

Madam Speaker, over 500,000 independent restaurants with 11 million employees are going to face catastrophic consequences this year. In April alone, one-half of the unemployed, 5.5 million people, were from the independent restaurants area. Without special, tailored Federal help, we are going to see 85 percent of them disappear for good.

Madam Speaker, I am pleased to have introduced, on a bipartisan basis, the RESTAURANTS Act, H.R. 7197, which would establish a \$120 billion fund tailored to provide assistance for independent restaurants.

I strongly urge my colleagues to talk to their independent restaurants, the cornerstone of a vital community. If we act now, we can save them yet this year, a vital element in each and every one of our communities.

Madam Speaker, the H.R. 7197, the RESTAURANTS Act, will provide massive support at a time when it is needed.

MEMORIALIZING MAYOR LEONARD SCARCELLA

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

Mr. OLSON. Madam Speaker, the city of Stafford, Fort Bend County, the State of Texas, and all of America lost a great man Sunday: Mayor Leonard Scarcella.

He was a true Texas force of nature. He listened to all, regardless of what country you came from or where you worshipped. His life was about making all human life better.

Madam Speaker, for 51 years as mayor, he did just that. He helped bring Texas Instruments to Stafford in 1967, opening the door to Fort Bend to attract corporate America.

Not happy with the public education in Stafford, he fought for the only city-run school board in Texas.

Tired of people going to the big city of Houston for concerts and conventions, Leonard opened the Stafford Centre in 2004.

He proudly governed without one penny of property tax.

It was Leonard who brought the stunning 30,000-piece BAPS Hindu Temple to Stafford in 2004.

Madam Speaker, to close, nearly 1 million Texans in Fort Bend County are mourning now. I join them. God bless Mayor Leonard Scarcella.

STRENGTHEN THE ACA

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

Mr. VEASEY. Madam Speaker, I rise today to ask my colleagues to pass the Patient Protection and Affordable Care Enhancement Act.

Because we are in the middle of a global pandemic that has killed almost

130,000 Americans and is ravaging my home State of Texas and has left our hospitals overwhelmed right now, it is now more important that we do everything that we can to strengthen the ACA. This important legislation has already given access to millions of people that now have lifesaving healthcare, many who could not previously access it.

Madam Speaker, this legislation that I am working on now pushes critical provisions, like lowering healthcare costs, strengthening protections for people with preexisting conditions, negotiating for lower prescription drug prices, and expanding healthcare by pressing for Medicaid expansion.

Madam Speaker, let me tell you something: You don't want to get sick in Texas right now. You don't want to get sick in Texas right now. Our hospitals are overwhelmed because of the inaction of our Governor. It is shameful.

Anything that we can do here to help the crisis that we have back in our State, which is also about to grip other States in this Nation, we need to act on it now.

Time cannot wait.

STATE HEALTH CARE PREMIUM REDUCTION ACT

Mr. PALLONE. Madam Speaker, pursuant to House Resolution 1017, I call up the bill (H.R. 1425) to amend the Patient Protection and Affordable Care Act to provide for a Improve Health Insurance Affordability Fund to provide for certain reinsurance payments to lower premiums in the individual health insurance market, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 1017, 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 116-56, modified by the amendment printed in part B of House Report 116-436, is adopted, and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 1425

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 "Patient Protection and Affordable Care Enhancement Act".

SEC. 2. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

Sec. 1. Short title.

Sec. 2. Table of contents.

TITLE I—LOWERING HEALTH CARE COSTS AND PROTECTING PEOPLE WITH PREEXISTING CONDITIONS

Sec. 101. Improving affordability by expanding premium assistance for consumers.

Sec. 102. Improving affordability by reducing out-of-pocket and premium costs for consumers.

Sec. 103. Expanding affordability for working families to fix the family glitch.

Sec. 104. Tax credit reconciliation protections for individuals receiving social security lump-sum payments.

Sec. 105. Preserving State option to implement health care Marketplaces.

Sec. 106. Establishing a Health Insurance Affordability Fund.

Sec. 107. Rescinding the short-term limited duration insurance regulation.

Sec. 108. Revoking section 1332 guidance.

Sec. 109. Requiring Marketplace outreach, educational activities, and annual enrollment targets.

Sec. 110. Report on effects of website maintenance during open enrollment.

Sec. 111. Promoting consumer outreach and education.

Sec. 112. Improving transparency and accountability in the Marketplace.

Sec. 113. Improving awareness of health coverage options.

Sec. 114. Promoting State innovations to expand coverage.

Sec. 115. Strengthening network adequacy.

Sec. 116. Protecting consumers from unreasonable rate hikes.

Sec. 117. Eligibility of DACA recipients for qualified health plans offered through Exchanges.

TITLE II—ENCOURAGING MEDICAID EXPANSION AND STRENGTHENING THE MEDICAID PROGRAM

Sec. 201. Incentivizing Medicaid expansion.

Sec. 202. Providing 12-months of continuous eligibility for Medicaid and CHIP.

Sec. 203. Mandatory 12-months of postpartum Medicaid eligibility.

Sec. 204. Reducing the administrative FMAP for nonexpansion States.

Sec. 205. Enhanced reporting requirements for nonexpansion states.

Sec. 206. Primary care pay increase.

Sec. 207. Permanent funding for CHIP.

Sec. 208. Permanent extension of CHIP enrollment and quality measures.

Sec. 209. State option to increase children's eligibility for Medicaid and CHIP.

Sec. 210. Medicaid coverage for citizens of Freely Associated States.

Sec. 211. Extension of full Federal medical assistance percentage to Indian health care providers.

TITLE III—LOWERING PRICES THROUGH FAIR DRUG PRICE NEGOTIATION

Sec. 301. Establishing a Fair Drug Pricing Program.

Sec. 302. Drug manufacturer excise tax for non-compliance.

Sec. 303. Fair Price Negotiation Implementation Fund.

TITLE IV—PUBLIC HEALTH INVESTMENTS

Sec. 401. Supporting increased innovation.

TITLE I—LOWERING HEALTH CARE COSTS AND PROTECTING PEOPLE WITH PREEXISTING CONDITIONS

SEC. 101. IMPROVING AFFORDABILITY BY EXPANDING PREMIUM ASSISTANCE FOR CONSUMERS.

(a) IN GENERAL.—Section 36B(b)(3)(A) of the Internal Revenue Code of 1986 is amended to read as follows:

“(A) APPLICABLE PERCENTAGE.—The applicable percentage for any taxable year shall be the percentage such that the applicable percentage for any taxpayer whose household income is within an income tier specified in the following table shall increase, on a sliding scale in a linear manner, from the initial premium percentage to the final premium percentage specified in such table for such income tier: