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 Bend, Oregon, 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 must continue that, and 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 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 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 produce 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 said before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,

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 Representa-
tives, 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 Offi-
cice.

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.

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 gentlwoman 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 millions of Americans access 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 a second entry in order to control its market share. This bill would prevent the administration from allowing a second generic to enter 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 denying generic 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 American healthcare costs by protecting 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 informed 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, allowing 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 pre-existing 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. American workers, patients, and consumers, 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 partisan gain over what would 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 to 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 that 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, 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 and information that they need to help provide consumers with the support and information that they need to make informed decisions for their families. Restoring this funding would prevent the Trump administration from manipulating the system to control their monopolies at the expense of consumers.

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 2017. 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 plans in lieu of the Affordable Care Act requirements. These plans are known as association health plans, or AHPs, which allow businesses to self-insure and provide insurance for their employees. One common objection to AHPs is the potential for inadequate coverage and benefits. For example, an AHP might pay only $767 per enrollee for a $2,400 enrollment, leaving patients with large out-of-pocket costs. These plans could be highly variable in terms of coverage, with some plans providing limited benefits and others offering comprehensive coverage at a higher cost. The bill would allow for the expansion of these plans, potentially at the expense of more robust and affordable health insurance options available to consumers.

I want to set the record straight on these plans. First, they’re not really legal at all. The majority of the Senate and House, as well as 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 States, and their citizens, and it protects against discrimination for preexisting conditions. They certainly care about their States, and their citizens, and it protects against discrimination for preexisting conditions.

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 defund 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. This is a failure 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. This is the right time of the gentleman has expired.

Mr. PALLONE, Mr. Chairman, I yield 1 1/2 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 defund 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.

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. This is the right 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
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.

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 into the political pothole in the way of bipartisan drug pricing policies.

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 bipartisan drug pricing legislative bill with political landmines 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 Senate and that President Republicans will never support.

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

Mr. BURGESS. Mr. Chairman, I thank the gentleman for yielding, and I do rise today in support of 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 right for all. 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 is saying the 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 MEADOWS, the chair 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.”

Fortunately, I am 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.

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.”

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 choice would cost $15 billion over 10 years.

This is in addition to 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 choice would cost $15 billion over 10 years.

This is in addition to 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 choice would cost $15 billion over 10 years.

This is in addition to 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.
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, for our constituent pharmacist, Mr. CARTER from Georgia, H.R. 987 in its entirety.

Mr. BURGESS. Mr. Chairman, I yield the gentleman from Georgia (Mr. CARTER), a pharmacist.

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

Ms. SCHAKOWSKY. Mr. Chairman, in my 1½ minutes, I wish to express my frustration at the continued efforts of the Republican side of the aisle to pass the PAY Act, which would become uninsured.

The drug policies contained in both H.R. 987 and my bill, H.R. 2700, are common sense bipartisan measures to lower drug prices for our constituents.

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 are 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.

Mr. HOYER. Mr. Chair, if you put patients before politics, this bill 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. Chairman, 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 partisan politics.

Mr. Chairman, 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 the 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 if there is a 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 healthcare 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 them find a plan more or less 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 afford quality, affordable coverage.

Mr. Chair, I want to thank Representatives Cicilline, Rush, Schrier, Castor, Kim, and Blunt Rochester for their leadership in the component 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 been helping 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, which is not the first step. This is a step. It is an important step.

I hope that Republicans and Democrats would support this bill overwhelmingly 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.”

That is not affordable. That is why we think States should have options. That is why we have a broad responsibility than just prescription drugs. Democrats are committed to bringing healthcare costs down and making sure more Americans can afford quality, affordable coverage.

Mr. Chair, I yield 2 minutes to the gentleman from Wisconsin (Mr. SENSENBERGER).

My friend is the former chairman of the Judiciary Committee and the former chairman of the Science, Space, and Technology Committee, and a leader of this CREATES Act effort legislation on bringing drug prices down.

Mr. SENSENBERGER. 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 partisan warfare. That is exactly what they have done with the CREATES Act, which will bring down prescription drug prices and have 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. WELCH), 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 of commonsense legislation 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. SENSENBRUNNER. 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. Bipartisan 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 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 medications. 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 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 care and coverage, she would have no choice but 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. I believe everyone agrees to keep 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 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. So, 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.

We have got to pass these bills today to lower healthcare costs for families 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. 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 Ron Johnson so 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 in the market, 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 marketplace and extend 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. 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 that we have in the generic competition bills.

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.

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 pills 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. Chairman, 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—treatments 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 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 medications they need because they cannot afford it.

I support this legislation because it puts patients first. I thank Representative LISA BLUNT ROCHSTER 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 1½ minutes to the gentleman from California (Ms. PELOSI), our dynamic leader, our Speaker.

Ms. PELOSI of California. 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 ROCHSTER 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 costs 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 bill 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.

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 conquer 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 the public sector, which, as you know, has a life expectancy of 3 to 4 years. No treatment, no cure.

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. Chair, I yield 1½ minutes to the gentlewoman from California (Ms. BARRAGÁN).

Ms. BARRAGÁN. Mr. Chair, I rise today on behalf of millions of Americans who are struggling to afford their lifesaving medications. Every day, millions face the tough decision of having to pay for their medications 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).

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 contains 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, 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 can get our country closer to creating 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 receive 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 teeth that have been chewed 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 revenue-generating monopoly positions.

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, maybe 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 congressional 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 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 partnership; 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 my colleagues in the House to recognize that our neighbors need healthcare relief, and I call on my 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. 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, then you 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 drug prices.

But again, 21 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. Chair, 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 can’t fill a prescription because of the cost—half a million people. The burden has led to heartbreaking 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 bill today to ensure that no American has to skip doses of lifesaving 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 un-American, unconscionable, and unacceptable.

The 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 and deductibles.

This administration wants to take away protections for those with pre-existing 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 pre-existing 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 already had time. 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 care for 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.
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 supporting 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 brand an ax against the few remaining healthcare options they don’t get to control.

Among its many choice-eliminating, freedom-limiting provisions, this legislation eliminates 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 this bill, House Democrats are once again defaulting to their standard uncritical, 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 establishing 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 gentlewoman from Pennsylvania (Ms. WILD). Ms. WILD. Mr. Chairman, I thank Mr. SCOTT for yielding.

Mr. Chair, I rise in support of H.R. 987.

As we all know, sometimes the market 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 get the coverage he needs.

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.

Mr. SCOTT of Virginia. Mr. Chairman, I yield 1½ minutes to the gentlewoman 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 choices. No one should worry about losing access to quality, affordable health insurance because of a preexisting condition. We all have them.
Ms. FOXX of North Carolina. Mr. Chairman, I yield 3 minutes to the gentle- 
man from Tennessee (Mr. DAVID P. ROE), the distinguished ranking mem-
ber 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 de-
cided 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 anything, they would have 
pushed through the floor bills that 
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 act-
ing 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 Clin-
ton was in office, including the enti-

tirety of President Obama’s administra-

These plans are for essential health 
benefits chosen by the individual con-
sumer, 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 works 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 
mmandate 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 Com-
mittee marked up the short-term bill 
last month, I heard the argument that 
these short-term plans were too dif-
ficult to understand, that consumers 
don’t know what they are getting.

This is offensive to me. This is say-
ing, just because patients don’t choose 
plans that Washington bureaucrats 
think 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 asso-
ciation 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 sol-
utions 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 ac-
cess coverage for their families.

The ObamaCare bailout act would be 
27 million people in the exchanges in 
2019. That number is 8 million. Com-
petition works.

I hope my colleagues oppose this leg-
islation, 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. SAHLAN). The 
gentlewoman from North Carolina has 
6½ minutes remaining. The gentleman 
from Virginia has 10 minutes remain-
ing.

Mr. SCOTT of Virginia. Mr. Chair-
man, I yield 2 minutes to the gentle-
man from Rhode Island (Mr. CICCILELE). 
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 medi-
cine they have been prescribed.

Seniors are choosing between COPD 
and their the groceries. People with 
cancer are being forced to delay their 
care and even forgo treatment altogether. This is 
happening in the richest, most power-
ful 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 leg-
islation, the CREATES Act, is included 
in this legislative package. The CRE-
ATES Act will save taxpayers $3.9 bil-
lon, 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 di-
rectly 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 
regulated protocols so they can pre-
vent the sale of affordable drugs. This 
leads them and their allies to exploit weaknesses in the marketplace to 
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 ge-
neric drug competitors to obtain the 
samples that are necessary for regu-
lar approval of their lower cost for-
mulations.

I am proud that this bill is not only 
backed by many of our colleagues, but 
it also has the support of a diverse coa-
thion of healthcare providers, patient 
groups, and public interest organiza-
tions, including AARP and Public Cit-
izen. 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 Democrat legislation. 
Many of the CREATES Act and these other pro-
aposals 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 gen-
tleman from Michigan (Mr. WALBERG), 
the distinguished Republican leader on 
the Subcommittee on Health, Employ-
ment, 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 leader-
ship’s direction, trying to score polit-
ical points instead of truly solving 
problems.

Republicans and Democrats agree on 
the need to tackle out-of-control pre-
scription drug costs. It is an issue that 
touches all of our districts. People are 
suffering 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 Demo-
crat leadership today.

Up until today, we have been work-
ing together on solutions. On the En-
ergy and Commerce Committee on 
which I sit, as well, we passed three 
drug pricing bills with overwhelming 
bi-partisan support. The CREATES Act,
the Protecting Consumer Access to Ge-
eric 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. Despite their talk on health care, they 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 getting 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 getting 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 getting 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 getting 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 getting 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 getting 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 getting 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 getting 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 getting 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 getting 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 getting 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.
In recent years, the high prices of diabetes drugs have placed a tremendous strain on diabetics 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 counterparts, 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. Chairman, 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 people who they 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 referred to as junk. If there is such a 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.

Mr. SCOTT of Virginia. Mr. Chairman, I yield 1 1⁄2 minutes to the gentleman 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 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 2 1⁄2 minutes to the gentlewoman from Florida (Ms. SHALALA).

Ms. SHALALA. Mr. Chairman, this amendment expresses the sense of Congress that states and localities 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 destroy 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.

The problem with them is that you can’t enforce it with the manufacturing 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 gentleman has expired.

Mr. SCOTT of Virginia. Mr. Chairman, I yield an additional 30 seconds to the gentleman 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 CSRs, 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.

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 talking 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 ROCHSTER. Mr. Chair, I would like to revise my remarks made during general debate on 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 Generics
Sec. 111. Unlawful agreements.
Sec. 112. 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 (B) Provision of application to committee.

TITLE III—BUDGETARY EFFECTS
Sec. 301. Determination of budgetary effects.

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.

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.

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.

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.

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.

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.

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.
the value received by such subsequent filer that is reasonably attributable to the violation of this section.

(f) FACTORS FOR CONSIDERATION.—In determin-
ing the amount of commerce affected; and

(i) the nature, circumstances, extent, and
graft of the violation;

(ii) 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 and a subsequent filer, the covered product to be manufactured under such section 355(j)(5)(B)(i) for a covered product; or

(ii) a biological 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;

(iii) the list published under section 355(j)(7)(B)(i)(V) of the Federal Food, Drug, and Cosmetic Act (42 U.S.C. 262(k)(6), (7));

(iv) through (vi) of section 355(j)(5)(D)(i)(V) is amended by inserting ''section 505(j)(5)(D)(i)(V)'' after the semicolon.

SEC. 115. STATUTORY EXCLUSIVITY.—The term "statutory exclusivity" means those prohibitions on the submission or approval of drug applications under sections 355(j)(5)(B)(iv) (180-day exclusivity), section 505(j)(5)(F) (5-year and 3-year exclusivity), and section 505(j)(5)(E) (5-year exclusivity), as applicable, to the extent that such section 5 applies to unfair methods of competition.

The Federal Trade Commission may, in its discretion, by rule promulgated under section 553 of title 5, United States Code, exempt from the provisions of this section certain agreements described in subsection (d) if the Commission finds such agreements to be in furtherance of market competition and for the benefit of consumers.

(f) ANTI-TRUST 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 section 3 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 covenants against any person, under the antitrust laws or other laws relating to unfair competition.

(g) DEFINITIONS.—In this section:

(i) the term "agreement resolving or settling a covered patent infringement claim'’ means any agreement or commitment that is responsive to subsection (a) or (b) of such section 1112 and is not otherwise related to, the referenced agreement; and

(ii) includes written descriptions of any oral agreements, representations, 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 "agreement resolving or settling a covered patent infringement claim'’ after "that the agreement has violated".

SEC. 114. COMMISSION LITIGATION AUTHORITY.


SEC. 115. STATUTE OF LIMITATIONS.

(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 OF CERTIFICATION OF AGREEMENTS.

(a) NOTICE OF ALL AGREEMENTS.—Section 1111(t) of the Medicare Prescription Drug, and Modernization Act (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, and 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 (21 U.S.C. 355 note) are completely, true, and correct, with respect to the agreement referenced in this certification—'

(c) CERTIFICATION OF AGREEMENTS.—Section 1112 of such Act (21 U.S.C. 355 note) is amended by inserting in section 1112 after the period 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, and 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 (21 U.S.C. 355 note) are completely, true, and correct, with respect to the agreement referenced in this certification—'

"(e) CERTIFICATION OF AGREEMENTS.—Section 1112 of such Act (21 U.S.C. 355 note) is amended by inserting in section 1112 after the period 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, and 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 (21 U.S.C. 355 note) are completely, true, and correct, with respect to the agreement referenced in this certification—'

"(f) 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, and 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 (21 U.S.C. 355 note) are completely, true, and correct, with respect to the agreement referenced in this certification—'

"(g) 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, and 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 (21 U.S.C. 355 note) are completely, true, and correct, with respect to the agreement referenced in this certification—'

"(h) 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, and 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 (21 U.S.C. 355 note) are completely, true, and correct, with respect to the agreement referenced in this certification—'

"(i) 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, and 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 (21 U.S.C. 355 note) are completely, true, and correct, with respect to the agreement referenced in this certification—'

"(j) 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, and 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 (21 U.S.C. 355 note) are completely, true, and correct, with respect to the agreement referenced in this certification—'

"(k) 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, and 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 (21 U.S.C. 355 note) are completely, true, and correct, with respect to the agreement referenced in this certification—'.
(A) in a civil action brought under paragraph (1), the defendant shall observe the following conditions—

(i) that—

(I) the covered product is not subject to a REMS with ETASU; or

(II) 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; or

(B) that—

(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;
(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).

(A) MAXIMUM MONETARY AMOUNT.—A monetary award authorized 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)(ii) before conducting an evidentiary proceeding 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.

(e) LIMITATION OF LIABILITY.—A license holder for a covered product shall not be liable for any civil, criminal, 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) 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 (A), by striking subparagrap"
Section 204. SHORT-TERM LIMITED DURATION INSURANCE—GRANTS.

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 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 a non-ACA compliant health insurance product, and such 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 commercially reasonable market-based terms—

Page 33, strike lines 13 through 22.

Page 33, line 23, strike "(6)" 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 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.

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.

May 16, 2019

CONGRESSIONAL RECORD — HOUSE

H3873

Page 33, strike lines 13 through 22.

Page 33, line 23, strike "(6)" and insert "(4)".
Mr. MCKINLEY. Mr. Chairman, I rise as the designee of the gentleman from Indiana (Mr. BUCHSHON), and I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

Mr. MCKINLEY. Mr. Chairman, I rise to offer an amendment.

The Acting CHAIR. 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 Acting CHAIR recognizes the gentleman from West Virginia.

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 Acting 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 H.R. 1010, 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 "no" on this amendment. But if you want to play politics with the healthcare of Americans and see this bill stop in the Senate, then vote "no," and you will see what happens.

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

Mr. PALLONE. Mr. Chair, 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 advertising, 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 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.

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from West Virginia (Mr. MCKINLEY) and a Member opposed each will control 5 minutes.

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 time 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 1 1/2 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.

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 Plans; Repeal of the ‘Short-Term, Limited-Duration Insurance’ Final Rule,” which is now included in H.R. 987. Our organizations strongly support providing protections for patients from short-term, limited-duration (“junk”) policies, and the short-term, limited-duration insurance plans enacted as a result.

Our organizations remain concerned about the final rule which expands the maximum term of the insurance plans, which is now permitted to exceed 12 months. We call on you to use your influence to oppose this final rule.

We are concerned that allowing insurance companies to offer plans with longer terms will increase the financial risk, other than the fact this is a Trump administration initiative, so they don’t want to oppose it.

We urge you to support the continued passage of a bill that would provide protections for consumers, and we ask you to support the continued passage of a bill that would provide protections for consumers, and we ask you to support the continued passage of a bill that would provide protections for consumers.

Our organizations remain concerned about the final rule which expands the maximum term of the insurance plans, which is now permitted to exceed 12 months. We call on you to use your influence to oppose this final rule.

We are concerned that allowing insurance companies to offer plans with longer terms will increase the financial risk, other than the fact this is a Trump administration initiative, so they don’t want to oppose it.

We urge you to support the continued passage of a bill that would provide protections for consumers, and we ask you to support the continued passage of a bill that would provide protections for consumers, and we ask you to support the continued passage of a bill that would provide protections for consumers.
Sincerely,


May 16, 2019

CONGRESSIONAL RECORD — HOUSE
H3875

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. 1386, Expand Navigator’s Resources for Outreach, Learning, and Longevity (ENROLL) Act, introduced as an amendment to H.R. 987. Our organizations recognize the importance of navigator programs to assist potential enrollees with the Affordable Care Act (ACA)-compliant plans in the marketplace, and result in lower premiums for the American people: access to quality, affordable health insurance.

In March 2017, we identified three overarching principles to guide and measure any action we take to further improve the nation’s health insurance system. Our core principles are that health insurance coverage must be adequate, affordable, and accessible. While navigating the ACA can be challenging for 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 step towards increasing access to services that help consumers enroll in high-quality health care, including Medicare and Medicaid.

From day one, there has been a concern that when we shorten the amount of time that people can enroll, when we add more restrictions, that we are 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 working the wrong way 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 program 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(o)(1) of the Patient Protection and Affordable Care Act (42 U.S.C. 18041(o)(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.

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.

The 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 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 paying 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 have no further speakers, so I reserve the balance of my time.

Mr. WELCH. 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 ship 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 11 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. In southern Illinois, one of the biggest questions I always got and concerns was that ObamaCare plans are too expensive, and the deductibles...