variety of settings and often work to supervise and coordinate care for patients. We couldn't live without them, and so we are helping them today.

Madam Speaker, I urge the passage of this legislation with all of my colleagues, and I yield back the balance of my time.

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

Again, this is one of those bills that passed out of the Subcommittee on Health last Congress, passed on the floor of the House, and, for some reason, didn't see action over in the Senate. This year, it needs to, for all the reasons we have heard articulated here today.

I also am obligated to mention that my district in Texas is home to one of the largest and best nursing education programs in the country at Texas Woman's University.

I would also be remiss if I didn't acknowledge the work done in the last Congress by Lois Capps, who was our colleague at the time, who is no longer in Congress, but it was always her passion to see this bill passed.

Madam Speaker, I urge passage, and I yield back the balance of my time.

Ms. JOHNSON of Texas. Madam Speaker, today, I rise in support of H.R. 728, the Title VIII Nursing Workforce Reauthorization Act of 2019.

As the first registered nurse elected to Congress, I know how essential the federal nursing workforce development grant programs are to the development of the next generation of our nursing leaders. These Title VIII programs, administered through the Health Resources and Services Administration, have supported the recruitment, retention, and distribution of our nation's nursing workforce for over five decades.

Title VIII programs have supported nursing education at all levels, from entry level preparation through graduate study. They have provided support for institutions that educate nurses for practice in rural and medically underserved communities, thus representing a direct investment in our nation's health.

With the support of our House and Senate colleagues, we must continue to elevate and strengthen our nursing workforce for the wellbeing of our nation. I wholeheartedly urge my colleagues to support the Title VIII Nursing Workforce Reauthorization Act of 2019.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Illinois (Ms. SCHAKOWSKY) that the House suspend the rules and pass the bill, H.R. 728, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

PUBLIC DISCLOSURE OF DRUG DISCOUNTS AND REAL-TIME BENEFICIARY DRUG COST ACT

Ms. SCHAKOWSKY. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2115) to amend title XI of the Social Security Act to provide greater transparency of discounts provided by drug manufacturers, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2115

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 ''Public Disclosure of Drug Discounts and Real-Time Beneficiary Drug Cost Act''.

SEC. 2. PUBLIC DISCLOSURE OF DRUG DISCOUNTS.

Section 1150A of the Social Security Act (42 U.S.C. 1320b–23) is amended—

(1) in subsection (c), in the matter preceding paragraph (1), by inserting ''(other than as permitted under subsection (e))'' after ''disclosed by the Secretary''; and

(2) by adding at the end the following new subsection:

''(e) PUBLIC AVAILABILITY OF CERTAIN INFORMATION.—

''(1) IN GENERAL.—In order to allow the comparison of PBMs' ability to negotiate rebates, discounts, direct and indirect remuneration fees, administrative fees, and price concessions and the amount of such rebates, discounts, direct and indirect remuneration fees, administrative fees, and price concessions that are passed through to plan sponsors, beginning January 1, 2020, the Secretary shall make available on the Internet website of the Department of Health and Human Services the information with respect to the second preceding calendar year provided to the Secretary on generic dispensing rates (as described in paragraph (1) of subsection (b)) and information provided to the Secretary under paragraphs (2) and (3) of such subsection that, as determined by the Secretary, is with respect to each PBM.

''(2) AVAILABILITY OF DATA.—In carrying out paragraph (1), the Secretary shall ensure the following:

''(A) CONFIDENTIALITY.—The information described in such paragraph is displayed in a manner that prevents the disclosure of information, with respect to an individual drug or an individual plan, on rebates, discounts, direct and indirect remuneration fees, administrative fees, and price concessions.

''(B) CLASS OF DRUG.—The information described in such paragraph is made available by class of drug, using an existing classification system, but only if the class contains such number of drugs, as specified by the Secretary (but not fewer than three drugs), to ensure confidentiality of proprietary information or other information that is prevented to be disclosed under subparagraph (A).''.

SEC. 3. REQUIRING PRESCRIPTION DRUG PLAN SPONSORS TO INCLUDE REAL-TIME BENEFIT INFORMATION AS PART OF SUCH SPONSOR'S ELECTRONIC PRESCRIPTION PROGRAM UNDER THE MEDICARE PROGRAM.

Section 1860D–4(e)(2) of the Social Security Act (42 U.S.C. 1395w–104(e)(2)) is amended—

(1) in subparagraph (D), by striking ''To the extent'' and inserting ''Except as provided in subparagraph (F), to the extent''; and

(2) by adding at the end the following new subparagraph:

''(F) REAL-TIME BENEFIT INFORMATION.—

''(i) IN GENERAL.—Not later than January 1, 2021, the program shall implement real-time benefit tools that are capable of integrating with a prescribing health care professional's electronic prescribing or electronic health record system for the transmission of formulary and benefit information in real time to prescribing health care professionals. With respect to a covered part D drug, such tools shall be capable of transmitting such information specific to an individual enrolled in a prescription drug plan. Such information shall include the following:

''(I) A list of any clinically-appropriate alternatives to such drug included in the formulary of such plan.

''(II) Cost-sharing information for such drug and such alternatives, including a description of any variance in cost sharing based on the pharmacy dispensing such drug or such alternatives.

''(III) Information relating to whether such drug is included in the formulary of such plan and any prior authorization or other utilization management requirements applicable to such drug and such alternatives so included.

''(ii) ELECTRONIC TRANSMISSION.—The provisions of subclauses (I) and (II) of clause (ii) of subparagraph (E) shall apply to an electronic transmission described in clause (i) in the same manner as such provisions apply with respect to an electronic transmission described in clause (i) of such subparagraph.

''(iii) SPECIAL RULE FOR 2021.—The program shall be deemed to be in compliance with clause (i) for 2021 if the program complies with the provisions of section 423.160(b)(7) of title 42, Code of Federal Regulations (or a successor regulation), for such year.

''(iv) RULE OF CONSTRUCTION.—Nothing in this subparagraph shall be construed as to allow a real-time benefits tool to steer an individual, without the consent of the individual, to a particular pharmacy or pharmacy setting over their preferred pharmacy setting nor prohibit the designation of a preferred pharmacy under such tool.''.

SEC. 4. SENSE OF CONGRESS REGARDING THE NEED TO EXPAND COMMERCIALLY AVAILABLE DRUG PRICING COMPARISON PLATFORMS.

It is the sense of Congress that—

(1) commercially available drug pricing comparison platforms can, at no cost, help patients find the lowest price for their medications at their local pharmacy;

(2) such platforms should be integrated, to the maximum extent possible, in the health care delivery ecosystem; and

(3) pharmacy benefit managers should work to disclose generic and brand name drug prices to such platforms to ensure that—

(A) patients can benefit from the lowest possible price available to them; and

(B) overall drug prices can be reduced as more educated purchasing decisions are made based on price transparency.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Illinois (Ms. SCHAKOWSKY) and the gentleman from Texas (Mr. BURGESS) each will control 20 minutes.

The Chair recognizes the gentlewoman from Illinois.

GENERAL LEAVE

Ms. SCHAKOWSKY. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 2115.

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

There was no objection.

Ms. SCHAKOWSKY. Madam Speaker, I yield 4 minutes to the gentlewoman from Virginia (Ms. SPANBERGER), an author and supporter of this bill.

Ms. SPANBERGER. Madam Speaker, I rise in support of my bill, H.R. 2115, the Public Disclosure of Drug Discounts Act.

First, I thank my colleagues Congressman ARRINGTON and Congressman BOYLE for their partnership on this bipartisan legislation. I thank Congresswoman SLOTKIN for her cooperation and commitment to our efforts. And I thank Congresswoman SCHAKOWSKY for her work here today.

Madam Speaker, if we are going to make substantial long-term progress on the issue of prescription drugs, we can't be afraid to work in a bipartisan manner, and I thank my colleagues for joining me in this fight.

I also thank Chairman PALLONE and Chairman NEAL for their dedicated work on tackling prescription drug costs and the Committee on Energy and Commerce and the Committee on Ways and Means for voting to advance our bill and making this floor vote possible.

This bipartisan bill would help address the number one concern facing central Virginia's working families, chronically ill, and seniors—the rising cost of healthcare.

In every community in the Seventh District of Virginia, from Chesterfield to Culpeper, the extremely personal effects of rising prescription drug costs are on full display. Whether at a coffee shop, town hall, or street fair, I always hear yet another heartbreaking story from a mother, a father, a grandparent, or a young adult struggling to afford their prescription drugs. People genuinely feel helpless, and it is due to no fault of their own.

In many cases, steep costs have forced them to make nearly impossible decisions. A costly, lifesaving medication could mean buying fewer groceries for their family. It could mean reluctantly selling their home. It could mean saving less, or nothing at all, for their retirement or their kids' education. And even for those who are healthy, there is an overwhelming fear: What if I get sick, or what if a loved one gets sick, and we can't afford the medication?

Back in August, I held a roundtable with patients, pharmacists, and healthcare providers in Henrico County to discuss this community-wide issue. Together, we talked about the financial challenges caused by overpriced drugs, but we also discussed the issue of pharmacy benefit managers, PBMs.

To those in the healthcare industry, PBMs are known as the middlemen between drugmakers, health insurers, and pharmacies. But for many Americans, PBMs remain a mysterious player within the prescription drug marketplace.

Operating in the murky world of drug negotiation, there are few windows into the value of the rebates and discounts PBMs receive from drug companies. Effectively, they are a black box in the long supply chain from the pharmaceutical company to the patient.

During our roundtable in Henrico, one local pharmacist described how PBMs continue to enjoy record profits thanks to the pharmaceutical industry, while patients and pharmacists get stuck with unsustainable costs.

Right now, the three largest PBMs control three-quarters of the U.S. prescription drug market. There seems to be little transparency. And where there is zero transparency, there is rarely room for accountability or oversight.

If we don't cast sunlight into this black box, patients will continue to be left in the dark about the effect of PBMs on the prices of specific drugs. The Public Disclosure of Drug Discounts Act would be a step toward bringing greater transparency to this broken system.

The principle behind my bill is simple. Let's take the information already provided to the Federal Government and make it public.

PBMs are already required to declare rebate data, discounts, and generic dispensing rates to HHS, but under my bill, this information would be posted publicly for the general public to see.

Beyond the principle of my bill, the goal is even simpler: lowering drug costs for our neighbors.

By sharing this information online with American consumers and businesses, we would give seniors, families, and pharmacists a better sense of how PBMs could be influencing excessive prices. And we would start to address one of the root causes of our prescription drug affordability crisis.

In central Virginia and across the country, families should not be racked by a constant uneasiness about their financial well-being simply due to rising drug costs. They shouldn't be forced to accept silently the undisclosed results of PBM negotiations that could be bankrupting them.

We need to show the American people that we want to see progress on this vital economic issue and that we are hearing their stories, seeing the problems that exist, and actually moving to reform a prescription drug marketplace that too often seems to be working against the best interests of American patients.

Today, I call on my colleagues to pass the Public Disclosure of Drug Discounts Act because we are long overdue for meaningful actions that can turn the tide.

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

Madam Speaker, I rise to speak in support of H.R. 2115, the Public Disclosure of Drug Discounts and Real-Time Beneficiary Drug Cost Act.

This bill includes three provisions that passed through the Committee on Energy and Commerce in July as part of a larger transparency package, at that time called the METRIC Act.

The first provision aims to hold pharmacy benefit managers accountable in the negotiation of rebates by requiring the Secretary of the Department of Health and Human Services to make rebates, discounts, direct and indirect remuneration fees, and other information available on a public website. This policy includes a requirement that this information be displayed in such a way that it maintains the confidentiality of individual drugs and plans.

What I believe is the most important provision is the one that requires prescription drug plan sponsors to include real-time benefits information in electronic prescribing in Medicare. As a physician, I recognize how important it is for doctors to have as much information at their disposal in prescribing appropriate medications for their patients.

Madam Speaker, I thank my fellow Texans, JODEY ARRINGTON as well as PETE OLSON, for bringing forth this policy.

In the past few years, we have begun to see the success of the 21st Century Cures Act actually come to life. New treatments and new cures are coming to the market at an exciting pace, providing great promise for America's patients.

It is important that doctors be able to see and compare the prices of these medications so that they can help their patients assess their options. Price transparency at the point of prescribing will provide physicians with information regarding what would or would not be covered under their patients' insurance and would help them discuss what would be the most affordable options that are available to their patients.

While there are a lot of factors that doctors must consider when prescribing their patients' medications, medication adherence is essential. If patients cannot afford their drugs, the stage is set for a lack of adherence to the recommended regimen.

We have all heard the stories of patients showing up at the pharmacy counter to pick up their prescriptions, at which point they learn it is unaffordable. This policy would help reduce the number of prescriptions left at the pharmacy counter, not picked up due to cost concerns.

The American Medical Association testified at our drug supply hearing in May that ''access to accurate patient coverage and cost-sharing information at the point-of-care would streamline the process, reduce burden for the physician and the patient, and speed delivery of the most appropriate care.''

I agree with that statement, and I am pleased this legislation would improve access to real-time benefits data, further informing quality and doctor-patient decisionmaking and improving patient access to affordable medications.

Madam Speaker, I urge Members to support H.R. 2115, and I reserve the balance of my time.

Ms. SCHAKOWSKY. Madam Speaker, I yield 3 minutes to the gentlewoman from Michigan (Ms. SLOTKIN) on this legislation.

Ms. SLOTKIN. Madam Speaker, I thank Congresswoman SCHAKOWSKY and Congresswoman SPANBERGER.

Madam Speaker, I rise today to speak in support of my bill, the Real-Time Benefits Act, which has been incorporated into the bill before us today.

The bill started with a very simple request from seniors in my district. People want to know how much a prescription will cost before they pick it up at the drugstore, and they deserve to know that it is the best possible price that they can get.

This bill does that very thing. It provides Medicare patients with the information they need about the cost of the prescription and whether there are generic alternatives, as well as the best pharmacy for the best deal before they even leave the doctor's office.

Right now, here is how the system works. A patient goes to the doctor, gets a prescription, and walks out. Then they take it to a local pharmacy, fill it, and pick it up. It is right then, at the counter, in front of everyone else, that they actually find out the price of their bill.

There is no advanced warning, no comparison shopping, no offer of generics, and no way of knowing if a different pharmacy could have it cheaper. By the time you get to the pharmacy, they have you over a barrel. This bipartisan bill would fix that.

Here is how it works. Insurers would be required to provide information to a common system, a real-time benefits tool, which doctors would access through their electronic prescribing program. Doctors and patients could then sit together to receive real-time updates, right in the doctor's office, on the price of the drug based on the patient's insurance plan, as well as the price of any other cheaper drugs available.

This real-time benefits tools will also list the price differences at each pharmacy—Rite Aid versus CVS—to allow physicians to make sure that the patients are getting the lowest possible prices.

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This not only lowers out-of-pocket costs for seniors, but it increases much-needed price transparency into our system.

Imagine if, every time you went to the doctor, both you and your physician could see the differences in the prices of drugs. This is the kind of all-American competition we need when it comes to our prescription drugs.

To be clear, the cost of prescription drugs is the number one issue I get asked about in my district. People come up to me in the grocery store. They grab my arm. They ask me why their medication has increased by 200 percent in cost in the past 5 years.

Connie, a constituent of mine in Brighton, spends $10,000 a year on Humira for her Crohn's disease, even though she is on Medicare.

Joanna, who lives in my hometown of Holly, Michigan, was hospitalized for several days due to complications because she could not afford her inhaler. Her complex health needs require a number of medicines, so she literally rations her medicines in order to keep them manageable, and she still spends hundreds of dollars each month.

This is wrong, and our constituents, regardless of party, are asking us to do something about it.

Democrats and Republicans have both said the right things about the cost of prescription drugs. They have talked the talk. They now must walk the walk.

I am incredibly proud to have brought forth this bipartisan legislation tonight. I urge my colleagues to join me in voting ''yes'' to promote transparency and competition.

Mr. BURGESS. Madam Speaker, I yield 3 minutes to the gentleman from Georgia (Mr. CARTER), a pharmacist by profession and a very valuable member of the Health Subcommittee of the Committee on Energy and Commerce.

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

I rise to speak in support of H.R. 2115, the Public Disclosure of Drug Discounts Act. I am very glad to see this bill, which was part of the METRIC Act Representative SCHAKOWSKY and I passed out of Energy and Commerce, being moved through the House floor. This is important legislation that brings desperately needed transparency to our drug supply chain.

So much of the debate around how we can lower drug prices in this country has been focused on drug manufacturers. This bill highlights the need for reforms throughout our entire drug supply system. Specifically, this bill shines a spotlight on the middlemen in our drug supply chain: the pharmacy benefit managers, or PBMs.

For context, three PBMs control almost 80 percent of the marketplace, and while originally designed to primarily process claims data, these companies are now some of the largest corporations in the country. For the year 2019, the major PBM companies had a higher projected revenue than Facebook, Amazon, Apple, Netflix, and Google combined.

Again, for this year, 2019, the major PBM companies had a higher projected revenue than Facebook, Amazon, Apple, Netflix, and Google combined.

In a time where patients are facing higher and higher drug costs, it is clear that more transparency of these middlemen is desperately needed, at the very least. This bill, H.R. 2115, will require PBMs to report information on all of the rebates, fees, and discounts they extract before a drug ever reaches patients.

PBMs argue that it is actually better for patients that the PBMs extract all of these increasingly high rebates and fees because they pass those discounts on to the insurance plans to lower premiums.

While I completely disagree with that premise, this bill will finally allow all of us to see for ourselves exactly how much of a cut these middlemen are taking out of the system.

Transparency is absolutely critical if we are going to lower drug prices for patients, and this bill is a big step in the right direction.

I applaud Representatives SPANBERGER, ARRINGTON, and BOYLE for their leadership on this bill, as well as my Energy and Commerce counterpart, Congresswoman SCHAKOWSKY.

Madam Speaker, I urge my colleagues to support H.R. 2115.

Ms. SCHAKOWSKY. Madam Speaker, I am prepared to close now just by saying the cost of prescription drugs is an issue on the minds of all of our constituents, in a bipartisan way, all across the country, and this bill will provide much-needed transparency around the activity of pharmacy benefit managers, or PBMs.

You heard very eloquent statements from our colleagues on this issue. I am going to close now and just say I hope that all of our colleagues will vote for this legislation.

Madam Speaker, I yield back the balance of my time.

Mr. BURGESS. Madam Speaker, I yield 3 minutes to the gentleman from Texas (Mr. ARRINGTON), coauthor of this legislation.

Mr. ARRINGTON. Madam Speaker, I thank my friend and fellow Texan, Dr. BURGESS, for yielding me time to speak.

Madam Speaker, I rise today in support of H.R. 2115, legislation I was proud to help lead and support, alongside Congresswoman SPANBERGER, which will provide greater transparency to the discounts negotiated between insurance companies and drug manufacturers through what are known as pharmacy benefit managers, or PBMs.

One of the reasons why drug costs have spiraled out of control is because discounts negotiated by PBMs are shrouded in secrecy. Americans are left in the dark about the rebates, and we have no idea where the value of those rebates go.

But we know this: We know they are not going to our seniors. We know they are not going to them at the point of sale. This has created a system that is confusing and overly complicated, particularly for our seniors.

My greatest concern is that the value, again, of these rebates is being passed to our seniors, who need the relief desperately.

The answer to this drug affordability crisis is not to impose more government control, which would only further distort the market, further confuse our seniors, and increase costs on all Americans. Instead, we need to activate the forces of competition and provide patients with more transparency in this process so that they are empowered to know exactly what their options are and what they are paying for each time they visit the pharmacy.

This legislation will help ensure that rebates go toward reducing the cost of drugs for our seniors as well as the cost to the American taxpayer.

Additionally, I am thankful this legislation includes the text of my bill, the Shop Rx Act. This provision, which I carried in committee with the support of both Republicans and Democrats, requires drug plans for seniors to offer realtime information regarding the various options of drugs and their associated costs.

By providing seniors with access to the readily available and relevant information they need in order to be real consumers, we will empower them with the knowledge to choose the options that best fit their needs and their budget. Once consumers have more information, they will have more choices, and insurers will have to actually compete for their business, which will ultimately bring down the cost of drugs.

Madam Speaker, I believe this legislation will help transform the system from one in which patients are often powerless victims to one in which they have true bargaining power and real control over their healthcare needs. I am proud to support it, and I encourage my colleagues to do the same.

Mr. BURGESS. Madam Speaker, I yield 3 minutes to the gentleman from Montana (Mr. GIANFORTE), a valuable member of the Health Subcommittee.

Mr. GIANFORTE. Madam Speaker, I thank the gentleman for yielding.

Far too many Montanans can't afford the prescription drugs they need. They shouldn't have to leave the pharmacy counter empty-handed because costs are too high. Montanans need access to affordable medications, which is why reducing drug prices is one of my top priorities.

To lower costs, we need more transparency in our healthcare system. We need to shine a light onto the opaque drug pricing process. Our commonsense, bipartisan bill before the House today will shine that much-needed light.

The Payment Commission Data Act gives Congress' nonpartisan think tanks MedPAC and MACPAC greater access to drug pricing data. Armed with this data, they can better advise Congress about who is being a bad actor in the drug supply chain. It will help Congress address prescription drug prices more effectively.

We all want to ensure the American people can buy more affordable prescription drugs. I believe the bipartisan approach we have here should be a working model for how to move forward, not simply ramming through partisan bills.

Madam Speaker, I urge my colleagues to vote ''yes'' on this commonsense reform to lower drug prices.

Mr. BURGESS. Madam Speaker, I urge passage of this bill, and I yield back the balance of my time.

Mr. SCHRADER. Madam Speaker, I rise today in support of H.R. 2115, the "Public Disclosure of Drug Discounts Act" introduced from my friend and colleague, Ms. SPANBERGER.

While I believe something must be done to bring down the cost of drugs, I also know that unless we have a better view into the process of how a patient's cost is calculated, we will continue to struggle to address the problem. That's why I support this important piece of legislation that requires PBMs to report on all the price concessions and factors that contribute to determining the net cost of a drug.

PBMs play an important role in our healthcare system as the intermediary negotiating drug prices in the current marketplace. But only if we understand the actual cost of the drug can we ensure that consumers are getting a fair shake. The bill before you today is comprehensive, as it requires PBMs to report the amount of rebates, discounts, direct and indirect remuneration fees, administrative fees, and any other price concessions. The Secretary will make this information available publicly in a way that aggregates the information by class of a drug to protect the negotiation process but also provide insight into any discrepancy between the negotiated drug's net cost and the price a patient pays for that drug.

Addressing any healthcare problem requires a comprehensive approach. There is no one entity that is solely responsible for the high cost of drugs. We need transparency in our healthcare system. This bill had bipartisan support throughout the Committee process and similar measures have had support in the Senate. I am proud that we continue to work on measures that will help address one of the most concerning issues of our time, the exorbitant price of prescription drugs, and I thank leadership for bringing this measure to the floor today.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Illinois (Ms. SCHAKOWSKY) that the House suspend the rules and pass the bill, H.R. 2115, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. SCHAKOWSKY. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Proceedings will resume on questions previously postponed.

Votes will be taken in the following order:

Motions to suspend the rules and pass:

H.R. 2440; and

H.R. 2115.

The first electronic vote will be conducted as a 15-minute vote. Pursuant to clause 9 of rule XX, remaining electronic votes will be conducted as 5-minute votes.

FULL UTILIZATION OF THE HARBOR MAINTENANCE TRUST FUND ACT

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 2440) to provide for the use of funds in the Harbor Maintenance Trust Fund for the purposes for which the funds were collected and to ensure that funds credited to the Harbor Maintenance Trust Fund are used to support navigation, and for other purposes, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. DEFAZIO) that the House suspend the rules and pass the bill, as amended.

The vote was taken by electronic device, and there were—yeas 296, nays 109, not voting 26, as follows:

[Roll No. 585]

YEAS—296

Abraham	Davis, Danny K.	Jeffries
Adams	Davis, Rodney	Johnson (GA)
Aguilar	Dean	Johnson (LA)
Allred	DeFazio	Johnson (TX)
Amodei	DeGette	Joyce (OH)
Axne	DeLauro	Kaptur
Babin	DelBene	Katko
Bacon	Delgado	Keating
Baird	Demings	Kelly (IL)
Balderson	DeSaulnier	Kelly (PA)
Barragán	Deutch	Khanna
Bass	Dingell	Kildee
Bera	Doggett	Kilmer
Bergman	Dunn	Kim
Beyer	Emmer	Kind
Bilirakis	Engel	King (NY)
Bishop (GA)	Escobar	Kinzinger
Blumenauer	Eshoo	Kirkpatrick
Blunt Rochester	Espaillat	Krishnamoorthi
Bonamici	Evans	Kuster (NH)
Bost	Finkenauer	LaMalfa
Boyle, Brendan F.	Fitzpatrick	Lamb
	Fletcher	Langevin
Brindisi	Foster	Larsen (WA)
Brooks (IN)	Frankel	Larson (CT)
Brown (MD)	Fudge	Lawrence
Brownley (CA)	Gabbard	Lawson (FL)
Buchanan	Gallagher	Lee (CA)
Bucshon	Gallego	Lee (NV)
Bustos	Garamendi	Levin (CA)
Butterfield	García (IL)	Levin (MI)
Byrne	Garcia (TX)	Lewis
Calvert	Gibbs	Lieu, Ted
Carbajal	Golden	Lipinski
Cárdenas	Gomez	Loebsack
Carson (IN)	Gonzalez (OH)	Lofgren
Case	Gonzalez (TX)	Lowenthal
Casten (IL)	Gottheimer	Lowey
Castor (FL)	Graves (LA)	Lucas
Castro (TX)	Graves (MO)	Luján
Chu, Judy	Green, Al (TX)	Luria
Cicilline	Grijalva	Lynch
Cisneros	Haaland	Malinowski
Clark (MA)	Hagedorn	Maloney, Carolyn B.
Clarke (NY)	Harder (CA)	
Clay	Hartzler	Maloney, Sean
Cleaver	Hastings	Mast
Cloud	Hayes	Matsui
Clyburn	Heck	McBath
Cohen	Herrera Beutler	McCaul
Connolly	Higgins (LA)	McCollum
Cook	Higgins (NY)	McGovern
Cooper	Himes	McKinley
Correa	Hollingsworth	McNerney
Courtney	Horn, Kendra S.	Miller
Craig	Horsford	Mitchell
Crenshaw	Houlahan	Moore
Crist	Hoyer	Morelle
Crow	Huizenga	Moulton
Cuellar	Hunter	Mucarsel-Powell
Cunningham	Hurd (TX)	Mullin
Davids (KS)	Jackson Lee	Murphy (FL)
Davis (CA)	Jayapal	Murphy (NC)