. We would have packaged this up with H.R. 965, the CREATES Act, which is a bipartisan agreement that is part of this bill, which would penalize branded drugmakers that withhold samples from generic manufacturers.

We would have brought to the floor, either separately or in a package, H.R. 1499, the Protecting Consumer Access to Generic Drugs Act, bipartisan out of the committee. This would ban pay-for-delay agreements, which are a problem.

And we would have brought up H.R. 938, the Bringing Low-cost Options and Competition while Keeping Incentives for New Generics, which is called the BLOCKING Act, which would limit the first-approved generic maker's ability to stall another rival's launch.

I think we all want to get there. I think we will get there. We still are going to go through this process. But, make no mistake, this is not going to be signed into law that we can go down to the White House for a ceremony.

Again, I would encourage my colleagues to work with the chairman of the Energy and Commerce Committee, my good friend FRANK PALLONE, and we can address this amendment and other processes and hopefully bring the bipartisan bill to the floor that would address a lot of other colleagues' concerns and really work on a bipartisan agreement that, then, by that bipartisan approach, the Senate would have to really look at seriously, and, hopefully, we would convince the President to sign the bill.

I am just a simple man from southern Illinois, taught high school civics: two Chambers, President has got to sign the bill. Sometimes when we use all this time, it is for other purposes than really trying to have a bill become law.

So, with that, I would ask my colleagues to vote "no" on the amendment, and I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from California (Mr. HARDER).

The question was taken; and the Acting Chair announced that the ayes appeared to have it.

Mr. HARDER of California. Mr. Chair, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from California will be postponed.

AMENDMENT NO. 7 OFFERED BY MS. SHALALA

The Acting CHAIR. It is now in order to consider amendment No. 7 printed in House Report 116-61.

Ms. SHALALA. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Add at the end of title II the following new section:

**SEC. 205. SENSE OF CONGRESS RELATING TO THE PRACTICE OF SILVER LOADING.**

It is the sense of Congress that the Secretary of Health and Human Services should not take any action to prohibit or otherwise restrict the practice commonly known as "silver loading" (as described in the rule entitled "Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2020" published on April 25, 2019 (84 Fed. Reg. 17533)).

The Acting CHAIR. Pursuant to House Resolution 377, the gentlewoman from Florida (Ms. SHALALA) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Florida.

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

Mr. Chair, this amendment expresses a sense of Congress that the Secretary of Health and Human Services should not do anything that prohibits State insurance commissioners from allowing for so-called silver loading.

Let me walk you through how we got to this point because, while silver loading has worked to keep costs on the exchanges lower for people who get subsidies, it has only been used because the administration was actively trying to kill the Affordable Care Act.

In 2017, the administration decided to stop reimbursing health insurance companies for what are called cost-sharing reductions, CSRs. CSRs are payments that health insurance companies are required to make to help low- and moderate-income people afford healthcare.

Under the Affordable Care Act, health insurance companies must help people have more affordable and, possibly, no copays or deductibles. The Federal Government was supposed to reimburse insurance providers for making these payments. However, in October of 2017, the administration stopped making these payments. This was a deliberate attempt to make health insurance on the exchange unaffordable and to undermine, weaken, and attack the Affordable Care Act.

□ 1530

In response to this, the States, bipartisan States, including my own, let insurance plans do what is now called "silver loading."



State insurance regulators, in a desperate and a very creative attempt to stabilize the insurance markets, allowed insurance companies to build the unpaid CSR costs into their silver plans on the exchange.

This was not the solution anyone wanted, but it is a solution that has worked and has created some stability and predictability in the insurance markets in the face of an administration that seeks chaos.

Because the tax credits are benchmarked to the silver plans, silver loading has meant that most who receive subsidies did not see an increase in their health insurance premiums. In fact, new data shows that 2.6 million exchange consumers are now paying lower premiums as a result of silver loading.

States that allowed for silver loading as a way to cope with the manufactured chaos that the administration tried to inflict on the market actually saw an increase in enrollment in the exchange.

The administration has to stop trying to sabotage the Affordable Care Act. My amendment expresses that it is the sense of Congress that the Secretary of HHS shall not do anything to prohibit the use of silver loading to stabilize the health insurance marketplaces.

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

Mr. SHIMKUS. Mr. Chairman, I claim the time in opposition.

The Acting CHAIR. The gentleman from Illinois is recognized for 5 minutes.

Mr. SHIMKUS. Mr. Chairman, I reserve the balance of my time.

Ms. SHALALA. Mr. Chairman, I yield back the balance of my time.

Mr. SHIMKUS. Mr. Chairman, obviously, I rise in opposition to this, and I understand my colleague from Florida's great expertise in this area and served in the previous administration.

But when you have to subsidize a plan—there are a couple of problems. First of all, before ObamaCare came into being, or the Affordable Care Act—I am not trying to be disrespectful—insurance was regulated by States. The new law yanked that away from States to the point where they created a system of mandatory coverage that was unaffordable.

So then part of the plan was, well, we need to subsidize these plans because, actuarially, they are not going to work without government intervention.

Now, the Court case on this, we thought—and actually, I guess the Court case is still pending. Can the Federal Government force someone to buy something they don't want to buy? And we probably will hear another ruling on that. Initially, they said, yeah.

The real debate shifted to: Does the Federal Government have the power to tax, versus do you have the power to force someone to buy something they don't want to buy?

So the Supreme Court, in that ruling, said, since the Federal Government has

the power to tax, this is really a tax; then, yeah, we can do this.

So then we had the rollout. And the rollout, I think, in the public's eye, as a whole—first, due to the delay because of the computer system, the network couldn't manage it. And then, just the cost.

As I said before, premiums way too high; deductibles too high; people forced to buy an insurance product that they could not use.

People would go in and say, oh, I got coverage. Okay. But your coverage is you still got to pay the first \$10,000 in deductible. And people say, what? That is not very good insurance.

Well, that is what we created in this national healthcare delivery system.

The public rendered judgment, as they do, through the political process. Republicans came back into control.

Now, what we are trying to do is return to federalism. We have returned to States' regulation of insurance; provide more options to consumers. That is what is occurring now, so the higher cost or the costs are going down. In fact, I think there was a projection that 30 percent—there was 30 percent increases until this last cycle, when there was a 3 percent increase. Why?

Well, because, under the law, there are 1332 waivers which allow States to present another package; and you see our citizens, our constituents, voting with their feet to go to these State-based plans. That is a good thing.

So we are trying—we don't want to turn the clock back again. So that is why I would ask my colleagues to vote "no" on the gentlewoman's amendment. Although brought well-intentioned and lovingly, I know.

Mr. Chairman, I reject that. I ask for a "no" vote, and I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from Florida (Ms. SHALALA). The amendment was agreed to.

AMENDMENT NO. 8 OFFERED BY MRS. HAYES

The Acting CHAIR. It is now in order to consider amendment No. 8 printed in House Report 116-61.

Mrs. HAYES. Mr. Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 47, line 3, strike "Grants under" and insert "Subject to subparagraph (C), grants under".

Page 47, line 6, strike "subparagraph" and insert "subparagraphs".

Page 47, line 18, strike the end quotations and the second period.

Page 47, after line 18, insert the following:

"(C) STATE EXCHANGES.—For the purposes of carrying out this subsection, with respect to an Exchange operated by a State pursuant to this section, there is authorized to be appropriated \$25,000,000 for fiscal year 2020 and each subsequent fiscal year. Each State receiving a grant pursuant to this subparagraph shall receive a grant in an amount that is not less than \$1,000,000."

The Acting CHAIR. Pursuant to House Resolution 377, the gentlewoman

from Connecticut (Mrs. HAYES) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Connecticut.

Mrs. HAYES. Mr. Chair, I yield myself such time as I may consume.

It is fitting that H.R. 987, a bill that would protect the progress of the Affordable Care Act, should include language that would reinforce the Federal navigator program, which provides outreach, education and enrollment assistance to consumers looking to buy health insurance.

This administration has slashed funding for Federal marketplace navigators in recent years, with some States facing cuts near 96 percent, undermining the exchanges and hindering the ability of consumers to choose the insurance plan that works best for them.

My background in education makes it hard for me to understand why we would ever want to eliminate tools to help educate the public about how to access healthcare. It is even harder for me to understand why we would want to limit this critical funding just to States that operate within the Federal marketplace.

Residents in States like California, New York, Minnesota, and Connecticut deserve to have the same opportunity as people throughout the rest of the country to learn about their healthcare options, to learn how to sign up for coverage, and to learn how this coverage will work.

And so my amendment would open navigator funds to State-run marketplaces, so that my home State of Connecticut, and the 11 other States that operate a State-based exchange, could benefit from this funding.

The Affordable Care Act helped more than 20 million Americans sign up for health insurance. People of color experienced some of the largest gains in coverage under the Affordable Care Act, finally reducing longstanding racial disparities.

But in recent years, my own State's exchange, Access Health CT Exchange, experienced a marked decrease in enrollment with communities of color; a worrisome sign that the progress that has been made in healthcare coverage with the passage of the Affordable Care Act may be slipping through our fingers.

Cutting funding to the navigator and outreach programs represents underhanded attacks on the people that need healthcare the most. It is part of this administration's subtle strategy to roll back the protections of the Affordable Care Act by reducing healthcare access as a last-ditch effort.

The simple fact is that brokers do not always serve these communities. There is an urgent need to reinforce and expand outreach programs to make sure that we are reaching people in all zip codes, of all demographics.

State-based exchanges are already doing their part to be flexible, to invest



in outreach, and to partner with all communities. Access Health CT even expanded their open enrollment period this year after the Texas v. United States decision was unveiled in December. The exchange knew that it had to combat misinformation—that the Affordable Care Act was still intact, despite the Texas decision—and that people could still sign up for coverage.

State-based exchanges need all the help they can get to support these efforts.

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

Mr. WALDEN. Mr. Chairman, I rise in opposition to the amendment.

The Acting CHAIR. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Mr. Chairman, I reserve the balance of my time.

Mrs. HAYES. Mr. Chairman, how much time do I have?

The Acting CHAIR. The gentlewoman has 2 minutes remaining.

Mrs. HAYES. Mr. Chair, I want to point out that an estimated 90 million Americans still have low health literacy. These people are disproportionately lower-income Americans, elderly Americans, and Americans with low English proficiency.

There is a clear need and urgency for the Federal Government to help these people in States that operate State-based exchanges, and there is precedent for my amendment. My State exchange has received roughly \$3 million for the In-Person Assister program from the Federal Government.

The bottom line is that the rules of the road have changed since changing the requirement to provide healthcare coverage to all Americans. There has never been a greater need to shore up programs that make certain working Americans, especially underserved populations, are protected and insured; that people in all communities know what their options are and know when and how to access these benefits.

I strongly support H.R. 987. I think that my amendment will make it even better.

I urge my colleagues to support this amendment.

Mr. Chair, I yield the balance of my time to the gentleman from New Jersey (Mr. PALLONE), the leader of this important bill.

Mr. PALLONE. Mr. Chairman, I just think that the navigator program is so important, and all the outreach that we have in these bills is very important. I obviously support the gentlewoman's amendment because every effort to reach out and educate people about their options in the marketplace is so important.

Mrs. HAYES. Mr. Chairman, I yield back the balance of my time.

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

So let's talk about the navigator program. They enroll less than 1 percent today, less than 1 percent.

Wall Street Journal reported an investigation that one grantee took in

\$200,000 to enroll a grand total of 1 person; and they found the top 10 most expensive navigators collected 2.77 million taxpayer dollars, 2.77, Mr. Chairman.

Do you know how many people they signed up? 314.

They want to add \$25 million more on top of the \$62,500,000 in grants. We are talking about less than 1 percent.

Meanwhile, while they are talking about oh, we have got to educate people about all their options, then they put a gag rule in here that says, can't talk to you about short-term duration plans. Oh, no, we can't educate about that choice. No, you can't know about that. No, we are going to stop that. Oh, and you can't know about association health plan options either. It might be better for you and your family and actually be more affordable. No, no, no, because that is not our Federal decision here. They decide, and they don't want you to even know. So navigators can't talk about those things. That is gagged in this law.

The amazing thing we never hear about is the good work of the Trump administration and the economy as it has taken off. And I say that in the context that we have seen the lowest unemployment rates for virtually every American and group of Americans; whether it is African Americans, Hispanic Americans, you name it, we are seeing, the lowest rates, in some cases, since they began keeping track of unemployment.

So the economy is doing really well. Over 3 percent GDP growth the first quarter.

So what has that meant for insurance?

We have heard the constant, unrelenting attacks; you might as well use impeachment here at some point probably today.

Look, the number of Americans in employer health coverage has increased by more than 2.5 million since President Trump took office. Two-and-one-half million more Americans aren't having to get their healthcare through the government and taxpayers. They are getting it through a job and their employer.

In fact, today, there is a greater percentage of Americans in employer health coverage since Trump took office than any time since 2000, any time since 2000.

See, there is another way to provide healthcare and that is through a job.

Now, I know those who support a full Federal takeover of everybody's health insurance don't like to hear that because, see, they don't think that employers should offer health insurance. They think only the government knows best. And so their Medicare for All plan, which would cause great delays in access to care, drive up costs, you would pay more; but it would take away your health insurance. If you get it from your employer, or if you get it from your union, or if you are a senior on Medicare and you have a Medicare

advantage policy, that goes away too. Veterans with TRICARE? Democrats' Medicare for All program, that is gone, too.

□ 1545

It is kind of ironic to talk about how wonderful the Affordable Care Act is working for Americans, who, by the way, tell me: "Look, I am getting stuck with the highest deductibles and premiums I have ever seen. I can't afford it."

We had an example from Grand Island, Nebraska, last week. A 60-year-old couple makes \$70,000 a year. They were paying \$38,000 in premiums and \$11,000 in deductibles.

That is affordable insurance? I don't think so.

That is why we think States should have the ability to experiment and regulate plans at the State level, as they did under ObamaCare.

All that talk about junk plans and all that, by the way, those were approved under ObamaCare. Those were allowed under ObamaCare. Trump just allowed them to be there longer. But because he changed something, there is this automatic partisan response.

I think we all ought to come together here. I have fought my entire legislative career in Oregon and here to make healthcare more affordable.

The underlying drug bills, there is no light between us, none, between Republicans and Democrats. Those bills came out of committee unanimously.

The only reason we are having this fight on the floor today is because somewhere along the way, the political operatives, Mr. Chairman, decided to bolt these two unrelated sets of bills together. They knew it would be kind of a poison pill and kind of fun to watch Republicans squirm on the floor. That is why we are here.

The ObamaCare bills we are voting on today just dump more money into programs that investigations have shown are filled with fraud and abuse. How can you justify putting another \$25 million into a program where the top 10 most expensive navigators collected \$2.77 million and signed up a grand total of 314 people? Who in their right mind in private business, Mr. Chairman, would make that kind of investment?

The Las Vegas Review-Journal said, after reading that, "The navigator scheme is a make-work government jobs program rife with corruption and highly susceptible to scam artists."

Mr. Chairman, my time has expired. I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from Connecticut (Mrs. HAYES).

The amendment was agreed to.

AMENDMENT NO. 9 OFFERED BY MRS. MCBATH

The Acting CHAIR. It is now in order to consider amendment No. 9 printed in House Report 116-61.

Mrs. MCBATH. Mr. Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

At the end of title I of the Rules Committee Print, add the following:

**Subtitle D—Pharmacy School Outreach**  
**SEC. 131. PHARMACY SCHOOL OUTREACH.**

The Secretary of Health and Human Services and the Secretary of Education shall make every effort necessary to ensure appropriate outreach to institutions of higher education to ensure that students and faculty at schools of pharmacy are provided with materials regarding generic drugs and biosimilar biological products, including materials on—

(1) how generic drugs and biosimilar biological products are equivalent or similar to brand-name drugs;

(2) the approval process at the Food and Drug Administration for generic drugs and biosimilar biological products;

(3) how to make consumers aware of the availability of generic drugs and biosimilar biological products;

(4) requirements for substituting generic drugs and biosimilar biological products in place of corresponding drugs products; and

(5) the impacts of generic drugs and biosimilar biological products on consumer costs.

The Acting CHAIR. Pursuant to House Resolution 377, the gentlewoman from Georgia (Mrs. MCBATH) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Georgia.

Mrs. MCBATH. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, I am so proud to be voting today to stabilize healthcare for millions of Americans and to bring down the cost of prescription drugs.

I came to Congress, like many of my fellow colleagues, to protect healthcare for my constituents with preexisting conditions and to make healthcare more affordable and accessible. I myself have a preexisting condition, having suffered breast cancer twice.

My amendment today is focused on ensuring that our future pharmacists and those in the workforce are provided with materials regarding generic drugs and biosimilar biological products. Specifically, it would have the Secretary of Health and Human Services and the Secretary of Education make every effort necessary to ensure appropriate outreach to institutions of higher education to ensure that students and faculty at schools of pharmacy are provided with appropriate materials.

This will allow for students and faculty to have material on how generic drugs and biosimilar biological products are equivalent or like brand-name drugs, the impact of these products on consumer costs, requirements for substituting these types of drugs with corresponding drug products, the impacts of these products on consumer costs, and more.

Pharmacists spend a great deal of time with individuals when they come to the counter to fill an order. They provide guidance and educate patients on the prescriptions that they are tak-

ing. I have even met with my own local pharmacists many, many times to discuss my own prescriptions.

They are very intelligent individuals who are relied on by their community daily. By instilling them with the information that they need to know to best help those whom they serve, we will all be better off.

Mr. Chair, I urge all my colleagues to support this amendment and the underlying package.

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

Mr. WALDEN. Mr. Chairman, I rise in opposition to the amendment.

The Acting CHAIR. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Mr. Chair, I reserve the balance of my time.

Mrs. MCBATH. Mr. Chair, I yield myself as much time as I might consume.

Mr. Chair, I would like to say that, as a two-time breast cancer survivor myself, I have relied many, many times on the specific information and guidance that has been given to me by my own pharmacist.

Our pharmacists should be allowed to be able to give resource information to help the patients that they serve. By tying their hands and not being able to give them the information that they need to really best serve their patients, we do them a great disservice.

I truly believe that this information is very relevant. Giving pharmacists the ability they need to do their jobs is of great importance.

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

Mr. WALDEN. Mr. Chairman, I yield such time as he may consume to the gentleman from Georgia (Mr. CARTER), America's only pharmacist in the U.S. House of Representatives and a distinguished gentleman from the Energy and Commerce Committee.

Mr. CARTER of Georgia. Mr. Chair, I thank the ranking member for yielding and for the opportunity to speak on this bill.

Mr. Chair, first of all, let me begin by thanking the gentlewoman from Georgia for proposing this amendment. Although I do find it unnecessary in a lot of ways, I have to admit that I applaud her, because educating our healthcare professionals and, therefore, educating the public about what is available is extremely important.

I do have to tell you that I feel the pharmacy schools already do a good job of this, and this might be somewhat redundant. However, the underlying point is that more education is better even if it is overkill, if you will.

Now, you ask me how I can say that. I have to say that I have to be consistent, and I have been consistent throughout that we need to educate the public.

In fact, if we look back at the debate that we have had in the committee when we have been talking about the short-term plans, I made the point that we need to educate the public as to what is available. They need to know.

Therefore, I would be inconsistent if I didn't agree with the lady that more education is better, because I have to tell you that these short-term plans—I believe that the other side refers to them as the junk plans. I have always said, if they are junk plans now, then they were junk plans during the Obama administration, because they were being offered then.

But those short-term plans, we need to let people know about them. That is why I made an amendment in the committee to educate the public about the availability of these plans. Unfortunately, my colleagues on the other side of the aisle disagreed with that, feeling that, no, they don't need to know about it.

Here we have an opportunity to let people know more, and I have to admit that I would be in favor of that. I thank the gentlewoman for offering this amendment. Where I might be a little bit ambivalent toward which way to go, I have to admit that consistency is important. Short-term plans, we need to let people know about them. I fought for that. So I don't think I would be consistent if I went against this.

I thank the gentlewoman for offering this.

Mr. WALDEN. Mr. Chair, I yield myself such time as I may consume.

Mr. Chairman, I appreciate the comments of my friend from Georgia, a distinguished member of the Energy and Commerce Committee.

We really have come to rely upon Mr. CARTER for his guidance, especially on areas related to pharmacies and trying to get the costs of prescription drugs down for consumers. We are all about that.

We worked together in the last Congress to empower the FDA to get more generics to market sooner so we have more competition. That was a bipartisan bill.

That is the way we operated in the last Congress, Mr. Chairman, as Republicans and Democrats. I led the committee, and we revamped everything at the FDA in generics, on medical device approvals, and on pharmaceuticals so we could benefit the patient first.

We brought those bills to the floor unanimously. We didn't mess around with them and package them up with poison pills. We said: Let's go legislate, and let's get this done. And they did. They got done. They got into law, signed by President Trump.

And guess what? Last year, the FDA approved more generics in one year than at any time in its history. So we did do things, led by Republicans in the House, the Republican leader of the Senate, and President Trump, joining with Democrats, just as we have attempted to do on the drug bills before us today.

We are in full agreement. Stop the bad behaviors, get competition into the market, and bring down costs of drugs. But we also believe we should make sure Americans have choices that are

more affordable when it comes to their insurance.

Democrats voted for ObamaCare. They blocked every amendment we had as Republicans at the time that was legislated. Remember, the former Speaker, now Speaker again, said you have to pass it so you can find out what is in it. It is kind of an odd way to legislate, but, anyway, here we are.

By the way, the short-term plans they call junk plans on that side, Mr. Chairman, those short-term plans are the same ones we are debating today, except all President Trump did is say you can have them a little longer, because guess what? For some people, it is the only affordable health insurance they have access to in their States.

They are regulated by the States. They are not unregulated. States can do all kinds of things. We should empower them to do things to make insurance more affordable.

Unlike my friends on the other side, Mr. Chairman, they want to gag the navigators so they can't even tell them about alternatives that may actually benefit them and be more affordable.

The plans that the other side of the aisle is railing against today, Mr. Chairman, are plans that are very much like the ones that were approved under President Obama and ObamaCare. It is just that President Trump said you can have them for longer if they work for you. But the States can come in and say, no, no.

My State says just 3 months. That is it. Boom. Other States say 30 days. Some States say none at all.

Mr. Chairman, I am not going to oppose this amendment, and I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from Georgia (Mrs. MCBATH).

The amendment was agreed to.

AMENDMENT NO. 10 OFFERED BY MS. SCANLON

The Acting CHAIR. It is now in order to consider amendment No. 10 printed in House Report 116-61.

Ms. SCANLON. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 50, insert after line 2, the following:

**SEC. 205. CONSUMER OUTREACH, EDUCATION, AND ASSISTANCE.**

(a) OPEN ENROLLMENT REPORTS.—For plan year 2020 and each subsequent year, the Secretary of Health and Human Services (referred to in this section as the “Secretary”), in coordination with the Secretary of the Treasury and the Secretary of Labor, shall issue biweekly public reports during the annual open enrollment period on the performance of the Federal Exchange. Each such report shall include a summary, including information on a State-by-State basis where available, of—

- (1) the number of unique website visits;
- (2) the number of individuals who create an account;
- (3) the number of calls to the call center;
- (4) the average wait time for callers contacting the call center;
- (5) the number of individuals who enroll in a qualified health plan; and

(6) the percentage of individuals who enroll in a qualified health plan through each of—

- (A) the website;
- (B) the call center;
- (C) navigators;
- (D) agents and brokers;
- (E) the enrollment assistant program;
- (F) directly from issuers or web brokers; and
- (G) other means.

(b) OPEN ENROLLMENT AFTER ACTION REPORT.—For plan year 2020 and each subsequent year, the Secretary, in coordination with the Secretary of the Treasury and the Secretary of Labor, shall publish an after action report not later than 3 months after the completion of the annual open enrollment period regarding the performance of the Federal Exchange for the applicable plan year. Each such report shall include a summary, including information on a State-by-State basis where available, of—

- (1) the open enrollment data reported under subsection (a) for the entirety of the enrollment period; and
- (2) activities related to patient navigators described in section 1311(i) of the Patient Protection and Affordable Care Act (42 U.S.C. 18031(i)), including—

(A) the performance objectives established by the Secretary for such patient navigators;

(B) the number of consumers enrolled by such a patient navigator;

(C) an assessment of how such patient navigators have met established performance metrics, including a detailed list of all patient navigators, funding received by patient navigators, and whether established performance objectives of patient navigators were met; and

(D) with respect to the performance objectives described in subparagraph (A)—

(i) whether such objectives assess the full scope of patient navigator responsibilities, including general education, plan selection, and determination of eligibility for tax credits, cost-sharing reductions, or other coverage;

(ii) how the Secretary worked with patient navigators to establish such objectives; and

(iii) how the Secretary adjusted such objectives for case complexity and other contextual factors.

(c) REPORT ON ADVERTISING AND CONSUMER OUTREACH.—Not later than 3 months after the completion of the annual open enrollment period for the 2020 plan year, the Secretary shall issue a report on advertising and outreach to consumers for the open enrollment period for the 2020 plan year. Such report shall include a description of—

(1) the division of spending on individual advertising platforms, including television and radio advertisements and digital media, to raise consumer awareness of open enrollment;

(2) the division of spending on individual outreach platforms, including email and text messages, to raise consumer awareness of open enrollment; and

(3) whether the Secretary conducted targeted outreach to specific demographic groups and geographic areas.

The Acting CHAIR. Pursuant to House Resolution 377, the gentlewoman from Pennsylvania (Ms. SCANLON) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Pennsylvania.

Ms. SCANLON. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, I rise today in support of an amendment to require greater accountability from the Department of Health and Human Services with respect to the Affordable Care Act.

Time and time again, we have seen Republicans and the administration attempt to undermine the important work of the Affordable Care Act.

In addition to attempting to strip away protections for preexisting conditions or reducing coverage for Medicaid recipients, the administration is trying to depress coverage by cutting consumer outreach and marketing for the ACA. Not only does sabotaging the enrollment process make it harder for the American people to get health coverage, but it also drives up costs.

Unfortunately, this strategy has been working. We are currently at our highest uninsured rate in 4 years, with Affordable Care Act enrollment rates declining every year this President has been in office.

Everyday Americans, like the folks in my district in southeastern Pennsylvania, can't afford more barriers to healthcare. When their choice is often between putting food on their table or going to the doctor, it is important that people have more information and access to the Affordable Care Act marketplaces, not less.

My amendment would require greater transparency from the administration by requiring the Secretary of Health and Human Services to provide vital statistics on plan enrollment, outreach, and advertising, and the overall performance of the programs within the ACA.

This information will allow Congress to perform better, quicker oversight on Health and Human Services' attempts to roll back information and outreach for potential Affordable Care Act enrollees.

No longer will the administration be able to hide its lack of investment in ACA outreach and education or refuse to turn over data on how its say-nothing sabotage is hurting Americans.

Mr. Chair, I encourage Members on both sides of the aisle to support this commonsense amendment, and I reserve the balance of my time.

□ 1600

Mr. WALDEN. Mr. Chairman, I seek time in opposition to the gentlewoman's amendment.

The Acting CHAIR (Mr. AGUILAR). The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Mr. Chairman, I reserve the balance of my time.

Ms. SCANLON. Mr. Chairman, I would just, again, urge Members from both sides of the aisle to support this bill, and I yield back the balance of my time.

Mr. WALDEN. Mr. Chairman, I thank the gentlewoman from Pennsylvania for her amendment. We are not going to object to the amendment. The exchanges already do a lot of this reporting, and more information is better than less.

Now, I want to talk about these short-term, State-regulated, limited duration insurance policies because I think I have got a chart here, and we

will put it in the RECORD that there are 27 of our States, Mr. Chairman—27—that have decided that short-term plans are good for their people to be able to take advantage of. There are States from Alaska to Wyoming, from Kansas to Iowa, to Idaho and Pennsylvania where you can go up to 364 days.

Now, there are 12 other States that have said, you know: We want to limit these to 6 months. That includes places like Colorado and Arizona and Nevada and Oklahoma, North Dakota.

Then there are eight States, Mr. Chairman, that said: No, we want 3 months. We think that is all we need in places like Oregon, Hawaii, or New Mexico.

Then there are four States—California, Massachusetts, New Jersey, and New York—that said: No, we are just not going to allow any of these options in our State.

Guess what. That is federalism. They get that right.

Now, I know my friends on the other side of the aisle would like to take away that ability for these short-term duration, State-regulated plans and remove options from consumers, and I don't think that is the way to go. It is an honest disagreement here that we have, Mr. Chairman, between the parties.

I have seen a lot of innovation come out of my home State of Oregon. I was meeting with one of our former Governors, John Kitzhaber, this morning, talking about the effect of the coordinated care organizations, and they have been able to actually bend the cost curve and improve access to delivery of care by having the flexibility, in some cases through waivers, to bring providers together, match them up with patients, and deliver care more efficiently and more effectively and with better outcomes. That should be what we are debating today: How do we get to better outcomes?

We should also be debating how we get healthcare costs down, Mr. Chairman. We are doing a bit of that with the drug bills.

It is unfortunate. It didn't have to be this way that they got made into partisan issues, because there is no partisan divide on those bills. It is the fact that, you know, bailing out some of these programs in ObamaCare that are so expensive.

When it costs \$2.40 per enrollee for agents and brokers to assist in enrollment and \$767 if you spent \$62.5 million in grants and they enrolled 81,000 individuals, it averages out, just a rough average, to over \$700, why would we pour more money into the navigators that cost 700 bucks and then say: Oh, by the way, these agents and brokers can't do anything to keep them out of this?

The Trump administration actually expanded the authority for the agents and brokers to be involved, leveraging that private-sector help, and do you know what? They support 3,660,000 health plan enrollments. That is 42 per-

cent of the plan enrollments in 2018 on the Federal platform exchanges—42 percent. Mr. Chairman, navigators do 1 percent. And my friends on the other side of the aisle want to keep dumping more and more money into the navigator program that, as I pointed out earlier, we found all kinds of wasteful spending in.

So there is really an issue about spending. We know the results. We know there is a much better way to do this.

So, Mr. Chairman, I am not going to oppose this particular amendment. It is fine, and more information is better than less.

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

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from Pennsylvania (Ms. SCANLON).

The amendment was agreed to.

AMENDMENT NO. 11 OFFERED BY MR. MORELLE

The Acting CHAIR. It is now in order to consider amendment No. 11 printed in House Report 116-61.

Mr. MORELLE. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 47, after line 18, insert the following:

(b) STUDY ON EFFECTS OF FUNDING CUTS.—Not later than 1 year after the date of the enactment of this Act, the Comptroller General of the United States shall study the effects of funding cuts made for plan year 2019 with respect to the navigator program (as described in section 1311(i) of the Patient Protection and Affordable Care Act (42 U.S.C. 18031(i))) and other education and outreach activities carried out with respect to Exchanges established by the Secretary of Health and Human Services pursuant to section 1321(c) of such Act. Such study shall describe the following:

(1) How such funding cuts negatively impacted the ability of entities under such program to conduct outreach activities and fulfill duties required under such section 1311(i).

(2) The overall effect on—

(A) the number of individuals enrolled in health insurance coverage offered in the individual market for plan year 2019; and

(B) the costs of health insurance coverage offered in the individual market.

Page 47, line 19, strike “(B)” and insert “(C)”.

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from New York (Mr. MORELLE) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from New York.

Mr. MORELLE. Mr. Chairman, I rise today to offer an amendment intended to detail the full harm done to our Nation by the White House's sabotage of the Affordable Care Act.

Last summer, the Centers for Medicare and Medicaid Services announced a 70 percent cut, \$26 million to the navigators program that provides in-person assistance to people who wish to sign up for insurance through the Affordable Care Act. In just 2 years, fund-

ing for this program has plummeted from \$62.5 million to just \$10 million.

The President also cut digital TV and radio advertising by 90 percent, reducing investment from \$100,000,000 to \$10 million. The failure to use Federal funding for these activities leaves it to the States to fill in the gaps and puts on them the burden for the continued success of State and Federal exchanges.

My amendment directs the U.S. Government Accountability Office to conduct a study of these cuts to detail how reduced funding has harmed enrollment across the Nation and the resulting costs to our Nation's families.

Funding for ACA outreach is essential to ensuring that Americans know their options and their healthcare benefits. Without public messaging campaigns, many people have been left confused about the open enrollment process, when they can begin signing up for coverage, and the deadline for enrolling before the new year.

As we approach planning for the 2020 enrollment season, we need to fully understand the results of the cuts to outreach and advertising that were put in place in recent years. That is what my amendment seeks to do.

I want to thank my colleague Congresswoman WEXTON for joining me in these efforts, and I ask my colleagues to support this amendment.

I thank the chair and the ranking member for their work, and I reserve the balance of my time.

Mr. WALDEN. Mr. Chairman, I seek time in opposition to the gentleman's amendment.

The Acting CHAIR. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. I reserve the balance of my time.

Mr. MORELLE. Mr. Chairman, I yield the remainder of my time to the gentlewoman from Virginia (Ms. WEXTON), my colleague.

Ms. WEXTON. Mr. Chairman, I thank the Representative for offering this amendment and for yielding.

This amendment requests a GAO report on how funding cuts to the navigator program and to Affordable Care Act marketing and outreach have impacted health insurance enrollment and the cost of coverage on the individual markets.

Navigator programs provide critical assistance to consumers by raising awareness about the availability of marketplace plans, assisting people as they apply for Federal subsidies, and providing impartial information about different marketplace plans. Importantly, these programs help otherwise hard-to-reach groups get health insurance coverage, including people living in rural and underserved communities.

The Trump administration has made significant funding cuts to the navigator program, however, providing only \$10 million in funding for the program for 2019, an 80 percent reduction over the past 2 years.

Navigator funding in my home State of Virginia has been reduced by an astounding 76 percent between 2016 and 2018, down from approximately \$2.2 million in 2016 to just \$525,000 in 2018. To manage these cuts, programs have had to lay off staff, close offices, and limit their availability to help consumers.

The administration's cuts hamper navigators' ability to do their jobs, leaving many consumers on their own during the enrollment process, and, as a result, people may not obtain coverage on the individual market, causing people who do get coverage to see their premiums increase.

Constituents in my district and people throughout the U.S. rely on navigators to learn about coverage options and to enroll in the best possible healthcare plans for them. We need to know how the administration's drastic funding cuts have impacted the individual markets, and this amendment will allow us to do that.

Mr. MORELLE. Mr. Chairman, I yield back the balance of my time.

Mr. WALDEN. Mr. Chairman, it is interesting; the prior amendment that passed added \$25 million more to this navigator program. For the plan year 2017, navigators received a total of \$62.5 million in grants and yet only enrolled 81,426 individuals. That is less than 1 percent of the total enrollees.

You see, the issue here isn't whether we should or shouldn't enroll more people. The issue is who is most efficient with the taxpayer or private-sector dollar to do that.

We keep pouring more and more money into this navigator program and we know there is all this, well, I guess I am going to call it waste. I don't know if it is fraud.

But holy smokes, as I have said before, one grantee, according to The Wall Street Journal, took in \$200,000 and enrolled one person—one person. You want to have a Government Accountability Office report and investigation, let's look at the underlying program and how in the heck that could happen.

And then they also found the top 10 expensive navigators collected \$2.77 million and signed up 314.

These aren't my numbers. These are The Wall Street Journal investigative reporters. You know, in the press, these are facts, which caused the Las Vegas Review-Journal to editorialize that: "The navigator scheme is a make-work government jobs program rife with corruption and highly susceptible to scam artists. It's a slush fund for progressive constituent groups."

Not my words, that is the press. I have a journalism degree. I have a great respect for the press and what they write. I don't always agree with them.

But, look, when you take these independent reviews and you look at what is happening there, CMS reported that 17 of those navigators enrolled fewer than 100 people at an average cost of \$5,000 per enrollee—\$5,000. \$5,000. And

my friends on the other side of the aisle want to shovel more money into that program. I think that is the height of fiscal irresponsibility.

See, for \$2.7 million, if we put that into community health centers, Mr. Chairman, do you know how many people we could cover? We could take care of 20,000 patients, according to one estimate—20,000.

Health centers are really, really important to me and my constituents. We have 63 different places in my district, which is bigger than eight States east of the Mississippi. Mr. Chairman, where people get their healthcare in our communities. We have to reauthorize this year, by the end of September, our community health centers.

Now, when I was chairman, we did that at a record level because they deliver record good healthcare. We have had no plan yet to figure out how to pay for that, but you are going dump \$25 million more into this navigator program. Why don't we put it into actual healthcare?

We reauthorized the Children's Health Insurance Program under Republicans and fully funded it for a decade. The longest that had ever been done was 5 years, and, unfortunately, most of my friends on the other side of the aisle voted repeatedly against doing that for a whole host of reasons, but they voted "no." In Oregon, we have 122,700 children and expectant moms that rely on CHIP, SCHIP, partnership with the State for their health insurance.

So there are a lot of things we can invest in with the proceeds from the savings from the drug bills, but investing in the navigator program? \$5,000 per enrollee?

There are 100 navigators, that is all they did? One for 200,000, enrolled one person? I mean, come on. There has got to be a better way to not spend the taxpayers' money than that.

And so I think you look at the incredible growth in men and women working in America, getting better paying jobs, bigger paychecks and healthcare, 2.5 million since President Trump took office, and Republicans put progrowth policies into the Tax Code, progrowth regulatory policies into the bureaucracy.

Jobs are coming up. The biggest issue I run into with employers now is not overregulation; it is: Where do I find more people to work?

So we need to look at job training. We need to work at available workforce. But this, this amendment, I think, is, frankly, from my perspective—with all due respect, GAO doesn't need to waste their time on this nor the taxpayer's money, and especially after \$25 million more was just signed up in addition to—what?—\$63 million, roughly, an enormous amount of money into a program that I think has a lot of problems. And the editorial writers at the Review-Journal said, "highly susceptible to scam artists," "slush fund for progressive constituent groups." So I oppose the amendment.

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

□ 1615

The Acting CHAIR. The question is on the amendment offered by the gentleman from New York (Mr. MORELLE).

The amendment was agreed to.

AMENDMENT NO. 12 OFFERED BY MS. WATERS

The Acting CHAIR. It is now in order to consider amendment No. 12 printed in House Report 116-61.

Ms. WATERS. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

At the end of title I of the Rules Committee Print, add the following new subtitle:

#### Subtitle D—Reports

#### SEC. 131. EFFECTS OF INCREASES IN PRESCRIPTION DRUG PRICE.

Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall submit a report to the Congress on the extent to which increases in prescription drug prices may have caused Medicare beneficiaries to forego recommended treatment, including failing to fill prescriptions.

The Acting CHAIR. Pursuant to House Resolution 377, the gentlewoman from California (Ms. WATERS) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from California.

Ms. WATERS. Mr. Chairman, my amendment requires the Department of Health and Human Services to submit to Congress a report on the extent to which increases on prescription drug prices may have caused Medicare beneficiaries to forego recommended treatment, including failing to fill their prescriptions.

Drug prices have increased significantly over the past year. The Center for American Progress reported that nearly 30 drug companies announced last year that price increases will take effect in January.

Pfizer alone announced that it would raise the prices of 41 different drugs. Critical medications, including insulin and opioid addiction treatments, have already seen dramatic price increases this year.

These price increases are taking a toll on patients. The Kaiser Family Foundation reported that among those currently taking prescription drugs, 24 percent of adults and 23 percent of seniors say it is difficult to afford their prescription drugs. This includes about one in ten respondents who say it is very difficult.

The Kaiser Family Foundation also found that certain groups are much more likely to report difficulty affording medication, including those who are spending \$100 or more a month on their prescriptions, that is 58 percent; those who report being in fair or poor health, about 49 percent; those who take four or more prescription drugs, 35 percent; and those with incomes less

than \$40,000 per year, representing 35 percent.

Furthermore, 29 percent of all adults report not taking their medicines as prescribed at some point in the past year because of the cost, and 8 percent say their condition got worse as a result of not taking their prescriptions as recommended.

Needless to say, when Medicare beneficiaries cannot afford their medications, their health will suffer.

My amendment requires HHS to study the impact of increases in prescription drug prices on Medicare beneficiaries and their health.

Mr. Chairman, I urge my colleagues to support my amendment, and I reserve the balance of my time.

Mr. WALDEN. Mr. Chairman, I seek time in opposition to the amendment, but I am not necessarily opposed to the amendment.

The Acting CHAIR. Without objection, the gentleman from Oregon is recognized for 5 minutes.

There was no objection.

Mr. WALDEN. Mr. Chairman, I reserve the balance of my time.

Ms. WATERS. Mr. Chairman, we have had extensive discussions throughout this Congress about the plight of those who cannot afford prescription drugs.

We know what the statistics are. We know the harm that is being caused to families, and we know that there are preventable deaths if, in fact, people could afford their prescription drugs.

And so I would expect all of the Members of the House of Representatives, knowing this information, understanding all of the research that has been done, the data that has been collected, to simply support this amendment in order to save lives.

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

Mr. WALDEN. Mr. Chairman, I support this amendment, and I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from California (Ms. WATERS).

The amendment was agreed to.

AMENDMENT NO. 13 OFFERED BY MS. JOHNSON OF TEXAS

The Acting CHAIR. It is now in order to consider amendment No. 13 printed in House Report 116-61.

Ms. JOHNSON of Texas. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 46, beginning on line 17, amend clause (ii) to read as follows:

(ii) by striking the period and inserting a semicolon; and

Page 46, line 20, strike "clause" and insert "clauses".

Page 46, line 23, strike the period and the end quotes.

Page 46, after line 23, insert the following: "(iv) receive training on how to assist individuals with enrolling for medical assistance under State plans under the Medicaid pro-

gram under title XIX of the Social Security Act or for child health assistance under State child health plans under title XXI of such Act."; and

The Acting CHAIR. Pursuant to House Resolution 377, the gentlewoman from Texas (Ms. JOHNSON) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Texas.

Ms. JOHNSON of Texas. Mr. Chairman, I rise today to support this amendment. The amendment requires navigators to receive training on how to assist consumers with Medicaid and CHIP enrollment.

This amendment has also been scored by the Congressional Budget Office to have no effect on direct spending or revenue.

The health insurance navigator's program was created by the Affordable Care Act to assist individuals with selecting and enrolling in health insurance coverage plans.

They were intended to carry out public education activities, provide information to prospective enrollees about insurance options and Federal assistance, and examine enrollees' eligibility for other Federal or State healthcare programs.

Fundamentally, their responsibility was to help people make the best healthcare decisions for themselves and their families.

Unfortunately, this essential program has been targeted in recent years, among others. The administration has slashed the open enrollment period in half, slashed funding for consumer outreach and enrollment education activities by 90 percent, and slashed funding for navigators by 84 percent.

Because of this intentional sabotage, enrollment in the Federal marketplace has dropped each year under this Presidency.

In my home State of Texas, we are, unfortunately, deeply familiar with the consequences of the lack of health insurance.

Texas has the highest rate of uninsured people in the Nation, with 4.7 million people lacking coverage and adequate access to healthcare.

As representatives of Americans from all corners of the country, we have a responsibility to ensure that our constituents and communities are knowledgeable and can access the health insurance best suited for their individual health needs.

By voting in favor of this amendment, Congress will ensure that navigators are fully equipped and informed to assist our families and children with their potential options within the Medicaid and CHIP programs.

I appreciate my colleagues on the Committee on Energy and Commerce and their partnership in expanding training requirements for navigators, and in the Strengthening Healthcare and Lowering Prescription Drug Costs Act.

Mr. Chairman, I urge my colleagues to support this amendment, and I reserve the balance of my time.

Mr. WALDEN. Mr. Chairman, I seek time in opposition to the gentlewoman's amendment.

The Acting CHAIR. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Mr. Chairman, I reserve the balance of my time.

Ms. JOHNSON of Texas. Mr. Chairman, I have no further statements, and I yield back the balance of my time.

Mr. WALDEN. Mr. Chairman, I thank the gentlewoman for her amendment.

I find it a bit interesting, though, that under the navigator program, on the one hand, my friends on the other side of the aisle say, Look, you can't talk about—in fact, you can't tell anybody about association health plans and those as options.

You can't educate the public, the consumers about an opportunity to save money by having a state-regulated plan. No, not under the navigator. You can't do that.

And yet, with this amendment, they want to expand that knowledge, so they can get training on the other government plans, Medicaid and CHIP enrollment. And that is not necessarily a bad thing. I am not saying that is a bad thing.

But what I am saying is, why wouldn't we want full education? Why would we want, basically, a gag order here that prevents the navigators from telling the consumers, Here are some other options you may want to look at. Now, they have limitations; they are regulated by your State; you need to be fully informed—in fact, really informed, because some of them don't cover everything—as we have heard—because that was how it was designed under President Obama's plan, that there would be these options and they wouldn't be the fully covering plans, but they were okay because they would fill a gap.

And those are the same plans we have heard a lot about today that States regulate. And I would go back to the fact that in some States it is 3 months.

Well, in 27 States they go up to almost 1 year, including States such as Rhode Island and Tennessee, even Texas, Virginia, Georgia and Idaho.

In 12 States, they go up to 6 months. In eight States, including mine, we said—in Oregon—just 3 months, that is all we are going to do in short-term duration plans.

California, Massachusetts, New York, New Jersey, said no. Zero. We are not going to allow them.

That is okay. That is federalism.

But why, in the navigator program, would we say, You can't talk about things.

I got a degree in journalism a long time ago at the University of Oregon, and I believe in the facts. And I believe marketplaces and consumers are better served when they have complete information to make choices.

And I know that these insurance products are on the market. Some are fine, people like them.



And I get these letters—I got one from Tom in Medford—that talked about how his premium, I think, went from 400-and-some dollars to \$800 in 1 year. And he is not sure what he is going to do. That was in October when the new numbers came out.

And meanwhile, when we put all this reliance on these navigators. We know from the Wall Street Journal, one grantee took \$200,000, enrolled one person.

I guess, if you are the grantee, that is a pretty good deal. All you have to do is find one person to enroll, and you get 200 grand. To me, that sounds like a big waste of taxpayer dollars.

The ten most expensive navigators collected \$2.77 million, signed up 314 people.

Now, we heard about how the government needs to borrow and spend more than taxpayer dollars—or at least spend more taxpayer dollars—and do more education because the enrollment in the government plans has gone down by, I think, the figure is about \$1 million or so. I guess, that is what is banded about.

What isn't mentioned, however, Mr. Chairman, is that under President Trump and the policies Republicans put into law, the economy took off. The economy took off. Thank goodness the economy took off.

And 2.5 million Americans now get their insurance, more get their insurance through an employer.

So, see, they got a job, they got a paycheck, they got insurance through their employer.

And my guess is that accounts for some of that downturn. They don't have to come to the government to get their insurance. They are getting it through their employer.

So you might have had like \$1 million roll off on the exchanges, but you have got a 2.5 million pickup in the private insurance side. And I think that is pretty cool. I mean, that is important.

And I know that my friends on the other side of the aisle with their national takeover of health insurance want to abolish ObamaCare and replace it with a single-payer system, which sounds sort of simple on its face, but we know that means you would have to double the personal income tax, double the corporate tax, and our doctors and hospitals, they would have to take like a 40-percent reduction.

Mr. Chairman, I yield such time as he may consume to the gentleman from Texas (Mr. BURGESS), my friend, the doctor, the former chairman of the Health Subcommittee, to make some comments.

Mr. BURGESS. Mr. Chairman, I thank the ranking member for yielding.

The fact is, there was a hearing on this one-size-fits-all government takeover, top-down, Soviet-style healthcare system that has been proposed by the other side of the aisle.

And yet, that bill was not heard in the Committee on Energy and Com-

merce. It wasn't heard in the Ways and Means Committee. It was heard in the Rules Committee, the Speaker's committee.

This is a high priority for the Speaker. This bill was heard in the Speaker's committee. That tells me that this is something that is highly likely to come forward. Unfortunately, it is just not a very good plan.

And the gentleman is right, doctors would be required to take a significant reduction.

The Acting CHAIR. The time of the gentleman from Oregon has expired.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Texas (Ms. JOHNSON).

The amendment was agreed to.

AMENDMENT NO. 14 OFFERED BY MR. LYNCH

The Acting CHAIR. It is now in order to consider amendment No. 14 printed in House Report 116-61.

Mr. LYNCH. Mr. Chairman, I believe I have a couple of amendments at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 42, beginning on line 6, strike “December 31, 2022” and insert “December 31, 2023”.

Page 43, line 6, strike “January 1, 2024” and insert “January 1, 2025”.

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from Massachusetts (Mr. LYNCH) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Massachusetts.

Mr. LYNCH. Mr. Chairman, my amendment would extend by 1 year the deadline by which States may apply for Federal grant assistance to set up State-based health insurance markets, moving the deadline from December 31, 2022, to December 31, 2023.

□ 1630

My amendment would also extend by 1 year the corresponding date by which the exchanges must be self-sustaining, from January 1, 2024, to January 1, 2025.

Currently, 11 States and the District of Columbia have such health insurance exchanges. However, no health exchanges have been established since the ACA's original deadline of 2015.

While I do support H.R. 987's language which provides an additional 2-year window for States to establish their own insurance exchanges, given the complexity of the current debate with the possibility of single-payer healthcare out there and also Medicare for All, it is my hope and expectation that, by extending these application periods from 2 to 3 years, more States will have the opportunity to weigh those outstanding options and explore the option to establish their own State-based exchanges.

It was reported recently that the Governor of New Jersey, for example, has announced that his State would

seek to establish its own State-based healthcare exchange for 2021. It is quite possible that other States that may have held off in setting up similar exchange marketplaces and are contemplating those other possibilities could also be reconsidering setting up an exchange, and that is the reason for my amendment. I believe that ensuring that States have the time to consider and plan for setting up such an exchange is the right thing to do.

I would note that my amendment does not seek additional funding during that time period, so it will not increase the cost. It simply gives States additional time.

I urge my colleagues to support my amendment as well as the underlying bill, and I reserve the balance of my time.

Mr. WALDEN. Mr. Chairman, I seek time in opposition to the gentleman's amendment.

The Acting CHAIR. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Mr. Chair, I reserve the balance of my time.

Mr. LYNCH. Mr. Chair, I think I have said enough. It is a technical amendment, and I yield back the balance of my time.

Mr. WALDEN. Mr. Chairman, this section provides \$200 million for States to establish State-based marketplaces. The Federal law provided States with the option of building their own State-based marketplace or utilizing the Federal marketplace.

I know my own State blew through close to \$300 million trying to create its own exchange. It was a terrible financial disaster, a total waste of money. They couldn't get it going. They finally closed the thing up, but not before they blew through hundreds of millions of dollars, and then they went to the Federal exchange.

Every State except Alaska applied for these grants. Florida and Georgia were awarded planning grants but later returned their entire grants. Other States returned some of the grant money they received but also kept some.

This would have been under the Obama administration when they were enacting ObamaCare. No funding was awarded after December 31, 2014, in accordance with the law.

From the 2018 plan year, 34 States had federally facilitated marketplaces; 12 States had State-based marketplaces; and 5 States had State-based marketplaces using the Federal platform.

The Committee on Energy and Commerce issued a majority staff report entitled: Implementing ObamaCare Review of CMS' Management of the State-Based Exchanges, September 13, 2016.

I think it is important to share with my colleagues, among the report's key findings in 2016 were: CMS was not confident that the remaining State-based exchanges would be sustainable in the

long term, and as of September 2016, every State-based exchange still relies upon Federal establishment grant funds 20 months after the State-based exchanges were supposed to be self-sustaining by law.

CMS eased the transition for these failed State-based exchanges so that they could join healthcare.gov by allowing them to keep the user fees collected by insurance carriers intended to pay for the use of healthcare.gov.

Now, here we are, 5 years after the funding has expired considering a bill to reopen grants for States to establish State-based marketplaces. We have seen kind of a spotty record here. Maybe it is just a coincidence that \$200 million is being made available now, because my friends on the other side set the agenda and they want to continue pushing out this idea.

On Friday, Politico reported that New Jersey is proposing to create a State-based health exchange. Now, I think they have told us they actually don't need Federal money for that.

But anyway, I don't think we are dealing with earmarks here; but earmarking money to help States create their own marketplaces is not what we should be about, and I am not sure we are. I don't think this is a Garden State giveaway, but it is kind of interesting.

That is all I have got to say on this, Mr. Chairman, and I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Massachusetts (Mr. LYNCH).

The amendment was agreed to.

AMENDMENT NO. 15 OFFERED BY MR. LYNCH

The Acting CHAIR. It is now in order to consider amendment No. 15 printed in House Report 116-61.

Mr. LYNCH. Mr. Chairman, I have another amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 50, after line 2, insert the following section:

**SEC. 205. GAO REPORT.**

Not later than one year after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress a study that analyzes the costs and benefits of the establishment of State-administered health insurance plans to be offered in the insurance market of such States that choose to administer and offer such a plan.

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from Massachusetts (Mr. LYNCH) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Massachusetts.

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

Mr. Chairman, my amendment directs the Government Accountability Office to prepare a cost-benefit analysis of the establishment of a State-

sponsored public health insurance option for States that may want to offer public options in their State's health insurance exchanges.

A State-run public option would allow individual States to offer very basic, low-cost insurance plans without the high cost of commercial advertising and other overhead costs that can sometimes add as much as 30 percent to the cost of some health insurance plans, or perhaps States could optimize the use of community health centers that we all love so much. Once these low-cost public option plans are on the market, private insurance companies would be forced to compete with that lower price by offering similar low-cost plans.

State-sponsored public options could help address the lack of competition that is driving up the cost of healthcare in many States where one or two insurance companies are allowed to dominate the market due to the fact that the Affordable Care Act currently exempts insurance companies from antitrust laws.

While State-run public options were a feature in the original version, the House version of the ACA, which I supported, Senate action deleted that from the final versions of the ACA which eventually passed and which I opposed.

I believe that the information that the study will provide will be an important resource for States in regions looking to offer more healthcare options to their residents.

Mr. Chairman, one of the loudest messages that came out of the last mid-term election was that, 9 years after the passage of the ACA, the American people still want us to fix their broken healthcare system.

For many people, the Affordable Care Act is not affordable. But I believe it is fixable. Many fervent supporters of the ACA are also disappointed with the lack of success in reaching the goals of the ACA so that they are now supporting efforts to repeal the ACA in favor of single-payer or Medicare for All proposals.

I believe there are some significant changes that could be made to the ACA to make it work. This study will be a simple way to provide our States with guidance that can help them determine whether a public option may be right for them.

Mr. Chairman, I urge my colleagues to support both this amendment and the underlying bill, and I reserve the balance of my time.

Mr. WALDEN. Mr. Chairman, I seek time in opposition to the gentleman's amendment.

The Acting CHAIR. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Mr. Chair, I reserve the balance of my time.

Mr. LYNCH. Mr. Chair, I yield back the balance of my time.

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

This amendment is pretty straightforward in asking the GAO to do this

evaluation, and I think it is important to have cost-benefit analyses of State-administered health insurance plans for States that may want to offer a public option.

Again, here we have a situation where States are experimenting, and our States are great laboratories for reform. The gentleman comes from a State where Republican Governors helped lead that effort, Governor Romney and others, and now Senator ROMNEY from a different State.

But my State did a lot of reform work as well, and we are all trying to figure out: How do we get healthcare to people in a timely way that is affordable? And we share that goal.

Unfortunately, some of the promise of ObamaCare turned out not to be the case. People's insurance premiums did not go down \$2,500. I still hear in my town meetings and in correspondence with my constituents that some were well-served, but I have a lot of them who were left behind, and they are out in the cold.

At one of my townhalls, I had a middle age couple come up and say: We have decided we can't afford health insurance, so we have decided to go without.

They looked at the premiums. They looked at the deductibles that are in these markets, and said: We can't pencil it out.

None of us want that to be the case. That is why I think some of these options are really important to look at. And States can do that.

And that is what President Trump tried to do is take what President Obama had agreed to with the short-term plans regulated by States to fill gaps to make health insurance options more available and health insurance more affordable. He just said: Well, if it is good for 3 months, what is wrong with 364 days.

So as a result, you have got 27 States that go up to nearly a year; 12 are 6 months; 8 at 3 months; and 4 say, no, not in our State at all. So I think the report is probably going to give us some valuable information.

Mr. Chairman, I guess I have actually convinced myself I am going to support this amendment despite my initial reservations, and I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Massachusetts (Mr. LYNCH).

The amendment was agreed to.

AMENDMENT NO. 16 OFFERED BY MR. LIPINSKI

The Acting CHAIR. It is now in order to consider amendment No. 16 printed in House Report 116-61.

Mr. LIPINSKI. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Add at the end of title II the following new section:

**SEC. 205. REPORT ON THE EFFECTS OF WEBSITE MAINTENANCE DURING OPEN ENROLLMENT.**

Not later than 1 year after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress a report examining whether the Department of Health and Human Services has been conducting maintenance on the website commonly referred to as "Healthcare.gov" during annual open enrollment periods (as described in section 1311(c)(6)(B) of the Patient Protection and Affordable Care Act (42 U.S.C. 18031(c)(6)(B)) in such a manner so as to minimize any disruption to the use of such website resulting from such maintenance.

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from Illinois (Mr. LIPINSKI) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Illinois.

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

Mr. Chairman, American families increasingly struggle with rising healthcare costs. That is why I am pleased to support the underlying bill which contains some commonsense provisions that will protect consumers, lower drug prices, and stabilize the individual insurance market, which will provide families with some needed relief.

The amendment I am offering will further help Americans who purchased health insurance on healthcare.gov.

Americans in 39 States without a State-based exchange depend on healthcare.gov to purchase insurance during open enrollment. This past year, over 8.4 million plan selections were made on this website.

Over the past 2 years, the Department of Health and Human Services had announced maintenance outages on healthcare.gov for over 12 hours every Sunday during open enrollment. I am an engineer. I understand the complexity of this website and the heavy volume of users, which means that routine maintenance is necessary, even during open enrollment. However, I want to ensure that HHS is doing all it can to ensure this maintenance is conducted in a way that has the least impact on consumers.

Families need ample time to choose health insurance plans. We must make sure that enrollment is not being negatively impacted by these outages. My amendment would require a GAO study to determine if healthcare.gov outages are having a negative impact on enrollment.

HHS claims that maintenance is scheduled for times of low site traffic, but they have not provided data to support this claim. I know that when I am using the online exchange to purchase my insurance each year, I often will try to do it on a Sunday when I have free time. This may be an anomaly. We need to figure this out.

What the GAO study would provide is clarity on the best time to schedule maintenance. This would help us to make sure HHS is doing right by Amer-

icans as they navigate the complex process of buying health insurance.

Mr. Chairman, this is a simple, commonsense amendment. I urge a "yes" vote on this amendment, and I reserve the balance of my time.

Mr. WALDEN. Mr. Chairman, it should come as no surprise that I seek time in opposition to the amendment.

The Acting CHAIR. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Mr. Chair, I reserve the balance of my time.

Mr. LIPINSKI. Mr. Chair, I yield myself the balance of my time.

I think this is a commonsense amendment. I ask GAO to look at the study and say: Okay. What is the best time to take healthcare.gov offline to do maintenance?

Let's do this the right way. As an engineer, that is the way I think. I think most companies would look at it this way.

So I urge my colleagues to support this amendment, and I yield back the balance of my time.

□ 1645

Mr. WALDEN. Mr. Chairman, I thank the gentleman for bringing his amendment as well. He is a distinguished Member of our U.S. House of Representatives and an engineer, and we appreciate his intellectual horsepower on this issue.

I was thinking, as he was talking about having the GAO have to do an audit to figure out the best time for routine maintenance to provide the least disruption to consumers, this is what happens when you have a government-run system. You have to have your independent auditors figure out how the system can keep current and not disrupt consumers.

I was thinking that we don't have too many amendments that say let's have GAO audit Amazon's website to find out the best times to deal with consumers or your local whatever you go to for your hotels or your rental cars. Nobody is saying, hey, you have to have GAO, a government entity, figure out the best time or worst time to disrupt consumers on the Avis website or Enterprise or whatever. But we have to here, which is a government-run system with basically one website.

We all know and we all lived through what happened with the initial rollout with this website, so, Mr. Chairman, to my friend from Illinois' point, it is important that we give the consumers the best possible experience when they are trying to sign up because we have all had to deal with it.

In its initial days, man, it was a mess. I remember all those problems. We did hearings and oversight hearings in the Energy and Commerce Committee on it.

Mr. Chairman, this is probably a good idea to do, and I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Illinois (Mr. LIPINSKI).

The amendment was agreed to.

AMENDMENT NO. 17 OFFERED BY MR. DEUTCH

The Acting CHAIR. It is now in order to consider amendment No. 17 printed in House Report 116-61.

Mr. DEUTCH. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 45, line 24, strike "and".

In section 202(a)(2)—

(1) redesignate subparagraph (B) as subparagraph (D); and

(2) insert after subparagraph (A) the following new subparagraphs:

(B) in subparagraph (D), by striking "and" at the end;

(C) in subparagraph (E), by striking the period at the end and inserting "; and"; and

Page 46, line 1, strike "following" and insert "following:"

Page 46, line 2, strike "flush left sentence:" and insert the following:

"(F) conduct public education activities in plain language to raise awareness of the requirements of and the protections provided under—

"(i) the essential health benefits package (as defined in section 1302(a)); and

"(ii) section 2726 of the Public Health Service Act (relating to parity in mental health and substance use disorder benefits)."

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from Florida (Mr. DEUTCH) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Florida.

MODIFICATION TO AMENDMENT NO. 17 OFFERED BY MR. DEUTCH

Mr. DEUTCH. Mr. Chairman, I ask unanimous consent that my amendment be modified in the form I have placed at the desk.

The Acting CHAIR. The Clerk will report the modification.

The Clerk read as follows:

MODIFICATION TO AMENDMENT NO. 17 PRINTED IN HOUSE REPORT NO. 116-61

OFFERED BY MR. DEUTCH OF FLORIDA

In lieu of the matter proposed to be inserted, insert the following:

Page 45, line 24, strike "and".

In section 202(a)(2)—

(1) redesignate subparagraph (B) as subparagraph (D); and

(2) insert after subparagraph (A) the following new subparagraphs:

(B) in subparagraph (D), by striking "and" at the end;

(C) in subparagraph (E), by striking the period at the end and inserting "; and"; and

Page 45, line 24, strike "and".

Page 45, after line 24, insert the following: (B) by inserting after subparagraph (E) the following:

"(F) conduct public education activities in plain language to raise awareness of the requirements of and the protections provided under—

"(i) the essential health benefits package (as defined in section 1302(a)); and

"(ii) section 2726 of the Public Health Service Act (relating to parity in mental health and substance use disorder benefits)."; and

Page 46, line 1, strike "(B)" and insert "(C)".

Mr. DEUTCH (during the reading). Mr. Chair, I ask unanimous consent to dispense with the reading.

The Acting CHAIR. Is there objection to the request of the gentleman from Florida?

Mr. WALDEN. Mr. Chairman, I reserve the right to object.

The Acting CHAIR. The gentleman from Oregon is recognized on his reservation.

Mr. WALDEN. Mr. Chairman, I know there were a lot of amendments that came through the system. I am trying to figure out what the issue is here, but I know we offered 16 amendments and got one. The Democrats got 25 amendments and had one technical amendment through the Rules Committee.

Could the Parliamentarian or somebody explain what the problem is here and why we have to correct it here on the floor?

That is my question.

Mr. DEUTCH. Will the gentleman yield?

Mr. WALDEN. Mr. Chairman, I yield to the gentleman from Florida.

Mr. DEUTCH. Mr. Chairman, the amendment is a technical amendment to address a drafting error so that it is conforming and so there will be no problems going forward.

Mr. WALDEN. Mr. Chair, I withdraw my reservation.

The Acting CHAIR. The reservation is withdrawn.

Without objection, the reading of the modification is dispensed with.

There was no objection.

The Acting CHAIR. Is there objection to the original request of the gentleman from Florida?

There was no objection.

The Acting CHAIR. The amendment is modified.

The gentleman from Florida is recognized for 5 minutes.

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

I thank my Florida colleague, Representative CASTOR, for her leadership in protecting access to high-quality healthcare in our State and across the country and for her authorship of the ENROLL Act to help more Americans shop for and sign up for health plans on healthcare.gov.

My amendment requires navigators to provide information in plain language about the 10 essential health benefits that are a part of every healthcare.gov plan: outpatient hospital care; emergency care; hospitalization; pregnancy, maternity, and newborn care; mental health and substance use disorder services; prescription medicines; rehabilitative services; labs; preventive care; and pediatric care, including dental and vision services.

It also requires navigators to help consumers understand their protections under the Mental Health Parity Act. According to a survey commissioned by the American Psychological Association, only 4 percent of Americans were familiar with the mental health parity law as of 2014, and just 7 percent were aware of mental health parity more broadly. Those numbers didn't change from the time of passage

of the Affordable Care Act in 2010 through the first years of enrollment in 2014.

Mental health parity means insurance companies can't discriminate against Americans battling addiction in the opioid crisis. Parity means insurance companies can't make it harder to get care for deadly eating disorders than it is to get care for deadly cancer. Parity means we treat mental healthcare like healthcare because that is exactly what it is.

The Affordable Care Act's protections have saved lives and the financial security of millions of Americans, including one family who told me the story of their battle to treat their 19-year-old daughter's eating disorder. Here is what they said:

Our daughter was a sophomore in college when she was diagnosed with an eating disorder. She had to take several leaves of absence from her studies to seek treatment. This would not have been financially possible without the benefits of the ACA. Had she left school for treatment before the passage of the ACA, she would have been dropped from our family insurance. But because of the ACA, she could continue under our coverage.

It was this ongoing treatment that has allowed our daughter to regain her health enough to graduate from college and maintain full-time employment.

While it is clear that parity has made improvements, we still have so much more to do.

This week, I heard from another family in my district about their daughter's struggle to get coverage and treatment. In the cycle of denials and arbitrarily reduced levels of care, her family was able to use the parity law to fight for their daughter's life in the courts.

But that is not enough. Parity protections have opened doors to better mental health and addiction treatment for so many Americans. As we observe Mental Health Awareness Month, it is important to acknowledge how far we have to go.

My amendment will help more Americans understand the benefits and protections available to them and help them get the care they need.

Mr. Chairman, I urge my colleagues to support it, and I reserve the balance of my time.

Mr. WALDEN. Mr. Chairman, I rise in opposition to the gentleman's amendment.

The Acting CHAIR. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Mr. Chairman, I reserve the balance of my time.

Mr. DEUTCH. Mr. Chairman, this is an important amendment so that every American understands that mental health is health and that we need to care as much about the health of our bodies from our shoulders up as we do from our shoulders down. That is what people need to be made aware of so they have the ability to fight for that access to mental healthcare.

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

Mr. WALDEN. Mr. Chairman, I appreciate the gentleman's commitment, especially on mental health and substance abuse. He has done a lot of work in this area.

I know, Mr. Chairman, when we in the last Congress worked together in a bipartisan way, we passed 60 different bills related to the deadly scourge of opioid addiction and overdose. The prior Congress to that I believe is when we rewrote America's mental health laws for the first time in decades.

We all have friends, family, and people in our communities who need help, especially with mental health and, as we know, substance use disorder. We did a lot of good work, I would say. We have to make sure, to the gentleman's point, that the efforts we have put forward, the programs we have initiated, and the funding we put behind these programs actually get to the people who need the help.

Mr. Chairman, I yield such time as he may consume to the gentleman from Texas (Mr. BURGESS), who was chairman of our subcommittee when we were in the majority and now is the top Republican of the Health Subcommittee, to talk a little bit about these issues.

Mr. BURGESS. Mr. Chairman, I thank the gentleman for yielding.

Mr. Chairman, I think the kindest thing I can say about this amendment is it should not be necessary.

Just a brief review of the history of mental health parity as it relates to our healthcare system, of course, those of us who were here in Congress the day after the Lehman Brothers bankruptcy was declared in September 2008 will recall that Patrick Kennedy's bill dealing with mental health parity was used as the vehicle to provide the Troubled Asset Relief Program, which followed in the wake of the Lehman Brothers bankruptcy.

So mental health parity was actually written into law in 2008, signed by George W. Bush. That was 2 years prior to the passage of the Affordable Care Act.

So the Affordable Care Act comes along. The essential health benefits were eventually disclosed in the Affordable Care Act in November 2012, about a week after election day, if I recall correctly.

The mental health parity rules were not written by the Department of Health and Human Services until probably 2 years after that, but they were written under Secretary Sebelius. As a consequence, those have been the rules of the road ever since.

I guess what I don't quite understand is why the navigator system constructed under the Affordable Care Act was not constructed in a way that would have allowed this information to be part of the package of information that is disclosed by the navigators.

Perhaps had we had a hearing in the Energy and Commerce Committee dealing with this, it might have been instructive when we did the 10-year reauthorization of the State Children's

Health Insurance Program a little over a year ago. The parity language was, in fact, included at the request of a Democratic member of the Energy and Commerce Committee. The parity language was included in the rewriting of the reauthorization of the State Children's Health Insurance Program.

But my recollection was, in the navigator program, this should have been part of the basic information offered by the navigators.

I guess, to sum up, I do not understand why it would now take an act of Congress to get them to do what they were required to do upon the signing of the passage of the Affordable Care Act.

Mr. WALDEN. Mr. Chairman, I would just conclude that I appreciate the gentleman's comments.

As I look at a bunch of amendments coming up, to my colleague from Texas (Mr. BURGESS), there are a whole bunch of these that they are saying, oh, we have to order the navigators do this, do this, and do that.

You wonder what their current training is that we have to pass laws telling them to learn about these things and then go talk to people.

This is part of my argument that we are pumping a lot of money into a program that we know there has been—I don't know if I can say fraud, but if you got \$200,000 to enroll one person or \$2.7 million to enroll 314, some of the Nation's leading editorial writers have had some pretty strong words to say about corruption and scam artists and that sort of thing.

We are having to pass laws that tell them, oh, by the way, talk about mental health, talk about substance abuse, talk about referrals to community-based organizations, the navigator system, vulnerable populations, all these things. Holy smokes, what don't they know and what is left out?

We should have a hearing on this issue in the committee as well as the Medicare for All proposal.

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

The Acting CHAIR (Mr. LYNCH). The question is on the amendment, as modified, offered by the gentleman from Florida (Mr. DEUTCH).

The amendment, as modified, was agreed to.

AMENDMENT NO. 18 OFFERED BY MR. BROWN OF MARYLAND

The Acting CHAIR. It is now in order to consider amendment No. 18 printed in House Report 116-61.

Mr. BROWN of Maryland. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 48, line 21, strike the period and insert “and shall be provided to populations residing in high health disparity areas (as defined in subparagraph (E)) served by the Exchange, in addition to other populations served by the Exchange.”.

Page 49, line 18, strike the end quotes and the second period and insert the following:

“(E) HIGH HEALTH DISPARITY AREA DEFINED.—For purposes of subparagraph (A),

the term ‘high health disparity area’ means a contiguous geographic area that—

“(i) is located in one census tract or ZIP code;

“(ii) has measurable and documented racial, ethnic, or geographic health disparities;

“(iii) has a low-income population, as demonstrated by—

“(I) average income below 138 percent of the Federal poverty line; or

“(II) a rate of participation in the special supplemental nutrition program under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786) that is higher than the national average rate of participation in such program;

“(iv) has poor health outcomes, as demonstrated by—

“(I) lower life expectancy than the national average; or

“(II) a higher percentage of instances of low birth weight than the national average; and

“(v) is part of a Metropolitan Statistical Area identified by the Office of Management and Budget.”.

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from Maryland (Mr. BROWN) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Maryland.

Mr. BROWN of Maryland. Mr. Chairman, I yield myself 3½ minutes.

Mr. Chairman, I rise in support of my amendment and the underlying legislative effort that would lower the cost of prescription drugs, crack down on junk insurance plans being encouraged by the Trump administration, and reverse the administration's irresponsible sabotage of the Affordable Care Act.

Specifically, my amendment would require the HHS Secretary to conduct educational outreach to communities with high health disparities and would thereby expand outreach efforts to increase coverage among African Americans, Latinos, Native Americans, low-income families, and rural communities.

Our effort to help more Americans get access to affordable healthcare comes just as we are seeing the impact of the Trump administration's effort to undermine our healthcare system.

This week, we learned that more than 1 million Americans lost their health insurance in the past year, and the number of Americans in high-deductible plans reached an all-time high.

Black and Latino Americans and families living at or near the poverty line are particularly impacted by President Trump's sabotage. These communities are the most at risk of being uninsured, and these communities have always faced the greatest barriers to obtaining care and have reported the poorest health outcomes.

□ 1700

Before the Trump administration, we saw large gains in coverage for low-income individuals and people of color under the Affordable Care Act.

Finally having that health insurance made a key difference in determining when people got care, where they got

their care, and, ultimately, how healthy they could be. However, this progress has been rapidly reversed over the last 2 years.

My amendment would ensure that we aren't leaving behind those with predictably poor health outcomes, like those with lower life expectancy or children born with lower birthweight.

Families in high-disparity areas suffer from low levels of healthcare, literacy, language barriers, and limited awareness of the Affordable Care Act's coverage options.

In this uncertain environment, in our complicated healthcare system, in this constant fight for access to healthcare in this country, knowledge is half the battle.

I strongly encourage my colleagues to support this amendment. Help all Americans attain the knowledge they need and win their healthcare battles.

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

Mr. WALDEN. Mr. Chairman, I seek the time in opposition to the gentleman's amendment.

The Acting CHAIR. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Mr. Chairman, I reserve the balance of my time.

Mr. BROWN of Maryland. Mr. Chairman, I yield 1 minute to the gentleman from Illinois (Mr. KRISHNAMOORTHY).

Mr. KRISHNAMOORTHY. Mr. Chairman, I rise today in support of amendment No. 18 to H.R. 987.

I want to thank Congressman BROWN for his partnership on this amendment, which will ensure that we conduct thorough outreach to inform consumers in areas with high health disparities about their insurance options.

The underlying legislation restores assistance to help Americans enroll in affordable, high-quality health insurance, and this amendment makes sure those efforts include a particular focus on low-income areas most in need not only of health insurance, but also of improved health outcomes.

In addition to reversing the Trump administration's sabotage of the Affordable Care Act, this bill is a huge step forward in our efforts to lower the cost of prescription drugs.

For families in my district and across the country, the high cost of prescription drugs is more than a health issue; it is an economic issue. Increasing competition and improving access to safe, lower cost generics can save American families thousands of dollars each year at the pharmacy counter.

Mr. Chair, working families are counting on this body to help strengthen access to high-quality health insurance. For this reason, Mr. Chair, I urge my colleagues to support this amendment.

Mr. BROWN of Maryland. Mr. Chair, may I inquire as to how much time is remaining.

The Acting CHAIR. The gentleman from Maryland has 1½ minutes remaining.

Mr. BROWN of Maryland. Mr. Chair, I yield such time as she may consume to the gentlewoman from California (Ms. BARRAGÁN).

Ms. BARRAGÁN. Mr. Chair, I am proud to join my colleague, Congressman BROWN, in cosponsoring his amendment, implementing outreach and educational activities in areas with high health disparities.

I know about this all too well. I represent one of these districts, a district that is a majority minority. It is 88 percent Latino and African American, combined. These are the types of districts where you have higher health disparities happening, where Latinos and African Americans have more diabetes than anybody else.

My district also happens to be 357 out of 435. That is where we land as far as income of all the congressional districts in Congress, where people need this information. They need the outreach so that they know what kind of access they have to healthcare so that they have those options.

Providing opportunities to underserved communities to learn about their healthcare coverage options will result in more people signing up for affordable care. More people will get treated when they become sick, and more people will be able to live healthy and productive lives.

Mr. Chair, I urge my colleagues to support this amendment.

Mr. BROWN of Maryland. Mr. Chairman, I yield back the balance of my time.

Mr. WALDEN. Mr. Chairman, let me just say a couple of things. One, I represent a very rural district in Oregon. It is two-thirds of the landmass of the State. We suffer a lot of these same issues: low income, high levels of poverty, and the need for basic services.

Mr. Chairman, that is why I worry a lot about making sure our community health centers get funded. I think you know this. They run out of funding in just a matter of months. The National Health Service Corps, same thing. By the end of September, I think they run out of money. I have a number of Indian reservations. Native Americans. Their Special Diabetes Program runs out of money. The teaching health centers run out of money.

Yes, today we are pouring money into a program that some of our Nation's leading editorial writers have called susceptible to scam artists and corruption and that spends \$2.7 million to sign up 314 people. That doesn't seem like a very good expenditure to me. I would rather put that money into our community health centers and into some of these other proven programs that work.

I think it is fine to do outreach, certainly, and to expand education. I do wish it were more fulsome. I wish there weren't a gag restriction on our navigators so that they can't talk about other insurance alternatives that our States have pioneered and regulate, that even the Obama administration

approved these short-term plans; yet derided today, these were approved, in many cases, under the last administration.

This one said: If they work good for 3 months, let's see if States want them for 6 or 9 or pretty close to 12.

That is what the President did.

President Trump, too, if you think about the economy—all we ever hear on the other side is kind of all the negative. It is sort of Debbie Downer day here.

Actually, the economy is doing really well, and, as a result, people are getting jobs. When they are getting jobs, they are getting bigger paychecks. They are also getting insurance. And 2.5 million people now have insurance who didn't have it before, through their employer, during the Trump administration.

I realize they are not going to go bragging on the Trump administration, my friends to the left, but I do think it is important to get the facts out there because facts matter, and I believe in facts.

Mr. Chair, 2.5 million more people now have insurance who didn't have it before, and they have it through their employer. That is the direction we should go: jobs, income, insurance through your employer.

Then what we really should focus on—and I think there is bipartisan support for this—is how do we get at the costs for healthcare.

By the way, who knows what anything costs, right? We are paying more and more out of pocket through our deductibles and our copays, yet what does an MRI cost here versus there versus there?

I was at the White House with the President on Thursday, Mr. Chair, and he is going after surprise billing. My friend from New Jersey and I are joined on this effort to pass bipartisan legislation so that the consumer doesn't get stuck with a bill because somebody showed up to care for him at a hospital that, it turns out, wasn't in their plan. They played by the rules, the consumer did.

We had one example there of a doctor whose daughter got care and then was asked to do a urine test because of some medication. They wanted to do just a quick test. The doctor said: Hey, will you do it? She did it on the way out.

It turned out the lab, I think it was, was not in the network of her insurance plan. She didn't know that. She just followed the doctor's orders. Do you know what that bill was? Over \$17,000.

He brought a copy of the bill. I don't have it here, but he brought it to the White House.

And President Trump is full-throat ready to solve this. Just as he and his administration—I don't think we have ever had a President, not in my lifetime, that has leaned in more to get prescription drug prices down for consumers.

That is what is going on there in the real world. And the President and Secretary Azar and the team at CMS, they are leading on this now.

There are things you might like or dislike in terms of their proposals, but we have never had a President and an administration do more to try and drive out the unnecessary costs that consumers are being forced to pay.

That is where they are making the decision of whether they can afford to actually take the drugs from the pharmacist and go home or leave them on the counter.

So we have got a lot of issues, and some of them we are going to work out. I just so regret that we are here today with these for funding the navigator program with another \$25 million on top of the 68 so they can spend \$2.7 million and sign up 314 people. We can do that much more efficiently. We have proven that.

CMS says that others can do it for much less money, much less money. Not \$767 per enrollee, but \$2.40. Who wouldn't take that deal, \$2.40 per enrollee or \$767?

So I just think there is a better way to operate. This amendment is fine in the end, I guess, and so I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Maryland (Mr. BROWN).

The amendment was agreed to.

AMENDMENT NO. 19 OFFERED BY MR. GOMEZ

The Acting CHAIR. It is now in order to consider amendment No. 19 printed in House Report 116-61.

Mr. GOMEZ. Mr. Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 45, line 24, strike “and”.

Page 45, after line 24, insert the following new subparagraphs:

(B) in subparagraph (D), by striking “and” at the end;

(C) in subparagraph (E), by striking the period at the end and inserting “; and”;

(D) by inserting after subparagraph (E) the following new subparagraph:

“(F) provide referrals to community-based organizations that address social needs related to health outcomes.”; and

Page 46, line 1, strike “(B)” and insert “(E)”.

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from California (Mr. GOMEZ) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from California.

Mr. GOMEZ. Mr. Chair, I believe that the American people are well aware that this administration, the Trump administration, has taken steps to sabotage the Affordable Care Act, and now my party, the Democrats, are taking major steps to reverse it. But, as we do so, we should also address health equity.

My amendment will ensure that the ACA navigators can and should refer



Americans to community-based organizations that also address social needs tied to health outcomes.

Social factors like your ZIP Code, income, race, ethnicity, and language ability all play a major role in one's health. A good example in the communities I represent is housing and homelessness. Without adequate housing, it is hard to address people's healthcare needs.

At a recent roundtable I had with hospitals, community health centers, and other medical professionals, they made clear that homelessness profoundly impacts people's and their patients' health. Hospitals like L.A. County-USC are looking at homelessness as a health risk factor.

What does that mean? That means, when you get checked into L.A. County-USC, they not only determine do you have a family history of pre-existing conditions like heart disease and hypertension, have you suffered from alcoholism, they not only consider that, but now they put on the board, right above the patient, "Homeless."

The reason why is that you might be able to take care of their underlying healthcare condition, but, if they end up back on the street days later, then their health outcomes will be negatively impacted.

So organizations in our communities that are not necessarily healthcare related can play a critical role in addressing healthcare outcomes.

Navigators must understand what our constituents are facing. They can meet people where they are and are well positioned to refer them to organizations that can improve that individual's long-term healthcare outcome and also reduce costs.

We know that the Trump administration is undermining ObamaCare, and we need to reverse it with this legislation. Yet, at the same time, we must improve health equity to ensure all Americans have meaningful access to care. My amendment would do just that: improve health equity, lower costs, and help Americans from all backgrounds get and stay healthy.

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

Mr. WALDEN. Mr. Chair, I seek the time in opposition to the gentleman's amendment.

The Acting CHAIR. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Mr. Chair, I will try and make this fairly quick.

I actually am going to oppose this amendment for this reason. Here we are going through trying to say to the health navigators, in amendment after amendment: Your job is to enroll people in health insurance. That is your job. And, by the way, we are going to have to pass a law that tells you to be sure and include a discussion about mental health, be sure and include and get educated on substance use disorder benefits.

One after another, we are going through and putting in the statute all the things that ought to be, A, common sense and, B, ought to be part of an overall educational program for the navigators.

And now recognizing, well, first of all, they are very expensive; second, there has been at least some level of questionable activity in the use of the taxpayer dollars; and, third, they don't know what they are doing, so we have got to instruct them via statute; now we are going to say: By the way, go do all these other things, too, that have nothing to do directly with enrolling people in the Affordable Care Act.

So you are going to say, on the one hand: We don't think you are getting it right; we have got to give you more money. Now we are going to give you new duties that are kind of loosely described, if you ask me, to provide referrals to community-based organizations and address social needs related to health outcomes.

That is all going to be in law now? Really?

I think this whole program, the more I sit and listen to all the amendments that need to be put into law to change it—this was an ObamaCare creation, so I guess we are—I don't know. I wouldn't say you are sabotaging ObamaCare with this, but, certainly, you are changing ObamaCare and the navigators.

We are looking at the costs, and, gosh, there is a lot we could do.

□ 1715

I think the gentleman has 40 health centers in his district. And I assume he knows that I have got about 63 locations; and I assume the gentleman knows the money for those health centers runs out at the end of the fiscal year, and we have got to find a way to pay for that. I would rather put the money into that than into this program.

So, Mr. Chairman, I am going to oppose this amendment, and I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from California (Mr. GOMEZ).

The amendment was agreed to.

AMENDMENT NO. 20 OFFERED BY MS. ESCOBAR

The Acting CHAIR. It is now in order to consider amendment No. 20 printed in House Report 116-61.

Ms. ESCOBAR. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 45, strike lines 20 through 24 and insert the following:

(A) by amending subparagraph (C) to read as follows:

“(C) facilitate enrollment, including with respect to individuals with English proficiency individuals and individuals with chronic illnesses, in qualified health plans, State Medicaid plans under title XIX of the Social Security Act, and State child health plans under title XXI of such Act; and”.

The Acting CHAIR. Pursuant to House Resolution 377, the gentlewoman from Texas (Ms. ESCOBAR) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Texas.

MODIFICATION TO AMENDMENT NO. 20 OFFERED BY MS. ESCOBAR

Ms. ESCOBAR. Mr. Chairman, I ask unanimous consent that my amendment be modified in the form that I have placed at the desk.

The Acting CHAIR. The Clerk will report the modification.

The Clerk read as follows:

MODIFICATION TO AMENDMENT NO. 20 PRINTED IN HOUSE REPORT NO. 116-61

OFFERED BY MS. ESCOBAR OF TEXAS

In lieu of the matter proposed to be inserted, insert the following:

Page 45, strike lines 20 through 24 and insert the following:

(A) by amending subparagraph (C) to read as follows:

“(C) facilitate enrollment, including with respect to individuals with limited English proficiency and individuals with chronic illnesses, in qualified health plans, State Medicaid plans under title XIX of the Social Security Act, and State child health plans under title XXI of such Act; and”.

Ms. ESCOBAR (during the reading). Mr. Chair, I ask unanimous consent to dispense with the reading.

The Acting CHAIR. Is there objection to the request of the gentlewoman from Texas?

Mr. WALDEN. Mr. Chairman, reserving the right to object.

The Acting CHAIR. The gentleman from Oregon is recognized on his reservation.

Mr. WALDEN. Mr. Chairman, I guess this is the second time we have had to edit amendments on the House floor, if I understand what is happening.

There were a lot of amendments offered in the Rules Committee. We were promised by the Democrats at the beginning of this legislative session that this would be an open House where our amendments would be considered. I know 92 percent of the amendments the Democrats have allowed to come to the floor have been Democrat amendments. Imagine that.

We had 16 Republican amendments on this bill alone. We got one amendment. Democrats got 25, and two of them we have had to edit here on the floor. And then we had one that was a bipartisan, just technical change amendment.

I sure hope we are not going to see that for the rest of this Congress under Democratic control, that we are shut out of the amendment process.

When Republicans were in charge and had the Rules Committee, 45 percent, something like that, of the amendments were minority amendments, Democrat amendments. We opened the floor to that, and now it has been shut down.

Mr. Chairman, I won't object to this change. It needs to be done.

Mr. Chairman, I withdraw my objection.

The Acting CHAIR. The reservation is withdrawn.

Without objection, the reading of the modification is dispensed with.

There was no objection.

The Acting CHAIR. Is there objection to the original request of the gentleman from Texas?

There was no objection.

The Acting CHAIR. The amendment is modified.

The Chair recognizes the gentleman from Texas.

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

I rise today to offer an amendment to H.R. 987, the Strengthening Health Care and Lowering Prescription Drug Costs Act.

The navigator program is crucial to communities like El Paso, where we have one of the highest uninsured rates in the State of Texas.

Navigators provide free assistance to my constituents as they maneuver through the marketplace to find a healthcare plan that is right for them. When funded adequately, these programs help decrease the uninsured population across the country.

However, the Trump administration has sought to cut funding for the navigator program in its plan to systematically undermine the Affordable Care Act.

By slashing the program's funding by 84 percent over the last 2 years, the total funds allotted for it now stands at \$10 million.

To exemplify these draconian cuts, consider this:

In 2017, there were nine navigator programs funded in Texas and two operating in El Paso County.

In 2018, the number of navigator programs in Texas dropped to just two, with only one now operating in El Paso County. This presents a challenge to States and districts like mine that have seen their populations increase over the past decade.

The Center for Medicare and Medicaid Services has coupled these deep cuts with a rule overturning a requirement for navigator programs to train their assisters to help individuals with chronic illnesses and limited English proficiency.

While the Trump administration claims this will give navigators more flexibility to tailor their training for the populations they serve, it is really another attempt to scale back what has proven to be a successful program.

By cutting funds and reversing this requirement, navigator programs will be forced to choose between extra training for their assisters or hiring more of them to cover counties now lacking operational programs.

Navigator programs that do not provide proper training could result in their assisters being underprepared when a consumer from a vulnerable population comes to them for assistance. Enrolling in the marketplace can be complex for anyone, especially for those whose primary language is not English.

While H.R. 987 restores funding to the navigator program, we must ensure these programs continue to train their assisters to help underserved populations.

My amendment does just that by requiring Navigators to provide training for their assisters to serve vulnerable populations, including individuals with chronic illnesses and limited English proficiency.

In my home county of El Paso, there are almost 25,000 uninsured individuals who are not English proficient. This amendment will ensure navigator programs are able to help all El Pasoans find suitable healthcare plans.

Simply put, Mr. Chair, access to affordable healthcare is a right, and my amendment ensures we make every attempt to leave no one behind.

I urge my colleagues to support this amendment, and I thank Representatives TORRES and PORTER for their cosponsorship.

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

Mr. WALDEN. Mr. Chairman, I seek time in opposition to the gentleman's amendment.

The Acting CHAIR. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Mr. Chairman, I reserve the balance of my time.

Ms. ESCOBAR. Mr. Chairman, I yield back the balance of my time.

Mr. WALDEN. Mr. Chairman, I know it has been a long day here on the floor, and we are covering a lot of ground. We have got a few more amendments to go.

Again, I think as we go through these amendments, and the gentlewoman is spot on, we have got to make sure people are trying to help people get access to insurance; can speak the language, can assist in each one of our districts.

But it is kind of an indictment to the existing program, if you think about it, that you have got to come here and legislate this. To me, whether it is about mental health, or substance abuse, or this, or the one before, this should be commonsense management of a program, and it tells me we have got a problem with the underlying navigator program.

We know that it is very, very expensive. We know that they enroll less than 1 percent, less than 1 percent. Everything we are arguing about this afternoon with all the amendments on the navigator program, both, are shining the light on the shortcomings of the program itself, which I think the administration has pointed to and said, This thing isn't working very well, and it is at the least very expensive; \$767 per enrollee, it appears. In the private sector they do it for much, much, much, much less.

So it is not that this amendment is bad or misguided. I don't think it is. But I think, once again, it is like a bright light on the underlying program that must be fraught with all kinds of problems, because we have got 16—no,

wait. We have got 25 amendments from my friends on the other side of the aisle, most of which are to tell the navigator how to do a better job and to put in Federal statute how to, basically have common sense.

I have never thought, by the way, you could legislate common sense. I don't know what my colleagues think of that. I never thought you could.

But I do know we need to fund community health centers, and the National Health Service Corps, and special diabetes programs, and teaching hospitals. And we have got this issue of the—this will be one that will be interesting.

If you don't want to change ObamaCare, are you going to let the Cadillac tax hit insurance plans of union workers and people working in business?

Or are you going to put off the big cuts that are coming right at our hospitals?

I had my hospitals in the other day, and they are saying, Boy, I sure hope you are going to turn off those DSH cuts that are headed our way. We did that last Congress. I helped lead the effort on that.

But that is actually called for in the underlying ObamaCare which, by the way, a disproportionate share of hospitals are those in our rural areas, in many cases, have a high portion of Medicaid, and they were supposed to, as part of the grand bargain with the Obama administration and Democrats, take these cuts. And now they are coming back to us saying, We can't afford to take these cuts.

So I don't know if you will describe that as sabotaging ObamaCare, but I will bet you are going to join us in trying to hold off those DSH cuts that are coming at our community hospitals.

So it just strikes me, again, that this navigator program must be a mini-disaster in the making if everybody has to come to the floor with an amendment to tell them how to do their job, and to reach out and serve the people this whole thing was intended to serve.

So it is not that I am opposed to the amendment. I just think the underlying program is pretty darn expensive. But you have heard me say that before today, Mr. Chairman, a time or two.

I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment, as modified, offered by the gentleman from Texas (Ms. ESCOBAR).

The amendment, as modified, was agreed to.

AMENDMENT NO. 21 OFFERED BY MS. WEXTON

The Acting CHAIR. It is now in order to consider amendment No. 21 printed in House Report 116-61.

Ms. WEXTON. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

In section 204, strike "The Secretary" and insert the following:

(b) PROHIBITION.—The Secretary  
In section 204, insert after the header the following new subsection:

(a) FINDINGS.—Congress finds the following:

(1) On August 3, 2018, the Administration issued a final rule entitled “short-term, limited-duration insurance” (83 Fed. Reg. 38212).

(2) The final rule dramatically expands the sale and marketing of insurance that—

(A) may discriminate against individuals living with preexisting health conditions, including children with complex medical needs and disabilities and their families;

(B) lacks important financial protections provided by the Patient Protection and Affordable Care Act (Public Law 111-148), including the prohibition of annual and lifetime coverage limits and annual out-of-pocket limits, that may increase the cost of treatment and cause financial hardship to those requiring medical care, including children with complex medical needs and disabilities and their families; and

(C) excludes coverage of essential health benefits including hospitalization, prescription drugs, and other lifesaving care.

(3) The implementation and enforcement of the final rule weakens critical protections for up to 130 million Americans living with preexisting health conditions and may place a large financial burden on those who enroll in short-term limited-duration insurance, which jeopardizes Americans’ access to quality, affordable health insurance.

The Acting CHAIR. Pursuant to House Resolution 377, the gentlewoman from Virginia (Ms. WEXTON) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Virginia.

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

Mr. Chairman, my amendment includes findings about how short-term, limited-duration insurance weakens protections for the millions of Americans living with preexisting health conditions, including children with complex medical needs and disabilities.

Last year, the Trump administration greatly expanded the sale and marketing of short-term, limited-duration insurance, also known as junk insurance, plans. And these plans are junk because they don’t provide critical protections laid out by the Affordable Care Act.

As my amendment points out, these plans lack important financial protections, may discriminate against individuals living with preexisting conditions, and may exclude coverage of essential health benefits such as prescription drugs and hospitalization.

The protections afforded by the Affordable Care Act are literally lifesaving for children with complex medical needs and disabilities. These children require specialized treatment and medical care that depends on medications, therapies, and equipment such as ventilators, oxygen tanks, feeding tubes, and specialized wheelchairs. The ACA’s essential health benefits ensure plans cover this care and treatment that these children may need.

Children with complex medical needs often require extended hospital stays with medical care costing into the millions of dollars. Families who purchase

junk plans and whose children subsequently encounter medical difficulties may soon find that these insurance plans are effectively worthless, failing to cover the healthcare their children need, and terminating their coverage if it becomes too expensive. These children could also be subject to lifetime coverage caps that they would exceed before they are old enough even to go to preschool.

The Trump administration’s actions don’t only harm families purchasing junk plans. As more people participate in these junk plans, the families who remain in comprehensive ACA-compliant plans would also see the cost of their insurance premiums increase.

No family should face uncertainty about whether or not their children will have access to lifesaving care when they need it most.

My amendment includes findings that highlight just how harmful these junk plans are for the up to 130 million Americans living with preexisting health conditions, and how they jeopardize Americans’ access to quality, affordable health insurance.

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

Mr. WALDEN. Mr. Chairman, I seek time in opposition to the gentlewoman’s amendment.

The Acting CHAIR. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Mr. Chairman, I reserve the balance of my time.

□ 1730

Ms. WEXTON. Mr. Chairman, junk plans provide inadequate medical coverage and circumvent crucial consumer protections afforded by the Affordable Care Act and are harmful to those living with preexisting conditions.

We have a responsibility to guarantee affordable quality health insurance for every American.

Mr. Chair, I hope my colleagues agree, and I urge them to support this amendment. I thank my colleagues, and I yield back the balance of my time.

Mr. WALDEN. Mr. Chair, I yield myself such time as I might consume.

Mr. Chairman, I note that the gentlewoman’s amendment—and it is a serious amendment, we appreciate it being offered. But in her State of Virginia, the State of Virginia said it is okay to offer these plans up to 364 days duration, short-term, limited-duration insurance policies. These fill a gap that are regulated by her State.

These kinds of plans, Mr. Chairman, were first approved by the Obama administration, because they must have recognized that there would be a need for a short-term plan to fill a gap here and there, and obviously a lot of Americans have taken advantage of those plans.

Now, because of that, the Trump administration said, well, maybe if they are good for 3 months, we should let States decide up to a year, and then

they could go up to a couple of years, I guess. Four states have already said no way, no how; three have said 8 months, that is as long as you can go; 12 have said that you can go to 6 months; and 27 States, including the State of Virginia, the Commonwealth of Virginia, has said 364 days.

Now, look, the important thing here, and I think we would have to agree on this if this were the amendment, there should be full and complete disclosure of what these plans cover or do not cover, full and complete, completely transparent, because the last thing any of us wants is someone with a preexisting condition or some other issue or complex medical situation, like the gentlewoman described, from getting a plan that basically they are told covers those things when it doesn’t.

Now, it is interesting, I know Dr. BURGESS is not only a distinguished member of the Energy and Commerce Committee, but one of the rare individuals in our body that also serves on the Rules Committee.

If memory serves me right, Dr. BURGESS, I believe one of our colleagues, the chair of the Energy and Commerce Subcommittee on Health, had an amendment in the Rules Committee that would require full disclosure and transparency, right?

Mr. BURGESS. Will the gentleman yield?

Mr. WALDEN. I yield to the gentleman from Texas.

Mr. BURGESS. Mr. Chair, the gentleman is correct. And, in fact, if the gentleman will recall, that in our committee work on these bills dealing with the Affordable Care Act, the chairwoman of the Subcommittee on Health actually had this as a stand-alone bill.

It was not considered when we did the markup on the other four bills. For some reason, it fell off the list that day. I don’t know why. I wasn’t consulted, and I wasn’t advised. But it was offered as one of the amendments up in the Rules Committee, again, by a Democratic member of the Energy and Commerce Committee, the chairwoman of the Subcommittee on Health, but the amendment was not made in order.

And, again, I don’t know why. I was not part of the discussion of the majority that decided which amendments were going to come to the floor.

It was perhaps a little surprising, because a majority of the amendments that were made in order were Democratic amendments. And, again, this was a Democratic amendment.

I think the ranking member of the full committee and I agree, that this is precisely the type of situation where you would want the purchaser to have complete knowledge of what they were buying. And the State Commissioner of Insurance, I know in my State in Texas, is very clear about that. On the website of the State of Texas, you need to know what you are buying.

This would be one of those cases where that disclosure, in fact, would be extremely helpful to the family that is

trying to make a decision. Because, look, why is someone looking at buying a limited-duration plan? They are looking at buying a limited-duration plan because they can't afford what is being sold on healthcare.gov or there perhaps is some temporary situation, a job transition or something that they are trying to cover.

The fact of the matter remains that the child described in the previous discussion would likely be better covered in one of the plans sold at healthcare.gov, but if, for whatever reason, the family decided that they wanted to investigate a less expensive plan and a limited-duration plan, that is certainly their right to do so. Probably not the best advice for them to buy that limited-duration plan, but certainly they should be free to do so, but they should also receive the information.

Mr. WALDEN. Mr. Chair, back to the issue of the gentlewoman's amendment, the chair of the Subcommittee on Health, her amendment, the short summary here says:

Require short-term, limited-duration insurance plans to prominently carry a disclosure the plan provides coverage for limited medical conditions and benefits.

That amendment was not made in order. It should have been made in order, because then we could get to the other question here, which I think we all agree on, is that there needs to be complete transparency of these things, because they don't cover everything. We all buy lots of insurance products for cars, houses, life insurance, disability, and all these things, and I want it to be easy to understand, full disclosure.

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

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from Virginia (Ms. WEXTON).

The question was taken; and the Acting Chair announced that the ayes appeared to have it.

Ms. WEXTON. Mr. Chair, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentlewoman from Virginia will be postponed.

AMENDMENT NO. 22 OFFERED BY MR. PAPPAS

The Acting CHAIR. It is now in order to consider amendment No. 22 printed in House Report 116-61.

Mr. PAPPAS. Mr. Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 47, line 23, insert after "ACTIVITIES" the following: "AND ANNUAL ENROLLMENT TARGETS" (and update the table of contents accordingly).

Page 48, line 2, strike "paragraph" and insert "paragraphs".

Page 49, line 18, strike the closing quotation mark and second period and insert the following:

"(5) ANNUAL ENROLLMENT TARGETS.—For plan year 2020 and each subsequent plan

year, in the case of an Exchange established or operated by the Secretary within a State pursuant to this subsection, the Secretary shall establish annual enrollment targets for such Exchange for such year."

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from New Hampshire (Mr. PAPPAS) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from New Hampshire.

Mr. PAPPAS. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, I want to thank my colleagues for introducing this legislation that works to improve our healthcare system and lower the skyrocketing costs of prescription drugs. This bill will bring much needed relief to the millions of Americans who are struggling to afford the care that they need.

The people from my home State of New Hampshire know that we must move beyond a political debate over the ACA to bipartisan action that will improve coverage and lower costs.

Just last week, I was proud to vote to protect Americans with preexisting conditions and introduce an amendment to safeguard coverage for those suffering from substance use disorder.

The amendment I am offering today strengthens this legislation and the ACA by ensuring the administration is actively working to expand Americans' access to care.

Specifically, my amendment requires the Department of Health and Human Services to set enrollment targets, goals that can be tracked and pursued with smart investments of resources.

This commonsense practice was employed by the previous administration, yet the Trump administration has failed to do so.

While they should be promoting enrollment for affordable coverage, Health and Human Services has slashed the advertisement and outreach budget by 90 percent and it cut in-person enrollment assistance funding nearly in half.

These actions have very real consequences. Recent reports indicate that more than 1.1 million Americans lost healthcare coverage in 2018.

In my State of New Hampshire, more than 10,000 individuals lost coverage over the past 3 years.

These cuts have hindered organizations such as the Bi-State Primary Care Association in New Hampshire.

The organization is responsible for helping nearly 110,000 underserved Granite Staters navigate the complexities of our healthcare system and find coverage in the enrollment period, which lasts only 6 weeks.

In the words of Executive Director Tess Kuenning:

The loss in funding means a loss of a trusted impartial adviser educating and providing information so people can make an informed decision about health insurance coverage.

Without collecting and monitoring enrollment numbers, it is impossible to hold the department accountable or

track how they are deploying resources to support enrollment.

In fact, the nonpartisan GAO slammed the administration for refusing to set targets and having no way to evaluate overall performance.

As a small business owner, I can't fathom how leaders can work towards success without clearly defined goals. How do you measure progress? How do you know how to best utilize your resources? How do you know if you need to make a course correction?

The American people deserve to know their government is working to expand access to care, not seeking to limit it.

In the greatest Nation on Earth, no American should miss the opportunity to have healthcare, economic security, quality of life, and the peace of mind that comes with it.

Mr. Chair, I urge the adoption of this amendment, and I reserve the balance of my time.

Mr. WALDEN. Mr. Chairman, I rise in opposition to the amendment.

The Acting CHAIR. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Mr. Chair, I reserve the balance of my time.

Mr. PAPPAS. Mr. Chairman, I urge adoption of this amendment, and I yield back the balance of my time.

Mr. WALDEN. Mr. Chair, I yield myself such time as I may consume.

Mr. Chairman, while I appreciate the gentleman's amendment, and I am all about setting targets and holding people accountable for their goals, it turns out the navigators already tried that, and it didn't work very well. So I don't know that having Secretary Azar set a goal for each of the exchanges and all is going to work any better.

Navigators enrolled less than 1 percent of total enrollees. And according to one report, in fact, the navigator's program had an enrollment goal of 2,000, but, well, he kind of fell short. He only enrolled one person. So that is a bit of a problem.

I think goals are a good thing, but I don't know that that is going to help here. We know how many people get enrolled. We know information around this.

I don't know. Once again, here we are trying to micromanage a program that clearly has a lot of flaws, or we wouldn't be putting all these things into statute.

I mean, I don't think we are giving these amendments to 25 Democrats just because they are freshmen. I think they have substantive issues they are trying to bring to the floor here. But it seems to me that this is really odd to micromanage a program to this level, and so I am going to end up opposing this amendment.

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

The Acting CHAIR. The question is on the amendment offered by the gentleman from New Hampshire (Mr. PAPPAS).

The amendment was agreed to.

AMENDMENT NO. 23 OFFERED BY MR. COX OF CALIFORNIA

The Acting CHAIR. It is now in order to consider amendment No. 23 printed in House Report 116-61.

Mr. COX of California. Mr. Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 47, after line 18, insert the following:

(b) PROMOTE TRANSPARENCY AND ACCOUNTABILITY IN THE ADMINISTRATION'S EXPENDITURES OF EXCHANGE USER FEES.—For plan year 2020 and each subsequent plan year, not later than the date that is 3 months after the end of such plan year, the Secretary of Health and Human Services shall submit to the appropriate committees of Congress and make available to the public an annual report on the expenditures by the Department of Health and Human Services of user fees collected pursuant to section 156.50 of title 45, Code of Federal Regulations (or any successor regulations). Each such report for a plan year shall include a detailed accounting of the amount of such user fees collected during such plan year and of the amount of such expenditures used during such plan year for the federally facilitated Exchange operated pursuant to section 1321(c) of the Patient Protection and Affordable Care Act (42 U.S.C. 18041(c)) on outreach and enrollment activities, navigators, maintenance of Healthcare.gov, and operation of call centers.

Page 47, line 19, strike “(B)” and insert “(C)”.

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from California (Mr. COX) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from California.

Mr. COX of California. Mr. Chair, I am honored to be here today to introduce my amendment to H.R. 987, the Strengthening Health Care and Lowering Prescription Drug Costs Act.

My amendment promotes transparency and accountability to how the Trump administration is spending Affordable Care Act, ACA, user fees.

For nearly 2 years now, the Trump administration and Republicans in Congress have tried and failed to repeal the ACA. Had they been successful, 23 million hardworking Americans would have lost their health insurance and be left with nothing, no health security for themselves, their children, or their families.

When those efforts didn't pan out, the Trump administration and our friends across the aisle turned their attention to sabotaging the ACA, dismantling the law piece by piece.

First on the chopping block, they shorted the ACA enrollment periods by over half, from 92 days to 45. Less time to make a decision means less participation.

Next up was cutting funding for consumer education and outreach, not just a small cut, but a reduction of 90 percent from \$100 million to just \$10 million.

The goals are clear: let's keep public healthcare options a secret and let's

make it as difficult as possible to insure yourself and your family.

Funding for vital navigator programs was slashed by 40 percent. This was a move the Government Accountability Office, the GAO, has self-described as “problematic.” But it is much more than problematic; it is detrimental.

It is clear their goal is and always has been to drive ACA enrollment down to zero.

Last year, the administration began allowing insurance companies to provide junk insurance plans, plans that, for one, don't protect consumers with preexisting conditions.

Now the administration is pushing the ACA navigators to promote these junk plans, advertising these plans as somehow comparable to qualified ACA plans that provide full protections.

Obviously, consumers are going to be confused by this.

The GAO found that the drastic reduction in outreach and advertising, “Likely detracted from the 2018 enrollment.”

That is not likely. That is a fact.

This is unacceptable, and it works directly against the intent of the law, which is to get more people healthcare coverage.

For some reason, this administration thinks that having uninsured Americans is a good thing.

My Democratic colleagues, the American public, and I believe differently.

In my home State of California, we saw the value of investing in ACA consumer education outreach. The way to get people covered and reduce uninsured rates is to educate consumers about their healthcare coverage options and make sure they know that healthcare insurance is affordable and within reach.

Having strong consumer outreach and enrollment activities can, in fact, lower premiums. This is exactly what we found in California.

Our State program covering California estimates that its outreach activities lowered premiums by up to 8 percent for all consumers.

□ 1745

This is basic economics. More participants equal lower costs for everyone. That 8 percent reduction amounts to some \$576 million in my State alone. That, my friends, is a great investment.

There is a clear intent by this administration and the Republican Members to undermine the Affordable Care Act by drastically reducing vital funding for a fully functioning marketplace. And who does that hurt? Everyone.

This administration intends to jam the spokes on the progress the ACA has made to increase the number of people with healthcare coverage. Congress and the American people deserve answers to these attempts to subvert the ACA.

First, we need to know what the administration has been spending ACA user fees on if they are not using these

funds for education and outreach. We need to know why you are still charging States a 3½ percent user fee to access a Federal platform if those fees aren't being used for the purposes they were collected. And, naturally, we need to know why there was a recent 50 percent increase in user fees for State-based marketplaces. Talk about a tax rate hike.

My amendment seeks answers. It requires an annual report to be submitted to Congress that includes a detailed breakdown on spending for, one, outreach and enrollment; two, the navigator program; and, three, the maintenance of healthcare.gov and the call centers.

No one should be denied or dropped healthcare coverage because they are a senior, pregnant, or get sick. Healthcare is a right, not a privilege, and everyone deserves access to quality, affordable care. It is critical now, more than ever, for us to receive answers on how the ACA user fees have been spent over the last 2 years by this administration.

I urge my colleagues to support my amendment, and I yield back the balance of my time.

Mr. WALDEN. Mr. Chairman, I seek time in opposition to the gentleman's amendment.

The Acting CHAIR. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Mr. Chairman, it is amazing to me that 17 navigators, according to CMS, during the grant year 2016 to 2017, 17 of these navigators that my friends on the other side of the aisle are such big fans of enrolled fewer than 100 people at an average cost of \$5,000 per enrollee. That doesn't seem to be very cost efficient to me.

As I have said before, today, The Wall Street Journal investigation found one grantee got 200 grand and enrolled one person. This is a great program.

You can't understand why the Trump administration wants to cut back and put some boundaries around? I can't imagine why you would embrace that. I just don't get it.

The top 10 most expensive navigators collected \$2.77 million, and they signed up 314 people. Let that one sink in. I mean, if you all want to embrace that, that is up to you. Not the way I would do business.

The Las Vegas Review-Journal editorialized: “The navigator scheme is a make-work government jobs program rife with corruption and highly susceptible to scam artists. It's a slush fund for progressive constituent groups.”

That is a respected newspaper. The journalist is writing this, Wall Street Journal's investigation.

We figure out \$62.5 million in grants enrolled 81,426 individuals. That is less than 1 percent. That is your navigators, Mr. Chairman, that some are so enthralled with; that is their body of work: \$62.5 million, 1 percent.

Now, if you just run a simple calculation, that means about \$767 was spent



per individual that was enrolled. That is a lot of money.

By contrast, agents and brokers assisted with 42 percent of the federally facilitated exchange enrollment for plan year 2018, which cost the FFE only \$2.40, \$2.40 per enrollee to provide training and technical assistance.

So we have before us this opportunity to either fund a program that appears to be susceptible to scam, according to one paper: One person gets enrolled, and one person gets paid \$200,000 to enroll that one person. That is the outcome. That doesn't seem to make a lot of sense to me.

So I would say to my colleague from California that where we really need the transparency and accountability is on the navigators themselves. That is where we ought to be investigating.

And on the short-term duration plans, it is unfortunate that Ms. ESHOO's amendment was not made in order, because I agree that we need more transparency on those plans so people know what they are buying. I don't want anybody to get a plan that doesn't cover what they need. I don't think any of us do.

So, Mr. Chairman, I oppose the gentleman's amendment, and unless any other Member requests time, I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from California (Mr. COX).

The amendment was agreed to.

AMENDMENT NO. 24 OFFERED BY MR. COX OF CALIFORNIA

The Acting CHAIR. It is now in order to consider amendment No. 24 printed in House Report 116-61.

Mr. COX of California. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 48, line 20, after "populations," insert "individuals residing in areas where the unemployment rates exceeds the national average unemployment rate,".

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from California (Mr. COX) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from California.

Mr. COX of California. Mr. Chair, I am honored to be here today to introduce my amendment to H.R. 987, The Strengthening Health Care and Lowering Prescription Drug Costs Act.

My amendment would ensure that communities with high unemployment numbers are prioritized in the navigator outreach program.

The Affordable Care Act created navigator programs to provide outreach, education, and enrollment assistance to consumers shopping for healthcare coverage. Robust marketing and outreach programs through the navigator program have been very successful throughout the country and have demonstrated meaningful benefits to our consumers.

In my home State of California, we have been making these necessary investments to ensure people throughout our State get the information they need to obtain coverage, and it works. Our State-based marketplace, Covered California, estimates that its investment in the marketing and outreach in 2015 and 2016 increased enrollment, which reduced premiums by up to 8 percent for all of our enrolled members. That is savings to all enrolled members of some \$576 million. Based on a small budget of some \$56 million, that is a great investment. That is a 1,000 percent return on investment. That is a great deal by anyone's measure.

That is the goal: to reduce the number of uninsured Americans. We all know that, when we have insurance, we stay healthy, and this strengthens our overall healthcare system, our communities, and our Nation.

That is why the navigator program is so important, and the Trump administration's 84 percent cut to the program since 2016 is just unacceptable. It is imperative that funding be restored to navigator programs.

Navigator programs help those without employer-sponsored insurance through small companies, sole proprietors, contractors, and every one of those entrepreneurs who are staking their claim to the American Dream.

The fact is many people who are eligible for financial assistance through the ACA, which would help them obtain coverage, don't even know they can get help, and this administration wants to keep them in the dark. Some 40 percent of consumers today don't even know there are options available.

My congressional district has an unemployment rate of almost 17 percent, and this is made up of rural communities that face unique challenges and barriers with respect to education, communication, and transportation. This makes it very difficult for my constituents to receive information on their healthcare insurance options.

This is so similar to many of our rural communities across our Nation. For many of those communities, the navigator program is the only way they can access this vital information.

Everyone should have health insurance and know their healthcare options. Healthcare is a right, not a privilege, and your ZIP Code should not dictate your ability to obtain health insurance.

My amendment would help distressed communities like those in my district and so many more across our Nation that may not have the resources to access the full healthcare options. By fully funding the navigator program and by focusing our efforts on areas that have high unemployment, we can get more people covered. And that is the goal.

Here in America, the building blocks for success are a quality education, dedication to hard work, and good health. A healthy workforce is vital for

America's success. We must fund the navigator program to help educate those who are difficult to reach geographically or who have limited access to ACA resources.

This is a critical and necessary investment that will build stronger, healthier, and more productive communities and an America that demonstrates that its best investments are its people.

With that, I urge my colleagues to support my amendment, and I reserve the balance of my time.

Mr. WALDEN. Mr. Chairman, I claim the time in opposition to the gentleman's amendment.

The Acting CHAIR. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Mr. Chairman, I reserve the balance of my time.

Mr. COX of California. Mr. Chairman, I yield back the balance of my time.

Mr. WALDEN. Mr. Chairman, let me just make a couple of points.

First of all, of course we want navigators to work in areas where there is high unemployment. My district, over the years, has had some of the highest unemployment in the State of Oregon.

Then I go down the list of future amendments here, and it is like, oh, we have got another one coming up that ensures rural areas are included in the navigator outreach. Well, that is a good idea.

And then there is another one that ensures that State healthcare exchange outreach activities also target our veteran population. Yes, that is a good idea.

Why are we having to put all this in statute? Who the heck is running this program, and why is it such a mess that it requires amendment after amendment after amendment? My point is: Where does this stop?

Of course we want them to work with veterans. Of course we want them to work with seniors and the young. Are we going to go to age segments here, 18 to 29, 31 to—I mean, come on. Really? We are going to put all this in statute?

How do they not have common sense? Who are these navigators that we have to direct them from the floor of the House into statute? Oh, by the way, be sure and work in an unemployed area. Be sure to mention that there are services for mental health and substance abuse. Oh, don't forget this, that, and the other thing.

I mean, I think we only ran out of amendments because we ran out of ideas of things to put into the statute, but that is no way to run a program.

And if it costs \$767 for everyone they sign up for the government to run its navigator program but the private sector can do it for \$2.40, that is not a very economical way. You don't make it up in volume.

And of course we want people to get access to insurance and information. I was in the radio business for 20 years. Our job was to get information out to consumers, so I am all about that.



It is just amazing, though, when you see the inefficiency of a Federal system versus the efficiency of a private-sector initiative.

And here we just passed an amendment, \$25 million more into this program, and yet we know in some cases there is enormous cost, and there appears to be, you know—I don't know—malfeasance. I don't know what it is.

But if the top 10 most expensive navigators collected \$2.77 million to sign up 314 people, I think we are in the wrong business. We ought to go be navigators at that rate. That is a pretty good rate of return for them, but not for the people and the taxpayers.

Mr. Chairman, I yield 1 minute to the distinguished gentleman from California (Mr. MCCARTHY), the Republican leader of the United States House of Representatives.

Mr. MCCARTHY. Mr. Chairman, I want to spend 1 minute and thank my friend, Congressman WALDEN. I know the work that he puts in when it comes to healthcare for America.

Mr. Chairman, I know of a bill that Mr. WALDEN has in to protect pre-existing conditions. We have asked many times to mark it up or bring it to the floor—no, not brought. It is talked about a lot, Mr. Chairman, but no bill to bring it here.

I know your care when it comes to not just healthcare, but the type of treatment one is able to get, the quality of care out there, because, Mr. Chairman, there are people out there who will run health facilities for the seniors but don't do a very good job. The quality is not there.

□ 1800

People have lost their own healthcare within there. People have been fined by the way they have treated individuals and seniors. People have lost eyes just because the treatment had been poor.

Mr. Chairman, we are here today on this floor because we all know that drug prices are too high. That is why the Energy and Commerce Committee worked tirelessly to pass three healthcare bills unanimously to address that.

Now, how often is that said on this floor? Not very often. It was a moment that I heard from almost every member on that committee, a moment of pride.

We could have legislation passed in a bipartisan fashion today. We could take it from that committee and bring it to the floor, and we would have the exact same thing happen. We could have the Republicans and the Democrats coming together to lower the price of drugs.

You know who wins? All of America.

Sadly, however, these good faith efforts have been unnecessarily thrown into a partisan and senseless attempt to bail out pieces of the Affordable Care Act.

Now, I don't say that—but I guess I just did, Mr. Chairman. I knew it because I happen to be a Member of Con-

gress. I watched it because I watched the committee work together, find common ground in a place where it is really difficult.

But when I looked at The Washington Post, it was very interesting. This is what they said. They actually put it best. Democrats are putting a "political pothole"—yeah, that is what they said—a "political pothole" in the way of real drug pricing reform.

You know, if you ever spend time back in your district or across this country, I would promise you one of the top three issues you will get is the price of drugs. I think everybody in this body was looking forward to this day, prior to the Democrats playing with political potholes.

Make no mistake, the drug pricing component of H.R. 987 is very strong. The three drug pricing bills in this legislation get to the heart of the problem, the lack of competition in the generic drug market. Increased competition for generic drugs would lead to lower prices and make medication more accessible. Two things, I think, anybody in America would desire.

Just think for a moment. You would get more competition, more choice, and lower prices.

We were so close. We got out of committee. The Members on both sides said yes. The only step you had left: Go to the Rules Committee and come to the floor.

But as you pass through that committee to get to the Rules Committee and get to the floor, I guess it had to go through leadership. Leadership made a choice: Politics before people.

These reforms would have removed barriers to generic drugs entering the market, making healthcare more affordable for patients. It is a real change.

That would have been a positive moment we all could have celebrated. But you know what is going to happen here? It is going to be a partisan vote and a bill that goes nowhere.

It is going to be a pothole that most people will say elected officials are supposed to fix, not create. It is the opposite of what elected officials are supposed to do. They are supposed to fill in the potholes, not dig them.

But if you read The Washington Post, they will tell you exactly who created them—the Democrats.

There are a lot of things that happen on this floor that at times are reckless, irresponsible, and just downright embarrassing. Mr. Chairman, this is one of them. Why at a time when both sides say they want to lower the prices of drugs and give people more options?

It goes to the core of the individual, of their own health. Well, it goes to the core of what the Democrats want to do. They don't want to make law. They love playing politics.

You know what happens when they play politics? Not only do keep drug prices high, but they break another promise.

I happen to have been in this body, Mr. Chairman, when I heard those

words, that if you like your healthcare, you could keep it.

I thought those millions of Americans who lost their healthcare that time, that that would be the end. But no, Mr. Chairman, the Democrats took the majority again. I thought that was enough.

Had you taken enough health policies away from millions of Americans? The answer was no. They had a few more to go. Mr. Chairman, 1.5 million, the Congressional Budget Office says.

So think, tomorrow when Americans wake up, there was a moment the prices could be lower. But, no. Would they ever think that not only are you not going to lower them, but you are going to take my healthcare away?

That is exactly what is going to happen here today. That is the poison pill they added to the bills.

Mr. Chairman, 1.5 million Americans will lose their plans. Now, if you listen to the other side, they say, no, no, it is net neutral. You know what it is? The CBO says, no, it goes down to 500,000.

I have heard them use the Congressional Budget Office thousands of times, Mr. Chairman, on the floor. I haven't heard them use it today.

Mr. Chairman, if you read books about politicians, if you read "The Prince" and you read Machiavelli, it is interesting, the ends justify the means. That is what it says. You see, it is about control. It is really about who can control what you can have.

There was a moment there that you would have greater options and lower prices. No, we will tell you what you need and what you can have.

There was a moment there that you would have even greater options when it came to healthcare. No, that is not going to be. We are going to take that away from you. And you know what? It is going to cost you more when we do it.

Mr. Chairman, I would say I would be shocked that this was going to happen. I can't say I am shocked anymore because, Mr. Chairman, on one side of the aisle in this Chamber, half of the entire majority party has cosponsored a bill, Medicare for none.

Not only are they taking more than 1.5 million Americans' plans away today, but they also have a plan to take more than 150 million Americans' plans away. They are going to bankrupt Medicare. They are going to deny you if you have private healthcare now.

But that is okay. The ends justify the means. Why? Because they have control.

That is exactly what happened here, Mr. Chairman. You had a committee that worked in a bipartisan manner. It is really irresponsible that the Rules Committee or the leadership would undercut their own chair of that committee to put a poison pill on three bills that came out in a bipartisan manner, with an idea that they would work in good faith, with an idea that they would put people before politics.

When you study history, and they talk about elected officials, they will tell you even from the most local places you get elected, the jobs you are going to have are filling in potholes. I never heard someone say your job as elected officials is to create potholes, but that is what we witnessed today.

It is a sad day for this House. We could do so much better. We did in committee.

Is it just, Mr. Chairman, that the majority doesn't want to solve a problem? Because, Mr. Chairman, I have searched. They have been in power for quite some time, and I have not found one problem they have solved yet. I found a few potholes they created. I think we have enough problems.

When we have that moment that we can come together inside of a committee, could we just keep it a little longer so it can get to the floor?

Mr. Chairman, there will be an option. There will be an amendment in this body that gives you an opportunity. If you were in that Committee on Energy and Commerce and you voted on these bills without the poison pill, it will be your moment of truth. It will tell a lot to America, Mr. Chairman, whether you serve your constituents or you serve your leadership.

That is what we will be watching. That is what America will be wondering. That is what we all hope will happen.

Mr. WALDEN. Mr. Chairman, may I inquire as to how much time I have remaining?

The Acting CHAIR (Mr. AGUILAR). The gentleman has 1½ minutes remaining.

Mr. WALDEN. Mr. Chairman, again, I thank the Republican leader of the U.S. House for not only his leadership on this issue but on so many others, and for giving us clarity on what is really going on here.

It is unfortunate. As The Washington Post and other news media organizations reported, it didn't have to be this way. It didn't have to be this way.

We did pass the three drug reform bills unanimously out of the committee. I was a big supporter of them. Every Republican was. I think every Republican on the floor will be if they get a chance to vote for those.

In the past, when I was chairman of the committee, we moved over 143 bills out of the committee. Ninety-three percent of them had bipartisan votes on the House floor. Fifty-seven became law. One of those 57 contained about 60 different opioid bills we rolled into just one.

I agree with the leader. This is going to delay passage in the Senate because they are going to have to sort this out, rip it apart. The added spending and the navigator piece probably don't survive. But it didn't have to be that way.

I found that if you have big bipartisan support out of the House, you are likely to get quicker action in the Senate, and it goes down to the President.

If you want to do something quickly about high-cost drugs and stop bad be-

havior that denies access for new generics, then you want to move quickly, not slowly. You want to move in a bipartisan way, not a partisan way. Unfortunately, that is not our way today.

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

The Acting CHAIR. The question is on the amendment offered by the gentleman from California (Mr. COX).

The amendment was agreed to.

The Acting CHAIR. The Chair is advised that amendment No. 25 will not be offered.

AMENDMENT NO. 26 OFFERED BY MS. KENDRA S. HORN OF OKLAHOMA

The Acting CHAIR. It is now in order to consider amendment No. 26 printed in House Report 116-61.

Ms. KENDRA S. HORN of Oklahoma. Mr. Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 48, line 20, after "populations," insert "individuals in rural areas,".

The Acting CHAIR. Pursuant to House Resolution 377, the gentlewoman from Oklahoma (Ms. KENDRA S. HORN) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Oklahoma.

Ms. KENDRA S. HORN of Oklahoma. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, I am pleased today to offer an amendment that ensures that rural areas are included in navigator outreach under H.R. 987, the Strengthening Health Care and Lowering Prescription Drug Costs Act.

This amendment ensures that the navigators who help people understand their options under the Affordable Care Act also help our rural communities.

The overall bill places federally funded grants in communities across the country to pay navigators who play a vital role in helping Americans understand their health coverage options in the marketplace. It helps them know what they qualify for.

Without question, access to healthcare is one of our Nation's most critical issues. This is true across the country, whether in major metropolitan areas, big cities, small towns, on the coasts, or in the heartland. But specific problems look different from place to place, and our rural communities are undoubtedly struggling.

One of the worst outcomes in rural communities of lack of access to healthcare is hospital closures.

Sadly, Oklahoma is no stranger to them. We have already lost six hospitals since 2010, and many more are teetering on the edge.

Simply put, hospitals can't stay open when their patients don't have coverage and the hospitals aren't able to pay their bills.

Right now, Oklahoma has the second highest uninsured rate in the Nation, and our rural areas often bear the

brunt of the coverage gap. They simply don't have enough patients with coverage to offset the ones without it.

The Washington Post just wrote a story about a 15-bed hospital in my home State in a town called Fairfax. Fairfax Community Hospital is so close to closing that their computer software won't operate because the licensing fees haven't been paid.

Their air-conditioning is also shut down. Imagine that, as it gets hotter and hotter in the Oklahoma summer-time.

I want to share an excerpt of the story because these matters are about real lives. It is not about numbers. These are about people who are suffering because they don't have access to care.

□ 1815

It starts with CEO Tina Steele talking to the employees who are crammed in a crowded office and sweating.

"So how desperate are we?" One employee asked. "How much money do we have in the bank?"

"Somewhere around \$12,000," Steele said.

"And how long will that last us?"

"Under normal circumstances?" Steele asked. She looked down at a chart on her desk and ran calculations in her head. "Probably a few hours. Maybe a day at most."

The only reason the hospital had been able to stay open at all was because about 30 employees continued showing up to work without pay. There was no other hospital within 30 miles of the two-lane roads and prairie in sprawling Osage County, which meant Fairfax Community was the only lifeline in that part of the county that increasingly needed rescuing.

"If we aren't open, where do these people go?" asked a physician assistant, thinking about the dozens of patients he treated each month in the ER, including some in critical condition after drug overdoses, falls from horses, oil field disasters, and car crashes.

"They'll go to the cemetery," another employee said. "If we're not here, these people don't have time. They'll die along with this hospital."

Like I said, there are similar stories in other hospitals that have played out six times across Oklahoma, and in many other places. According to some estimates, there are 102 hospitals that have closed nationwide, and we, as Americans, can't let our neighbors die simply because they live in small towns. We must solve this rural health crisis.

Navigators are a part of this solution. This amendment makes sure that we help people living in small towns across Oklahoma and the country stay healthy and understand their options so that they can take care of themselves and their families.

I reserve the balance of my time.

Mr. WALDEN. Mr. Chairman, I seek time in opposition to the amendment.

The Acting CHAIR. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Mr. Chair, I reserve the balance of my time.

Ms. KENDRA S. HORN of Oklahoma. Mr. Chair, adding on to this, the inclusion of rural communities with navigators serving them is critical, because from 2016 to 2018, Oklahoma lost 78 percent of its navigator funding. The very communities that are in the most need, where people have the least access to services and understanding, including broadband, so that they can access the services they need, are the very ones that are suffering most.

These closures and the lack of access not only have an effect in the communities that directly impact them, but ripple across my State and this Nation.

The Acting CHAIR. The time of the gentlewoman has expired.

Mr. WALDEN. Mr. Chairman, I am outraged to find out that these navigators are not reaching out to people in rural areas. What we have learned today on the House floor is that apparently this program doesn't reach people in rural areas. That is why the gentlewoman from Oklahoma has this amendment, apparently. These navigators, what the heck do they do?

We have had amendments to say you have got to have navigators reach out to people on Medicaid. You have got to have navigators reach out to people on the Children's Health Insurance Program. We have to tell them that? What have they been doing?

We are going to have an amendment coming up saying, Navigators, we are going to put into Federal law that you have to reach out to the veterans' community. They don't do that today? Are you serious?

And we are going to have navigators that have to be educated. When you are reaching out, you better talk about mental health services and substance abuse. Have they been ignoring that all along? I guess so.

Because my friends on the other side of the aisle have been bringing amendment after amendment to correct these obvious omissions and problems with the navigator program. What has been going on in the navigator program?

This is outrageous to learn that rural areas—and I represent an area that would stretch from the Atlantic Ocean to Ohio, 69,000 square miles—and you are talking about rural. I am going to find out why the heck those navigators aren't talking to people in my district, and why we have to put in law that they have to now.

How many years has this been going on under ObamaCare, and at what cost to taxpayers? And you are going to give them another \$25 million. Who are they talking to? Are they talking to people in suburban areas only, or urban areas only?

But if they are not talking about Medicaid and CHIP, and apparently not to veterans, who are they counseling and what are they telling them? What

a disaster of a program. We ought to halt right now and figure out who are these people and what are they getting paid to do.

We know they cost \$767 for every enrollee, compared to \$2.40 in the private sector. So we are paying them a lot. We know that investigations have shown that one grantee took \$200,000 and enrolled one person, and, apparently, that person was not a veteran, not on Medicaid, not in a rural area, and not on CHIP. Who knows. Right?

I appreciate the gentlewoman's amendment, but I am astonished to learn of the fact that we have to put it in law that they have to talk to people in rural areas. This demands investigation to figure out what in the heck is going on.

Now, let's talk about what else is facing us. What really takes care of people in rural areas are our community health centers, 27 million people, 1 in 12 in every State. The District of Columbia and the territories rely on community health centers for their care, and of the patients treated at these centers, one in three are living in poverty; one in five are rural residents; and one in nine are children.

If you want to put the taxpayer money to good purpose, it would be to fund our community health centers, like Republicans led the way on last time at record levels because we know they deliver for people in rural areas. They deliver for people in urban areas. They deliver quality care.

That is where our money should go, not into a program like this, apparently, that we have to have these amendments from Democrat Members. I think we had 25 amendments from Democrat Members telling navigators we are going to go to rural areas, we are going to go to veterans. Who are they serving today? It is a mess.

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

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from Oklahoma (Ms. KENDRA S. HORN).

The amendment was agreed to.

AMENDMENT NO. 27 OFFERED BY MR. CUNNINGHAM

The Acting CHAIR. It is now in order to consider amendment No. 27 printed in House Report 116-61.

Mr. CUNNINGHAM. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 48, line 20, after "populations," insert "veterans,".

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from South Carolina (Mr. CUNNINGHAM) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from South Carolina.

Mr. CUNNINGHAM. Mr. Chair, I rise today in support of my straightforward, commonsense amendment

which will ensure that our Nation's veterans have access to quality, affordable health insurance coverage.

While people often think that everyone who has served in the military immediately has access to VA healthcare, this is not the case. In fact, only three out of five veterans under the age of 65 are eligible for healthcare through the VA, and only a quarter of those who are eligible for VA healthcare rely on the VA as their sole source of insurance.

Younger veterans who served for 24 consecutive months are eligible for VA coverage for 5 years after their discharge, and veterans over the age of 65 qualify for Medicare. This leaves a potential gap in coverage for many veterans who have recently served after their 5-year period and before they become eligible for Medicare.

That is why it is imperative that the healthcare exchange outreach and educational strategies be designed in a way to reach our Nation's veterans.

As a Member of the House Committee on Veterans' Affairs, I am committed to ensuring every veteran has access to high-quality healthcare regardless of where they receive that care.

Studies show that when Americans are informed about the correct time to sign up for healthcare, and the options to make that coverage affordable, they choose to get insured.

My amendment is simply asking that we make our Nation's veterans aware of the healthcare options available to them. This is particularly important to the Lowcountry, because my district has one of the highest concentrations of veterans in the entire country.

It has the highest concentrations in the entire State of South Carolina, and I want to make sure that each of them are aware of their coverage options so that they can make the best choice for themselves and for their families.

Mr. Chair, I want to ask my colleagues on both sides of the aisle to join me in supporting my amendment as well as the underlying legislation.

I reserve the balance of my time.

Mr. WALDEN. Mr. Chairman, I seek time in opposition to the gentleman's amendment.

The Acting CHAIR. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Mr. Chairman, as I said in the last amendment debate, it is astonishing to me that apparently these navigators aren't serving people in rural areas, and now I find out that they are apparently not serving our veteran population effectively as well.

I am going to reserve the balance of my time.

Mr. CUNNINGHAM. Mr. Chairman, in closing, I would like to thank Chairman PALLONE and Chairman SCOTT for their work in constructing this important legislation which will lower drug prices, stabilize the insurance market, and decrease premiums for hard-working families across this country.

I also want to thank Chairman MCGOVERN and my colleagues on the

Rules Committee for allowing my amendment to come to the floor. I urge all of my colleagues on both sides of the aisle to vote in favor of this commonsense amendment as well as the underlying legislation.

I yield back the balance of my time.

Mr. WALDEN. Mr. Chairman, I thank the gentleman for his service to the country and all of our veterans, men and women, who wear our uniform and deserve our undying appreciation and thanks.

But it is astonishing, once again, it is appalling that these navigators apparently aren't serving our veterans. We have to come to the floor with amendments to Federal law to order them to take care of our veterans. What kind of program is this?

We know it is expensive. We know some in the news media, some of the editorial writers in our country said it is open to fraud and—let me read it.

An editorial paper out West said, "In reality, the navigator scheme is a make-work government jobs program rife with corruption and highly susceptible to scam artists. It's a slush fund for progressive constituent groups."

That is how one editorial came out. I am sure there are good people in there somewhere doing good work, but we know that according to CMS, 17 navigators enrolled less than 100 people at an average cost of \$5,000 per enrollee. What kind of program is this? We know it is expensive.

One grantee took in \$200,000 and enrolled one person. The top ten most expensive collected \$2.77 million and signed up 314 people. So it is inefficient, but at least it is really expensive. What a waste.

I am sure they enroll people, but only 1 percent of those enrolled in the exchange are helped by navigators. And then today, we find out that we have to tell them what to do, which makes you wonder, what have they been doing? Because we have had amendments to say, you have got to have them educate people about Medicaid, or CHIP, or veterans, rural areas, mental health, substance abuse—one thing after another. I think we ought to investigate them and the whole program stem to stern.

If there is waste and fraud, we ought to go after it. If there is all of this expense, we ought to knock it down. And if they are not serving people—I am glad we had the rural amendment. Do we need one for urban, and suburban, and semi-frontier counties? It makes me wonder who they do serve. We know it is expensive.

Obviously, we are going to tell them to serve the veterans. You know that makes sense.

I am glad your amendment got made in order. We had 16 Republican amendments. They only made one in order. There were 25 Democratic amendments made in order. Two of those we had to edit on the floor, and one technical amendment.

It seems an odd way to run the House. We were promised in the open-

ing days by the chairman of the Rules Committee that it was all going to be different. Boy, he was right. It is just a different way.

I think that our Member on the Rules Committee could probably tell us 92 percent of the amendments that have been allowed on the House floor have been from Democrats. When Republicans were in the majority, 45 percent of the amendments came from Democrats. We tried to have an open process. Now we are being shut out, and that is unfortunate.

So, Mr. Chairman, we have had a long day here. I think we all care deeply about making sure people have access to affordable healthcare. Republicans believe we need to reform how our systems work. We need to drive down the cost of drugs, and nobody has led more on this in my history around here than the President of the United States, Donald Trump.

From day one, he has told the drug companies: You need to get your prices down. I was with him in the White House when he said that in about February of 2017, and he has never relented. And he is a partner in this progress to go after surprise billing, to go after high drug costs. He is leading through his administration, and he will sign the drug bills that we worked out in committee.

The travesty is the pothole created by the Democrat politicians that said we have got to link the drug bills we all have agreement on that the President would sign, to bills that we know are bailing out ObamaCare. And worse, we are now funding huge money, and even more authorized today, into a program that apparently wasn't taking care of veterans, nor people in rural areas.

□ 1830

It is astonishing. So, Mr. Chairman, this amendment is fine. It makes sense. It is just outrageous we have to put in Federal law that these navigators have to actually help veterans because they ought to be doing that day in and day out. Veterans are the ones who give us our freedom. We need to investigate the navigators.

Mr. Chairman, I yield back balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from South Carolina (Mr. CUNNINGHAM).

The amendment was agreed to.

ANNOUNCEMENT BY THE ACTING CHAIR

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, proceedings will now resume on those amendments printed in House Report 116-61 on which further proceedings were postponed, in the following order:

Amendment No. 2 by Mr. MCKINLEY of West Virginia.

Amendment No. 6 by Mr. HARDER of California.

Amendment No. 21 by Ms. WEXTON of Virginia.

The Chair will reduce to 2 minutes the minimum time for any electronic vote after the first vote in this series.

AMENDMENT NO. 2 OFFERED BY MR. MCKINLEY

The Acting CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentleman from West Virginia (Mr. MCKINLEY) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The Acting CHAIR. A recorded vote has been demanded.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 189, noes 230, not voting 18, as follows:

[Roll No. 210]

AYES—189

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

NOES—230

Adams	Bass	Blumenauer
Aguilar	Beatty	Blunt Rochester
Allred	Bera	Bonamici
Axne	Beyer	Boyle, Brendan
Barragán	Bishop (GA)	F.

Brindisi Heck  
Brown (MD) Higgins (NY)  
Brownley (CA) Hill (CA)  
Bustos Himes  
Butterfield Horn, Kendra S.  
Carbajal Horsford  
Cárdenas Houlihan  
Carson (IN) Hoyer  
Cartwright Huffman  
Case Jackson Lee  
Casten (IL) Jayapal  
Castor (FL) Jeffries  
Castro (TX) Johnson (GA)  
Chu, Judy Johnson (TX)  
Cicilline Kaptur  
Cisneros Keating  
Clark (MA) Kelly (IL)  
Clarke (NY) Kennedy  
Clay Khanna  
Cleaver Kildee  
Cohen Kilmer  
Connolly Kim  
Cooper Kind  
Correa Kirkpatrick  
Costa Krishnamoorthi  
Courtney Kuster (NH)  
Cox (CA) Langevin  
Craig Larsen (WA)  
Crist Larson (CT)  
Crow Lawrence  
Cuellar Lawson (FL)  
Cummings Lee (CA)  
Cunningham Lee (NV)  
Davids (KS) Levin (CA)  
Davis (CA) Levin (MI)  
Davis, Danny K. Lewis  
Dean Lieu, Ted  
DeFazio Lipinski  
DeGette Loeback  
DeLauro Lofgren  
DelBene Lowenthal  
Delgado Lowey  
Demings Luján  
DeSaulnier Luria  
Deutch Lynch  
Dingell Malinowski  
Doggett Maloney,  
Doyle, Michael Carolyn B.  
F. Matsui  
Engel McAdams  
Escobar McBath  
Eshoo McCollum  
Españat McEachin  
Evans McGovern  
Finkenauer McNerney  
Fitzpatrick Meng  
Fletcher Moore  
Foster Morelle  
Frankel Mucarsel-Powell  
Fudge Murphy  
Gabbard Nadler  
Gallego Napolitano  
Garamendi Neal  
Garcia (IL) Neguse  
Garcia (TX) Norcross  
Gomez Norton  
Gonzalez (TX) O'Halleran  
Gottheimer Ocasio-Cortez  
Green (TX) Omar  
Grijalva Pallone  
Haaland Panetta  
Harder (CA) Pappas  
Hastings Pascrell  
Hayes Payne

## NOT VOTING—18

Abraham Johnson (OH)  
Bucshon Maloney, Sean  
Byrne Massie  
Clyburn Meeks  
Collins (GA) Moulton  
Johnson (LA) Plaskett

□ 1855

Ms. PORTER, Messrs. BRINDISI, GREEN of Texas, McADAMS, McEACHIN, Mses. JAYAPAL, BASS, and SCHAKOWSKY changed their vote from “aye” to “no.”

Messrs. YOHO, BABIN, KING of Iowa, NORMAN, STEWART, ROGERS of Alabama, GROTHMAN, WALBERG, RUTHERFORD, and KATKO changed their vote from “no” to “aye.”

So the amendment was rejected.

The result of the vote was announced as above recorded.

## AMENDMENT NO. 6 OFFERED BY MR. HARDER OF CALIFORNIA

The Acting CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentleman from California (Mr. HARDER) on which further proceedings were postponed and on which the ayes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

## RECORDED VOTE

The Acting CHAIR. A recorded vote has been demanded.

A recorded vote was ordered.

The Acting CHAIR. This will be a 2-minute vote.

The vote was taken by electronic device, and there were—ayes 243, noes 174, not voting 20, as follows:

[Roll No. 211]

## AYES—243

Adams Engel  
Aguilar Escobar  
Allred Eshoo  
Axne Espaillat  
Bacon Evans  
Barragán Finkenauer  
Bass Fitzpatrick  
Beatty Fletcher  
Bera Fortenberry  
Beyer Foster  
Bishop (GA) Frankel  
Blumenauer Fudge  
Blunt Rochester Gabbard  
Bonamici Gallego  
Boyle, Brendan Garamendi  
F. Garcia (IL)  
Brindisi Garcia (TX)  
Brown (MD) Golden  
Brownley (CA) Gomez  
Bustos Gonzalez (TX)  
Butterfield González-Colón  
Carbajal (PR)  
Cárdenas Gottheimer  
Carson (IN) Green (TX)  
Cartwright Grijalva  
Case Haaland  
Casten (IL) Harder (CA)  
Castor (FL) Hastings  
Castro (TX) Hayes  
Chu, Judy Heck  
Cicilline Higgins (NY)  
Cisneros Hill (CA)  
Clark (MA) Himes  
Clarke (NY) Hollingsworth  
Clay Horn, Kendra S.  
Cleaver Horsford  
Cohen Houlihan  
Connolly Hoyer  
Cooper Huffman  
Correa Hurd (TX)  
Costa Jackson Lee  
Courtney Jayapal  
Cox (CA) Jeffries  
Craig Johnson (GA)  
Crist Johnson (TX)  
Crow Kaptur  
Cuellar Katko  
Cummings Keating  
Cunningham Kelly (IL)  
Davids (KS) Kennedy  
Davis (CA) Khanna  
Davis, Danny K. Kildee  
Dean Kilmer  
DeFazio Kim  
DeGette Kind  
DeLauro Kirkpatrick  
DelBene Krishnamoorthi  
Delgado Kuster (NH)  
Demings Lamb  
DeSaulnier Langevin  
Deutch Larsen (WA)  
Dingell Larson (CT)  
Doggett Lawrence  
Doyle, Michael Lawson (FL)  
F. Lee (CA)

Barbanes  
Scanlon  
Schakowsky  
Schiff  
Schneider  
Schrader  
Schrier  
Scott (VA)  
Scott, David  
Sensenbrenner  
Serrano  
Sewell (AL)  
Shalala  
Sherman  
Sherrill  
Sires  
Slotkin  
Smith (NJ)

Smith (WA)  
Soto  
Spanberger  
Speier  
Stanton  
Steil  
Stevens  
Suoizzi  
Takano  
Thompson (CA)  
Thompson (MS)  
Titus  
Tlaib  
Tonko  
Torres (CA)  
Torres Small  
(NM)  
Trahan

Trone  
Underwood  
Upton  
Van Drew  
Vargas  
Veasey  
Vela  
Velázquez  
Visclosky  
Wasserman  
Schultz  
Waters  
Watson Coleman  
Welch  
Wexton  
Wild  
Wilson (FL)  
Yarmuth

## NOES—174

Aderholt  
Allen  
Amash  
Amodei  
Armstrong  
Babin  
Baird  
Balderson  
Banks  
Barr  
Bergman  
Biggs  
Bilirakis  
Bishop (UT)  
Bost  
Brady  
Brooks (AL)  
Brooks (IN)  
Buchanan  
Buck  
Budd  
Burchett  
Burgess  
Calvert  
Carter (GA)  
Carter (TX)  
Chabot  
Cheney  
Cline  
Cloud  
Cole  
Collins (NY)  
Comer  
Conaway  
Cook  
Crawford  
Crenshaw  
Curtis  
Davidson (OH)  
Davis, Rodney  
DesJarlais  
Diaz-Balart  
Duncan  
Dunn  
Emmer  
Estes  
Ferguson  
Fleischmann  
Flores  
Foe (NC)  
Fulcher  
Gaetz  
Gallagher  
Gianforte  
Gibbs  
Gonzalez (OH)  
Gooden  
Gosar

## NOT VOTING—20

Abraham Gohmert  
Arrington Johnson (LA)  
Bucshon Johnson (OH)  
Byrne Massie  
Clyburn Meeks  
Collins (GA) Moulton  
Duffy Plaskett

## ANNOUNCEMENT BY THE ACTING CHAIR

The Acting CHAIR (during the vote). There is 1 minute remaining.

□ 1900

So the amendment was agreed to.

The result of the vote was announced as above recorded.

AMENDMENT NO. 21 OFFERED BY MS. WEXTON

The Acting CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentlewoman from Virginia (Ms. WEXTON) on which further proceedings were postponed and on which the ayes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

#### RECORDED VOTE

The Acting CHAIR. A recorded vote has been demanded.

A recorded vote was ordered.

The Acting CHAIR. This will be a 2-minute vote.

The vote was taken by electronic device, and there were—ayes 232, noes 185, not voting 20, as follows:

[Roll No. 212]

AYES—232

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

Speier	Torres Small
Stanton	(NM)
Stevens	Trahan
Suozzi	Trone
Takano	Underwood
Thompson (CA)	Van Drew
Thompson (MS)	Vargas
Titus	Veasey
Tlaib	Vela
Tonko	Velázquez
Torres (CA)	Visclosky

#### NOES—185

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

#### NOT VOTING—20

Abraham	González-Colón	Plaskett
Brady	(PR)	Radewagen
Bucshon	Johnson (LA)	Rose (NY)
Byrne	Johnson (OH)	Ryan
Clyburn	Massie	Smucker
Collins (GA)	Meeks	Swalwell (CA)
Gohmert	Moulton	Weber (TX)

□ 1908

So the amendment was agreed to.

The result of the vote was announced as above recorded.

The Acting CHAIR (Mr. HASTINGS). There being no further amendments, under the rule, the Committee rises.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. AGUILAR) having assumed the chair, Mr. HASTINGS, Acting Chair of the Committee of the Whole House on the

state of the Union, reported that that Committee, having had under consideration the bill (H.R. 987) to amend the Patient Protection and Affordable Care Act to provide for Federal Exchange outreach and educational activities, and, pursuant to House Resolution 377, he reported the bill, as amended by that resolution, back to the House with sundry further amendments adopted in the Committee of the Whole.

The SPEAKER pro tempore. Under the rule, the previous question is ordered.

Is a separate vote demanded on any amendment reported from the Committee of the Whole? If not, the Chair will put them en gros.

The amendments were agreed to.

The SPEAKER pro tempore. The question is on the engrossment and third reading of the bill.

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

#### MOTION TO RECOMMIT

Mr. WALDEN. Mr. Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. WALDEN. Oh, my gosh, Mr. Speaker, in its current form, absolutely, yes, sir.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Walden of Oregon moves to recommit the bill H.R. 987 to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith with the following amendment:

Strike title I and insert the following:

#### TITLE I—LOWERING PRESCRIPTION DRUG COSTS

##### SEC. 100. SHORT TITLE.

This title may be cited as the “CREATES Act”.

##### Subtitle A—Bringing Low-cost Options and Competition While Keeping Incentives for New Generics

##### SEC. 101. CHANGE CONDITIONS OF FIRST GENERIC EXCLUSIVITY TO SPUR ACCESS AND COMPETITION.

Section 505(j)(5)(B)(iv) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)(5)(B)(iv)) is amended—

(1) in subclause (I), by striking “180 days after” and all that follows through the period at the end and inserting the following: “180 days after the earlier of—

“(aa) the date of the first commercial marketing of the drug (including the commercial marketing of the listed drug) by any first applicant; or

“(bb) the applicable date specified in subclause (III).”; and

(2) by adding at the end the following new subclause:

“(III) APPLICABLE DATE.—The applicable date specified in this subclause, with respect to an application for a drug described in subclause (I), is the date on which each of the following conditions is first met:

“(aa) The approval of such an application could be made effective, but for the eligibility of a first applicant for 180-day exclusivity under this clause.

“(bb) At least 30 months have passed since the date of submission of an application for the drug by at least one first applicant.

“(cc) Approval of an application for the drug submitted by at least one first applicant is not precluded under clause (iii).



“(dd) No application for the drug submitted by any first applicant is approved at the time the conditions under items (aa), (bb), and (cc) are all met, regardless of whether such an application is subsequently approved.”.

**Subtitle B—Protecting Consumer Access to Generic Drugs**

**SEC. 111. UNLAWFUL AGREEMENTS.**

(a) AGREEMENTS PROHIBITED.—Subject to subsections (b) and (c), it shall be unlawful for an NDA or BLA holder and a subsequent filer (or for two subsequent filers) to enter into, or carry out, an agreement resolving or settling a covered patent infringement claim on a final or interim basis if under such agreement—

(1) a subsequent filer directly or indirectly receives from such holder (or in the case of such an agreement between two subsequent filers, the other subsequent filer) anything of value, including a license; and

(2) the subsequent filer agrees to limit or forego research on, or development, manufacturing, marketing, or sales, for any period of time, of the covered product that is the subject of the application described in subparagraph (A) or (B) of subsection (g)(8).

(b) EXCLUSION.—It shall not be unlawful under subsection (a) if a party to an agreement described in such subsection demonstrates by clear and convincing evidence that the value described in subsection (a)(1) is compensation solely for other goods or services that the subsequent filer has promised to provide.

(c) LIMITATION.—Nothing in this section shall prohibit an agreement resolving or settling a covered patent infringement claim in which the consideration granted by the NDA or BLA holder to the subsequent filer (or from one subsequent filer to another) as part of the resolution or settlement includes only one or more of the following:

(1) The right to market the covered product that is the subject of the application described in subparagraph (A) or (B) of subsection (g)(8) in the United States before the expiration of—

(A) any patent that is the basis of the covered patent infringement claim; or

(B) any patent right or other statutory exclusivity that would prevent the marketing of such covered product.

(2) A payment for reasonable litigation expenses not to exceed \$7,500,000 in the aggregate.

(3) A covenant not to sue on any claim that such covered product infringes a patent.

(d) ENFORCEMENT BY FEDERAL TRADE COMMISSION.—

(1) GENERAL APPLICATION.—The requirements of this section apply, according to their terms, to an NDA or BLA holder or subsequent filer that is—

(A) a person, partnership, or corporation over which the Commission has authority pursuant to section 5(a)(2) of the Federal Trade Commission Act (15 U.S.C. 45(a)(2)); or

(B) a person, partnership, or corporation over which the Commission would have authority pursuant to such section but for the fact that such person, partnership, or corporation is not organized to carry on business for its own profit or that of its members.

(2) UNFAIR OR DECEPTIVE ACTS OR PRACTICES ENFORCEMENT AUTHORITY.—

(A) IN GENERAL.—A violation of this section shall be treated as an unfair or deceptive act or practice in violation of section 5(a)(1) of the Federal Trade Commission Act (15 U.S.C. 45(a)(1)).

(B) POWERS OF COMMISSION.—Except as provided in subparagraph (C) and paragraphs (1)(B) and (3)—

(i) the Commission shall enforce this section in the same manner, by the same

means, and with the same jurisdiction, powers, and duties as though all applicable terms and provisions of the Federal Trade Commission Act (15 U.S.C. 41 et seq.) were incorporated into and made a part of this section; and

(ii) any NDA or BLA holder or subsequent filer that violates this section shall be subject to the penalties and entitled to the privileges and immunities provided in the Federal Trade Commission Act.

(C) JUDICIAL REVIEW.—In the case of a cease and desist order issued by the Commission under section 5 of the Federal Trade Commission Act (15 U.S.C. 45) for violation of this section, a party to such order may obtain judicial review of such order as provided in such section 5, except that—

(i) such review may only be obtained in—

(I) the United States Court of Appeals for the District of Columbia Circuit;

(II) the United States Court of Appeals for the circuit in which the ultimate parent entity, as defined in section 801.1(a)(3) of title 16, Code of Federal Regulations, or any successor thereto, of the NDA or BLA holder (if any such holder is a party to such order) is incorporated as of the date that the application described in subparagraph (A) or (B) of subsection (g)(8) or an approved application that is deemed to be a license for a biological product under section 351(k) of the Public Health Service Act (42 U.S.C. 262(k)) pursuant to section 7002(e)(4) of the Biologics Price Competition and Innovation Act of 2009 (Public Law 111-148; 124 Stat. 817) is submitted to the Commissioner of Food and Drugs; or

(III) the United States Court of Appeals for the circuit in which the ultimate parent entity, as so defined, of any subsequent filer that is a party to such order is incorporated as of the date that the application described in subparagraph (A) or (B) of subsection (g)(8) is submitted to the Commissioner of Food and Drugs; and

(ii) the petition for review shall be filed in the court not later than 30 days after such order is served on the party seeking review.

(3) ADDITIONAL ENFORCEMENT AUTHORITY.—

(A) CIVIL PENALTY.—The Commission may commence a civil action to recover a civil penalty in a district court of the United States against any NDA or BLA holder or subsequent filer that violates this section.

(B) SPECIAL RULE FOR RECOVERY OF PENALTY IF CEASE AND DESIST ORDER ISSUED.—

(i) IN GENERAL.—If the Commission has issued a cease and desist order in a proceeding under section 5 of the Federal Trade Commission Act (15 U.S.C. 45) for violation of this section—

(I) the Commission may commence a civil action under subparagraph (A) to recover a civil penalty against any party to such order at any time before the expiration of the 1-year period beginning on the date on which such order becomes final under section 5(g) of such Act (15 U.S.C. 45(g)); and

(II) in such civil action, the findings of the Commission as to the material facts in such proceeding shall be conclusive, unless—

(aa) the terms of such order expressly provide that the Commission's findings shall not be conclusive; or

(bb) such order became final by reason of section 5(g)(1) of such Act (15 U.S.C. 45(g)(1)), in which case such findings shall be conclusive if supported by evidence.

(ii) RELATIONSHIP TO PENALTY FOR VIOLATION OF AN ORDER.—The penalty provided in clause (i) for violation of this section is separate from and in addition to any penalty that may be incurred for violation of an order of the Commission under section 5(1) of the Federal Trade Commission Act (15 U.S.C. 45(1)).

(C) AMOUNT OF PENALTY.—

(i) IN GENERAL.—The amount of a civil penalty imposed in a civil action under subparagraph (A) on a party to an agreement described in subsection (a) shall be sufficient to deter violations of this section, but in no event greater than—

(I) if such party is the NDA or BLA holder (or, in the case of an agreement between two subsequent filers, the subsequent filer who gave the value described in subsection (a)(1)), the greater of—

(aa) 3 times the value received by such NDA or BLA holder (or by such subsequent filer) that is reasonably attributable to the violation of this section; or

(bb) 3 times the value given to the subsequent filer (or to the other subsequent filer) reasonably attributable to the violation of this section; and

(II) if such party is the subsequent filer (or, in the case of an agreement between two subsequent filers, the subsequent filer who received the value described in subsection (a)(1)), 3 times the value received by such subsequent filer that is reasonably attributable to the violation of this section.

(ii) FACTORS FOR CONSIDERATION.—In determining such amount, the court shall take into account—

(I) the nature, circumstances, extent, and gravity of the violation;

(II) with respect to the violator, the degree of culpability, any history of violations, the ability to pay, any effect on the ability to continue doing business, profits earned by the NDA or BLA holder (or, in the case of an agreement between two subsequent filers, the subsequent filer who gave the value described in subsection (a)(1)), compensation received by the subsequent filer (or, in the case of an agreement between two subsequent filers, the subsequent filer who received the value described in subsection (a)(1)), and the amount of commerce affected; and

(III) other matters that justice requires.

(D) INJUNCTIONS AND OTHER EQUITABLE RELIEF.—In a civil action under subparagraph (A), the United States district courts are empowered to grant mandatory injunctions and such other and further equitable relief as they deem appropriate.

(4) REMEDIES IN ADDITION.—Remedies provided in this subsection are in addition to, and not in lieu of, any other remedy provided by Federal law.

(5) PRESERVATION OF AUTHORITY OF COMMISSION.—Nothing in this section shall be construed to affect any authority of the Commission under any other provision of law.

(e) FEDERAL TRADE COMMISSION RULE-MAKING.—The Commission may, in its discretion, by rule promulgated under section 553 of title 5, United States Code, exempt from this section certain agreements described in subsection (a) if the Commission finds such agreements to be in furtherance of market competition and for the benefit of consumers.

(f) ANTITRUST LAWS.—Nothing in this section shall modify, impair, limit, or supersede the applicability of the antitrust laws as defined in subsection (a) of the first section of the Clayton Act (15 U.S.C. 12(a)), and of section 5 of the Federal Trade Commission Act (15 U.S.C. 45) to the extent that such section 5 applies to unfair methods of competition. Nothing in this section shall modify, impair, limit, or supersede the right of a subsequent filer to assert claims or counterclaims against any person, under the antitrust laws or other laws relating to unfair competition.

(g) DEFINITIONS.—In this section:

(1) AGREEMENT RESOLVING OR SETTLING A COVERED PATENT INFRINGEMENT CLAIM.—The term “agreement resolving or settling a covered patent infringement claim” means any agreement that—

(A) resolves or settles a covered patent infringement claim; or

(B) is contingent upon, provides for a contingent condition for, or is otherwise related to the resolution or settlement of a covered patent infringement claim.

(2) COMMISSION.—The term “Commission” means the Federal Trade Commission.

(3) COVERED PATENT INFRINGEMENT CLAIM.—The term “covered patent infringement claim” means an allegation made by the NDA or BLA holder to a subsequent filer (or, in the case of an agreement between two subsequent filers, by one subsequent filer to another), whether or not included in a complaint filed with a court of law, that—

(A) the submission of the application described in subparagraph (A) or (B) of paragraph (9), or the manufacture, use, offering for sale, sale, or importation into the United States of a covered product that is the subject of such an application—

(i) in the case of an agreement between an NDA or BLA holder and a subsequent filer, infringes any patent owned by, or exclusively licensed to, the NDA or BLA holder of the covered product; or

(ii) in the case of an agreement between two subsequent filers, infringes any patent owned by the subsequent filer; or

(B) in the case of an agreement between an NDA or BLA holder and a subsequent filer, the covered product to be manufactured under such application uses a covered product as claimed in a published patent application.

(4) COVERED PRODUCT.—The term “covered product” means a drug (as defined in section 201(g) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(g))), including a biological product (as defined in section 351(i) of the Public Health Service Act (42 U.S.C. 262(i))).

(5) NDA OR BLA HOLDER.—The term “NDA or BLA holder” means—

(A) the holder of—

(i) an approved new drug application filed under section 505(b)(1) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(b)(1)) for a covered product; or

(ii) a biologics license application filed under section 351(a) of the Public Health Service Act (42 U.S.C. 262(a)) with respect to a biological product;

(B) a person owning or controlling enforcement of the patent on—

(i) the list published under section 505(j)(7) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)(7)) in connection with the application described in subparagraph (A)(i); or

(ii) any list published under section 351 of the Public Health Service Act (42 U.S.C. 262) comprised of patents associated with biologics license applications filed under section 351(a) of such Act (42 U.S.C. 262(a)); or

(C) the predecessors, subsidiaries, divisions, groups, and affiliates controlled by, controlling, or under common control with any entity described in subparagraph (A) or (B) (such control to be presumed by direct or indirect share ownership of 50 percent or greater), as well as the licensees, licensors, successors, and assigns of each of the entities.

(6) PATENT.—The term “patent” means a patent issued by the United States Patent and Trademark Office.

(7) STATUTORY EXCLUSIVITY.—The term “statutory exclusivity” means those prohibitions on the submission or approval of drug applications under clauses (ii) through (iv) of section 505(c)(3)(E) (5- and 3-year exclusivity), clauses (ii) through (iv) of section 505(j)(5)(F) (5-year and 3-year exclusivity), section 505(j)(5)(B)(iv) (180-day exclusivity), section 527 (orphan drug exclusivity), section 505A (pediatric exclusivity), or section 505E (qualified infectious disease product exclu-

sivity) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(c)(3)(E), 355(j)(5)(B)(iv), 355(j)(5)(F), 360cc, 355a, 355f), or prohibitions on the submission or licensing of biologics license applications under section 351(k)(6) (interchangeable biological product exclusivity) or section 351(k)(7) (biological product reference product exclusivity) of the Public Health Service Act (42 U.S.C. 262(k)(6), (7)).

(8) SUBSEQUENT FILER.—The term “subsequent filer” means—

(A) in the case of a drug, a party that owns or controls an abbreviated new drug application submitted pursuant to section 505(j) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)) or a new drug application submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(b)(2)) and filed under section 505(b)(1) of such Act (21 U.S.C. 355(b)(1)) or has the exclusive rights to distribute the covered product that is the subject of such application; or

(B) in the case of a biological product, a party that owns or controls an application filed with the Food and Drug Administration under section 351(k) of the Public Health Service Act (42 U.S.C. 262(k)) or has the exclusive rights to distribute the biological product that is the subject of such application.

(h) EFFECTIVE DATE.—This section applies with respect to agreements described in subsection (a) entered into on or after the date of the enactment of this Act.

#### SEC. 112. NOTICE AND CERTIFICATION OF AGREEMENTS.

(a) NOTICE OF ALL AGREEMENTS.—Section 111(7) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (21 U.S.C. 355 note) is amended by inserting “or the owner of a patent for which a claim of infringement could reasonably be asserted against any person for making, using, offering to sell, selling, or importing into the United States a biological product that is the subject of a biosimilar biological product application” before the period at the end.

(b) CERTIFICATION OF AGREEMENTS.—Section 1112 of such Act (21 U.S.C. 355 note) is amended by adding at the end the following:

“(d) CERTIFICATION.—The Chief Executive Officer or the company official responsible for negotiating any agreement under subsection (a) or (b) that is required to be filed under subsection (c) shall, within 30 days of such filing, execute and file with the Assistant Attorney General and the Commission a certification as follows: ‘I declare that the following is true, correct, and complete to the best of my knowledge: The materials filed with the Federal Trade Commission and the Department of Justice under section 1112 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, with respect to the agreement referenced in this certification—

“(1) represent the complete, final, and exclusive agreement between the parties;

“(2) include any ancillary agreements that are contingent upon, provide a contingent condition for, were entered into within 30 days of, or are otherwise related to, the referenced agreement; and

“(3) include written descriptions of any oral agreements, representations, commitments, or promises between the parties that are responsive to subsection (a) or (b) of such section 1112 and have not been reduced to writing.’”

#### SEC. 113. FORFEITURE OF 180-DAY EXCLUSIVITY PERIOD.

Section 505(j)(5)(D)(i)(V) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)(5)(D)(i)(V)) is amended by inserting “section 111 of the Lowering Prescription

Drug Costs and Extending Community Health Centers and Other Public Health Priorities Act or” after “that the agreement has violated”.

#### SEC. 114. COMMISSION LITIGATION AUTHORITY.

Section 16(a)(2) of the Federal Trade Commission Act (15 U.S.C. 56(a)(2)) is amended—

(1) in subparagraph (D), by striking “or” after the semicolon;

(2) in subparagraph (E), by inserting “or” after the semicolon; and

(3) by inserting after subparagraph (E) the following:

“(F) under section 111(d)(3)(A) of the Lowering Prescription Drug Costs and Extending Community Health Centers and Other Public Health Priorities Act;”

#### SEC. 115. STATUTE OF LIMITATIONS.

(a) IN GENERAL.—Except as provided in subsection (b), the Commission shall commence any administrative proceeding or civil action to enforce section 111 of this Act not later than 6 years after the date on which the parties to the agreement file the Notice of Agreement as provided by section 1112(c)(2) and (d) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (21 U.S.C. 355 note).

(b) CIVIL ACTION AFTER ISSUANCE OF CEASE AND DESIST ORDER.—If the Commission has issued a cease and desist order under section 5 of the Federal Trade Commission Act (15 U.S.C. 45) for violation of section 111 of this Act and the proceeding for the issuance of such order was commenced within the period required by subsection (a) of this section, such subsection does not prohibit the commencement, after such period, of a civil action under section 111(d)(3)(A) against a party to such order or a civil action under subsection (1) of such section 5 for violation of such order.

#### Subtitle C—Creating and Restoring Equal Access to Equivalent Samples

#### SEC. 121. ACTIONS FOR DELAYS OF GENERIC DRUGS AND BIOSIMILAR BIOLOGICAL PRODUCTS.

(a) DEFINITIONS.—In this section—

(1) the term “commercially reasonable, market-based terms” means—

(A) a nondiscriminatory price for the sale of the covered product at or below, but not greater than, the most recent wholesale acquisition cost for the drug, as defined in section 1847A(c)(6)(B) of the Social Security Act (42 U.S.C. 1395w-3a(c)(6)(B));

(B) a schedule for delivery that results in the transfer of the covered product to the eligible product developer consistent with the timing under subsection (b)(2)(A)(iv); and

(C) no additional conditions are imposed on the sale of the covered product;

(2) the term “covered product”—

(A) means—

(i) any drug approved under subsection (c) or (j) of section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) or biological product licensed under subsection (a) or (k) of section 351 of the Public Health Service Act (42 U.S.C. 262);

(ii) any combination of a drug or biological product described in clause (i); or

(iii) when reasonably necessary to support approval of an application under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), or section 351 of the Public Health Service Act (42 U.S.C. 262), as applicable, or otherwise meet the requirements for approval under either such section, any product, including any device, that is marketed or intended for use with such a drug or biological product; and

(B) does not include any drug or biological product that appears on the drug shortage list in effect under section 506E of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356e), unless—

(i) the drug or biological product has been on the drug shortage list in effect under such section 506E continuously for more than 6 months; or

(ii) the Secretary determines that inclusion of the drug or biological product as a covered product is likely to contribute to alleviating or preventing a shortage.

(3) the term “device” has the meaning given the term in section 201 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321);

(4) the term “eligible product developer” means a person that seeks to develop a product for approval pursuant to an application for approval under subsection (b)(2) or (j) of section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) or for licensing pursuant to an application under section 351(k) of the Public Health Service Act (42 U.S.C. 262(k));

(5) the term “license holder” means the holder of an application approved under subsection (c) or (j) of section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) or the holder of a license under subsection (a) or (k) of section 351 of the Public Health Service Act (42 U.S.C. 262) for a covered product;

(6) the term “REMS” means a risk evaluation and mitigation strategy under section 505-1 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355-1);

(7) the term “REMS with ETASU” means a REMS that contains elements to assure safe use under section 505-1(f) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355-1(f));

(8) the term “Secretary” means the Secretary of Health and Human Services;

(9) the term “single, shared system of elements to assure safe use” means a single, shared system of elements to assure safe use under section 505-1(f) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355-1(f)); and

(10) the term “sufficient quantities” means an amount of a covered product that the eligible product developer determines allows it to—

(A) conduct testing to support an application under—

(i) subsection (b)(2) or (j) of section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355); or

(ii) section 351(k) of the Public Health Service Act (42 U.S.C. 262(k)); and

(B) fulfill any regulatory requirements relating to approval of such an application.

(b) CIVIL ACTION FOR FAILURE TO PROVIDE SUFFICIENT QUANTITIES OF A COVERED PRODUCT.—

(1) IN GENERAL.—An eligible product developer may bring a civil action against the license holder for a covered product seeking relief under this subsection in an appropriate district court of the United States alleging that the license holder has declined to provide sufficient quantities of the covered product to the eligible product developer on commercially reasonable, market-based terms.

(2) ELEMENTS.—

(A) IN GENERAL.—To prevail in a civil action brought under paragraph (1), an eligible product developer shall prove, by a preponderance of the evidence—

(i) that—

(I) the covered product is not subject to a REMS with ETASU; or

(II) if the covered product is subject to a REMS with ETASU—

(aa) the eligible product developer has obtained a covered product authorization from the Secretary in accordance with subparagraph (B); and

(bb) the eligible product developer has provided a copy of the covered product authorization to the license holder;

(ii) that, as of the date on which the civil action is filed, the product developer has not obtained sufficient quantities of the covered product on commercially reasonable, market-based terms;

(iii) that the eligible product developer has submitted a written request to purchase sufficient quantities of the covered product to the license holder and such request—

(I) was sent to a named corporate officer of the license holder;

(II) was made by certified or registered mail with return receipt requested;

(III) specified an individual as the point of contact for the license holder to direct communications related to the sale of the covered product to the eligible product developer and a means for electronic and written communications with that individual; and

(IV) specified an address to which the covered product was to be shipped upon reaching an agreement to transfer the covered product; and

(iv) that the license holder has not delivered to the eligible product developer sufficient quantities of the covered product on commercially reasonable, market-based terms—

(I) for a covered product that is not subject to a REMS with ETASU, by the date that is 31 days after the date on which the license holder received the request for the covered product; and

(II) for a covered product that is subject to a REMS with ETASU, by 31 days after the later of—

(aa) the date on which the license holder received the request for the covered product; or

(bb) the date on which the license holder received a copy of the covered product authorization issued by the Secretary in accordance with subparagraph (B).

(B) AUTHORIZATION FOR COVERED PRODUCT SUBJECT TO A REMS WITH ETASU.—

(1) REQUEST.—An eligible product developer may submit to the Secretary a written request for the eligible product developer to be authorized to obtain sufficient quantities of an individual covered product subject to a REMS with ETASU.

(ii) AUTHORIZATION.—Not later than 120 days after the date on which a request under clause (i) is received, the Secretary shall, by written notice, authorize the eligible product developer to obtain sufficient quantities of an individual covered product subject to a REMS with ETASU for purposes of—

(I) development and testing that does not involve human clinical trials, if the eligible product developer has agreed to comply with any conditions the Secretary determines necessary; or

(II) development and testing that involves human clinical trials, if the eligible product developer has—

(aa)(AA) submitted protocols, informed consent documents, and informational materials for testing that include protections that provide safety protections comparable to those provided by the REMS for the covered product; or

(BB) otherwise satisfied the Secretary that such protections will be provided; and

(bb) met any other requirements the Secretary may establish.

(iii) NOTICE.—A covered product authorization issued under this subparagraph shall state that the provision of the covered product by the license holder under the terms of the authorization will not be a violation of the REMS for the covered product.

(3) AFFIRMATIVE DEFENSE.—In a civil action brought under paragraph (1), it shall be an affirmative defense, on which the defendant has the burden of persuasion by a preponderance of the evidence—

(A) that, on the date on which the eligible product developer requested to purchase sufficient quantities of the covered product from the license holder—

(i) neither the license holder nor any of its agents, wholesalers, or distributors was engaged in the manufacturing or commercial marketing of the covered product; and

(ii) neither the license holder nor any of its agents, wholesalers, or distributors otherwise had access to inventory of the covered product to supply to the eligible product developer on commercially reasonable, market-based terms;

(B) that—

(i) the license holder sells the covered product through agents, distributors, or wholesalers;

(ii) the license holder has placed no restrictions, explicit or implicit, on its agents, distributors, or wholesalers to sell covered products to eligible product developers; and

(iii) the covered product can be purchased by the eligible product developer in sufficient quantities on commercially reasonable, market-based terms from the agents, distributors, or wholesalers of the license holder; or

(C) that the license holder made an offer to the individual specified pursuant to paragraph (2)(A)(iii)(III), by a means of communication (electronic, written, or both) specified pursuant to such paragraph, to sell sufficient quantities of the covered product to the eligible product developer at commercially reasonable market-based terms—

(i) for a covered product that is not subject to a REMS with ETASU, by the date that is 14 days after the date on which the license holder received the request for the covered product, and the eligible product developer did not accept such offer by the date that is 7 days after the date on which the eligible product developer received such offer from the license holder; or

(ii) for a covered product that is subject to a REMS with ETASU, by the date that is 20 days after the date on which the license holder received the request for the covered product, and the eligible product developer did not accept such offer by the date that is 10 days after the date on which the eligible product developer received such offer from the license holder.

(4) REMEDIES.—

(A) IN GENERAL.—If an eligible product developer prevails in a civil action brought under paragraph (1), the court shall—

(i) order the license holder to provide to the eligible product developer without delay sufficient quantities of the covered product on commercially reasonable, market-based terms;

(ii) award to the eligible product developer reasonable attorney's fees and costs of the civil action; and

(iii) award to the eligible product developer a monetary amount sufficient to deter the license holder from failing to provide eligible product developers with sufficient quantities of a covered product on commercially reasonable, market-based terms, if the court finds, by a preponderance of the evidence—

(I) that the license holder delayed providing sufficient quantities of the covered product to the eligible product developer without a legitimate business justification; or

(II) that the license holder failed to comply with an order issued under clause (i).

(B) MAXIMUM MONETARY AMOUNT.—A monetary amount awarded under subparagraph (A)(iii) shall not be greater than the revenue that the license holder earned on the covered product during the period—

(i) beginning on—

(I) for a covered product that is not subject to a REMS with ETASU, the date that is 31 days after the date on which the license holder received the request; or

(II) for a covered product that is subject to a REMS with ETASU, the date that is 31 days after the later of—

(aa) the date on which the license holder received the request; or

(bb) the date on which the license holder received a copy of the covered product authorization issued by the Secretary in accordance with paragraph (2)(B); and

(ii) ending on the date on which the eligible product developer received sufficient quantities of the covered product.

(C) AVOIDANCE OF DELAY.—The court may issue an order under subparagraph (A)(i) before conducting further proceedings that may be necessary to determine whether the eligible product developer is entitled to an award under clause (ii) or (iii) of subparagraph (A), or the amount of any such award.

(c) LIMITATION OF LIABILITY.—A license holder for a covered product shall not be liable for any claim under Federal, State, or local law arising out of the failure of an eligible product developer to follow adequate safeguards to assure safe use of the covered product during development or testing activities described in this section, including transportation, handling, use, or disposal of the covered product by the eligible product developer.

(d) NO VIOLATION OF REMS.—Section 505-1 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355-1) is amended by adding at the end the following new subsection:

“(l) PROVISION OF SAMPLES NOT A VIOLATION OF STRATEGY.—The provision of samples of a covered product to an eligible product developer (as those terms are defined in section 121(a) of the Lowering Prescription Drug Costs and Extending Community Health Centers and Other Public Health Priorities Act) shall not be considered a violation of the requirements of any risk evaluation and mitigation strategy that may be in place under this section for such drug.”.

(e) RULE OF CONSTRUCTION.—

(1) DEFINITION.—In this subsection, the term “antitrust laws” —

(A) has the meaning given the term in subsection (a) of the first section of the Clayton Act (15 U.S.C. 12); and

(B) includes section 5 of the Federal Trade Commission Act (15 U.S.C. 45) to the extent that such section applies to unfair methods of competition.

(2) ANTITRUST LAWS.—Nothing in this section shall be construed to limit the operation of any provision of the antitrust laws.

#### SEC. 122. REMS APPROVAL PROCESS FOR SUBSEQUENT FILERS.

Section 505-1 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355-1), as amended by section 121, is further amended—

(1) in subsection (g)(4)(B)—

(A) in clause (i) by striking “or” after the semicolon;

(B) in clause (ii) by striking the period at the end and inserting “; or”; and

(C) by adding at the end the following:

“(iii) accommodate different, comparable aspects of the elements to assure safe use for a drug that is the subject of an application under section 505(j), and the applicable listed drug.”;

(2) in subsection (i)(1), by striking subparagraph (C) and inserting the following:

“(C)(i) Elements to assure safe use, if required under subsection (f) for the listed drug, which, subject to clause (ii), for a drug that is the subject of an application under section 505(j) may use—

“(I) a single, shared system with the listed drug under subsection (f); or

“(II) a different, comparable aspect of the elements to assure safe use under subsection (f).

“(ii) The Secretary may require a drug that is the subject of an application under section 505(j) and the listed drug to use a single, shared system under subsection (f), if the Secretary determines that no different, comparable aspect of the elements to assure safe use could satisfy the requirements of subsection (f).”;

(3) in subsection (i), by adding at the end the following:

“(3) SHARED REMS.—If the Secretary approves, in accordance with paragraph (1)(C)(i)(II), a different, comparable aspect of the elements to assure safe use under subsection (f) for a drug that is the subject of an abbreviated new drug application under section 505(j), the Secretary may require that such different comparable aspect of the elements to assure safe use can be used with respect to any other drug that is the subject of an application under section 505(j) or 505(b) that references the same listed drug.”; and

(4) by adding at the end the following:

“(m) SEPARATE REMS.—When used in this section, the terms ‘different, comparable aspect of the elements to assure safe use’ or ‘different, comparable approved risk evaluation and mitigation strategies’ means a risk evaluation and mitigation strategy for a drug that is the subject of an application under section 505(j) that uses different methods or operational means than the strategy required under subsection (a) for the applicable listed drug, or other application under section 505(j) with the same such listed drug, but achieves the same level of safety as such strategy.”.

#### SEC. 123. RULE OF CONSTRUCTION.

(a) IN GENERAL.—Nothing in this subtitle, the amendments made by this subtitle, or in section 505-1 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355-1), shall be construed as—

(1) prohibiting a license holder from providing an eligible product developer access to a covered product in the absence of an authorization under this subtitle; or

(2) in any way negating the applicability of a REMS with ETASU, as otherwise required under such section 505-1, with respect to such covered product.

(b) DEFINITIONS.—In this section, the terms “covered product”, “eligible product developer”, “license holder”, and “REMS with ETASU” have the meanings given such terms in section 121(a).

Strike title II and insert the following:

### TITLE II—SUPPORTING PEDIATRIC CANCER RESEARCH

#### SEC. 201. FINDING; SENSE OF CONGRESS.

According to the Congressional Budget Office, the bipartisan provisions of title I of this Act decrease Federal spending by over \$4,000,000,000. It is the sense of Congress that these savings should be redirected to the National Institutes of Health Innovation Account to be made available to support pediatric cancer research as provided by the amendments made by section 202.

#### SEC. 202. PEDIATRIC CANCER RESEARCH.

Section 1001(b) of the 21st Century Cures Act (Public Law 114-255) is amended—

(1) in paragraph (3), by amending subparagraph (A) to read as follows:

“(A) AUTHORIZATION OF APPROPRIATIONS.—For each of the fiscal years 2017 through 2026, there is authorized to be appropriated from the Account to the Director of NIH, for the purpose of carrying out the NIH Innovation Projects, an amount not to exceed the total amount transferred to the Account under paragraph (2)(A), plus \$4,963,000,000 for the period of fiscal years 2020 through 2024, to remain available until expended.”; and

(2) in paragraph (4), by adding at the end the following new subparagraph:

“(E) For pediatric cancer research, not to exceed a total of \$4,963,000,000 for the period of fiscal years 2020 through 2024.”.

Mr. WALDEN (during the reading). Mr. Speaker, I ask unanimous consent to dispense with the reading.

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

There was no objection.

The SPEAKER pro tempore. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Mr. Speaker, Republicans and Democrats worked together on provisions to bring generic drugs to market faster and to stop abusive practices. We did that on the Energy and Commerce Committee, and we brought this House multiple bills to achieve that goal, and we did it unanimously.

We believe our bipartisan work will increase competition and ultimately help lower the cost of prescription drugs.

These policies passed unanimously out of the Energy and Commerce Committee. They help consumers, and they have the added benefit of helping the Federal Government by producing \$4 billion in savings.

Unfortunately, our friends on the other side of the aisle, Democrats, decided to pair these bipartisan bills to lower drug costs with what they knew were very partisan bills that I, frankly, think waste taxpayer money in many cases.

We ought to be working together on this, not descending “into partisan politics on a seemingly bipartisan issue.” Those are the words of STAT News as reported today.

The fact is, when we do work together, we can achieve real results. In the last Congress, we reauthorized the Food and Drug Administration, and we gave that agency the tools and resources to get generic drugs into market faster.

It is already working. Our work produced, with the FDA’s efforts, a record number of generic drugs coming to market, driving competition, and giving consumers more choices.

We did the same thing in the prior Congress when FRED UPTON and DIANA DEGETTE led the effort on 21st Century Cures so we could invest in medical research. That was bipartisan.

Unfortunately, today you have partisan bills coupled with bipartisan bills, a poison pill, if you will. And the Democrats have decided to use the money, in part generated by our work on generic drugs, to fund more navigators.

Let me just talk briefly about navigators.

They cost you an average of \$767 every time they sign up an individual. In the private sector, it is \$2.40. And they just added another \$25 million to that.

The Wall Street Journal reported one grantee took in \$200,000 to enroll a grand total of one person.

The top 10 most expensive navigators collected \$2.77 million in contracts from the Federal Government. They signed up 314 people. That is how they spent the money.

One newspaper editorialized: “The navigator scheme is a make-work government jobs program rife with corruption and highly susceptible to scam artists.”

Today on the House floor, you will have a choice with this motion to recommit, and the choice is to spend it that way and add more money into that navigator program, that, by the way, we just approved a bunch of amendments to tell navigators to go work with people in rural areas, to work with people on CHIP, veterans. Apparently, they weren’t working with any of those folks.

So the motion to recommit says this: same drug bills that we passed out of committee, so you will be able to vote “yes” on those, and then the money that is generated, rather than going to this flawed navigator program will go to the NIH innovation fund to support childhood cancer research. That is your choice.

By using the savings from the drug pricing provisions to pay for childhood cancer research, this amendment makes clear the bipartisan drug pricing offsets should be used to pay for bipartisan healthcare priorities.

So, if you support lowering the cost of prescription drugs and you support the work of the NIH and its efforts to save countless lives of children with cancer, then you vote “yes” on the motion to recommit.

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

Mrs. MCBATH. Mr. Speaker, I rise in opposition to the motion to recommit.

The SPEAKER pro tempore. The gentlewoman from Georgia is recognized for 5 minutes.

Mrs. MCBATH. Mr. Speaker, healthcare is an issue that is deeply personal to me. I, myself, like millions of Americans, live with a preexisting condition.

As a two-time breast cancer survivor, I understand what it is like to have your life turned upside down by a diagnosis. Treatment was exhausting, both physically and emotionally. I did it all while raising my family and working full-time. I was terrified.

Despite being lucky in having health insurance through my job, I was still worried about my financial security. I was concerned about making it to my radiation treatments every single day, sometimes for weeks, and then back to work and then back home to raise my son, Jordan.

I had to do it, just like millions of Americans out there who share a similar story like mine. I truly don’t know what I would have done or what would have happened if I had lost that healthcare insurance.

Over 300,000 Georgians in my State, in my district have a preexisting condition. Over 45,000 of those people are children under the age of 17.

My colleagues here are worried about the health and well-being of their constituents, and we have heard countless heart-wrenching stories from Americans across the Nation—our neighbors, our friends, and our loved ones.

Americans are simply worried about their healthcare. I am worried about their healthcare. They are tired of these games.

Let’s stop playing politics with the health and well-being of the American people. It just needs to stop.

Last year, the Trump administration allowed the expanded sale of junk insurance plans, many of which do not cover maternity care, mental and behavioral health, or coverage to treat preexisting conditions.

Under these plans, women can be charged more than men; insurance companies can cancel coverage as soon as an enrollee gets sick. People enrolled in these plans might seek care for themselves or for a family member only to be left out in the cold without coverage.

No matter what the White House or my colleagues on the other side of the aisle cook it up to, the American people have said time and time again that they oppose plans that rip healthcare coverage away from those with preexisting conditions.

While the motion does attempt to fund vital public health services and programs that have long garnered bipartisan support, the funding levels fail to provide greater investments to these programs. I know that we can work together to fund these programs, but keeping the administration’s junk plan rule on the books would harm public health and not help it.

We don’t have to make these false choices. This underlying bill combines key pieces of legislation that lower drug costs, strengthen healthcare, reverse the sabotage, and rescind the administration’s junk plan rule.

We are making it easier for American families to assess and sign up for affordable healthcare.

We are making sure that plans cover essential health benefits, like maternity care and treatment for substance use disorder.

We are making sure that patients do not face annual or lifetime caps.

We are making sure that patients are not discriminated against based on their preexisting conditions, like myself.

This is what we are elected to do for the American people.

Republicans plan to support protections for preexisting conditions, but they have failed to condemn the administration’s decision asking the courts to invalidate the entire ACA. They have failed to call on the President to reverse course. They have refused to join us in condemning the administration’s refusal to defend the law of the land.

If our colleagues on the other side of the aisle are serious about protecting preexisting conditions, they will sup-

port the underlying bill and defeat this MTR.

Action, not words, is what the American people demand, and it is what they deserve. Democrats are committed to putting consumers first.

We will fight relentlessly to protect individuals with preexisting conditions and expand coverage to more Americans.

We will make sure no one—absolutely no one—has to choose between a prescription drug or their mortgage. That is unconscionable.

Mr. Speaker, I urge my colleagues to join us in standing for ensuring Americans have access to affordable healthcare and prescription drugs. I stand in opposition to this MTR. I urge my colleagues to join me in opposing the political ploy that would hurt American families, those with preexisting conditions, and those who are trying to afford their healthcare and prescription drugs.

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

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

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

#### RECORDED VOTE

Mr. WALDEN. Mr. Speaker, I demand a recorded vote.

A recorded vote was 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 passage.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 188, noes 228, not voting 15, as follows:

[Roll No. 213]

#### AYES—188

Aderholt	Collins (NY)	Graves (LA)
Allen	Comer	Graves (MO)
Amash	Conaway	Green (TN)
Amodei	Cook	Griffith
Armstrong	Crawford	Grothman
Arrington	Crenshaw	Guest
Babin	Curtis	Guthrie
Bacon	Davidson (OH)	Hagedorn
Baird	Davis, Rodney	Harris
Balderson	DesJarlais	Hartzler
Banks	Diaz-Balart	Hern, Kevin
Barr	Duffy	Herrera Beutler
Bergman	Duncan	Hice (GA)
Biggs	Dunn	Higgins (LA)
Bilirakis	Emmer	Hill (AR)
Bishop (UT)	Estes	Holding
Bost	Ferguson	Hollingsworth
Brady	Fitzpatrick	Hudson
Brooks (AL)	Fleischmann	Huelskamp
Brooks (IN)	Flores	Hunter
Buchanan	Fortenberry	Hurd (TX)
Buck	Fox (NC)	Johnson (SD)
Budd	Fulcher	Jordan
Burchett	Gaetz	Joyce (OH)
Burgess	Gallagher	Joyce (PA)
Calvert	Gianforte	Katko
Carter (GA)	Gibbs	Kelly (MS)
Carter (TX)	Gohmert	Kelly (PA)
Chabot	Gonzalez (OH)	King (IA)
Cheney	Gooden	King (NY)
Cline	Gosar	Kinziger
Cloud	Granger	Kustoff (TN)
Cole	Graves (GA)	LaHood

LaMalfa	Perry	Steube	Spanberger	Torres (CA)	Visclosky	Neal	Ruppersberger	Thompson (CA)
Lamborn	Posey	Stewart	Speier	Torres Small	Wasserman	Neguse	Rush	Thompson (MS)
Latta	Ratcliffe	Stivers	Stanton	(NM)	Schultz	Norcross	Sánchez	Titus
Lesko	Reed	Taylor	Stevens	Trahan	Waters	O'Halleran	Sarbanes	Tlaib
Long	Reschenthaler	Thompson (PA)	Suozzi	Trone	Watson Coleman	Ocasio-Cortez	Scanlon	Tonko
Loudermilk	Rice (SC)	Thornberry	Takano	Underwood	Welch	Omar	Schakowsky	Torres (CA)
Lucas	Riggleman	Timmons	Thompson (CA)	Van Drew	Wexton	Pallone	Schiff	Torres Small
Luetkemeyer	Roby	Tipton	Thompson (MS)	Vargas	Wild	Panetta	Schneider	(NM)
Marchant	Rodgers (WA)	Turner	Titus	Veasey	Wilson (FL)	Pappas	Schrader	Trahan
Marshall	Roe, David P.	Upton	Tlaib	Vela	Yarmuth	Pascrell	Schrier	Trone
Mast	Rogers (AL)	Wagner	Tonko	Velázquez		Payne	Scott (VA)	Underwood
McCarthy	Rogers (KY)	Walberg				Pelosi	Scott, David	Upton
McCaul	Rooney (FL)	Walden				Perlmutter	Serrano	Van Drew
McClintock	Rose, John W.	Walker	Abraham	Johnson (LA)	Rose (NY)	Peters	Sewell (AL)	Vargas
McHenry	Rouzer	Walorski	Bucshon	Johnson (OH)	Ryan	Peterson	Shalala	Veasey
McKinley	Roy	Waltz	Byrne	Massie	Smucker	Phillips	Sherman	Vela
Meadows	Rutherford	Watkins	Clyburn	Meeks	Swalwell (CA)	Pingree	Sherrill	Velázquez
Meuser	Scalise	Webster (FL)	Collins (GA)	Moulton	Weber (TX)	Pocan	Sires	Visclosky
Miller	Schweikert	Wenstrup				Porter	Slotkin	Wasserman
Mitchell	Scott, Austin	Westerman				Pressley	Smith (NJ)	Schultz
Moolenaar	Sensenbrenner	Williams				Price (NC)	Smith (WA)	
Mooney (WV)	Shimkus	Wilson (SC)				Quigley	Soto	Waters
Mullin	Simpson	Wittman				Raskin	Spanberger	Watson Coleman
Newhouse	Smith (MO)	Womack				Rice (NY)	Speier	Welch
Norman	Smith (NE)	Woodall				Richmond	Stanton	Wexton
Nunes	Smith (NJ)	Wright				Rouda	Stevens	Wild
Olson	Spano	Yoho				Roybal-Allard	Suozzi	Wilson (FL)
Palazzo	Stauber	Young				Ruiz	Takano	Yarmuth
Palmer	Stefanik	Zeldin						
Pence	Steil							

## NOES—228

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

## NOT VOTING—15

□ 1928

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the passage of the bill.

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

## RECORDED VOTE

Mr. WALDEN. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

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

The vote was taken by electronic device, and there were—ayes 234, noes 183, not voting 15, as follows:

[Roll No. 214]

## AYES—234

Adams	DeFazio	Johnson (TX)
Aguilar	DeGette	Kaptur
Allred	DeLauro	Katko
Axne	DelBene	Keating
Barragán	Delgado	Kelly (IL)
Bass	Demings	Kennedy
Beatty	DeSaulnier	Khanna
Bera	Deutch	Kildee
Beyer	Dingell	Kilmer
Bishop (GA)	Doggett	Kim
Blumenauer	Doyle, Michael	Kind
Blunt Rochester	F.	Kirkpatrick
Bonamici	Engel	Krishnamoorthi
Boyle, Brendan	Escobar	Kuster (NH)
F.	Eshoo	Lamb
Brindisi	Espallat	Langevin
Brown (MD)	Evans	Larsen (WA)
Brownley (CA)	Finkenauer	Larson (CT)
Bustos	Fitzpatrick	Lawrence
Butterfield	Fletcher	Lawson (FL)
Carbajal	Foster	Lee (CA)
Cárdenas	Frankel	Lee (NV)
Carlson (IN)	Fudge	Levin (CA)
Cartwright	Gabbard	Levin (MI)
Case	Gallego	Lewis
Casten (IL)	Garamendi	Lieu, Ted
Castor (FL)	Garcia (IL)	Lipinski
Castro (TX)	Garcia (TX)	Loeback
Chu, Judy	Golden	Lofgren
Ciilline	Gomez	Lowenthal
Cisneros	Gonzalez (TX)	Lowey
Clark (MA)	Gottheimer	Luján
Clarke (NY)	Green (TX)	Luria
Clay	Grijalva	Lynch
Cleaver	Haaland	Malinowski
Cohen	Harder (CA)	Maloney,
Connolly	Hastings	Carolyn B.
Cooper	Hayes	Maloney, Sean
Correa	Heck	Matsui
Costa	Herrera Beutler	McAdams
Courtney	Higgins (NY)	McBath
Cox (CA)	Hill (CA)	McCollum
Craig	Himes	McEachin
Crist	Horn, Kendra S.	McGovern
Crow	Horsford	McNerney
Cuellar	Houlihan	Meng
Cummings	Hoyer	Moore
Cunningham	Huffman	Morelle
Davids (KS)	Jackson Lee	Mucarsel-Powell
Davis (CA)	Jayapal	Murphy
Davis, Danny K.	Jeffries	Nadler
Dean	Johnson (GA)	Napolitano

## NOES—183

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

## NOT VOTING—15

Abraham	Johnson (LA)	Rose (NY)
Bucshon	Johnson (OH)	Ryan
Byrne	Massie	Smucker
Clyburn	Meeks	Swalwell (CA)
Collins (GA)	Moulton	Weber (TX)



□ 1938

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

**REQUIRING EACH MEMBER, OFFICER, AND EMPLOYEE OF THE HOUSE OF REPRESENTATIVES TO COMPLETE A PROGRAM OF TRAINING IN WORKPLACE RIGHTS AND RESPONSIBILITIES EACH SESSION OF EACH CONGRESS, AND FOR OTHER PURPOSES**

Ms. LOFGREN. Mr. Speaker, I ask unanimous consent that the Committee on House Administration be discharged from further consideration of House Resolution 30, and ask for its immediate consideration in the House.

The Clerk read the title of the resolution.

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

There was no objection.

The text of the resolution is as follows:

H. RES. 30

*Resolved,*

**SECTION 1. MANDATORY COMPLETION OF PROGRAM OF TRAINING IN WORKPLACE RIGHTS AND RESPONSIBILITIES.**

(a) **REQUIRING TRAINING FOR ALL MEMBERS, OFFICERS, AND EMPLOYEES.**—

(1) **REQUIREMENT.**—Not later than 30 days after the date of the adoption of this resolution, the Committee on House Administration shall issue regulations to provide that, during each session of each Congress, each Member (including each Delegate or Resident Commissioner to the Congress), officer, and employee of the House of Representatives shall complete a program of training in the workplace rights and responsibilities applicable to offices and employees of the House under part A of title II of the Congressional Accountability Act of 1995 (2 U.S.C. 1301 et seq.), including anti-discrimination and anti-harassment training.

(2) **INCLUSION OF INTERNS, FELLOWS, AND DETAILEES.**—For purposes of this resolution, an individual serving in an office of the House of Representatives as an intern (including an unpaid intern), a participant in a fellowship program, or a detailee from another office of the Federal Government shall be considered an employee of the House.

(b) **DEADLINE.**—

(1) **IN GENERAL.**—Under the regulations issued by the Committee on House Administration under subsection (a), an individual shall complete the program of training required under subsection (a) and file a certificate of completion of such training not later than—

(A) in the case of an individual who is serving as a Member, officer, or employee of the House as of the first day of a session of Congress, not later than 90 days after the session begins; or

(B) in the case of any other individual, not later than 90 days after the individual first becomes a Member, officer, or employee of the House during the session.

(2) **SPECIAL RULE FOR FIRST SESSION OF ONE HUNDRED SIXTEENTH CONGRESS.**—In the case of the first session of the One Hundred Sixteenth Congress, an individual described in subparagraph (A) of paragraph (1) shall com-

plete the program required under subsection (a) not later than 90 days after the date of the adoption of this resolution.

(c) **ADDITIONAL MECHANISMS.**—The Committee on House Administration shall consider additional mechanisms to ensure compliance with the training requirement under subsection (a).

The resolution was agreed to.

A motion to reconsider was laid on the table.

**MAKING TECHNICAL CORRECTIONS TO THE COMPUTATION OF AVERAGE PAY UNDER PUBLIC LAW 110-279**

Ms. LOFGREN. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the bill (S. 1436) to make technical corrections to the computation of average pay under Public Law 110-279, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

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

There was no objection.

The text of the bill is as follows:

S. 1436

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

**SECTION 1. TECHNICAL CORRECTIONS TO COMPUTATION OF AVERAGE PAY UNDER PUBLIC LAW 110-279.**

(a) **IN GENERAL.**—Section 1(c)(2)(A) of Public Law 110-279 (2 U.S.C. 2051(c)(2)(A)) is amended—

(1) by striking “For purposes of” and all that follows through “(i) any period” and inserting the following:

“(1) **TREATMENT OF SERVICE.**—For purposes of chapters 83, 84, and 87 of title 5, United States Code, any period”;

(2) in clause (1), by striking “; and” and inserting a period; and

(3) in clause (ii)—

(A) by inserting “**TREATMENT OF PAY.**—For purposes of chapter 87 of title 5, United States Code,” before “the rate of basic pay”; and

(B) by striking “the covered” and inserting “a covered”.

(b) **REGULATIONS.**—

(1) **IN GENERAL.**—The Director of the Office of Personnel Management shall promulgate regulations to carry out this section.

(2) **EFFECTIVE DATE.**—The regulations promulgated under paragraph (1) shall take effect not later than 180 days after the date of enactment of this Act.

(c) **APPLICABILITY OF AMENDMENTS.**—

(1) **DEFINITIONS.**—In this subsection, the terms “contractor”, “covered individual”, and “food services contract” have the meanings given those terms in section 1(a) of Public Law 110-279 (2 U.S.C. 2051(a)).

(2) **APPLICABILITY.**—The amendments made by this section shall apply with respect to—

(A) a covered individual who separates from service as an employee of a contractor performing services under the food services contract before, on, or after the date of enactment of this Act; and

(B) each payment to a covered individual under chapter 83 or 84 of title 5, United States Code, made on or after the effective date of the regulations promulgated under subsection (b).

The bill was ordered to be read a third time, was read the third time,

and passed, and a motion to reconsider was laid on the table.

**PERMISSION FOR COMMITTEE ON THE JUDICIARY TO FILE SUPPLEMENTAL REPORT ON H.R. 965, CREATING AND RESTORING EQUAL ACCESS TO EQUIVALENT SAMPLES ACT OF 2019**

Ms. LOFGREN. Mr. Speaker, I ask unanimous consent that the Committee on the Judiciary be authorized to file a supplemental report on the bill, H.R. 965.

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

There was no objection.

**AUTHORIZING THE CLERK TO MAKE CORRECTIONS IN ENGROSSMENT OF H.R. 987, STRENGTHENING HEALTH CARE AND LOWERING PRESCRIPTION DRUG COSTS ACT**

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that in the engrossment of the bill, H.R. 987, the Clerk be authorized to make technical corrections and conforming changes to the bill.

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

There was no objection.

**REQUEST TO CONSIDER H.R. 962, BORN-ALIVE ABORTION SURVIVORS PROTECTION ACT**

Mr. LATTA. Mr. 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.

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. LATTA. Mr. Speaker, I urge the Speaker to immediately schedule this important bill.

The SPEAKER pro tempore. The gentleman is not recognized for debate.

**FIGHTING FOR ACCESS TO HIGH-QUALITY HEALTHCARE FOR ALL AMERICANS**

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

Mrs. WATSON COLEMAN. Mr. Speaker, Democrats continue to fight for access to healthcare in our work to deliver progress for the people because it is essential to daily life. You cannot work, you cannot care for your children, you cannot do anything without your health.

I was recently blessed to come through a health challenge myself, and I believe more strongly than ever that, whether it is cancer therapy or prescription medication, access to the best treatment cannot be reserved for only the wealthy.

Last week, I secured funding in the Appropriations Committee to study the impact of prior authorization policies on patient health. People are dying because insurance companies want to see lower cost treatments, see them fail before they will cover more expensive ones, even if your healthcare provider specifically recommends it.

Whether you have cancer like I did or you are dealing with a chronic illness, you shouldn't have to endure extra pain or wonder if you can survive long enough to get to the treatment that will work for you.

I will continue to fight for access to high-quality healthcare for all Americans.

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#### IN RECOGNITION OF ALEX KUNDA

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

Mr. CARTER of Georgia. Madam Speaker, I rise today to recognize Mr. Alex Kunda for becoming the first student in the history of the Glynn County School System to have perfect attendance from kindergarten through 12th grade.

When Mr. Kunda was 4 years old, his sister, Miranda, passed away from a rare illness. At that time, his sister had maintained perfect attendance through her time in elementary school and during her medical treatment.

Receiving an award onstage on her behalf before her passing, Mr. Kunda pledged to his sister that he would continue her streak for as long as possible.

Madam Speaker, 13 years later, he has done it. He hasn't been tardy. He hasn't been absent. He hasn't checked out one single time during his entire primary and secondary education.

He and his family plan trips and appointments all around his ability to go to school, while fighting the urge to occasionally skip or use a sick day.

Keeping a promise as difficult as this one should be an inspiration to us all.

Congratulations, Mr. Kunda. Good luck at the College of Coastal Georgia.

#### RECOGNIZING NATIONAL POLICE WEEK

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

Ms. WILD. Madam Speaker, this week, my community and communities across our Nation are paying tribute to law enforcement officers who made the ultimate sacrifices in our defense.

National Police Week is a moment to reflect on those sacrifices and the men

and women who put their lives on the line for ours.

It is a moment to recognize the families who live with this immeasurable sacrifice, and it is a moment to reaffirm our commitment to working with local and State leaders to support these families.

We owe it to the memory of fallen officers and to the majority of men and women in uniform who carry out their responsibilities with skill and professionalism every day to make sure that officers are safe.

We all need to do our part to ensure that the communities they serve are safe as well.

In this same spirit of progress, let's commit to working to shape a more secure future for officers and for the communities they serve.

#### EXTEND THE SEPTEMBER 11TH VICTIM COMPENSATION FUND

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

Mr. ZELDIN. Madam Speaker, during this National Police Week, I encourage all my colleagues to cosponsor Never Forget the Heroes Act, H.R. 1327, introduced by Congress Members MALONEY, KING, and NADLER, which would fully fund and extend the Victim Compensation Fund authorization through 2090.

There are currently 279 cosponsors, but we need more, and we need action on this important legislation.

This should not be a partisan issue. It is not a partisan issue. This needs to be an American issue.

September 11th first responders came from at least 433 out of 435 congressional districts. We lost thousands of Americans on 9/11. We have lost more Americans since 9/11 due to toxic exposure than we did on 9/11 itself.

Any colleagues out there who haven't cosponsored yet, I encourage you to look at H.R. 1327.

Chairman NADLER has scheduled it for a hearing on July 11. Please do what you can to get this passed and signed into law.

#### HONORING LAW ENFORCEMENT OFFICERS

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

Mr. O'HALLERAN. Madam Speaker, I rise today during National Police Week to honor law enforcement officers across Arizona and the Nation.

As a former investigator and officer, I know what the brave men and women and their families go through every day to protect their communities.

This week brings back the memories of the friends and partners I have served alongside during my time on the force. We remember the officers who have been killed in the line of duty, many of them friends of mine, including DPS Officer Tyler Edenhofer and Jesus Cordova.

We will never forget their service to our State and our country.

Madam Speaker, I join my colleagues this week in thanking the men and women who serve our communities, protect our families, and allow us to continue to be a free society.

#### IN RECOGNITION OF FIRST LIEUTENANT HOPE KIRKENDALL

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

Mr. SPANO. Madam Speaker, I rise today to honor First Lieutenant Hope Kirkendall, a distinguished veteran from Lakeland, Florida, who served in World War II.

Lieutenant Kirkendall heard the call to serve after seeing the bombing of Pearl Harbor when she was only 18 years old.

She joined the Army as a nurse, where she was one of the first women deployed to Normandy after D-Day. During her deployment, she routinely worked 12- to 16-hour days near the front lines of many major battles, including the Battle of the Bulge.

She treated both wounded American and German soldiers. In 2004, she received the French Legion of Honor award for her service in saving France from German occupiers.

Lieutenant Kirkendall provided hope to many on the battlefield, and her legacy continues to provide hope to us at home.

Lieutenant Kirkendall represents our very best, and I thank her for all that she has done to defend and serve our great Nation.

#### ADDRESS SKYROCKETING COST OF COLLEGE

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

Mr. VAN DREW. Madam Speaker, right now, we are in the season where folks are deciding where to go to college. A big factor in that decision is their financial aid package.

The skyrocketing cost of college is saddling many with outrageous student loan debt. The crippling debt of student loans is reaching \$1.56 trillion among 45 million borrowers. It is causing people to delay homeownership, raising a family, and moving comfortably into the middle class.

I have introduced the Understanding the True Cost of College Act. It is to help students and families make informed decisions about financing their education and their future by requiring the standardization of communications and the definitions of financial aid terms.

It is in the best interest of our country to start addressing this issue in a bipartisan way.

### TACKLE ISSUES AFFECTING BLACK MEN AND BOYS

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

Mr. PAYNE. Madam Speaker, from their health outcomes to their unemployment income, from their education rate to their incarceration rate, Black men and boys are disproportionately impacted by government policies.

It is not that Black men and boys are falling behind. It is that they have never been ahead.

For centuries, government policies have redlined Black men and boys into a lower social status than their White counterparts. This is an institutional problem.

Yesterday, I joined with many of my colleagues at the House Triangle to stand in support of Congresswoman FREDERICA WILSON's bill to create the Commission on the Social Status of Black Men and Boys.

We were joined by young men who want nothing more than to live the American Dream free of discrimination. This country owes them that.

H.R. 1636 will bring together experts to tackle the wide range of issues that have kept Black men and boys behind for hundreds of years. It will mark the beginning of the end of racial disparities that have kept communities across the country down.

Madam Speaker, I am proud to support it.

### IN RECOGNITION OF MAURICE A. FERRE

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

Mr. SOTO. Madam Speaker, I rise today to talk about the life of a hero of mine, Maurice A. Ferre. He is a Puerto Rican-born public servant who is a former six-term mayor of the city of Miami and the first Hispanic mayor of any major American city, serving from 1973 to 1985.

He has served as the chair of the Miami-Dade County Expressway Authority and served for 8 years on the Florida Transportation Commission.

As mayor, Ferre provided leadership and vision when Miami took its place as one of the world's most vibrant cities, eclectic and diverse and international in nature.

Throughout his years in office, he focused on economic development, job creation, and a visionary approach to improving south Florida's transportation and public infrastructure, as well as transforming the area into a center of inter-American trade, banking, and commerce.

He remains active in business, commentary on current events, teaching, and public service.

In 2006, he explored issues concerning Puerto Rico in a book on political sta-

tus, "Where is Puerto Rico Headed?"—"Hacia Donde Va Puerto Rico?"

His career has been marked by a style of public service that encourages people from widely different views and philosophies to work together in the name of common good and progress.

Ferre embarked on that journey early on as a Florida House member, then a commissioner, later the mayor of the city of Miami, and as vice chairman of the Dade County Board of Commissioners.

Ferre has served on numerous boards, as well as on President Ford's commission on immigration and President Carter's ambassadorial nominating commission.

Ferre credits his wife of 64 years, Mercedes Malaussena Ferre, as his north star, and his loving family, including 6 children and 13 grandchildren, as his anchor.

### BREAK THE CORPORATE STRANGLEHOLD ON OUR HEALTH AND WELL-BEING

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

Ms. TLAIB. Madam Speaker, we must have a moral awakening, a spiritual revolution on how we treat a person's health in this country.

We must understand that every single human has a right to be healthy and comfortable, to live with dignity, and to receive the healthcare they need to flourish.

At present, this understanding is in conflict with a sinister, unjust force in our society: corporate greed.

Why are people forced to skip insulin injections so they can pay their rent?

Why are my residents charged \$70 for a PrEP, a pill that could dramatically reduce HIV transmission, when the same pill costs \$7 abroad?

Corporate greed has replaced the moral imperative that everyone live in health and dignity. There is more wealth in this country than any other in human history, and millions go without health insurance and prescription drugs, people condemned to live with pain and suffering because we have chosen corporate profits over our dignity as a nation.

We are watching a crisis unfold in real time. It is time we break the corporate stranglehold on our health and well-being, lost profits of the insanely wealthy be damned.

We have much more important things to protect. We have the soul of this country to rescue.

### APPOINTMENT OF MEMBERS TO MEXICO-UNITED STATES INTER- PARLIAMENTARY GROUP

The SPEAKER pro tempore (Mrs. CRAIG). The Chair announces the Speaker's appointment, pursuant to 22 U.S.C. 276h and the order of the House of January 3, 2019, of the following

Members on the part of the House to the Mexico-United States Inter-parliamentary Group:

Mr. CORREA, California  
Mr. GONZALEZ, Texas  
Ms. JACKSON LEE, Texas  
Ms. ESCOBAR, Texas  
Ms. LOFGREN, California  
Mr. CARBAJAL, California

### APPOINTMENT OF MEMBERS TO HOUSE DEMOCRACY PARTNERSHIP

The SPEAKER pro tempore. The Chair announces the Speaker's appointment, pursuant to section 104(a) of House Resolution 6, 116th Congress, and the order of the House of January 3, 2019, of the following Members to the House Democracy Partnership:

Ms. MOORE, Wisconsin  
Ms. TITUS, Nebraska  
Mr. CONNOLLY, Virginia  
Mr. TED LIEU, California  
Mrs. TORRES, California  
Ms. KELLY, Illinois  
Ms. SEWELL, Alabama  
Ms. DEGETTE, Colorado  
Ms. PLASKETT, Virgin Islands  
Ms. LEE, California

□ 2000

### COMMEMORATING NATIONAL POLICE WEEK

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2019, the gentleman from Florida (Mr. RUTHERFORD) is recognized for half the remaining time until 10 p.m. as the designee of the minority leader.

GENERAL LEAVE

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

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

There was no objection.

Mr. RUTHERFORD. Madam Speaker, this week, thousands of law enforcement officers, their families, and their supporters from around the country gathered in Washington, D.C., to commemorate National Police Week.

We are here tonight to thank those who put on the uniform every day to protect our communities and put their lives in the breach between the criminal element and the public they protect.

We are also here to recognize those who have completed their service and now enjoy a well-deserved thank-you for their selfless service to their communities.

But, most importantly, we are here to honor the fallen.

Last year, 158 police officers gave their last measure of devotion to their communities. Among these heroes, you will find every gender, every creed, every race, every religion. They hail from every corner of America.

One of those 158 officers was not only from my district, but served at the Jacksonville Sheriff's Office with me, where I spent a 41-year career.

Officer Lance Whitaker began his career with the Atlantic Beach Police Department and then served 17 dedicated years at Jacksonville Sheriff's Office. He was tragically killed while responding to a call in the early morning hours of May 15, 2018, almost 1 year ago today.

He left behind his son, Cade; his mother, Lannie; and his sister, Angela. He also left behind a memory and a legacy that will live on in the hearts and minds of those who knew him.

Many of us are here today to honor friends, family, and loved ones like Officer Whitaker, who gave his last full measure of devotion to a community he loved and a community that loved him back.

I now ask that we observe a moment of silence for Officer Whitaker and all of the 158 brave law enforcement officers who lost their lives protecting our community.

Tonight, Madam Speaker, in a very bipartisan fashion, we will hear from Members on both sides of the aisle and from all across the country as we join together to show our unity in supporting our police officers.

Madam Speaker, I am proud to yield to the gentlewoman from California (Ms. HILL), my friend who is from a law enforcement family and brings a strong pro-police voice to Congress.

Ms. HILL of California. Madam Speaker, I want to thank my colleague from Florida for joining forces with me this evening to host this bipartisan Special Order hour in honor of National Police Week.

As you are about to see, supporting our law enforcement is an issue that unifies us across geography and political party, bringing together diverse perspectives and deep gratitude. I am so proud to rise in support of our law enforcement and the professional peace officers who work tirelessly every single day for the safety and security of our communities.

I represent California's 25th Congressional District, which is home to many of the police officers who serve all of Los Angeles County. My community is rooted in service. It is a value that I grew up with, and one of the reasons that I chose to serve my community by running for office.

My dad is an Air Force veteran and has spent three decades in law enforcement. In fact, he was here with us this week as part of a large group from our district who flew out for Police Week.

As a little girl, I remember what it was like to wonder if my dad would make it home at night. I remember being so scared for his life because he was on the front lines protecting mine and all of the other members of our community. I was proud of him then, and I am proud of him now.

But unlike then, I now have the opportunity to fight for him and the men

and women serving just like him. Protecting and supporting our law enforcement should not be partisan. The speakers joining us today demonstrate that we can have meaningful, legislative reform that works across the aisle.

I want to briefly touch on several pieces of legislation that I believe will protect and support our police officers, including H.R. 838, the Threat Assessment, Prevention, and Safety Act, or TAPS, which institutes a process that will identify, investigate, assess, and mitigate threats before they happen.

Fighting for law enforcement also means supporting legislation like H.R. 2070, the POWER Act, to develop new grants for chemical screening; H.R. 1236, the Extreme Risk Protection Order Act, to empower police to keep guns out of the wrong hands; and H.R. 2379, the Bulletproof Vest Partnership, to increase the number of lifesaving bulletproof vests accessible to our law enforcement. Through these bills and others in development, we can keep our communities and officers safe.

Most importantly, I am standing here today to honor the life of Officer Johnathan Tanner. He is a true public servant from the Antelope Valley in my district, who passed away, tragically, at the age of 28 years old after battling cancer. He will be remembered for his steadfast devotion to his community, his church, and his family.

Officer Tanner proudly served the California Highway Patrol with a dedication to the safety of the Antelope Valley. In just his first year out of training, he received the Mothers Against Drunk Driving Award for Excellence in removing impaired drivers from the road, and he was known for his efforts to build public trust in law enforcement.

Out of uniform, Officer Tanner served his community by volunteering his time at Lancaster Baptist Church, where he was a lifelong member. He taught youth ministry classes, coached sports teams, and led a bus route that gives children rides to church.

Officer Tanner leaves behind his wife, Jessie, their two young sons, and a baby girl who is expected to arrive later this month. He is also survived by his parents, two older brothers, and a younger sister.

I am proud to have represented Officer Tanner, and I know that his loved ones and the community will carry on the legacy of his light in the world.

Today, in honor of Police Week and in honor of all of the members of our law enforcement community, I am proud to stand in support of the men and women who put their lives on the line every single day like Officer Tanner and like my dad.

Thank you for all you do.

Mr. RUTHERFORD. Madam Speaker, I thank Congresswoman HILL, and I look forward to working with her on some of the bills she just highlighted. I know that her law enforcement family is proud, so I thank her.

Madam Speaker, I yield to the gentleman from Wisconsin (Mr. STEIL), my

good friend, who is from Wisconsin's First District.

Mr. STEIL. Madam Speaker, I appreciate Mr. RUTHERFORD putting together tonight's Special Order.

Madam Speaker, I rise to recognize Racine County Sheriff Deputy Eric Schneider for his heroic actions on March 18.

While on duty, Deputy Schneider rushed to the scene of a house fire. He knocked on all of the doors and windows, yelling to see if anyone was inside.

A man came out of the house, but without regard for his own safety, Deputy Schneider entered the burning house to check if there were more people inside. Risking his life, he found a man who was unconscious. Deputy Schneider dragged him out of the house and saved his life.

Deputy Schneider is a hero. We are fortunate to have brave men and women like Deputy Schneider protecting us.

Madam Speaker, I thank Deputy Schneider. I commend him for his actions.

Madam Speaker, when law enforcement officers put on their uniforms and badges, they do not know if they will return home after their shift. Their job is dangerous. Too often, they sacrifice their lives to strangers.

Over the past year, Wisconsin has lost three police officers in the line of duty. Those heroes died while protecting us from harm.

We will never forget them. We will not forget their service. We will not forget their bravery.

We remember:

Officer Charles Irvine, end of watch, June 7, 2018;

Officer Michael Michalski, end of watch, July 25, 2018; and

Officer Matthew Rittner, end of watch, February 6, 2019.

Mr. RUTHERFORD. Madam Speaker, I thank the gentleman and the great State of Wisconsin for their support of law enforcement.

Madam Speaker, I yield to the gentlewoman from New Mexico (Ms. TORRES SMALL), a colleague from New Mexico's Second District. She serves on the Armed Services Committee and the Homeland Security Committee, and, actually, after law school, worked for a U.S. district judge in New Mexico, so she has got that law enforcement background, also.

Ms. TORRES SMALL of New Mexico. Madam Speaker, it is an honor to join my colleagues on both sides of the aisle as Americans to address this issue and to recognize National Police Week, to support the brave men and women who protect and serve our communities every day, and to honor those who paid the ultimate sacrifice in the line of duty.

The work you do is extraordinary, and it makes me proud to be the granddaughter of a former Las Cruces police sergeant, Angel Torres. He didn't talk much about his work on the beat, but

throughout my life, I have been stopped by people who have told me the difference he made in their life because he showed he cared by holding people accountable. He was the true embodiment of what it means to be a selfless public servant, just like so many in New Mexico and across the country.

It means something, something I will never fully understand, to know that every day you risk your life because of what you do.

It means something, something I will never understand, to know that every day and every time you enforce the law, you could lose your life because you signed up to serve.

As you risk your life to treat people with humanity, dignity, and respect, that is superhuman. That is why, during National Police Week and every day, we support our law enforcement officers and work to ensure they have the resources they need to protect and serve our communities.

Mr. RUTHERFORD. Madam Speaker, I thank the gentlewoman for the kind words of support for our law enforcement community, and I thank her for her service earlier, as well.

Madam Speaker, I yield to the gentleman from Nebraska (Mr. BACON), my good friend from Nebraska's Second District. He serves on our Agriculture Committee and Armed Services Committee. He is a retired brigadier general and did his deployment in Iraq, and we thank him for that service.

Mr. BACON. Madam Speaker, I thank Mr. RUTHERFORD, a great friend and colleague, for yielding.

Madam Speaker, I rise to recognize a bipartisan issue that threatens the safety of our law enforcement officers and our communities in which they serve, and we have a solution for it.

Enacted in 2004, the Law Enforcement Officers Safety Act, known as LEOSA, established clear guidelines allowing experienced retired or off-duty officers who maintain proper training to obtain certification allowing him or her to carry concealed firearms. The desired purpose was to create a shared national policy between States allowing off-duty and retired officers to carry their firearms wherever they are, granted they are qualified and received appropriate credentials.

As many of my colleagues know, LEOSA has enjoyed a long history of support from both sides of the aisle. When it was first proposed by a Republican, LEOSA was cosponsored by more than half of the House.

Subsequent amendments signed into law in 2010 and 2013 under Democratic President Barack Obama expanded LEOSA's coverage to include law enforcement officers in most Federal agencies as well as military police. In both instances, reforms were sponsored by Democratic Senators.

□ 2015

LEOSA has always been a bipartisan priority because it is a law enforcement and public safety issue. It is not

a Second Amendment or gun rights issue. The same is true about improvements in H.R. 1156, the LEOSA Reform Act, which I am sponsoring.

The LEOSA Reform Act seeks to correct a number of unintended gaps and weaknesses in the original LEOSA bill. These gaps and weaknesses are not due to intentional restrictions in the original statute. Rather, they are areas in which the original statute is silent, resulting in conflicting interpretations and unintended restrictions which effectively limit the ability of off-duty and retired officers to carry their firearms, and we want them to do it in a manner that is safest for them and the public.

This lack of specific language defeats the original intent of the law, which is to allow off-duty and retired officers to carry their firearms wherever they go. Granted, they have to be qualified and have to have received appropriate credentials. That is a given.

It also created an inconsistent implementation across States, leaving many officers to either assume intended risk when carrying in accord with LEOSA or decide not to carry at all.

The LEOSA Reform Act adds specific language to address these unintended weaknesses, and in doing so will make existing law stronger and more workable for those who seek its benefit while maintaining the rigorous standards that currently apply.

The bill does not put more guns into our communities. Individuals affected by this legislation already have the authority to carry concealed weapons in most locations. Rather, H.R. 1156 will help ensure guns that are already in the hands of trained and certified law enforcement officers and retired officers can safely and legally be carried wherever they may be.

In fact, the LEOSA Reform Act will help ensure firearms do not end up in the hands of criminals by allowing law enforcement officers and retired officers to keep their firearms safely on their person, rather than being forced to leave them unattended in vehicles in parking lots of locations that are currently restricted from carrying.

The public's need for rapid intervention by off-duty and retired officers is made clear by the recent incident in California, where the heroic actions of an off-duty Federal officer who ran and shot at the synagogue gunman saved countless lives. It is an example that we see repeatedly. With the rise of tragic shootings in our Nation, empowering trained professionals to carry will allow them to respond more quickly to emergencies and provide years of expertise to these situations.

I have heard from law enforcement officials throughout Nebraska's Second District and the Nation on the importance these changes will have on the lives of our community's heroes and their ability to protect themselves and others. In fact, the LEOSA Reform Act has been endorsed by 20 professional law enforcement organizations whose

membership, when combined, is representative of well over half of all law enforcement in our country.

On National Police Week, I urge my colleagues on both sides of the aisle to join me in providing greater public safety for law enforcement and our communities at home by cosponsoring the LEOSA Reform Act. Officer safety and public safety is a bipartisan issue, and together we must and can do better.

Madam Speaker, I will close with this: If I am in a situation where I am being victimized, who do I want near me?

I would love to have a retired or off-duty policeman who is armed, and this bill makes that more likely.

Mr. RUTHERFORD. Madam Speaker, I am a proud cosponsor of the gentleman's LEOSA bill, and having been a law enforcement officer, I understand exactly what the gentleman is trying to accomplish. I support him 110 percent in that effort, and I appreciate the words.

Madam Speaker, I yield to the gentlewoman from Virginia (Ms. SPANBERGER), who serves on the Foreign Affairs and Agriculture Committees. She is also—I think we can say this—a former CIA case officer.

Is it safe to say that now?

Ms. SPANBERGER. Madam Speaker, I got my deployment declassified. It is.

Mr. RUTHERFORD. Madam Speaker, the gentlewoman's father was a career law enforcement officer also.

Ms. SPANBERGER. Madam Speaker, I thank the gentleman so much for the opportunity to stand here in solidarity with our colleagues across the aisle in honor of Police Week and in honor of our police officers and peace officers across this country.

I rise today to remember the remarkable lives of two Virginia State police officers, one from our district in Midlothian and one from nearby New Kent County. They were both killed in the line of duty.

On August 12, 2017, Lieutenant H. Jay Cullen and Trooper-Pilot Berke M.M. Bates were not responding to an ordinary call. Instead, they were flying via helicopter to an event that became infamous as one of the darkest days in modern Virginia history.

Cullen and Bates were en route to Charlottesville to monitor the events transpiring around the Unite the Right white nationalist rally. Forces of hate had gathered, and law enforcement was called in to help end the chaos.

After police had canceled the event as an unlawful assembly, Cullen and Bates were instructed to assist their fellow officers. They were to circle over Charlottesville, and their mission was to provide surveillance of the violence, restore order, and help the community end the nightmare that had transpired. However, mid-flight, their helicopter crashed on the outskirts of Charlottesville, and both Cullen and Bates were killed in action.

In the wake of the tragedy and the stress of the Charlottesville protests,

Executive Director Wayne Huggins of the Virginia State Police Association said: "I don't know if State police, in its 85 years, has had a more excruciating time."

The pain of the families of Lieutenant Cullen and Trooper-Pilot Bates is unimaginable, and the loss experienced by the Virginia State Police and their fellow brothers and sisters in the law enforcement community is still felt to this day.

This is National Police Week. We remember the brave and dedicated service of Lieutenant Cullen and Trooper-Pilot Bates. They died in an effort to protect their fellow Virginians, and their sacrifice will always be remembered.

As a former Federal agent, the daughter of a career law enforcement officer, and, most respectfully, as a grateful American and Virginian, I thank the law enforcement officers and peace officers who dedicate their lives to keeping us safe. This week and every week we stand with our law enforcement officers, and we will never forget those who laid down their lives for their neighbors.

Mr. RUTHERFORD. Madam Speaker, I want to thank my colleague from Virginia and just know that our condolences go to those two officers' families, those heroes that you lost this last year. God bless.

Madam Speaker, I would like to introduce the Member from the great State of Minnesota's Eighth District, PETE STAUBER. He serves on the Transportation and Infrastructure and Small Business Committees and was a police officer in Duluth, Minnesota, for 23 years. I thank the gentleman for his service.

Mr. Speaker, I yield to the gentleman from Minnesota (Mr. STAUBER).

Mr. STAUBER. Madam Speaker, I thank Congressman RUTHERFORD for yielding to me to speak today.

This week is Police Week, a time to honor our brothers and sisters in the blue and brown. Every day law enforcement officers—local, county, State, and Federal—walk out of their homes leaving their loved ones behind and put their own lives on the line for the safety and security of others. They are our last line of defense, the protectors of our communities, and I am so honored to have served alongside some of these brave men and women.

As a local law enforcement officer with the Duluth, Minnesota, Police Department for 22 years, I have seen and experienced firsthand the violence committed against law enforcement officers, those who are only there to uphold the law and improve the safety of our communities. That is why I have cosponsored legislation like the Thin Blue Line Act and the Protect and Serve Act, which hold the perpetrators of these heinous crimes accountable.

So, now, more than ever, we must show our support for our law enforcement officers. We must make a commitment to them as they have com-

mitted to our friends, our families, and our communities. I am happy to stand here today with so many of my colleagues to show our support for the men and women in the blue and brown. I look forward to working with them in the 116th Congress to advance legislation that will support them, both when they are in and out of uniform.

The men and women in law enforcement deserve our respect, our admiration, and our prayers and love every single day, 365 days a year, 24 hours every day.

I stand before you, Madam Speaker, having done a total of 23 years in law enforcement. I can tell you that the men and women whom I served alongside with, I would go into any dangerous situation with them. We love our law enforcement officers, and we love their families.

This Congress stands ready to defend them and their needs, their requests, and any help they need from this Congress.

Mr. RUTHERFORD. Madam Speaker, I am grateful for the gentleman's 23 years of service. I know what commitment that is, and God bless him for that.

Madam Speaker, I yield to the gentleman from New Jersey (Mr. GOTTHEIMER), who is my good friend.

JOSH GOTTHEIMER is from New Jersey's Fifth District who serves on the Financial Services Committee and worked in both the public sector as a White House speechwriter and in the private industry for Ford and Microsoft. I thank the gentleman for being here this evening.

Mr. GOTTHEIMER. Madam Speaker, I want to thank Congressman RUTHERFORD, my good friend, and Congresswoman HILL of California for cohosting this bipartisan Special Order hour in honor of our law enforcement officers. I am proud to serve with you both as a member of the Congressional Law Enforcement Caucus, co-chaired by our friend, Congressman BILL PASCRELL.

Madam Speaker, we are here today to commemorate Police Week and to honor all the brave law enforcement officers in New Jersey and across the country who put their lives on the line every day to protect our communities. They get our backs, and we should always get theirs. There is nothing partisan about that.

In 1962 President John F. Kennedy declared May 15 to be Police Officers Memorial Day and this week to be Police Week. Established by a joint resolution of Congress in 1962, National Police Week pays special recognition to those law enforcement officers who have lost their lives in the line of duty for the safety and protection of others. Already this year, 43 police officers have died in the line of duty across the United States. We will never forget their bravery, service, and sacrifice. May God bless them and their families.

Madam Speaker, police officers are America's heroes, and I am so deeply

grateful to all law enforcement officers, Federal, State, and local, for what they do day in and day out, especially those in New Jersey's Fifth District, my district, and across our State.

That is why, in Congress, I am committed to fighting for all our sworn officers and first responders by making sure that our municipalities and police departments have the resources, equipment, and training they need to do their jobs safely and effectively. That includes critical programs like the COPS and JAG grants, the Bulletproof Vest Partnership program, and the Law Enforcement Support Office excess equipment program.

We should also support the Thin Blue Line Act, which was referenced, because our officers rely on us to get their backs and to make sure we give them the resources they need to protect our families from violent crimes, drug trafficking, domestic violence, homegrown terrorism, and countless other threats.

I especially want to recognize all the men and women who took part in the annual Police Unity Tour, riding some 300 miles to Washington in honor of our fallen officers, and all of New Jersey's finest who are here in Washington this week, including friends from the New Jersey PBA, the New Jersey State Troopers, the Port Authority PBA, and many, many others.

Just yesterday I was glad to spend some time with my friends, the Port Authority Police and members of the Fair Lawn Police Department Honor Guard who came to remember those whose names are forever inscribed at the National Law Enforcement Officers Memorial here on the Mall. Others from the State PBA and PBA police officers were here this week as well. Together we are all fighting to fully fund and reauthorize the 9/11 Victim Compensation Fund in memory of the 37 Port Authority police officers and countless others whom we lost that day and for all the injured and ill 9/11 responders and survivors whom we must do right by today.

Madam Speaker, I thank, again, my colleagues across the aisle who have the backs of our first responders. But most of all, I am grateful for every law enforcement officer for their solemn commitment to protect and serve. We live in the greatest country in the world. With our brave law enforcement protecting our communities, we are ensuring always that our best days are ahead of us.

God bless our law enforcement officers and first responders, and may God bless the United States of America.

Mr. RUTHERFORD. Madam Speaker, I want to thank the gentleman from New Jersey for having the backs of police officers who have our back, and I thank the gentleman very much for being here tonight to show that support for law enforcement that is so important across the country.

Madam Speaker, I yield to the gentleman from Virginia (Mr. CLINE). Representative BEN CLINE serves on the



House Judiciary and Education and Labor Committees. He is a lawyer and serves as an Assistant Commonwealth Attorney and was also chief of staff and—I didn't know this—chief of staff for my good friend, Bob Goodlatte, who is one of my heroes from Congress.

Mr. CLINE. Madam Speaker, I thank Congressman RUTHERFORD for yielding and putting together this event this evening.

Madam Speaker, I rise today to honor the men and women in law enforcement who serve our communities, States, and Nation with honor and bravery. These are our friends and neighbors who willingly face danger in order to protect their fellow man and make our cities better places in which to live.

Just this week in Lynchburg, Virginia, I joined several hundred with the police chief, mayor, and members of law enforcement from around the region to honor the lives of two law enforcement officers who made the ultimate sacrifice in the last year.

□ 2030

Virginia State Trooper Lucas Dowell, who was shot while serving a search warrant, was only 28.

Winchester Police Department Officer Hunter Edwards, who died in a vehicle collision while responding to a fight in Winchester, was only 30.

As this week draws to a close, I ask that all Americans remember the more than 150 officers this year who died in the line of duty and consider the danger that all officers face each day in order to keep Americans safe.

Your lives are a shining example of what is right in our world. By getting up each day and donning a uniform and badge, you are making a difference in our communities across this great Nation. Every single day, you have our gratitude.

Mr. RUTHERFORD. Madam Speaker, I thank the gentleman from Virginia.

In particular, I want to offer, again, our condolences to those officers, those heroes from Virginia, who gave their lives in service.

Madam Speaker, I would like to recognize Representative CLAY HIGGINS from the great State of Louisiana, their Third District. He was a National Guard military police officer for many years, a SWAT operator. I am sure he will have some great words for us.

Madam Speaker, I yield to the gentleman from Louisiana (Mr. HIGGINS).

Mr. HIGGINS of Louisiana. Madam Speaker, I rise today to recognize American men and women who put on a badge every day, men and women of every color and creed, ethnicity, heritage, and background, of varied ideology and political affiliation. They are American patriots, one and all.

As a police officer, our job begins with an oath. That oath is not to a chief or a sheriff or a marshal. It is to the constitutional principles that represent the badges that we wear, badges like this.

In this body, we stand within the people's House. We serve within the parameters of our ability. We wear a small pin upon our lapel to designate our status as Congressmen and Congresswomen.

In humble service and an honor, yes, it is. But forget not, America, the men and women in your community, unseen, unheard, far too frequently unappreciated and unrecognized, who patrol your streets, your neighborhoods, your counties, your States, and the parishes in my State of Louisiana.

For they serve unknowing if they shall return home. They do so willingly. They place great faith in their Lord. The Word tells us that the Lord is my strength and my shield.

In many ways, we should recall that this small shield that we wear begins with faith, that this Chamber began with faith, and that the shield that officers wear from sea to shining sea maintains itself by faith.

This week, we honor the Thin Blue Line. You are known. You are loved. You are recognized. We honor you.

Madam Speaker, I thank the sheriff for allowing me to speak.

Mr. RUTHERFORD. Madam Speaker, I thank my good friend from Louisiana for all his service those many years.

I would like to recognize, again, my cohost for tonight, Representative KATIE HILL. Madam Speaker, I yield to the gentlewoman from California (Ms. HILL).

Ms. HILL of California. Madam Speaker, I wanted to finish out by thanking the 2,200 Capitol Police officers here who protect us and the 3 to 5 million people who visit the U.S. Capitol every single year.

They do the job that often goes unnoticed, but we are ensured our safety and protection, and that of every single person who comes to visit us, because of their hard work and service.

To every single law enforcement professional who dedicates their life every single day, we are eternally grateful. I am so proud to be working with my colleagues to continue to fight for recognizing our officers and to take this forward for many years to come.

Mr. RUTHERFORD. Madam Speaker, it has been an honor to be here with the gentlewoman tonight to recognize our law enforcement community.

Madam Speaker, I will close with this. It is from Ralph Waldo Emerson. He said:

The purpose in life is not to be happy. It is to be useful, to be honorable, to be compassionate, to have it make some difference that you have lived and lived well.

Madam Speaker, the 158 lives that we honor tonight, all the thousands of law enforcement officers serving this moment, they live well. For that, we are grateful.

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

## ENSURE FULL PROTECTION FOR LGBTQ COMMUNITY THROUGH THE EQUALITY ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2019, the gentlewoman from Michigan (Ms. TLAIB) is recognized for 60 minutes as the designee of the majority leader.

Ms. TLAIB. Madam Speaker, I rise today to uplift my LGBTQ neighbors at home in the 13th Congressional District. I want them to know that I uplift them today, and always, as their unwavering advocate in the United States Congress.

There are ideals and values we all should attempt to live up to in this country. I know many of us ran to be in this Chamber to ensure that our laws match those values and ideals as well.

When I think of these issues we confront as people and as a representative body, I always feel that we must use an approach that is rooted in values that uplift our whole communities. The values of equality, justice, and acceptance come to mind when I think of the need to pass the Equality Act.

Far too long, our LGBTQ neighbors have been forced to live a life of fear, a life in hiding, a life of oppression, and a life of instability.

We have come a long way in the LGBTQ rights community, but we have a long way to go. The Equality Act is a step in the right direction on this important path toward justice.

I think of the right side of history, when the right to marriage was afforded to same-sex couples, the moment when our LGBTQ neighbors in Michigan were able to create that special bond with their loved ones.

But I am also reminded of the stark reality that they faced being in States where they could still be fired from their jobs the day after their wedding for being gay.

I think of the trans community across the country that still faces discrimination and violence, especially trans women of color who are disproportionately targeted and killed. Our laws still do not protect them.

LGBTQ Americans remain vulnerable to discrimination on a daily basis and, too often, have little recourse. Fifty percent of the national LGBTQ community live in States where, though they have the right to marry, they still have no explicit nondiscrimination practices in other areas of their daily life.

One's identity could still mean deep harm and even death for some communities in this country, and we must change this.

I think of our LGBTQ neighbors who are denied public accommodation just because of who they are and whom they love. I think about how we are failing them by not living out our values rooted in justice.

This week, we have a chance to begin to change with the Equality Act. We now have a pro-equality majority,

Madam Speaker, in this Chamber, and I am so glad we can change the fact that LGBTQ folks are being denied housing, services, and employment in the majority of our States.

I am so glad to be part of ensuring that everyone has full protection in our civil rights laws, regardless of who they are and whom they love.

Madam Speaker, I yield to the gentlewoman from the great State of Massachusetts (Ms. PRESSLEY), my colleague.

Ms. PRESSLEY. Madam Speaker, I rise today in support of H.R. 5, the Equality Act.

I rise on behalf of non-cisgender Americans, on behalf of QPOC Americans, on behalf of drag kings and drag queens, on behalf of all non-heteronormative Americans.

I rise today to let you know that you are seen and you are heard, and I am proud to stand in solidarity with you.

It is our mandate as legislators to protect all Americans, yet we are failing entire communities. In my home State, the Commonwealth of Massachusetts, a leader in marriage equality, we have the second largest LGBTQ population of any State in the country. Even though our queer pride extends far and wide, 61 percent of transgender Bay Staters experienced housing discrimination in the greater Boston area, and 65 percent of LGBTQ Bay Staters experienced discrimination in public spaces, from public transportation to retail establishments, places of worship, restaurants, and healthcare settings.

As we consider H.R. 5, we must remind ourselves of our values. My former President Barack Obama once said: "When all Americans are treated as equal, no matter who they are or whom they love, we are all more free."

It is true. When we defeat hate with love, we all win.

During a time filled with fear, bigotry, and public turmoil, it is unconscionable that we are still debating the liberties of people who ask only to be received as their full selves. It is our fundamental right as Americans to live happily, peacefully, and unapologetically. It is our fundamental right to live free of harassment and discrimination. It is our right to pursue happiness.

I extend my deepest gratitude to Congressman CICILLINE, the author of the Equality Act who has worked tirelessly for years to affirm the rights and liberties of LGBTQ Americans.

Thanks to the leadership, H.R. 5 takes a comprehensive approach to making the pursuit of life, love, and happiness a reality for all of us, regardless of sexual orientation or gender identity. The Equality Act ensures that LGBTQ people are protected by a nationwide standard for nondiscrimination.

It is time for us to live up to our values. It is time for us to strike out against injustices that devalue our humanity.

Together, we can affirm that our diversity is our strength and that our collective safety is nonnegotiable.

Madam Speaker, I urge my colleagues to vote in support of H.R. 5.

Ms. TLAIB. Madam Speaker, I also would love to recognize the fact—it is pretty historic—that Madam Speaker who is presiding over this Chamber right now is a member of our beautiful community, of the LGBTQ community. That, to me, is pretty historic as we now are debating and putting forward the Equality Act. That is Congresswoman ANGIE CRAIG.

Madam Speaker, I yield to the gentleman from Texas (Mr. GREEN), my colleague.

Mr. GREEN of Texas. Madam Speaker, I thank the gentlewoman for yielding.

Before getting into my message, I would like to acknowledge that I am an ally of the LGBTQ community. I do this and announce my support for H.R. 5 because of a debt I owe.

I haven't always had the privileges that I enjoy now. Someone stood and suffered so that I could come in the front door of, probably, this very facility. Someone suffered so that I would have the opportunity to go to some of the schools that I attended.

I believe that there is reciprocity in life and that you don't get where you are and fail to appreciate those who have suffered so that you could have the opportunities that you enjoy.

I support H.R. 5 for a multiplicity of reasons, the least of which is not the fact that I am repaying a debt. I am going to help make sure that others don't endure the pain and suffering that I endured and that my predecessors endured. No one should be punished or treated with disrespect because of how you look or who you are.

□ 2045

Every person's dignity is given to them from a higher authority, and we all should respect the dignity and humanity of every individual. So I support H.R. 5, and I do so proudly because of a debt I owe.

I thank my friends for bringing this to my attention. It was not to be a part of my message this evening, but it is a part of my life, to make sure others are treated properly.

Madam Speaker, and still I rise tonight to address a crisis that our country finds itself engulfed in, a crisis that, if we are not very careful, will cause the Congress of the United States to be seen as a "less than" when it comes to the coequals that it is supposed to be on the same plane with.

This crisis is a constitutional crisis. And while there are some who would differ with me and say that this is not a constitutional crisis, remember this: There is no hard and fast definition of what a constitutional crisis is, so whenever I give my thoughts or someone else gives their thoughts, we are giving opinions.

Tonight, I would like to share my opinion about this constitutional crisis.

Remember, all of these thoughts are opinions; just as the thoughts of persons who hold themselves out to be constitutional scholars, they are opinions.

There are some who say that you don't have a constitutional crisis in the circumstance that we are dealing with with the President, who has refused to honor subpoenas by and through his various administrators.

There are some who say that this will not be a constitutional crisis until the case gets to the Supreme Court, and the Supreme Court has to rule on whether or not the subpoena must be honored. And if the Supreme Court rules that the subpoena must be honored, and then the members of the administration refuse to obey the Supreme Court, there are persons who conclude that this, now, is a constitutional crisis.

I would conclude that if the President of the United States fails to honor a subpoena, after having been so ordered by the Judiciary, that this is more than a constitutional crisis; you now have a constitutional collapse.

The crisis occurs when the President is at odds, meaning the executive branch, with the legislative branch; and currently, the legislative branch and the executive branch are at a stalemate.

The executive branch is declining to cooperate, declining to allow the legislative branch to fulfill its constitutional responsibilities associated with oversight and investigation. And, as such, there is a crisis, and that crisis, clearly, is rooted in the Constitution, because the legislative branch has this responsibility pursuant to the Constitution.

So this is a constitutional crisis, and we have a duty to address it, and we must do so, or we will have failed on our watch to take up our responsibilities as Members of Congress.

This is our watch, and we have a responsibility to make sure that this House takes its proper place in the annals of history, with reference to the question of impeachment.

Impeachment is something that we should not take lightly; but it is also something that we have to take seriously, and we have to take it seriously because, if we fail to do so, we will have allowed this august body to become minimized.

You see, there are checks and balances in the system. The check on the executive branch is impeachment. That is the check. That is the sword of Damocles that hangs above the head of the executive. And if we fail to exercise this duty when it properly should be, we, then, do not provide the checks to make sure the balance of power remains as it should be.

I fear for what is happening to this Congress. I am gravely concerned because I don't see us aggressively pursuing the checks so as to make sure the balance of power remains in place.

Checks and balances are in place to make sure that there is no concentration of power in any branch of government. If we don't become the last line of defense with reference to the President, if we fail to do so, we then say that there are no guardrails; that there are no rules that the President has to obey. He doesn't become just another president. He metamorphoses into a monarch.

The Framers never intended for us to have a monarchy. The Framers intended for the President to be checked by the Congress.

My hope is that we, in this Congress, will take up our responsibilities, and we will provide the checks necessary to make sure that this President, and no other President, is above the law.

I hear many Members of Congress say that the President is not above the law. No one is above the law. And they go on to say, however, this President, notwithstanding his actions, we should not impeach.

How can we say that he has committed impeachable acts, and then conclude that he should not be impeached? We, literally, are saying he is above the law when we say that he has committed impeachable acts, but then decline to impeach.

Anyone else breaking the law will have to answer to the bar of justice, except the President. We know that he has done it. The Mueller report is replete with examples, yet we have not exercised our constitutional responsibilities and, as a result, we, the Congress of the United States of America, are allowing the President to be above the law.

This is unacceptable. I refuse to allow this to continue. And I say, as I have said, that the President will have to come before the bar of justice, which is the House of Representatives. If we fail to do so, we will have literally allowed him to be above the law. Not in this country, and not on my watch.

I take my oath seriously, and I assure you that this will not be the final word; that the President is not impeachable, because he is, and we will have to have a vote on it.

Tomorrow will be the second anniversary of the date that we initially called for the President's impeachment. I believe that we cannot have another anniversary without another vote.

There will be one. My hope is that it will come through the appropriate committees of the House of Representatives. But, if not, it will come. And I don't know that there will be others who will vote to impeach him, but I do know that I will.

And there are times when you may have to stand alone; but I know that it is better to stand alone than not stand at all.

Madam Speaker, I am grateful for the time that I have had. I thank you all for allowing it to take place, and I assure you, I love my country, and I only speak these words because I see a country in peril because of a reckless,

ruthless, lawless President that we are allowing to be above the law.

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President.

Ms. TLAIB. Madam Speaker, I yield to the gentlewoman from New Mexico (Ms. HAALAND).

Ms. HAALAND. Madam Speaker, I rise today in support of the Equality Act. America must live up to its values by treating everyone as equals and ending discrimination once and for all.

The Equality Act is about making sure all Americans, regardless of sexual orientation or gender identity, can participate in our society without fear.

New Mexico is home to diverse religious and traditional communities and has stood up for its LGBTQ population for a very long time. The Equality Act allows us to adhere to our faiths, while prohibiting harmful and isolating acts of discrimination against the LGBTQ community.

No one should have to worry about being discriminated against when interviewing for a job or struggling to find a healthcare provider that will treat them.

Tomorrow morning, when I vote for the Equality Act, I will be proud to stand with my colleagues, with New Mexicans, and with my daughter, who is a proud LGBTQ American. The time for equality is now, and we must pass the Equality Act to live up to our values.

Ms. TLAIB. Madam Speaker, I yield to the gentlewoman from California (Ms. PORTER).

Ms. PORTER. Madam Speaker, despite the enactment of marriage equality in 2015, same-gender couples continue to experience persistent and pervasive discrimination when it comes to home ownership.

A recent study by Iowa State University found systemic discrimination against LGBTQ borrowers. The study found that, despite having a lower credit risk overall, same-sex borrowers are 73 percent more likely to be denied a mortgage loan. And when they are approved, they face mortgage interest rates that are 0.02 to 0.2 percent higher, on average, translating to tens of thousands of dollars in extra repayment.

Twenty-six States across the United States do not have statewide housing protections for the LGBTQ community, and the Fair Housing Act does not protect lesbian, gay, bisexual and transgender individuals. The Equality Act would change this.

This bill would not only improve the lives of members of the LGBTQ community, it would make neighborhoods across the country more diverse. And making our neighborhoods more diverse means more Americans get to know and understand their neighbors who are gay, trans, or queer; and with that understanding and the friendships and the neighbor relationships, we hope to get tolerance. This is how we magnify the wave of LGBTQ accept-

ance this country has experienced in the last decade.

Imagine growing up in a community where you never have any LGBTQ role models; where students in your school were harassed for even being perceived as gay.

Imagine growing up in a neighborhood where you never met someone who expressed themselves like you; where you were taught that your sexual orientation or gender identity was wrong or immoral.

Imagine what it would be like to have waited years for your country to recognize your loving relationship as legal and equal under the law. Now, you are finally able to get married, and if you choose to, start a family.

You have saved enough money for the downpayment on your first home. You find that dream house in an area with good schools, plenty of parks for your dogs, and friendly neighbors.

You and your spouse go together to fill out a loan application at the local bank and wait eagerly for it to be granted. However, despite doing everything right, you are outright denied for that loan without reason.

You go to another bank, assuming that this is a mistake, because both you and your spouse have great credit. You apply for a mortgage loan again.

Maybe this time you are approved, but the interest rate would amount to tens of thousands more dollars than you had anticipated; tens of thousands more dollars than your credit risk should have you pay.

You found your dream home, but now you can't buy it because of an artificially, discriminatorily-inflated interest rate.

□ 2100

The Equality Act is vital. By amending existing civil rights laws to explicitly include sexual orientation and gender identity as protected characteristics, no person may be lawfully discriminated against for their sexual orientation and gender identity in housing, education, employment, public accommodations, and so much more.

Not only would it protect LGBTQ families who want to buy a home or take out a loan, but it would allow individuals who identify as gay or trans or queer to see people who look and love like them in their communities, and it would allow their neighbors to see that LGBTQ families are like them: They care about their neighborhoods; they care about their communities; they love and want the best for their children like anyone else; and they take the same pride in home ownership.

Injustice anywhere is a threat to justice everywhere, and discrimination against the LGBTQ community is a deep injustice. Allowing that discrimination to continue in our country flies in the face of the principles of equality and opportunity that form the basis of our democracy.

Madam Speaker, I am proud to support the Equality Act, and I urge my

colleagues on both sides of the aisle to do the same.

Ms. TLAIB. Madam Speaker, I yield to the gentlewoman from Wisconsin (Ms. MOORE).

Ms. MOORE. Madam Speaker, I want to thank the gentlewoman from Detroit, Michigan, for yielding time to me.

Madam Speaker, you heard it just a moment ago, those words from the Reverend Dr. Martin Luther King, Jr.: "Injustice anywhere is injustice everywhere." That is why I am so proud to support this historic legislation that will be on this floor tomorrow, H.R. 5, the Equality Act, that will truly provide equality for members of the LGBTQ community.

Now, many people might argue, Madam Speaker, that we have made important strides against prejudice over the last few years, and it has been amazing. We have had States pass legislation outlawing discrimination based on a person's sexual orientation. Likewise, we have had Federal courts that have ruled that discrimination based on someone's sexual orientation or gender identity is illegal under existing laws. Yet tens of millions of Americans live in areas where these laws have not been passed and Federal courts have not made the same determination.

H.R. 5 is the remedy for making sure that we don't have this checkerboard of rights and checkerboard of discrimination among our LGBTQ community.

My district of Milwaukee, Wisconsin, the Fourth Congressional District of Wisconsin, is notable to mention here. LGBTQ youth, in particular, face significant obstacles and barriers because of their LGBTQ identification.

We have 500 youth in my district who are homeless, and more than 40 percent of them identify as LGBTQ, many permanently homeless because they have been abandoned by their families and turned out onto the streets.

To add to their distress, the overly represented LGBTQ youth in the foster care system in Milwaukee and around the country face huge disparities in treatment and higher rates of harassment than their non-LGBTQ peers.

There are many foster care organizations that are turning away potential loving families and homes based on discriminatory practices even though LGBTQ couples are seven times—did you hear me, Madam Speaker?—seven times as likely to adopt and are more likely to adopt minority children or disabled children as compared to heterosexual couples.

Here is what we know. Every child wants a loving home. Trans people, like all people, just want to be treated like people.

For these reasons, and so many others, I fully support H.R. 5, and I look forward to voting for it tomorrow.

I applaud our leadership's commitment to protecting our LGBTQ community and all communities from pernicious forms of hate and harm of discrimination.

We are all in this together, Madam Speaker. And in order to protect all of our rights, we ought to remember the oath that we take as we stand under this "e pluribus unum"—"out of many, one."

Ms. TLAIB. Madam Speaker, the Congressional Progressive Caucus, who puts this Special Order together every week, has truly been committed to the rights of our LGBTQ neighbors, and I am very pleased that many of my colleagues tomorrow, in a very bipartisan way, are going to be supporting a historic, historic bill: the Equality Act.

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

#### IMMIGRATION

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2019, the Chair recognizes the gentleman from Wisconsin (Mr. GROTHMAN) for 30 minutes.

Mr. GROTHMAN. Madam Speaker, first of all, I would like to thank President Trump for earlier today, one more time, bringing the issue of immigration to the forefront. I think President Trump's speech was an interesting speech and provided a nice starting point for the immigration discussion ahead.

I would like to highlight three issues that I hope the President will consider as we move forth on some sort of compromise on this problem.

The first issue that I really wish President Trump would have addressed today, but I am sure he will address in the future because he has dealt with it in the past, is birthright citizenship.

If we are going to get control over who is in this country, we cannot allow the continuation of something which was certainly not intended by the Constitution, and that is something called birth tourism. I know somebody from California, and they see, on a regular basis, people coming to California to have a child here.

Now, I know in the future we want to vet our future immigrants. We want to perhaps have a balance between different countries. We want to make sure that the immigrants who are coming here learn English, the people who are coming here are going to be hard-working people and not become a public charge.

Under current law, the United States interprets, wrongly, the 14th Amendment of the Constitution as requiring that, if someone is born here, they will become a citizen here. That, of course, was not the intent of the Amendment, and President Trump, I know, knows it was not the intent of the Amendment.

The 14th Amendment of the United States Constitution was solely put in for the purpose of making sure that slaves who were born in the country prior to the Emancipation Proclamation would become citizens. There was a fear at the time that some unethical, particularly Southern, States would say that people who were not citizens

prior to the Civil War were not citizens after the Civil War.

Obviously, that Amendment was not designed to say somebody who was a tourist here, somebody who was here illegally or whatever, if they had a child, that that child would become a citizen.

It is time that President Trump do what he talked about doing in November and October, and I applaud him when he will do it, and that he get rid of the birthright citizenship. I think he can do this as President by himself, though it would be nice if Congress would pass such a law.

Right now in this country, we estimate that 7.5 percent of the births in this country are births of people who are here illegally. There are a variety of problems with that.

First of all, it encourages illegal immigration, in part because, once somebody is a citizen, under the family laws that we have right now in the United States, the parents, perhaps the siblings, will eventually become citizens outside of the way we want to pick our future citizens and make sure that they are appropriately vetted.

Now, we know that there are, I call them devious one worlders on both sides of the aisle who will fight this.

The reason this has remained a practice in the United States for several decades is, unfortunately, perhaps even Republican Presidents, for whatever reason, did not want to have our immigration laws be treated seriously.

But I do call upon President Trump to stop this policy. I think it is important not only to discourage illegal immigration, but I do not think right now that, when people come here on work visas, it is the intent of Congress that these people's children will automatically become citizens.

I think we want to stop the excessive policy of chain migration which follows, as then the parents who broke the law when they came into this country would be able to turn around and become citizens themselves, kind of a reward for breaking the law.

So I hope as this immigration law moves through the process and President Trump fine-tunes things, he does what we were all so happy to hear him say he would do last October, and that is end birthright citizenship.

The next thing I think we want to look at is the idea of public benefits for illegal immigrants. First of all, under current law, you are not hypothetically supposed to get public benefits if you are here illegally.

I would like to thank Housing and Urban Development Secretary Carson for stepping to the plate and making sure that people who broke the law to come here do not take advantage of our generous low-income housing benefits.

However, we should go beyond that. We should pass a bill saying, outright, that public benefits are not things that we should give to anybody who is not a citizen.

First of all, we are broke. I don't think it has been publicized enough,

but about 20 percent of the current Federal spending is borrowed. When you are around \$23 trillion in debt, the idea of providing generous public benefits to people who are not citizens is preposterous.

Secondly, insofar as efforts are made to increase our citizenship through things like DACA, we do want to make sure that we are not collecting immigrants who are eventually, themselves, going to become a public charge or coming here because of our generosity rather than the opportunities that take place for people who work hard.

I have introduced legislation which will say that any local unit of government that gives benefits to people who are not citizens will lose its ability to give those benefits, because we have to crack down on this. Otherwise, the future generations of Americans will no longer be like past generations who came here to take advantage of the opportunity to get through hard work, but we will begin to get some people here who will take advantage of the opportunities that are available from government benefits.

I hope President Trump, as he continues to discuss this immigration situation, talks about this.

The third thing I think he should talk about, and something that I don't think the mainstream media has highlighted enough, is what we are going to be spending money on in the next budget.

So the viewers back home are aware, when we pass our annual spending bills, we break it into 12 separate bills.

Now, right now, as we have 100,000 people a month crossing our border illegally, I would say that it is probably the number one concern for the future of the United States.

Sadly, the majority party, as they let us know where their priorities lie, told us the percentage of increases in each one of these 12 bills. For example, Labor and HHS was due for a 6 percent increase; Defense for a 3 percent increase; State and Foreign Ops, a 5 percent increase; the Legislative Branch, I think, about a 3 percent increase.

Who came along in last place at 1 percent? Homeland Security. In other words, a sign that the least priority in the next budget should be enforcing our borders, this at a time where groups estimate the cost of illegal immigration to our country to be between \$50 billion and \$100 billion.

Not to mention, when we talk about the moral fiber of America, which has kept us going for so long, we begin to have the next wave of immigrants, who will become the next wave of Americans, whose first action coming to this country is breaking the law.

□ 2115

I want to point out that neither I nor President Trump is anti-immigrant. I think it is tremendous that every year in this country we swear in another 700,000 citizens. I think it is wonderful in this country that we have 4 million people here on work visas, and it is possible that number will go up in the future.

But there is a difference between people coming here on work visas; there is a difference between people going through the appropriate steps and getting sworn in legally and people who are crossing the border illegally.

These are three suggestions of things that I would think would be minimal requirements before an immigration compromise is reached.

Again, I emphasize we should get rid of birth right citizenship. The idea of people flying here from other countries or crossing the Rio Grande and saying "my child automatically becomes a citizen" must end.

I think the practice of having people who are here illegally or anybody who is here who is not a citizen getting public benefits—and frequently those public benefits, particularly in the area of healthcare, are superior benefits to those which the average working American has. As a matter of fact, frequently, public housing today is superior to some of the housing that people who have to pay their own rent can afford. But I hope we step up to the plate and make sure that, with regard to immigration, there are no public benefits.

And finally, with so many people flooding across the border, I hope we aggressively fight the idea that the least important part of our upcoming appropriations bills is Homeland Security.

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

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. MASSIE (at the request of Mr. MCCARTHY) for today on account of attending a U.S. Army Advanced Individual Training graduation ceremony.

SENATE BILL REFERRED

A bill of the Senate of the following title was taken from the Speaker's table and, under the rule, referred as follows:

S. 1208. An act to amend the Omnibus Crime Control and Safe Streets Act of 1968 with respect to payments to certain public safety officers who have become permanently and totally disabled as a result of personal injuries sustained in the line of duty, and for other purposes; to the Committee on the Judiciary.

ENROLLED BILL SIGNED

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

H.R. 2379. An act to reauthorize the Bulletproof Vest Partnership Grant Program.

ADJOURNMENT

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

The motion was agreed to; accordingly (at 9 o'clock and 17 minutes p.m.), the House adjourned until tomorrow, Friday, May 17, 2019, at 9 a.m.

BUDGETARY EFFECTS OF PAYGO LEGISLATION

Pursuant to the Statutory Pay-As-You-Go Act of 2010 (PAYGO), Mr. YARMUTH hereby submits, prior to the vote on passage, the attached estimate of the costs of H.R. 987, the Strengthening Health Care and Lowering Prescription Drugs Costs Act, as amended, for printing in the CONGRESSIONAL RECORD.

ESTIMATE OF PAY-AS-YOU-GO EFFECTS FOR H.R. 987, AS AMENDED

	By fiscal year, in millions of dollars—												
	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2019–2024	2019–2029
	NET INCREASE OR DECREASE (–) IN THE DEFICIT												
Statutory Pay-As-You-Go Effects .....	0	–79	–177	–167	–38	59	83	195	269	297	454	–403	895

Components may not sum to totals because of rounding.

EXECUTIVE COMMUNICATIONS,  
ETC.

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

1035. A letter from the Chairwoman, Department of Defense and Department of Energy Nuclear Weapons Council, transmitting the FY 2020 President's Budget Request for the Department of Energy/National Nuclear Security Administration reflects sufficient investment to ensure a credible nuclear deterrent in the near term, pursuant to 10 U.S.C. 179(f)(1); Public Law 99-661, Sec. 3137(a)(1) (as amended by Public Law 112-239, Sec. 1039); (126 Stat. 1927); to the Committee on Armed Services.

1036. A letter from the Chief Counsel, FEMA, Department of Homeland Security, transmitting the Department's final rule — Suspension of Community Eligibility; Oklahoma; Tulsa, City of Osage, Rogers, Tulsa and Wagoner Counties [Docket ID: FEMA-2019-0003; Internal Agency Docket No.: FEMA-8577] received May 15, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Financial Services.

1037. A letter from the Assistant General Counsel for Regulatory Affairs, Pension Benefit Guaranty Corporation, transmitting the Corporation's final rule — Terminated and Insolvent Multiemployer Plans and Duties of Plan Sponsors (RIN: 1212-AB38) received May 15, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Education and Labor.

1038. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval; GA and TN; Interstate Transport (Prongs 1 and 2) for the 2010 1-Hour NO<sub>2</sub> Standard [EPA-R04-OAR-2018-0720; EPA-R04-OAR-2018-0759; FRL-9993-71-Region 4] received May 15, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

1039. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — National Priorities List [EPA-HQ-SFUND-1989-0007, EPA-HQ-OLEM-2018-0253, 0580, 0581, 0582, 0583, 0585, and 0586; FRL-9993-49-OLEM] received May 15, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

1040. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Glufosinate Ammonium; Pesticide Tolerances [EPA-HQ-OPP-2018-0207; FRL-9991-49] received May 15, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

1041. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's partial withdrawal of direct final rule — Air Plan Approval; New Mexico; Approval of Revised Statutes; Error Correction [EPA-R06-OAR-2015-0850; FRL-9993-58-Region 6] received May 15, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

1042. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval; OR; 2015 Ozone NAAQS Interstate Transport Requirements [EPA-R10-OAR-2018-0801; FRL-9993-75-Region 10] received May 15, 2019, pursuant to

5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

1043. A letter from the Executive Director, Federal Energy Regulatory Commission, transmitting the Commission's final rule — Annual Update of Filing Fees [Docket No.: RM19-14-000] received May 15, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

1044. A letter from the Secretary, Department of the Treasury, transmitting a six-month periodic report on the national emergency with respect to Iran that was declared in Executive Order 12170 of November 14, 1979, pursuant to 50 U.S.C. 1641(c); Public Law 94-412, Sec. 401(c); (90 Stat. 1257) and 50 U.S.C. 1703(c); Public Law 95-223, Sec. 204(c); (91 Stat. 1627); to the Committee on Foreign Affairs.

1045. A letter from the Solicitor, National Labor Relations Board, transmitting a notification of a vacancy, a designation of acting officer, a nomination, and an action on nomination, pursuant to 5 U.S.C. 3349(a); Public Law 105-277, 151(b); (112 Stat. 2681-614); to the Committee on Oversight and Reform.

1046. A letter from the General Counsel, Peace Corps, transmitting three (3) notifications of a designation of acting officer, a nomination, an action on nomination, and a discontinuation of service in acting role, pursuant to 5 U.S.C. 3349(a); Public Law 105-277, 151(b); (112 Stat. 2681-614); to the Committee on Oversight and Reform.

1047. A letter from the Under Secretary for Oceans and Atmosphere, Department of Commerce, transmitting the National Oceanic and Atmospheric Administration's Chesapeake Bay Office Biennial Report to Congress for Fiscal Years 2017-2018, pursuant to 15 U.S.C. 1511d(b)(7); Public Law 102-567, Sec. 307(b)(7) (as amended by Public Law 107-372, Sec. 401(a)); (116 Stat. 3098); to the Committee on Natural Resources.

1048. A letter from the Deputy Assistant Administrator for Regulatory Programs, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Endangered and Threatened Wildlife and Plants; Endangered Status of the Gulf of Mexico Bryde's Whale [Docket No.: 141216999-8702-02] (RIN: 0648-XD669) received May 15, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

1049. A letter from the Assistant Attorney General, Department of Justice, transmitting a report to Congress concerning grants made under the Paul Coverdell National Forensic Science Improvement Grants Program, pursuant to 34 U.S.C. 10566(b); Public Law 90-351, Sec. 2806(b) (as amended by Public Law 107-273, Sec. 5001(b)(5)); (116 Stat. 1814); to the Committee on the Judiciary.

1050. A letter from the Director, Administrative Office of the United States Courts, transmitting the 2018 annual report on bankruptcy statistics, pursuant to 28 U.S.C. 159(b)(3); Public Law 109-8, Sec. 601(a); (119 Stat. 119); to the Committee on the Judiciary.

1051. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final regulation — User Fees Relating to Enrolled Agents and Enrolled Retirement Plan Agents [TD 9858] (RIN: 1545-BO38) received May 15, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

1052. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final regulations and removal of temporary regulations — Recognition and Deferral of Section

987 Gain or Loss [TD 9857] (RIN: 1545-BL11) received May 15, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

1053. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's IRB only rule — Credit for Carbon Oxide Sequestration — 2019 Section 45Q Inflation Adjustment Factor [Notice 2019-31] received May 15, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

1054. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's IRB only rule — Maximum Values For 2019 For Use With Vehicle Cents-Per-Mile and Fleet-Average Valuation Rules [Notice 2019-34] received May 15, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

1055. A letter from the General Counsel, Department of Commerce, transmitting draft legislation to amend the South Pacific Tuna Act (16 U.S.C. Sec. 973 et seq.); jointly to the Committees on Natural Resources and Foreign Affairs.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND  
RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. NADLER: Committee on the Judiciary. Supplemental report on H.R. 965. A bill to promote competition in the market for drugs and biological products by facilitating the timely entry of lower-cost generic and biosimilar versions of those drugs and biological products (Rept. 116-55, Pt. 3).

Mr. RYAN: Committee on Appropriations. H.R. 2779. A bill Making appropriations for the Legislative Branch for the fiscal year ending September 30, 2020, and for other purposes (Rept. 116-64). Referred to the Committee of the Whole House on the state of the Union.

Mr. NEAL: Committee on Ways and Means. H.R. 1994. A bill to amend the Internal Revenue Code of 1986 to encourage retirement savings, and for other purposes, with an amendment (Rept. 116-65, Pt. 1). Referred to the Committee of the Whole House on the state of the Union.

Mr. DeFAZIO: Committee on Transportation and Infrastructure. H.R. 1318. A bill to direct the Librarian of Congress to obtain a stained glass panel depicting the seal of the District of Columbia and install the panel among the stained glass panels depicting the seals of States which overlook the Main Reading Room of the Library of Congress Thomas Jefferson Building (Rept. 116-66, Pt. 1). Ordered to be printed.

Mr. DeFAZIO: Committee on Transportation and Infrastructure. H.R. 1775. A bill to establish a task force on NOTAM improvements, and for other purposes (Rept. 116-67). Referred to the Committee of the Whole House on the state of the Union.

Mr. TAKANO: Committee on Veterans' Affairs. H.R. 1200. A bill to increase, effective as of December 1, 2019, the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans, and for other purposes (Rept. 116-68). Referred to the Committee of the Whole House on the state of the Union.

Mr. TAKANO: Committee on Veterans' Affairs. H.R. 2045. A bill to amend title 38, United States Code, to establish the Veterans Economic Opportunity and Transition Administration and the Under Secretary for



Veterans Economic Opportunity and Transition of the Department of Veterans Affairs, and for other purposes; with amendments (Rept. 116-69). Referred to the Committee of the Whole House on the state of the Union.

## DISCHARGE OF COMMITTEE

Pursuant to clause 2 of rule XIII, the Committee on Education and Labor discharged from further consideration. H.R. 1994 referred to the Committee of the Whole House on the state of the Union.

## CONSENSUS CALENDAR

Under clause 7 of rule XV, the following motion was filed with the Clerk: Motion No. 1, May 16, 2019 by Mr. Wilson of South Carolina on H.R. 553.

## PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. MCCAUL (for himself and Mr. SIREN):

H.R. 2780. A bill to require the Secretary of State to develop and maintain an international diplomatic and assistance strategy to stop the flow of illicit opioids, including fentanyl, into the United States, and for other purposes; to the Committee on Foreign Affairs.

By Ms. SCHAKOWSKY (for herself and Mr. BURGESS):

H.R. 2781. A bill to amend title VII of the Public Health Service Act to reauthorize certain programs relating to the health professions workforce, and for other purposes; to the Committee on Energy and Commerce.

By Mrs. WALORSKI (for herself, Mr. LIPINSKI, Mr. KELLY of Pennsylvania, and Mr. PETERSON):

H.R. 2782. A bill to amend the Internal Revenue Code of 1986 to repeal the 30-hour threshold for classification as a full-time employee for purposes of the employer mandate in the Patient Protection and Affordable Care Act and replace it with 40 hours; to the Committee on Ways and Means.

By Mr. SMITH of New Jersey (for himself and Mr. DIAZ-BALART):

H.R. 2783. A bill to amend the Immigration and Nationality Act to provide for certain protections for aliens granted temporary protected status or deferred enforced departure, and for other purposes; to the Committee on the Judiciary.

By Ms. ESHOO:

H.R. 2784. A bill to clarify section 224 of the Communications Act of 1934 as not limiting the ability of a State to adopt a one touch make ready policy for pole attachments, and for other purposes; to the Committee on Energy and Commerce.

By Ms. ESHOO (for herself, Mr. KHANNA, Mr. THOMPSON of California, and Ms. PINGREE):

H.R. 2785. A bill to amend the Telecommunications Act of 1996 to preserve and protect the ability of State and local governments and public-private partnerships to provide broadband services; to the Committee on Energy and Commerce.

By Mrs. BROOKS of Indiana (for herself, Mr. DEUTCH, Mr. UPTON, Mrs. DINGELL, Mr. FITZPATRICK, and Mr. CARSON of Indiana):

H.R. 2786. A bill to authorize the Attorney General to make grants to States that have in place laws that authorize law enforcement agencies to retain firearms taken from dangerous individuals, and for other purposes; to the Committee on the Judiciary.

By Mr. LIPINSKI:

H.R. 2787. A bill to mandate the monthly formulation and publication of a consumer price index specifically for senior citizens for the purpose of establishing an accurate Social Security COLA for such citizens; to the Committee on Education and Labor.

By Mr. SMITH of Nebraska (for himself, Mrs. RODGERS of Washington, Ms. SEWELL of Alabama, and Mr. LOEBACK):

H.R. 2788. A bill to amend title XVIII of the Social Security Act to modernize provisions relating to rural health clinics under Medicare; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. SCHWEIKERT (for himself, Mr. FORTENBERRY, and Mr. WEBSTER of Florida):

H.R. 2789. A bill to amend the Public Health Service Act to establish a health insurance Federal Invisibly Risk Sharing Program; to the Committee on Energy and Commerce.

By Mr. PENCE (for himself and Mr. GALLEGOS):

H.R. 2790. A bill to make additional financial assets of the Government of Iran available to pay compensatory damages to the victims of terrorism sponsored by that Government, and for other purposes; to the Committee on the Judiciary, and in addition to the Committee on Foreign Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. HAALAND (for herself, Mr. GALLAGHER, Mr. COLE, Mr. CISNEROS, Ms. NORTON, Mr. COOK, Mr. CASE, Mr. O'HALLERAN, Mr. CROW, and Ms. KENDRA S. HORN of Oklahoma):

H.R. 2791. A bill to establish the Department of Veterans Affairs Advisory Committee on Tribal and Indian Affairs, and for other purposes; to the Committee on Veterans' Affairs.

By Mr. GOTTHEIMER (for himself, Mr. REED, and Ms. STEFANIK):

H.R. 2792. A bill to require the Secretary of Transportation to publish a notice of proposed rulemaking concerning seat belts on school buses, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. GOTTHEIMER (for himself, Mr. REED, Ms. STEFANIK, Mr. COHEN, Mr. KILDEE, Mr. CUMMINGS, and Mr. SIREN):

H.R. 2793. A bill to require the Federal Motor Carrier Safety Administration to implement a national employer notification service; to the Committee on Transportation and Infrastructure.

By Ms. TORRES SMALL of New Mexico (for herself, Mr. SMUCKER, Mr. CÁRDENAS, and Mr. WALTZ):

H.R. 2794. A bill to reauthorize and improve the Department of Defense Mentor-Protégé Program; to the Committee on Armed Services.

By Mr. BEYER (for himself and Mr. BUCHANAN):

H.R. 2795. A bill to establish National Wildlife Corridors to provide for the protection and restoration of certain native fish, wildlife, and plant species, and for other purposes; to the Committee on Natural Resources, and in addition to the Committees on Agriculture, Armed Services, and Transportation and Infrastructure, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

sions as fall within the jurisdiction of the committee concerned.

By Mr. BLUMENAUER (for himself, Mr. KINZINGER, Mr. MOULTON, Mr. STIVERS, Mr. NADLER, Ms. STEFANIK, Ms. LOFGREN, Ms. HERRERA BEUTLER, Mr. DOGGETT, Mr. MAST, Mr. CROW, Mr. WALTZ, Ms. OMAR, Mr. HUNTER, Mr. MCGOVERN, Mr. YOUNG, Mr. WELCH, Mr. HURD of Texas, Mr. HASTINGS, Mr. JOHNSON of Ohio, Mr. RYAN, Mr. WATKINS, Mr. PETERS, Mr. WRIGHT, Mr. RASKIN, Mr. RESCHENTHALER, Mr. MICHAEL F. DOYLE of Pennsylvania, Mr. WENSTRUP, Ms. NORTON, and Mr. GALLAGHER):

H.R. 2796. A bill to amend the Afghan Allies Protection Act of 2009 to make 4,000 visas available for the Afghan Special Immigrant Visa program, and for other purposes; to the Committee on the Judiciary.

By Mr. BOST (for himself, Ms. KELLY of Illinois, Mr. RODNEY DAVIS of Illinois, Mr. YOHO, and Mr. O'HALLERAN):

H.R. 2797. A bill to amend the Agricultural Act of 1961 to modify the limitations applicable to qualified conservation loan guarantees, and for other purposes; to the Committee on Agriculture.

By Ms. BROWNLEY of California:

H.R. 2798. A bill to amend title 38, United States Code, to make permanent the pilot program on counseling in retreat settings for women veterans newly separated from service in the Armed Forces; to the Committee on Veterans' Affairs.

By Mr. CARSON of Indiana:

H.R. 2799. A bill to implement recommendations related to the safety of amphibious passenger vessels, and for other purposes; to the Committee on Transportation and Infrastructure.

By Ms. SLOTKIN (for herself, Ms. BLUNT ROCHESTER, Mr. KILDEE, and Mr. FITZPATRICK):

H.R. 2800. A bill to amend the Safe Drinking Water Act to require continued and expanded monitoring of perfluoroalkyl and polyfluoroalkyl substances in drinking water, and for other purposes; to the Committee on Energy and Commerce.

By Mr. COLLINS of New York:

H.R. 2801. A bill to provide temporary resident status and employment authorization for certain non-seasonal agricultural workers, and for other purposes; to the Committee on the Judiciary.

By Ms. DEGETTE (for herself and Mr. SHIMKUS):

H.R. 2802. A bill to amend the Public Health Service Act to provide for the participation of physical therapists in the National Health Service Corps Loan Repayment Program, and for other purposes; to the Committee on Energy and Commerce.

By Ms. DELAUNO (for herself, Ms. WASSERMAN SCHULTZ, Ms. WILSON of Florida, Mr. RASKIN, Ms. JACKSON LEE, Mr. NADLER, and Ms. PINGREE):

H.R. 2803. A bill to require health insurance coverage for the treatment of infertility; to the Committee on Energy and Commerce, and in addition to the Committees on Oversight and Reform, Armed Services, and Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. FOSTER (for himself and Mr. KUSTOFF of Tennessee):

H.R. 2804. A bill to amend title 23, United States Code, with respect to apportionments to States for certain highway programs, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. HOLLINGSWORTH (for himself, Mr. COLLINS of Georgia, Mr. BUDD, Mr. RUTHERFORD, Mr. MITCHELL, Mr. PALAZZO, and Mr. KUSTOFF of Tennessee):

H.R. 2805. A bill to amend title 18, United States Code, to permit uniformed law enforcement officers to carry agency-issued firearms in certain Federal facilities, and for other purposes; to the Committee on the Judiciary.

By Mr. HORSFORD:

H.R. 2806. A bill to amend the Internal Revenue Code of 1986 to treat certain scholarships and fellowship grants as earned income for purposes of the kiddie tax; to the Committee on Ways and Means.

By Mr. KRISHNAMOORTHY (for himself, Mr. SWALWELL of California, Mr. POCAN, Mr. WELCH, Ms. MOORE, and Ms. ESHOO):

H.R. 2807. A bill to amend title IV of the Higher Education Act of 1965 to require institutions of higher education that participate in programs under such title to distribute voter registration forms to students enrolled at the institution, and for other purposes; to the Committee on Education and Labor.

By Ms. KUSTER of New Hampshire (for herself and Mr. KATKO):

H.R. 2808. A bill to amend the Child Abuse Prevention and Treatment Act to direct the Secretary of Health and Human Services to include data on animal abuse in the national clearinghouse for information relating to child abuse and neglect; to the Committee on Education and Labor.

By Ms. LEE of California (for herself, Ms. MOORE, Ms. ADAMS, Mrs. KIRKPATRICK, Mr. GRIJALVA, Mr. RUSH, Ms. NORTON, Ms. WILSON of Florida, Ms. OMAR, Mr. KHANNA, Mrs. NAPOLITANO, Mr. DESAULNIER, Mr. ESPAILLAT, Ms. PRESSLEY, Mrs. WATSON COLEMAN, Mr. ENGEL, Mr. BLUMENAUER, Ms. HAALAND, Ms. ESHOO, Mr. PAYNE, Mr. CÁRDENAS, Mr. HUFFMAN, Mr. COHEN, and Mr. CORREA):

H.R. 2809. A bill to amend the Food and Nutrition Act of 2008 to repeal the particular work requirement that disqualifies able-bodied adults for eligibility to participate in the supplemental nutrition assistance program; to the Committee on Agriculture.

By Ms. MOORE (for herself, Mr. ESTES, Mr. CALVERT, Mr. CARBAJAL, Mr. CÁRDENAS, Mr. COLE, Mr. COOK, Mrs. CRAIG, Ms. HAALAND, Mr. KIND, Mr. RUIZ, Ms. SHALALA, Mr. YOUNG, Mr. KILDEE, and Mr. CISNEROS):

H.R. 2810. A bill to amend the Internal Revenue Code of 1986 to treat certain payments made by Indian tribal governments as earned income for purposes of the kiddie tax; to the Committee on Ways and Means.

By Mr. PANETTA (for himself, Mr. HUDSON, Mr. BROWN of Maryland, Mr. CARTER of Texas, Mr. BISHOP of Georgia, Mr. HECK, Ms. ESHOO, Mrs. HARTZLER, Mr. TAYLOR, and Mr. WALTZ):

H.R. 2811. A bill to improve oversight of privatized military housing provided by the Department of Defense to members of the Armed Forces and their families, and for other purposes; to the Committee on Armed Services.

By Mr. PASCRELL (for himself, Mr. KING of New York, Mr. COURTNEY, Mr. MULLIN, Ms. BROWNLEY of California, Mr. RUTHERFORD, Mr. O'HALLERAN, and Mr. FITZPATRICK):

H.R. 2812. A bill to amend the Omnibus Crime Control and Safe Streets Act of 1968 with respect to payments to certain public safety officers who have become permanently and totally disabled as a result of per-

sonal injuries sustained in the line of duty, and for other purposes; to the Committee on the Judiciary.

By Ms. PINGREE (for herself, Ms. JAYAPAL, Ms. OMAR, Mr. MCGOVERN, and Ms. OCASIO-CORTEZ):

H.R. 2813. A bill to permit aliens seeking asylum to be eligible for employment in the United States and for other purposes; to the Committee on the Judiciary.

By Ms. PLASKETT:

H.R. 2814. A bill to amend title 37, United States Code, to authorize the basic allowance for housing for members of the uniformed services in the Virgin Islands; to the Committee on Armed Services.

By Mr. RUIZ (for himself, Mrs. RODGERS of Washington, Ms. TORRES SMALL of New Mexico, and Mr. DAVID P. ROE of Tennessee):

H.R. 2815. A bill to reauthorize section 340H of the Public Health Service Act to continue to encourage the expansion, maintenance, and establishment of approved graduate medical residency programs at qualified teaching health centers, and for other purposes; to the Committee on Energy and Commerce.

By Ms. STEFANIK (for herself, Mr. BISHOP of Georgia, Mr. RYAN, Mr. KILMER, Mr. SUOZZI, Mr. COOK, Mr. KING of New York, Mr. ESPAILLAT, and Miss GONZÁLEZ-COLÓN of Puerto Rico):

H.R. 2816. A bill to direct the Secretary of Veterans Affairs to carry out a pilot program to increase access to hepatitis C testing for Vietnam-era veterans, and for other purposes; to the Committee on Veterans' Affairs.

By Mr. WRIGHT (for himself, Mr. GOODEN, Mr. MOONEY of West Virginia, Mrs. HARTZLER, Mr. LAMBORN, Mr. MEADOWS, Mr. BANKS, Mr. BRADY, and Mr. MARCHANT):

H.R. 2817. A bill to amend title 18, United States Code, to prohibit taking minors across State lines in circumvention of laws requiring the involvement of parents in abortion decisions; to the Committee on the Judiciary.

By Mr. YOUNG (for himself and Mr. LARSEN of Washington):

H.R. 2818. A bill to amend the Richard B. Russell National School Lunch Act to improve the efficiency of summer meals; to the Committee on Education and Labor.

By Ms. DEAN (for herself, Mr. BLUMENAUER, Mr. LOWENTHAL, Mr. BALDERSON, Mr. BUCHANAN, Mr. THOMPSON of California, Ms. PRESSLEY, Mr. LIPINSKI, and Ms. HAALAND):

H. Res. 385. A resolution expressing support for "Bike to Work Day" on May 17, 2019; to the Committee on Oversight and Reform.

By Ms. JACKSON LEE (for herself, Ms. KAPTUR, Mrs. LAWRENCE, Ms. TLAIB, Ms. CLARKE of New York, Ms. HAALAND, Mr. COHEN, Mr. GREEN of Texas, Ms. KELLY of Illinois, Mr. DANNY K. DAVIS of Illinois, Mr. JEFFRIES, Ms. JOHNSON of Texas, Mr. PAYNE, Mr. CARSON of Indiana, Mr. THOMPSON of Mississippi, Mr. CUMMINGS, Mr. LEWIS, Mr. BUTTERFIELD, Mr. BISHOP of Georgia, Mr. HORSFORD, Ms. LEE of California, Mr. SCOTT of Virginia, Mr. HASTINGS, Mr. CLEAVER, Mr. JOHNSON of Georgia, Mr. RUSH, Mr. GRIJALVA, and Mr. CLAY):

H. Res. 386. A resolution honoring retired Representative John Conyers, Jr., and extending to him the best wishes of the House of Representatives on the occasion of his 90th birthday; to the Committee on House Administration.

By Mr. CICILLINE (for himself and Mr. FORTENBERRY):

H. Res. 387. A resolution condemning continued violence against civilians by armed groups in the Central African Republic and supporting efforts to achieve a lasting political solution to the conflict; to the Committee on Foreign Affairs.

## MEMORIALS

Under clause 3 of rule XII, memorials were presented and referred as follows:

51. The SPEAKER presented a memorial of the Senate of the State of Tennessee, relative to Senate Joint Resolution No. 192, to express support for the enactment of legislation that requires all board committee meetings of the Tennessee Valley Authority Board of Directors to be open to the public; to the Committee on Transportation and Infrastructure.

52. Also, a memorial of the House of Representatives of the State of Michigan, relative to House Resolution No. 81, urging the Congress of the United States to speedily approve the recently negotiated United States-Mexico-Canada Agreement; to the Committee on Ways and Means.

53. Also, a memorial of the Legislature of the State of Louisiana, relative to House Concurrent Resolution No. 20, to memorialize the United States Congress to take such actions as are necessary to review and consider eliminating provisions of federal law which reduce Social Security benefits for those receiving pension benefits from federal, state, and local government retirement or pension systems, plans, or funds; to the Committee on Ways and Means.

## CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 7 of rule XII of the Rules of the House of Representatives, the following statements are submitted regarding the specific powers granted to Congress in the Constitution to enact the accompanying bill or joint resolution.

By Mr. MCCAUL:

H.R. 2780.

Congress has the power to enact this legislation pursuant to the following:

Article I, section 8 of the Constitution of the United States

By Ms. SCHAKOWSKY:

H.R. 2781.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3

The Congress shall have Power . . . To regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes.

By Mrs. WALORSKI:

H.R. 2782.

Congress has the power to enact this legislation pursuant to the following:

U.S. Constitution article I, Sec. 8, cl. 1.

By Mr. SMITH of New Jersey:

H.R. 2783.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1 of the Constitution.

By Ms. ESHOO:

H.R. 2784.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3

Article I, Section 8, Clause 18

By Ms. ESHOO:

H.R. 2785.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3

By Mrs. BROOKS of Indiana:

H.R. 2786.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8

By Mr. LIPINSKI:

H.R. 2787.

Congress has the power to enact this legislation pursuant to the following:

Constitution of the United States, Article 1, Section 8.

By Mr. SMITH of Nebraska:

H.R. 2788.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, clause 1

By Mr. SCHWEIKERT:

H.R. 2789.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 18 of the U.S. Constitution: The Congress shall have Power to make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.

By Mr. PENCE:

H.R. 2790.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 18 of the United States Constitution which grants Congress the authority to make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.

By Ms. HAALAND:

H.R. 2791.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8 of the United States Constitution

By Mr. GOTTHEIMER:

H.R. 2792.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3 of the United States Constitution

By Mr. GOTTHEIMER:

H.R. 2793.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 18 of the United States Constitution

By Ms. TORRES SMALL of New Mexico:

H.R. 2794.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 3 of the U.S. Constitution

By Mr. BEYER:

H.R. 2795.

Congress has the power to enact this legislation pursuant to the following:

Congress under Article I, Sec. 8, Clause 3; Article IV, Section 3, Clause 2; and Article I, Sec. 8, Clause 18 of the United States Constitution.

By Mr. BLUMENAUER:

H.R. 2796.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section VIII

By Mr. BOST:

H.R. 2797.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause I of the United States Constitution.

By Ms. BROWNLEY of California:

H.R. 2798.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 of the United States Constitution.

By Mr. CARSON of Indiana:

H.R. 2799.

Congress has the power to enact this legislation pursuant to the following:

Clause 18 of section 8 of Article I of the Constitution.

By Ms. SLOTKIN:

H.R. 2800.

Congress has the power to enact this legislation pursuant to the following:

Under Article I, Section 8 of the Constitution, Congress has the power "to make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or any Department or Officer thereof."

By Mr. COLLINS of New York:

H.R. 2801.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 1, of the U.S. Constitution

By Ms. DEGETTE:

H.R. 2802.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3

By Ms. DELAURO:

H.R. 2803.

Congress has the power to enact this legislation pursuant to the following:

As described in Article 1, Section 1 "all legislative powers herein granted shall be vested in a Congress of the United States, which shall consist of a Senate and House of Representatives."

By Mr. FOSTER:

H.R. 2804.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I, Section 8, Clauses 1 and 18 of the United States Constitution.

By Mr. HOLLINGSWORTH:

H.R. 2805.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 18: To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.

By Mr. HORSFORD:

H.R. 2806.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 1 of the Constitution of the United States.

By Mr. KRISHNAMOORTHY:

H.R. 2807.

Congress has the power to enact this legislation pursuant to the following:

United States Constitution, Article I, Section 8

By Ms. KUSTER of New Hampshire:

H.R. 2808.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8: That Congress has the Power . . . To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.

By Ms. LEE of California:

H.R. 2809.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I of the

United States Constitution and its subsequent amendments, and further clarified and interpreted by the Supreme Court of the United States.

By Ms. MOORE:

H.R. 2810.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8.

By Mr. PANETTA:

H.R. 2811.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 18.

By Mr. PASCRELL:

H.R. 2812.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 1

By Ms. PINGREE:

H.R. 2813.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, clause 4 provides Congress with the power to establish a "uniform rule of Naturalization."

By Ms. PLASKETT:

H.R. 2814.

Congress has the power to enact this legislation pursuant to the following:

Article IV, Section 3. Congress shall have the power to dispose of and make all needful rules and regulations respecting the territory or other property belonging to the United States.

By Mr. RUIZ:

H.R. 2815.

Congress has the power to enact this legislation pursuant to the following:

Article I, section 8, Clauses 1 and 18 of the United States Constitution, to provide for the general welfare and make all laws necessary and proper to carry out the powers of Congress.

By Ms. STEFANIK:

H.R. 2816.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, clause 18 of the United States Constitution

By Mr. WRIGHT:

H.R. 2817.

Congress has the power to enact this legislation pursuant to the following:

Article 1 Section 8

By Mr. YOUNG:

H.R. 2818.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clauses 3 and 18; and Article 1, Section 9, Clause 7

#### ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions, as follows:

H.R. 6: Mr. MCADAMS.

H.R. 94: Mr. CRIST.

H.R. 95: Mrs. MURPHY and Mr. SCHNEIDER.

H.R. 96: Mrs. TRAHAN.

H.R. 117: Ms. CASTOR of Florida.

H.R. 230: Mr. ROSE of New York.

H.R. 303: Mr. TRONE.

H.R. 333: Ms. PINGREE, Mr. POSEY, and Mrs. RODGERS of Washington.

H.R. 336: Mr. STEIL, Mrs. LESKO, Mr. SMITH of Nebraska, and Mrs. BROOKS of Indiana.

H.R. 384: Mr. WRIGHT.

H.R. 385: Mr. WRIGHT.

H.R. 487: Mr. AMODEI and Mr. CLINE.

H.R. 500: Ms. JACKSON LEE, Mr. CUELLAR, Ms. HOULAHAN, Ms. SHERRILL, Mr. KHANNA,

Ms. MCCOLLUM, Mr. ROSE of New York, Mr. CORREA, Mr. TED LIEU of California, Mr.

QUIGLEY, Mr. LARSEN of Washington, Ms.

OCASIO-CORTEZ, Ms. WEXTON, and Mrs. MCBATH.

H.R. 510: Mr. PALAZZO, Mr. PAYNE, Mr. KIM, and Mr. SCHNEIDER.

H.R. 550: Ms. KENDRA S. HORN of Oklahoma, Mr. COLLINS of New York, Mr. MALINOWSKI, Mr. FOSTER, Mr. TONKO, and Mr. NORCROSS.

H.R. 553: Mr. MICHAEL F. DOYLE of Pennsylvania, Mr. AUSTIN SCOTT of Georgia, Mr. BALDERSON, Mr. EVANS, Mr. GALLAGHER, Ms. WILSON of Florida, Ms. HILL of California, and Mr. COLLINS of New York.

H.R. 586: Mr. LONG.

H.R. 587: Mr. CRAWFORD and Mr. KILMER.

H.R. 613: Mrs. LURIA.

H.R. 668: Ms. MENG.

H.R. 692: Ms. STEFANIK.

H.R. 721: Ms. CASTOR of Florida and Mr. DEUTCH.

H.R. 724: Mr. MCGOVERN.

H.R. 748: Mr. MULLIN, Mr. ABRAHAM, Mr. ESTES, Mr. RUPPERSBERGER, and Mr. CLEAVER.

H.R. 849: Ms. KENDRA S. HORN of Oklahoma.

H.R. 884: Mrs. HARTZLER.

H.R. 919: Ms. DELBENE.

H.R. 940: Mrs. LEE of Nevada.

H.R. 997: Mr. DESJARLAIS, Mr. CHABOT, Mr. BAIRD, and Mr. COMER.

H.R. 1002: Mrs. LEE of Nevada.

H.R. 1004: Ms. LOFGREN.

H.R. 1035: Ms. GABBARD.

H.R. 1043: Mr. BYRNE, Mr. SCHNEIDER, and Mr. PHILLIPS.

H.R. 1058: Ms. STEFANIK and Mr. COSTA.

H.R. 1074: Mr. HIGGINS of New York.

H.R. 1092: Ms. OMAR.

H.R. 1111: Mr. RASKIN, Mr. GRIJALVA, and Mr. VARGAS.

H.R. 1139: Ms. BASS.

H.R. 1140: Mr. HIGGINS of New York, Mr. VEASEY, Mr. VELA, and Ms. SHALALA.

H.R. 1154: Mr. BACON, Mr. MALINOWSKI, and Mr. LARSON of Connecticut.

H.R. 1175: Mr. CROW, Ms. SÁNCHEZ, Mr. KING of Iowa, and Mr. TED LIEU of California.

H.R. 1185: Mr. GREEN of Texas.

H.R. 1210: Ms. UNDERWOOD and Ms. ESCOBAR.

H.R. 1225: Mr. GOMEZ, Ms. BASS, and Mr. HASTINGS.

H.R. 1230: Mr. LEVIN of Michigan and Mr. STAUBER.

H.R. 1236: Mr. GRIJALVA, Ms. MENG, and Ms. CLARK of Massachusetts.

H.R. 1237: Mr. PALLONE.

H.R. 1256: Mr. MAST.

H.R. 1309: Mr. KENNEDY, Mrs. WATSON COLEMAN, Ms. CASTOR of Florida, Mr. SOTO, Ms. SPANBERGER, Miss RICE of New York, and Mrs. DEMINGS.

H.R. 1327: Ms. LEE of California, Ms. HERRERA BEUTLER, Mr. COLLINS of Georgia, Mr. CLINE, Mr. LARSEN of Washington, and Mr. JOHNSON of Ohio.

H.R. 1373: Ms. DELBENE, Mr. STANTON, Mr. TONKO, Mr. KENNEDY, and Mr. PALLONE.

H.R. 1375: Mr. GOLDEN.

H.R. 1379: Mr. KIND, Mr. PERLMUTTER, and Ms. GABBARD.

H.R. 1380: Mrs. BEATTY and Mrs. FLETCHER.

H.R. 1397: Mr. WRIGHT.

H.R. 1406: Mr. YOHIO and Mr. COOK.

H.R. 1424: Mr. COLE and Mr. OLSON.

H.R. 1432: Mrs. RADEWAGEN.

H.R. 1434: Mrs. RODGERS of Washington.

H.R. 1446: Mr. LOWENTHAL.

H.R. 1452: Mr. MCADAMS.

H.R. 1454: Mr. SUOZZI.

H.R. 1507: Mr. LOWENTHAL.

H.R. 1530: Ms. MENG, Ms. JOHNSON of Texas, Mrs. BEATTY, Mr. ZELDIN, and Mr. COSTA.

H.R. 1597: Mr. LEWIS and Mr. NORCROSS.

H.R. 1605: Mr. BUCSHON and Mr. CURTIS.

H.R. 1607: Mr. RUSH.

H.R. 1610: Mr. CUNNINGHAM.

H.R. 1641: Ms. FINKENAUER.

H.R. 1652: Mr. WEBSTER of Florida, Mr. KING of New York, and Ms. MUCARSEL-POWELL.

H.R. 1668: Mr. ROUDA and Mr. GRAVES of Georgia.

H.R. 1679: Mr. GROTHMAN and Mr. COLLINS of New York.

H.R. 1707: Mr. ENGEL and Ms. BASS.

H.R. 1708: Mr. ROUDA, Mr. CISNEROS, and Ms. ROYBAL-ALLARD.

H.R. 1730: Mr. POSEY and Mr. RUSH.

H.R. 1747: Mr. CASE.

H.R. 1748: Ms. LOFGREN and Mr. FOSTER.

H.R. 1754: Ms. ESHOO, Ms. SPEIER, Ms. LEE of California, and Mr. REED.

H.R. 1802: Mr. MITCHELL and Mr. BOST.

H.R. 1824: Mr. RUSH.

H.R. 1830: Mr. SCHRADER, Mrs. DAVIS of California, Mr. SMITH of Washington, Ms. SPEIER, Mr. STEWART, and Ms. BLUNT ROCH-ESTER.

H.R. 1840: Mr. KING of Iowa.

H.R. 1865: Mr. KELLY of Mississippi, Mr. BROWN of Maryland, Mr. STEIL, Mr. STAUBER, Ms. PLASKETT, Mr. STIVERS, Mr. SENSENBRENNER, Ms. WILD, Mr. COOPER, Mr. DIAZ-BALART, and Ms. FINKENAUER.

H.R. 1873: Mr. RUTHERFORD, Mr. RASKIN, Mr. WESTERMAN, and Mr. GOLDEN.

H.R. 1896: Mr. FLEISCHMANN.

H.R. 1903: Mr. KILMER and Mr. LAMALFA.

H.R. 1911: Mr. PANETTA.

H.R. 1922: Mr. DEFazio.

H.R. 1943: Ms. FINKENAUER and Ms. PINGREE.

H.R. 1948: Mr. WOMACK and Ms. BASS.

H.R. 1959: Ms. GABBARD.

H.R. 1962: Mrs. HARTZLER.

H.R. 1982: Ms. MUCARSEL-POWELL, Mr. COHEN, Ms. WILSON of Florida, and Mr. DELGADO.

H.R. 1988: Mr. FITZPATRICK.

H.R. 2000: Ms. SLOTKIN and Mr. PERLMUTTER.

H.R. 2010: Mr. JORDAN.

H.R. 2015: Mr. GROTHMAN, Mr. LAWSON of Florida, and Mr. CISNEROS.

H.R. 2023: Mr. KING of New York, Mr. SERRANO, and Mr. DESJARLAIS.

H.R. 2055: Mr. GALLEG0.

H.R. 2075: Mr. SCHIFF, Mr. DESAULNIER, and Mr. MOULTON.

H.R. 2076: Mr. GALLAGHER.

H.R. 2089: Mr. RODNEY DAVIS of Illinois, Ms. DELBENE, Mr. LUETKEMEYER, Mr. CICILLINE, Mr. HAGEDORN, and Mr. KEVIN HERN of Oklahoma.

H.R. 2091: Mr. COOPER.

H.R. 2124: Mr. O'HALLERAN.

H.R. 2150: Ms. MCCOLLUM, Mr. GALLAGHER, and Mr. PRICE of North Carolina.

H.R. 2151: Mr. ZELDIN, Mr. ESPAILLAT, Mr. COLLINS of New York, Mr. SUOZZI, and Ms. MENG.

H.R. 2187: Mr. PETERS.

H.R. 2199: Mr. DESAULNIER.

H.R. 2200: Mr. BYRNE.

H.R. 2207: Mr. SIREs and Mr. GRAVES of Georgia.

H.R. 2218: Mr. UPTON, Mr. DELGADO, Mr. COHEN, and Mr. WATKINS.

H.R. 2219: Mrs. HARTZLER.

H.R. 2235: Mr. COLLINS of New York and Mr. GARAMENDI.

H.R. 2245: Ms. LOFGREN, Mr. HUFFMAN, Ms. KUSTER of New Hampshire, and Ms. LEE of California.

H.R. 2249: Mr. COLE.

H.R. 2252: Mr. CISNEROS.

H.R. 2253: Mr. CISNEROS.

H.R. 2254: Mr. CISNEROS.

H.R. 2256: Mr. CASE.

H.R. 2257: Mr. CISNEROS.

H.R. 2279: Mr. RASKIN, Ms. HERRERA BEUTLER, Mr. TURNER, Mr. KINZINGER, Mr. SCHIFF, Mr. VISCOsKY, Mr. LEVIN of Michigan, Mr. CLAY, Mr. KRISHNAMOORTHY, Mr.

SOTO, Mr. TAKANO, Ms. FINKENAUER, Ms. WILD, Mrs. WATSON COLEMAN, Ms. BROWNLEY of California, Mr. YOUNG, Ms. DELBENE, Mr. RUPPERSBERGER, Mr. WOMACK, Mr. ROUDA, Ms. GABBARD, and Ms. PINGREE.

H.R. 2291: Mr. SMITH of Missouri.

H.R. 2312: Mrs. DAVIS of California.

H.R. 2322: Mr. KEVIN HERN of Oklahoma and Mr. HAGEDORN.

H.R. 2333: Ms. PORTER.

H.R. 2336: Mr. COLLINS of New York.

H.R. 2354: Ms. MATSUI, Ms. BONAMICI, Mr. LOWENTHAL, Mr. LEWIS, and Mr. DOGGETT.

H.R. 2372: Ms. PORTER.

H.R. 2381: Mr. LUETKEMEYER, Mr. BISHOP of Georgia, and Mr. DAVID SCOTT of Georgia.

H.R. 2410: Ms. KELLY of Illinois, Ms. ADAMS, Ms. CLARKE of New York, Ms. WILSON of Florida, Mr. JOHNSON of Georgia, Mr. LEWIS, Mrs. WATSON COLEMAN, Mr. PAYNE, Mr. THOMPSON of Mississippi, Mr. RICHMOND, and Ms. DEAN.

H.R. 2426: Mr. COHEN and Mr. MARCHANT.

H.R. 2435: Mr. PAPPAS, Mrs. RODGERS of Washington, Mr. COLE, and Ms. DEAN.

H.R. 2441: Mr. THOMPSON of Mississippi.

H.R. 2442: Mr. KILMER.

H.R. 2460: Mrs. BROOKS of Indiana and Mr. RIGGLEMAN.

H.R. 2463: Ms. KUSTER of New Hampshire.

H.R. 2474: Ms. SPANBERGER.

H.R. 2480: Ms. ADAMS.

H.R. 2481: Mr. SCOTT of Virginia, Mr. BALDERSON, Mrs. FLETCHER, Mr. CICILLINE, Mr. LARSEN of Washington, Mrs. WATSON COLEMAN, Ms. MCCOLLUM, and Mr. TED LIEU of California.

H.R. 2482: Mr. CUMMINGS and Mr. GARAMENDI.

H.R. 2498: Mr. DEFazio.

H.R. 2504: Mr. CALVERT and Mr. GALLEG0.

H.R. 2505: Mr. YOHIO and Mr. BUCK.

H.R. 2512: Mr. AUSTIN SCOTT of Georgia, Mr. COLE, and Mr. WOMACK.

H.R. 2532: Mr. SIREs, Mr. CARTWRIGHT, and Mr. GALLEG0.

H.R. 2543: Mr. BUCK.

H.R. 2560: Mr. COLLINS of New York.

H.R. 2565: Mr. MEADOWS.

H.R. 2571: Mr. WENSTRUP.

H.R. 2577: Mr. KHANNA and Ms. DEAN.

H.R. 2581: Ms. KAPTUR, Mr. GARAMENDI, and Ms. PINGREE.

H.R. 2594: Mr. SMITH of Nebraska and Ms. KUSTER of New Hampshire.

H.R. 2602: Miss RICE of New York, Mr. NADLER, Mrs. MCBATH, Mr. HASTINGS, Ms. CLARKE of New York, and Ms. WILSON of Florida.

H.R. 2607: Mr. SCHWEIKERT.

H.R. 2616: Mr. LOWENTHAL.

H.R. 2617: Mr. GRIJALVA and Mr. KIM.

H.R. 2629: Mr. PAPPAS.

H.R. 2635: Ms. KELLY of Illinois, Ms. ADAMS, Ms. CLARKE of New York, Ms. WILSON of Florida, Mr. JOHNSON of Georgia, Mr. LEWIS, Mrs. WATSON COLEMAN, Mr. PAYNE, Mr. THOMPSON of Mississippi, Mr. RICHMOND, and Ms. LEE of California.

H.R. 2639: Mrs. BEATTY, Mr. BUTTERFIELD, Ms. JAYAPAL, Mr. DESAULNIER, Mr. GRIJALVA, Ms. SCANLON, Ms. OMAR, Ms. SCHAKOWSKY, Mr. RICHMOND, Mr. LEVIN of Michigan, Ms. CLARKE of New York, Mr. TRONE, Mr. DANNY K. DAVIS of Illinois, Ms. WILSON of Florida, Mr. NEGUSE, Ms. NORTON, Ms. WILD, Ms. BLUNT ROCHESTER, Mr. COURTNEY, Mr. CLAY, Mr. GALLEG0, Mrs. HAYES, Mr. COHEN, and Ms. ADAMS.

H.R. 2683: Mr. MCGOVERN.

H.R. 2684: Ms. ROYBAL-ALLARD and Mr. RASKIN.

H.R. 2692: Mr. RUSH, Mr. GARAMENDI, Ms. MATSUI, Mr. HUFFMAN, Mr. THOMPSON of California, Ms. PINGREE, Ms. FINKENAUER, and Mr. COSTA.

H.R. 2698: Mr. CUELLAR, Mr. TRONE, Mr. COOPER, Mr. MORELLE, Ms. TORRES SMALL of New Mexico, and Mr. CÁRDENAS.

H.R. 2700: Mr. MARSHALL, Ms. STEFANIK, Mr. LOUDERMILK, Mr. HAGEDORN, and Mr. DIAZ-BALART.

H.R. 2708: Mr. MOULTON.

H.R. 2720: Ms. KUSTER of New Hampshire, Mr. KENNEDY, and Mr. LAWSON of Florida.

H.R. 2727: Mrs. KIRKPATRICK.

H.R. 2748: Mr. ROUDA.

H.R. 2754: Mr. JOHNSON of Georgia.

H.R. 2777: Mr. FITZPATRICK.

H.J. Res. 2: Mrs. DEMINGS.

H.J. Res. 58: Mr. CISNEROS.

H. Con. Res. 39: Mr. VISCLOSKEY.

H. Res. 33: Mrs. FLETCHER and Mr. BUTTERFIELD.

H. Res. 60: Mrs. NAPOLITANO.

H. Res. 134: Mr. MORELLE and Mr. ESPAILLAT.

H. Res. 137: Mr. VISCLOSKEY.

H. Res. 179: Mr. ROUDA.

H. Res. 230: Ms. KUSTER of New Hampshire, Mrs. TORRES of California, and Mr. LEVIN of California.

H. Res. 246: Mr. LARSON of Connecticut and Ms. TORRES SMALL of New Mexico.

H. Res. 250: Mr. ROUDA.

H. Res. 285: Mr. BLUMENAUER, Mr. CARTWRIGHT, Mr. CARBAJAL, Mr. GONZALEZ of Texas, Mr. CRIST, Ms. STEVENS, Mr. GOTTHEIMER, Mr. VELA, Mr. PAPPAS, Mr. DUNN, and Mr. O'HALLERAN.

H. Res. 321: Ms. OMAR and Ms. LOFGREN.

H. Res. 326: Mr. MCGOVERN, Mr. COURTNEY, Ms. DELAURO, Mr. COX of California, Mr. ESPAILLAT, Mr. MEEKS, and Mr. CICILLINE.

H. Res. 350: Mr. GROTHMAN, Mr. WRIGHT, and Mr. NORMAN.

H. Res. 354: Ms. MATSUI, Mr. KIND, Ms. SHERRILL, Ms. BONAMICI, Ms. ESCOBAR, Mrs. LURIA, Ms. PORTER, Mrs. MURPHY, Ms. CASTOR of Florida, Ms. FINKENAUER, and Ms. TORRES SMALL of New Mexico.

H. Res. 371: Ms. HAALAND.

H. Res. 374: Mr. LOUDERMILK, Mrs. WALORSKI, Mr. COLLINS of New York, Mr. BILIRAKIS, Mr. SHIMKUS, Mr. RODNEY DAVIS of Illinois, Mr. MAST, Mr. MARSHALL, and Mr. YOHO.