Hartzler
Heck (NV)
Hensarling
Herrera Beutler
Hice, Jody B.
Hill
Holding
Hudson
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurd (TX)
Hurt (VA)
Issa
Jenkins (KS)
Jenkins (WV)
Johnson (OH)
Johnson, Sam
Jolly
Jones
Jordan
Joyce
Katko
Kelly (MS)
Kelly (PA)
King (IA)
King (NY)
Kinzinger (IL)
Kline
Knight
Labrador
LaMalfa
Lamborn
Lance
Latta
LoBiondo
Long
Loudermilk
Love
Lucas
Luetkemeyer
Lummis
MacArthur
Marchant
Marino
Massie
McCarthy
McCaul
McClintock
McHenry
McKinley
McMorris Rodgers
McSally
Meadows
Meehan
Messer
Mica
Miller (MI)
Moolenaar
Mooney (WV)
Mullin
Mulvaney
Murphy (PA)
Neugebauer
Newhouse
Noem
Nugent
Nunes
Olson
Palazzo
Palmer
Paulsen
Pearce
Perry
Pittenger
Pitts
Poe (TX)
Poliquin
Pompeo
Posey
Price, Tom
Ratcliffe
Reed
Reichert
Renacci
Ribble
Rice (SC)
Rigell
Roby
Roe (TN)
Rogers (KY)
Rohrabacher
Rokita
Rooney (FL)
Ros-Lehtinen
Roskam
Ross
Rothfus
Rouzer
Royce
Russell
Ryan (WI)
Salmon
Sanford
Scalise
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (NE)
Smith (NJ)
Stefanik
Stewart
Stivers
Stutzman
Thompson (PA)
Thornberry
Tiberi
Tipton
Trott
Turner
Upton
Valadao
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Westmoreland
Whitfield
Williams
Wilson (SC)
Wittman
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IA)
Young (IN)
Zeldin
Zinke

NOES—176

Adams
Aguilar
Ashford
Bass
Beatty
Becerra
Bera
Beyer
Bishop (GA)
Blumenauer
Bonamici
Boyle, Brendan F.
Brady (PA)
Brown (FL)
Brownley (CA)
Bustos
Butterfield
Capps
Capuano
Cárdenas
Carney
Carson (IN)
Cartwright
Castro (TX)
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clawson (FL)
Clay
Cleaver
Clyburn
Cohen
Connolly
Conyers
Cooper
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
DeSaulnier
Dingell
Doggett
Doyle, Michael F.
Duckworth
Edwards
Ellison
Engel
Eshoo
Esty
Farr
Foster
Frankel (FL)
Fudge
Gabbard
Gallego
Garamendi
Grayson
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hahn
Heck (WA)
Higgins
Himes
Hinojosa
Honda
Hoyer
Huffman
Israel
Jackson Lee
Jeffries
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kelly (IL)
Kennedy
Kildee
Kilmer
Kind
Kirkpatrick
Kuster
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lee
Levin
Lewis
Lieu, Ted
Lipinski
Loebsack
Lowenthal
Lowey
Lujan Grisham (NM)
Luján, Ben Ray (NM)
Lynch
Maloney, Carolyn
Maloney, Sean
Matsui
McCollum
McDermott
McGovern
McNerney
Meeks
Meng
Moore
Moulton
Murphy (FL)
Nadler
Napolitano
Neal
Nolan
Norcross
O'Rourke
Pallone
Pascrell
Pelosi
Perlmutter
Peterson
Pingree
Pocan
Polis
Price (NC)
Quigley
Rangel
Richmond
Roybal-Allard
Ruiz
Ruppersberger
Rush
Ryan (OH)
Sánchez, Linda T.
Sarbanes
Schakowsky
Schiff
Schrader
Scott (VA)
Scott, David
Serrano
Sherman
Sinema
Sires
Slaughter
Smith (WA)
Speier
Swalwell (CA)
Takai
Takano
Thompson (CA)
Thompson (MS)
Titus
Tonko
Torres
Tsongas
Van Hollen
Vargas
Veasey
Vela
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters, Maxine
Watson Coleman
Welch
Wilson (FL)
Yarmuth

NOT VOTING—19

Castor (FL)
Costa
Courtney
Deutch
Fattah
Forbes
Graham
Graves (MO)
Hastings
Lofgren
Miller (FL)
Payne
Peters
Rice (NY)
Rogers (AL)
Sanchez, Loretta
Sewell (AL)
Smith (MO)
Smith (TX)

□ 1404

Mrs. LOVE changed her vote from ''present'' to ''aye.''

So the motion to refer was agreed to.

The result of the vote was announced as above recorded.

PARLIAMENTARY INQUIRY

Ms. PELOSI. Mr. Speaker, parliamentary inquiry.

The SPEAKER pro tempore (Mr. COLLINS of New York). The gentlewoman will state her parliamentary inquiry.

Ms. PELOSI. Mr. Speaker, now that the House has voted to refer my privileged resolution to committee, can the Chair inform Members of the status of the Thompson of Mississippi resolution referred to the House Administration Committee, the same committee that we are referring today. That resolution was on the floor 2 weeks ago and referred to committee 2 weeks ago.

Can the Chair inform us of the status of it, especially in light of the action taken by the South Carolina Legislature and the Governor of South Carolina to take down the Confederate battle flag?

The SPEAKER pro tempore. The Chair cannot comment on pending committee proceedings.

Without objection, a motion to reconsider the motion to refer is laid on the table.

There was no objection.

Stated for:

Mr. ROGERS of Alabama. Mr. Speaker, on rollcall No. 426 I missed the vote, but would have voted ''yea'' had I made it to the floor before was closed.

Stated against:

Ms. SEWELL of Alabama. Mr. Speaker, on rollcall No. 426 I would have voted ''no'' on this motion.

Mr. DEUTCH. Mr. Speaker, on rollcall No. 426, had I been present, I would have voted ''no''.

Ms. GRAHAM. Mr. Speaker, on rollcall No. 426, had I been present, I would have voted ''no''.

PERSONAL EXPLANATION

Mr. MILLER of Florida. Mr. Speaker, due to being unavoidably detained, I missed the following rollcall votes: No. 424–No. 426 on July 9, 2015 (today).

If present, I would have voted: rollcall vote No. 424—On Motion to Adjourn, ''nay;'' rollcall vote No. 425—Ordering the Previous Question on the Motion to Refer H. Res. 355, ''aye;'' rollcall vote No. 426—On Motion to Refer H. Res. 355, ''aye.''

COMMUNICATION FROM THE CLERK OF THE HOUSE

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

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, July 9, 2015.

Hon. JOHN A. BOEHNER,
The Speaker, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on July 9, 2015 at 9:09 a.m.:

That the Senate passed without amendment H.R. 728.

That the Senate passed without amendment H.R. 891.

That the Senate passed without amendment H.R 1326.

That the Senate passed without amendment H.R. 1350.

With best wishes, I am

Sincerely,

KAREN L. HAAS.

PROVIDING FOR CONSIDERATION OF H.R. 6, 21ST CENTURY CURES ACT

Mr. BURGESS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 350 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 350

Resolved, That at any time after adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 6) to accelerate the discovery, development, and delivery of 21st century cures, and for other purposes. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and amendments specified in this resolution and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce. After general debate the bill shall be considered for amendment under the five-minute rule. In lieu of the amendment in the nature of a substitute recommended by the Committee on Energy and Commerce now printed in the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 114–22 shall be considered as adopted in the House and in the Committee of the Whole. The bill, as amended, shall be considered as the original bill for the purpose of further amendment under the five-minute rule and shall be considered as read. All points of order against provisions in the bill, as amended, are waived. No further amendment to the bill, as amended, shall be in order except those printed in the report of the Committee on Rules accompanying this resolution. Each such further amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be

considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. All points of order against such further amendments are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill, as amended, to the House with such further amendments as may have been adopted. The previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto, to final passage without intervening motion except one motion to recommit with or without instructions.

The SPEAKER pro tempore. The gentleman from Texas is recognized for 1 hour.

Mr. BURGESS. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Massachusetts (Mr. MCGOVERN), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks.

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

There was no objection.

Mr. BURGESS. Mr. Speaker, House Resolution 350 provides for a rule to consider a critical bill that will help millions of Americans and their families who are suffering from diseases for which there is no cure.

The rule provides for 1 hour of debate, equally divided between the majority and the minority of the Energy and Commerce Committee, and makes eight amendments from Members of both parties in order so that the House may fully debate the merits of this legislation.

As is custom, the minority is offered a final motion to recommit the bill prior to its passage.

I am pleased the House is considering this bipartisan legislation. The Energy and Commerce Committee has spent 14 months working to bring our healthcare innovation infrastructure into the 21st century.

Today, there are 10,000 known diseases or conditions, and we have got cures for 500. There is a gap between the innovation and how we regulate our therapies. It is not unheard of to have a company take 14 years and spend $2 billion to bring a new device or drug to market.

Members held nearly 20 roundtables and events around the country to ensure that we involved patients, advocates, researchers, innovators, and investors that have firsthand experience and help understand the gaps in our current system.

H.R. 6 touches each step of the healthcare innovation process: discovery, development and delivery. This bill attempts to close the gap between the fast pace of innovation and our current, often burdensome regulatory process.

The bill provides exciting new tools to uncover the next generation of treatments and cures. H.R. 6 is, indeed, transformative—transformative of the way that doctors and researchers study diseases, develop treatments, and deliver care.

It encourages innovation. It fosters the use of data to further research. It modernizes clinical trials and takes steps toward the future of personalized medicine.

Not only does this bill take a major step forward in bringing more cures to patients, this bill addresses our Nation's ever-increasing healthcare spending. This bill establishes a temporary innovation fund which is fully offset, including permanently reforming our entitlement programs.

Beyond the budget window, these reforms in Medicare and Medicaid are established to yield at least $7 billion in additional savings for taxpayers; but make no mistake. The biggest cost saver—the biggest cost saver—will be finding cures to some of America's most deadly and costly diseases.

I am thankful to have worked on many parts of this bill. The legislation contains five bills that I have introduced and other provisions that I helped with the authorship. I would like to take a minute to talk about a few of the sections where I have personally worked on them.

While thousands of Americans are affected by multiple sclerosis, Parkinson's, and other neurologic diseases, very little accurate information exists to assist those who research, treat, and provide care to those suffering from these diseases.

H.R. 6 actually includes H.R. 292, that I introduced, with Mr. VAN HOLLEN of Maryland, to advance research for neurologic diseases. H.R. 6 will allow for surveillance systems for tracking key neurologic diseases, which may then be used to help us further understand these devastating diseases and deliver their cure.

We are improving patient access to needed treatments by supporting expedited approval for breakthrough therapies and actually making it easier to seek approval for new indications of approved therapies.

Currently, the Food and Drug Administration approved drugs may be only promoted for the approved indication, even if the sponsor determines that the drug is an effective treatment for another indication.

H.R. 6 includes another bill, H.R. 2415, which I introduced with Mr. ENGEL of New York, and would formally establish a program within the Food and Drug Administration, which would allow companies with approved drugs or biologics to submit clinical data summaries for consideration of a new indication.

This would reduce the time to approval and reduce resources required to approve new indications of drugs, drugs that have a well-established knowledge base and well-established safety information.

I introduced H.R. 293, with Representative DEFAZIO of Oregon, to protect continuing medical education, which plays a vital role in our healthcare system. This improves patient outcomes, facilitates medical innovation, and keeps our Nation's medical professionals up-to-date.

With the inclusion of this provision in H.R. 6, we will ensure that doctors continue to have access to these vital tools.

□ 1415

The provision simply enforces current law, which states that educational materials were explicitly excluded from reporting requirements in the Affordable Care Act.

Unfortunately, the Center for Medicare and Medicaid Services has acted in conflict with the law, but we correct that in H.R. 6 and ensure that physicians have access to materials and information to keep us informed and up to date on medical innovation. With its inclusion in H.R. 6, we will ensure that doctors continue to have access to these vital tools.

We ensure that Americans have access to their critical health information by identifying barriers to achieving fully interoperable health records.

Mr. Speaker, the United States taxpayer has spent well over $30 billion to ensure that healthcare providers obtain an electronic record system. However, the investment has not resulted in access to information in those records and patients across the healthcare spectrum.

While we have seen widespread adoption of electronic health records, our Nation continues to maintain a fragmented healthcare system, making it difficult to ensure the continuity for evidence-based care for patients.

The 21st Century Cures Act would finally set the United States on a path toward achieving a nationwide interoperable health information system. This will be transformative for research and for medical treatment.

Finally, along with Mr. MCCAUL and Mr. BUTTERFIELD, we aid patients by requiring companies to clarify availability of expanded access programs.

Further, with the inclusion of H.R. 2414, which I introduced with Mr. SCHRADER of Oregon, we are requiring the Food and Drug Administration to issue guidance on the dissemination of up-to-date, truthful, scientific medical information about FDA-approved medications.

This legislation passed out of Energy and Commerce's Subcommittee on Health on May 19 on a voice vote, and it passed the full committee on May 21, 51–0, the second time in 3 years that the committee has had a 51–0 vote, the previous one being on the repeal of the sustainable growth rate formula.

I encourage all of my colleagues to vote ''yes'' on the rule and ''yes'' on

the underlying bill. 21st Century Cures would not only deliver hope to the millions of American patients living with untreatable diseases, but it will help modernize and streamline the American healthcare system.

I reserve the balance of my time.

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

(Mr. MCGOVERN asked and was given permission to revise and extend his remarks.)

Mr. MCGOVERN. I want to thank the gentleman from Texas (Mr. BURGESS) for yielding me the customary 30 minutes.

Mr. Speaker, before I speak on this bill, I want to thank Leader PELOSI for leading today's efforts to hold House Republicans accountable for their divisive Confederate flag amendment.

You know, it is stunning to me that my Republican friends decided to refer the minority leader's resolution to committee so we could not have a debate.

The legislature in South Carolina could have a debate, but my Republican friends here in the House of Representatives ensured that we in Congress cannot have that debate.

And the fact is that Americans, I think, are ready to leave behind the discrimination and hate symbolized by the Confederate flag, but my friends on the other side of the aisle seem to have a different idea.

Last night House Republicans introduced an amendment to the Interior Appropriations bill that simply has no place on this House floor.

It would undo the successful Democratic amendment adopted by voice that would have barred the display of Confederate flags in Federal cemeteries and barred the National Park Service from doing business with gift shops that sell Confederate flag merchandise.

Simply put, while South Carolina voted this week to take the Confederate flag down, Republicans in Congress were ready to put it back up.

And even more troubling, House Republicans tried to sneak this amendment into the bill late last night, hoping that nobody would notice. We noticed. The American people noticed.

And I am ashamed that, in 2015, Congress would even consider a measure that seeks to perpetuate the hate and racism that the Confederate flag represents.

Now, my friends on the other side of the aisle, especially the leadership, seem to be in a little bit of disarray.

The Speaker of the House is trying to distance himself from the measure, notwithstanding that the Republican chairman of the House Appropriations Interior Subcommittee who offered the amendment said that he did so at the request of the Republican leadership.

The Confederate flag is a symbol of racism and a reminder of one of our Nation's darkest periods of division. It has no place in America's National Parks. Congress should not promote this symbol of hate.

And now is the time to come together. I am proud to join with my colleagues who are standing up today for all Americans united against hate.

I will be asking my colleagues to vote ''no'' on the previous question so that we can bring up the Pelosi resolution before all of us here and have that debate and have that vote. I hope my Republican friends will join with me.

I just want to say one final thing. The fact that the Interior Appropriations bill was pulled from consideration on this House floor by my Republican friends because they believed that, without this pro-Confederate flag amendment, that they could lose up to 100 of their own Members, is stunning to me.

It never ceases to amaze me. Just when I think that this institution can't sink any lower, then something like this happens.

So, Mr. Speaker, I would urge my colleagues to stand with me and vote against the previous question so we can actually have this debate, a debate I think the American people would want us to have.

Now, Mr. Speaker, on the underlying bill before us, H.R. 6, the 21st Century Cures Act, I just want to say that this is the product of bipartisan hearings, stakeholder meetings, drafts and redrafts.

I am proud to be a cosponsor of the version of H.R. 6 that was passed by the Energy and Commerce Committee by a vote of 51–0. A vote like that doesn't happen often, especially in this Congress.

I want to commend Chairman UPTON and Congresswoman DEGETTE for leading this initiative and tirelessly working to get H.R. 6 to the floor.

I think it represents the kind of investments that we should be making to help families stay healthy and to grow our economy.

It provides $8.75 billion in mandatory funding over the next 5 years to the National Institutes of Health to spur scientific innovation and discovery by the country's premier medical researchers and scientists.

During the Clinton administration, Congress doubled the NIH budget and made a real commitment to keeping America on the front lines of scientific research. That investment led to exponential advances in medicine.

We should continue that progress by once again giving NIH the resources they need to make new advances in medicine. We shouldn't let our politics limit our ambition.

As Members of Congress, we were elected to be leaders, and this is an opportunity to ensure America continues to lead the way on new breakthroughs in health.

Now, I would have preferred to see the original $10 billion in NIH funding that was included in the bill that passed out of the Energy and Commerce Committee, and I hope that we can increase NIH funding back to that level as the bill moves forward.

We know without a shadow of a doubt that basic medical research produces results. In fact, NIH-funded research at institutions like the University of Massachusetts Medical School in my hometown of Worcester has been the single greatest contributor to advances in health in human history.

Today the average American lives 6 years longer than in the 1970s largely because of pioneering NIH investments.

All across the country, NIH-supported researchers are forging a path toward treatment and cures for debilitating diseases that impact patients everywhere.

But their success depends upon us. Our decision to invest in NIH is imperative to their success in improving health for all Americans.

Just consider UMASS Medical School as one example. For years, UMASS has been in the forefront of medical innovation because of investments from NIH.

In 2006, Dr. Craig Mello received the Nobel Prize in medicine for his groundbreaking discovery of RNA silencing, which, in layman's terms, means shutting off bad cells.

UMASS has researchers working toward finding cures for AIDS, Down's Syndrome, and Lou Gehrig's disease. All of this is possible because of our investment in NIH.

But I hear over and over again from scientists and medical researchers that they worry about the uncertainty of NIH funding because of crazy things that we do, like sequestration. They worry about our commitment to advancing basic medical research.

Fewer and fewer research grants are being funded. Countries like China, India, and even Singapore are luring away the best and brightest American researchers because they are committing to making meaningful investments in medical research.

21st Century Cures helps to reverse that trend, but I worry it is not enough. I am pleased to see that H.R. 6 takes a number of steps to modernize clinical trials, improve how the Food and Drug Administration approves new drugs and devices, and encourages the development of next generation treatments through the use of precision medicine, which President Obama highlighted in his State of the Union speech.

Just last week we saw the approval of a major new drug that will improve the quality of life for more than 10,000 people living with cystic fibrosis. The investments included in 21st Century Cures will help us to make more of these kinds of groundbreaking advances a reality.

Mr. Speaker, for all of the bipartisanship and positive aspects of this bill, I would be remiss if I didn't point out one glaring inconsistency.

Despite numerous hearings, round tables, and forms on this bill, a controversial policy rider that restricts access to abortion was added to the bill that came before the Rules Committee.

It is like the majority couldn't help themselves. They couldn't resist an opportunity to add a contentious rider to an otherwise bipartisan package to advance medical research.

I am pleased that the committee made in order an amendment offered by my friends BARBARA LEE, JAN SCHAKOWSKY, and YVETTE CLARKE to strike these controversial policy riders.

Unfortunately, the committee prohibited a number of other amendments from coming to the floor for debate. Out of the 36 amendments submitted for consideration, only eight will be considered on this floor during debate on this legislation.

Many of our colleagues came to the Rules Committee last night to testify on their amendments. They raised important issues and made suggestions as to how we can improve this legislation.

So while I support the underlying bill, I urge my colleagues to vote ''no'' on the rule, which prohibits debate on a number of amendments worthy of consideration.

I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Oregon (Mr. WALDEN), a member of the Energy and Commerce Committee.

Mr. WALDEN. Mr. Speaker, I want to thank the chairman of the committee, FRED UPTON, and DIANA DEGETTE for their great bipartisan work. And we all put a shoulder to the wheel here to get this done.

This is really big, 21st Century Cures. All of us have known someone afflicted by deadly diseases. Most of us have seen people in our own families.

My mother passed away as the result of ovarian cancer. My sister-in-law had brain cancer. I lost a son to a congenital heart defect. My mother-in-law had rheumatoid arthritis from a very early age. My stepmother died of a stroke. We are all affected.

Investing in cures, investing in treatments, investing in innovation and doing it right here in America is the best step forward.

This legislation would modernize the Nation's biomedical innovation infrastructure and streamline the process for how drugs and medical devices are approved in order to get new treatments to patients and get it to them faster.

To do this, we solicited input from some of the best scientists in the world, including Dr. Brian Druker of OHSU, Oregon Health Sciences University, Knight Cancer Research Center, a true pioneer in the fight against cancer.

This initiative would give hope to countless Oregonians. Like my friend Linda Sindt, a close friend in southern Oregon, she lost her husband Duane to pancreatic cancer. She said this legislation will put us on a path to improved survival for pancreatic cancer.

Nancy Roach, a colon cancer advocate in my hometown of Hood River, praised the bill, saying, ''Investing in 21st century science by boosting funding for the NIH makes sense.''

Colton and Tiffany Allen are residents of Talent, Oregon. They said this bill will give hope, hope, to individuals like Colton, who struggles with ALS.

We owe it to people like Linda, Nancy, Colton, Tiffany, to our families, to all Americans and literally people around the globe to pass this legislation, to tackle these diseases that have no treatment or cure, to develop new innovative treatments, provide better health technology, and ultimately bring hope and better lives for all.

Mr. MCGOVERN. Mr. Speaker, I yield 2 minutes to the gentlewoman from New York (Ms. SLAUGHTER), the distinguished ranking member of the Committee on Rules.

Ms. SLAUGHTER. Mr. Speaker, this is a very important day for me, as a member of the Rules Committee. Rules, as you know, is the process committee. I want to spend my time discussing the process that has been going on here.

The process that rules have in the House is to really make certain that fairness is presented to all parties.

□ 1430

Whether you are a majority or a minority, you have your rights, but they have been trampled on and abused with increasing regularity under this majority, and we have two glaring examples of that just today. We have glaring examples every day, but let me bring up these two.

Mr. Speaker, this bill is critically important to all of us, and as everybody has spoken before makes it clear—and we all agree on the importance of putting more money into major research in the United States—we are falling behind other countries in finding the cures and the innovation for which we have been known for centuries. This is an important step that we are taking. This is a critically important bill, but process matters.

Mr. Speaker, after the committee had voted out this bill unanimously, major changes were made with no committee input at all. They include reduction of the amount of money that the committee had said would be put into the National Institutes of Health by $1.025 billion, a very substantial sum.

They added some policy riders that literally made no sense. Why in the world would you put an abortion rider on a thing for medical research? As far as I know, the NIH and most medical universities doing this research do not perform abortion procedures. It was simply a way, again, to mollify people and make somebody think that, if they vote for this bill, they are doing something that is impossible to do. But like Alice in Wonderland, we are all trained here to try to believe six impossible things before breakfast because we are confronted with them daily.

Another one is that they changed the pay-fors, which is critically important to everything that we do.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. MCGOVERN. I yield the gentlewoman an additional 1 minute.

Ms. SLAUGHTER. So, Mr. Speaker, despite the importance of this bill, despite the fact that it came out of committee unanimously, despite the fact that so many people have worked on it, and despite the fact that good things were in it, the process was completely changed after it was over by rewriting major portions of it. That doesn't appear anywhere in the rules of the House.

Now, not only that, let's think about what happened here this morning. Last night on the Interior bill, which is an open rule, after the Democrat who was up, BETTY MCCOLLUM of Minnesota, had yielded back her time, after the time had been yielded on both sides and the vote had been taken, suddenly another amendment appears at the request, as Mr. MCGOVERN has said, of the Republican leadership. So they suddenly come up with this. Ms. MCCOLLUM was not informed in any way. She had absolutely no knowledge of what was going to happen. That may not break a specific rule of the House, but it sure does break etiquette. You do not come out onto the floor to try to fool people who are on the other side.

The SPEAKER pro tempore. The time of the gentlewoman has again expired.

Mr. MCGOVERN. Mr. Speaker, I yield the gentlewoman an additional 1 minute.

Ms. SLAUGHTER. Mr. Speaker, what happened here this morning, obviously, I think Mr. MCGOVERN has stated it precisely. Without the ability to have that amendment, without that crazy amendment, frankly, that resolution—as far as I am concerned, once you send them back to committee, you are sending them to interment—we will never see that one again. But they had to have that in order to get the votes to pass the bill. That is the kind of horse trading and all the things that go on here. After all the process and procedure that belongs to the Congress of the United States, and has for centuries, has been absolutely abused, as I said earlier, and trampled on on a regular basis, Mr. Speaker, it is time we stopped it. Nothing happened here today except to make this place look stupid.

I was born in a border State, in Kentucky. All my life I have lived there. I was educated there, and I was married there. I never saw a Confederate flag in all the years of my life. These battle flags that they are putting up appeared in the South after the civil rights legislation. They were the products of Strom Thurmond and the Dixiecrats. That is when they started to bloom all over. It is a symbol of pure hate and revenge or whatever else they want to call it. It needs to go.

The SPEAKER pro tempore. The time of the gentlewoman has again expired.

Mr. MCGOVERN. Mr. Speaker, I yield the gentlewoman an additional 10 seconds.

Ms. SLAUGHTER. It is the equivalent to my having the German Government flying the swastika over the Bundestag.

Mr. BURGESS. Mr. Speaker, at this time, I yield 1 minute to the gentleman from Florida (Mr. BILIRAKIS), a valuable member of the Energy and Commerce Committee.

Mr. BILIRAKIS. Mr. Speaker, I rise today in support of the rule for H.R. 6, the 21st Century Cures Act.

The 21st Century Cures Act is one of the best things Congress has done in a long time in my opinion. H.R. 6 is a holistic reform of how we can get cures and treatments to patients who need them. That is what this bill is all about, patients, our constituents, Mr. Speaker.

One provision I was particularly proud to author will establish a drug management program which prevents at-risk beneficiaries from abusing controlled substances. This program will help protect our seniors. It is a fix to Medicare part D, that is a program that is really desperately needed. This commonsense measure has been recommended by GAO and IG, and it is also recommended by CMS.

Mr. Speaker, it is utilized by private industry, TRICARE, and State Medicaid programs. This bill makes strides to prevent prescription drug abuse and promote a healthier America.

I urge support for the rule and the underlying bill as well.

Mr. MCGOVERN. Mr. Speaker, I yield 2½ minutes to the gentlewoman from California (Ms. MATSUI), a member of the Energy and Commerce Committee.

Ms. MATSUI. Mr. Speaker, I thank the gentleman for yielding me time.

Mr. Speaker, I rise in support of the rule to consider the 21st Century Cures Act on the floor. On the Energy and Commerce Committee, we worked tirelessly with our colleagues on the other side of the aisle to get this bill to a place that we could all agree upon, a place where we provide new mandatory funding for NIH to do the critical research that is a foundation for cures, a place where we tweak FDA processes and provide FDA with additional resources to do the new things that will help get treatments and cures to patients faster.

As we worked together to find ways to accelerate innovation, patients with rare diseases have been at the forefront of our conversations. It is often more difficult to research and develop cures for rare disease patients due to their small populations. However, finding cures for rare diseases is not just of the utmost importance to the patients with those rare diseases and their families, it is important to all of us. You never know where a cure might come from, and often research and drug development on one disease may turn out to be fruitful for another.

Mr. Speaker, we all need to work together to advance cures and treatments. A provision of this bill would encourage public-private partnerships to foster better utilization of patient registries that generate important information on the natural history of diseases, especially rare diseases for which other types of research can be difficult.

I also applaud the efforts in this bill to advance the President's Precision Medicine Initiative to accelerate discoveries that are tailored to individual patients' needs.

The telehealth language in 21st Century Cures recognizes telehealth is the delivery of safe, effective, quality healthcare services by a healthcare provider using technology as the mode of delivery, and the interoperability provision makes great strides toward ensuring that our health IT systems can communicate amongst each other and with patients.

Mr. Speaker, I don't claim that this bill is perfect. Compromises have been made. I am disappointed that the amount of NIH funding has been recently reduced from $10 billion to $8.7 billion. I am also disappointed that policy riders, such as the Hyde amendment language, have been inserted after we voted this out of committee, and I look forward to voting for the amendment offered by my colleagues BARBARA LEE, JAN SCHAKOWSKY, and YVETTE CLARKE to strike the policy riders language. With that, Mr. Speaker, I do, however, support the 21st Century Cures legislation.

Mr. BURGESS. Mr. Speaker, I yield 1½ minutes to the gentleman from Texas (Mr. MCCAUL), the chairman of the Homeland Security Committee.

Mr. MCCAUL. Mr. Speaker, I commend Dr. BURGESS and Chairman UPTON for a bill that is truly visionary that will actually save lives, something we can rarely say we do up here in this place, but I believe this will provide cures for the next century.

Mr. Speaker, there are two provisions I am very pleased to see in the bill. One is the Andrea Sloan CURE Act, which expands compassionate use to those who have life-threatening diseases and gives them greater access to lifesaving medications. Andrea is a friend of mine who, on her deathbed, asked me to try to make sure that this didn't happen to other people.

And finally, I am pleased to see the reauthorization of the Creating Hope Act, which has now led to the second childhood cancer drug approved since the 1980s and the first FDA-approved drug to treat high-risk neuroblastoma.

Mr. Speaker, I believe that with the passage of this bill we will see greater cures in the future, and we will not only save adults from cancers, but also children from this dreaded disease in the future.

Mr. MCGOVERN. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Ms. SPEIER), a member of the Armed Services Committee.

Ms. SPEIER. Mr. Speaker, I thank the gentleman from Massachusetts.

Mr. Speaker, coming out of committee, H.R. 6 was a bipartisan huge leap forward in our efforts to accelerate the development of lifesaving cures through medical research. Yet somehow, between the committee and the floor, the majority once again has tacked on antiabortion Hyde amendment language, which makes no sense at all.

It is like the Republicans are cheap stage magicians attracting our attention with the promise of critically needed medical advances, all the while stuffing the same old, flea-bitten Hyde provision rabbit into their hat. We are tired of this tedious stage show. NIH is already subject to the Hyde provisions in appropriation bills. This is just a way to continue politics as usual.

If H.R. 6 passes under a mantle of bipartisanship, they will pull out the rabbit, wave it around, and say, Look how amazing and wonderful we are.

I, for one, am sick of the House being run like a boardwalk magic show. Adding this type of language between open, transparent committee consideration and open, transparent floor consideration makes a mockery of representative government. Adding an antiabortion rider to bills in the dead of night through sleight of hand turns the substantive bipartisan work that is crafted in H.R. 6 into a pathetic imitation of cooperation.

Since the 114th Congress began, the House has taken 37 actions to restrict abortion access. While I don't agree with this paranoid focus on women's private and legal medical decisions, it is the majority's right to set the agenda; but I cannot stand by while these provisions are slipped into an otherwise excellent bill through underhanded maneuvers that run contrary to our democratic process. When similar provisions were slipped into a human trafficking bill, we said no. Why aren't we saying no today?

I am a cosponsor of the original version of H.R. 6, but I cannot let the people's House become the people's House of smoke and mirrors.

Mr. BURGESS. Mr. Speaker, I yield 1½ minutes to the gentleman from Tennessee (Mr. ROE), the chairman of the House Doctors Caucus.

Mr. ROE of Tennessee. Mr. Speaker, I stand before you today someone who, 45 years ago, graduated from medical school. My first pediatric rotation was at St. Jude Children's Hospital. At that time, a majority of all those children that I saw as a young medical student died of their disease. Today, almost 90 percent of those children live.

Back in the 1950s, we had a polio vaccine. It was developed with the help of government funding, and today that would be scored as a cost to the taxpayers. Does anyone think the prevention of polio was a cost to the taxpayers? It was one of the greatest miracles of the 20th century.

Just 4 short months ago, my wife died of stage 4 colon cancer. And I know right now that everyone in this Chamber who is listening and everyone who is outside watching this has had a

close family member or a friend or a relative who has experienced something similar.

Mr. Speaker, it is time now we as a nation got serious about curing the major diseases, not treating the disease, but curing the major diseases that are affecting this country and affecting us personally. I am more passionate about this bill and excited about passing the 21st Century Cures bill than anything I have voted on since I have been in the Congress.

Mr. Speaker, I strongly encourage my colleagues to support this rule and the underlying bill.

Mr. MCGOVERN. Mr. Speaker, I am pleased to yield 2 minutes to the gentlewoman from Florida (Ms. CASTOR), a member of the Energy and Commerce Committee.

Ms. CASTOR of Florida. Mr. Speaker, I thank my friend, the gentleman from Massachusetts, for yielding the time.

Mr. Speaker, I rise to support the rule and in strong support of the 21st Century Cures bill that was voted unanimously, in a bipartisan fashion, out of my Energy and Commerce Committee.

□ 1445

America is the world leader in medical research, and we have got to work to keep it that way. That has been at risk lately because of congressional budget battles. The resources that our researchers need to find the cures and treatments of the future have been at risk. Our commitment to medical research has eroded over the years, but this 21st Century Cures bill would put us now on a stronger path forward.

I have advocated for more NIH research dollars for many years to boost our patients back home suffering from the debilitating diseases. I have offered amendments in the Budget Committee to shift money from discretionary to mandatory because it is mandatory in America that we respond and we research the cures of tomorrow, such as precision medicine like they are doing at the Moffitt Cancer Center in Tampa, Florida.

Now that we have mapped the human genome, we can find and provide precise cures and treatments to our neighbors and family members with cancer.

I am disappointed that the amount of money has been eroded. I am very disappointed that the Hyde rider was added at the last minute behind closed doors; it was not voted on in committee, but simply stated, this bill is too important not to pass it.

I would like to thank my colleague Chairman UPTON and my good friend DIANA DEGETTE from Colorado for leading the charge. We are firmly with you, and we are with the patients and the researchers in America that will benefit from this terrific piece of legislation.

Mr. BURGESS. Mr. Speaker, may I inquire to the time remaining?

The SPEAKER pro tempore. The gentleman from Texas has 17 minutes remaining. The gentleman from Massachusetts has 11 minutes remaining.

Mr. BURGESS. Mr. Speaker, I yield myself 30 seconds for the purpose of the introduction of my next speaker.

Mr. Speaker, it is really a great privilege to recognize the next speaker on our side, the chairman emeritus of the Energy and Commerce Committee. In fact, the last reauthorization for the National Institutes of Health occurred under JOE BARTON's watch, one of the last things we did at the waning hours of the 109th Congress.

Mr. Speaker, he did provide additional funding to the NIH; he provided an increase of 5 percent a year for the lifetime of that reauthorization. Unfortunately, it was never appropriated to that level after the Democrats took charge in the 110th Congress.

I yield 3 minutes to the gentleman from Texas (Mr. BARTON), the chairman emeritus of the Energy and Commerce Committee, for his observations.

(Mr. BARTON asked and was given permission to revise and extend his remarks.)

Mr. BARTON. Mr. Speaker, I want to thank the Member from Texas for that generous introduction.

Mr. Speaker, 4 years ago, I went to then-Majority Leader Eric Cantor and committee chairman FRED UPTON and asked permission to create a task force, a bipartisan task force—equal numbers of Republicans and Democrats from the Energy and Commerce Committee and the Appropriations Committee—to work with outside groups and experts to see if there were not some ideas that we could put forward in legislation to improve the ability to find and implement cures for all the various diseases that afflict our Nation.

Mr. UPTON and Mr. Cantor approved that task force. We had a task force of 24 members. We had an outside group that included several Nobel prize winners, leaders from Johns Hopkins and MD Anderson, former directors of NIH and FDA. That morphed in the beginning of this Congress to a task force that DIANA DEGETTE and Chairman UPTON led themselves. That has led to a bipartisan bill that, as has been pointed out, came out of committee 51–0.

That is an amazingly extraordinarily positive accomplishment to have total unanimity in support of this type of a bill. We haven't reauthorized NIH since 2006, and that lapsed in 2009. This bill does that. We have taken every innovative idea in the medical community that makes any sense at all and put it into this bill.

We are increasing the authorization for spending for NIH. We have the innovation fund, which is a mandatory program for 5 years. It puts a little under $2 billion a year that is offset; it is paid for; it does go away at the end of 5 years, but for 5 years, it is specifically going to innovation research that is a fast track to find the cures that are most applicable to the marketplace today.

This bill is a revolutionary bill. We need to pass it, Mr. Speaker. There are lots of problems. There are things that are not in the bill that I wanted in the bill, but this is a huge step forward. It rarely happens that Congress can work together to do something that is totally for the benefit of the American people. This is one of those times.

We need to vote for the rule, and then we need to vote for the bill, and we will move forward, united, to find the cures for the 21st century for all Americans and, really, to some extent, for all the world.

I thank the gentleman for the time.

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

I am going to urge that we defeat the previous question. If we defeat the previous question, I will offer an amendment to the rule to allow for consideration of Leader PELOSI's resolution, which basically says that any State flag containing the Confederate battle flag would be prohibited from the House wing of the Capitol.

Given what the Republicans, our leadership, tried to do on the Interior Appropriations bill yesterday, I think this is especially timely. As I mentioned earlier, while South Carolina voted this week to take the Confederate flag down, Republicans in Congress appear ready to put it back up.

Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. LEWIS), the distinguished ranking member of the Ways and Means Subcommittee on Oversight.

Mr. LEWIS. Mr. Speaker, I want to thank my friend Mr. MCGOVERN for yielding.

Mr. Speaker, I must tell you, my heart is heavy. I am saddened by what has happened here in America. I thought that we have come much farther—much farther—along.

Growing up in rural Alabama, attending school in Nashville, Tennessee, now living in Georgia, I have seen the signs that said White and Colored—White men, Colored men, White women, Colored women, White waiting, Colored waiting.

During the sixties, during the height of the civil rights movement, we broke those signs down. They are gone. The only place that we will see those signs today will be in a book, in a museum, or on a video. If a descendant of Jefferson Davis could admit the Confederate battle flag is a symbol of hate and division, why can't we do it here? Why can't we move to the 21st century?

Racism is a disease. We must free ourselves of the way of hate, the way of violence, the way of division. We are not there yet. We have not yet created a beloved community where we respect the dignity and the worth of every human being.

We need to bring down the flag. The scars and stains of racism are still deeply and very embedded in every corner of American society. I don't want to see our little children—whether they are Black, White, Latino, Asian American, or Native American—growing up

and seeing these signs of division, these signs of hate.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. MCGOVERN. I yield the gentleman an additional 1 minute.

Mr. LEWIS. As a Nation and as a people, we can do better. We can lay down this heavy burden. It is too heavy to bear. Hate is too heavy a burden to bear. We need to not continue to plant these seeds in the minds of our people.

When I was marching across that bridge in Selma in 1965, I saw some of the law officers and sheriff deputies wearing on their helmet the Confederate flag. I don't want to go back, and as a country, we cannot go back.

We must go forward and create a community that recognizes all of us as human beings, as citizens, for we are one people, one Nation; we all live in the same House, the American House.

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Kansas (Mr. YODER).

Mr. YODER. Mr. Speaker, I rise today to join the chorus of Americans who are calling out for support and research and innovation to cure diseases that affect every family and neighborhood in America.

The rule that we have before us would allow us to debate the 21st Century Cures bill forwarded by the Energy and Commerce Committee on a unanimous, bipartisan vote.

What this bill would do would increase, by over $8 billion, research over the next 5 years to be conducted by the National Institutes of Health. Each year, we spend over $700 billion on care for seniors through Medicare; yet we spend just $30 billion a year, roughly, annually, on curing or researching the cures for every disease that plagues our country: Alzheimer's, Parkinson's, cancer, heart disease, diabetes.

In all those diseases combined, we spend just $30 billion a year on research; yet we spend trillions on health care. We know, each year, 600,000 people will die of cancer. We know, each year in the United States, 700,000 people will die of Alzheimer's. These are real people, real families that are in anguish over these and many other diseases.

It is not just a moral issue; it is an economic issue. By 2050, estimates are that our country will spend $1.1 trillion annually to treat health care for people with Alzheimer's alone, over $1 trillion annually; yet we spend just $562 million a year researching a cure for Alzheimer's, a true definition of penny wise and pound foolish.

This 21st Century Cures bill increases our commitment to curing disease, as I said, by over $8 billion over the next 5 years.

Each of us has a family member or a friend with a tragic story about one of these diseases. These diseases know no party affiliation; they don't know center of aisle versus the left or right side of the aisle. They know no State; they have no regional boundaries. They don't know the difference between mandatory and discretionary spending.

To cure these diseases is a moral imperative for these families, but to cure these diseases is also an economic imperative. If we cure one of these diseases, our investment will pay for itself a thousand times over. The CBO can't score that; the CBO can't make any recognition of that. This is a savings bill.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. BURGESS. I yield the gentleman an additional 1 minute.

Mr. YODER. I have a 20-month-old daughter, and this isn't just about curing the disease for our generation; it is about curing the disease for her generation and every generation to follow.

Supporting the 21st Century Cures bill bends the cost curve on entitlements; it saves our country from going into bankruptcy, and it helps us balance our budget. These investments are not just necessary for our moral imperative to save lives, but they are also an economic imperative.

All those things together means we ought to have a robust, large vote in this House to pass this rule and to ensure that the 21st Century Cures bill goes forward.

I strongly support it, and I ask my colleagues to do the same.

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. JOHNSON).

Mr. JOHNSON of Georgia. Mr. Speaker, the Southern strategy was and is a Republican strategy of gaining political support for its political candidates by appealing to regional and racial tensions in this country based on the history of slavery, the history of the Civil War, racism, and segregation. That is a history that is indefensible, and so is the Confederate battle flag which represents those attitudes.

I call upon my fellow colleagues in the Republican Party to denounce this Southern strategy once and for all and to do what it takes to affirm the tide of this country, which is to do away with that symbol of oppression and racial animist, the Confederate battle flag.

Let's remove that flag from our national cemeteries, from our Park Service, places of purchasing memorabilia.

□ 1500

Mr. BURGESS. Mr. Speaker, I yield myself 1 minute.

We do have before us today a unique opportunity. We have an opportunity to lay the groundwork for the future. We have the way to lead in the 21st century in providing 21st century cures.

To be sure, we are providing additional funding to the National Institutes of Health and we are providing additional funding to the Food and Drug Administration, but we are also placing requirements upon those institutions.

We all know we have to do things faster, better, cheaper, smarter and that we have to do more with less. That is what the 21st Century Cures bill lays before us, and that is why this rule is so crucial and critical today and why I urge its passage.

I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I yield 2 minutes to the gentlewoman from Connecticut (Ms. DELAURO), the ranking member of the Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies.

Ms. DELAURO. Mr. Speaker, I rise in opposition to this rule and the underlying bill.

The bill provides for an increase of $1.75 billion per year in the budget for the National Institutes of Health. I applaud all efforts to increase funding for the NIH.

I am a survivor of ovarian cancer, and I am alive today because of the grace of God and biomedical research. So I appreciate biomedical research.

Unfortunately, this increase is not nearly enough to restore the NIH's lost purchasing power. Since fiscal year 2010, the National Institutes of Health has seen its budget erode by about $3.6 billion in real terms, an 11 percent cut. If we are serious about funding life-saving medical research, we must raise our level of ambition.

This bill also sets aside $500 million of the increase to be spent in certain specified areas of research. I think that this is a wrong approach.

The people best placed to decide which scientific avenues are worth pursuing are scientists, not politicians. We should not substitute our judgment for theirs.

I am also concerned that the bill will lower standards for medical device approval at the Food and Drug Administration and create a new pathway for antibiotic approval that, in my view, involves less rigorous testing requirements. Again, I think that this is a wrong approach.

It is our duty to protect the public from potentially unsafe devices and drugs. We do not do that by reducing standards.

Finally, the majority is yet again using this bill as a vehicle for anti-choice Hyde amendment language. Since January, the majority and its counterpart in the other Chamber have sought to restrict access to abortion no fewer than 37 times.

The bottom line on this issue is that we need to trust women and that we need to trust the choices they make. We have to trust women. Politicians have no business meddling in those decisions.

For these reasons, I believe that we should reject this bill, and I urge a ''no'' vote.

Mr. BURGESS. Mr. Speaker, I yield myself 1 minute.

I would point out that once again reauthorization of the National Institutes of Health occurred in this Congress in the waning days of the 109th Congress in December of 2006.

Mr. BARTON reauthorized the NIH at a $31 million base to increase by 5 percent per year. We were told at the time that that was not enough and, with biomedical inflation at 8.8 percent a year, that it was, in fact, a cut.

Mr. Speaker, in fact, what happened was then, of course, the Democrats took control of the House and the Senate the following year, and they never appropriated the NIH to that 5 percent figure.

Now, this is not about Republicans and Democrats. This is about finding cures for the 21st century. The gentlewoman is correct in that we do direct some of the research dollars within the NIH.

You will recall, when the stimulus bill passed in 2009, $10 billion went into the NIH right then to be spent that year.

We ended up filling up and filing paperwork from leftover projects, but we got very few deliverables out of that. This directs that research into high-risk, high-reward areas. We need the deliverables from the NIH.

I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentlewoman from Colorado (Ms. DEGETTE), the ranking member of the Energy and Commerce Subcommittee on Oversight and Investigations.

Ms. DEGETTE. Mr. Speaker, I rise today to give my thanks to FRED UPTON for recruiting me to help cosponsor this bill with him, and I give my thanks to all of our colleagues on both sides of the aisle for working together on finding cures from the lab into the clinics for so many diseases that we don't have any treatments for right now. This really is an extraordinary effort that we have made, and it really is Congress at its best.

I do want to mention that I was disappointed when, after the bill passed in the Energy and Commerce Committee 51–0, that in the manager's amendment the annual riders from the Labor-HHS bill were put into the bill. I think it is unnecessary, and I think that it distracts our attention from the important mission this bill brings.

I will be voting for the Lee amendment, but I would urge all of our colleagues, no matter how you vote on the amendments that are made in order in these rules, to please vote ''yes'' for the patients of America.

Mr. BURGESS. Mr. Speaker, I yield myself 1 minute.

This past weekend, in an op-ed piece that was published online, Mr. James Pinkerton wrote:

> As Abraham Lincoln said a century and a half ago, the Federal Government should only be doing things that people can't do for themselves.

Medical cures are a great example of something people can't do for themselves at home. That is what we are about this afternoon, providing the rule to allow for the consideration for the cure of the 21st century.

It is an important rule, and the underlying bill is important. I urge all Members to support both the rule and the underlying bill.

I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. I thank the gentleman from the great State of Massachusetts for yielding.

Mr. Speaker, this is an emotional time for many of us. This is an important bill. But we have just gone through an emotional time on this floor, again, raising up the ugliness of the rebel flag.

I stand again to try and educate both the public and our colleagues about the damage that this flag has done to so many, for under that flag many were killed in the name of slavery.

Interestingly, this is the 150th year of the elimination of slavery. I think about health care, and I spoke last evening about lupus, sickle cell anemia, and triple-negative breast cancer all falling discriminantly on minority populations. In life, there are still issues that face you because you are different.

I call upon this House to recognize that, although we have many issues to debate, when you pierce the heart of someone because you believe he is inferior or different—when you want to coddle and protect the rebel flag—I hope we will get to the point between now and next week, as I introduce H. Res. 342 as a privileged resolution to ban all signs of hate, that we will rise to be unified together and stand under the American flag.

Mr. BURGESS. Mr. Speaker, may I inquire as to the time remaining?

The SPEAKER pro tempore (Mr. WOMACK). The gentleman from Texas has 8½ minutes remaining, and the gentleman from Massachusetts has 2 minutes remaining.

Mr. BURGESS. Mr. Speaker, may I ask of the gentleman from Massachusetts if he has additional speakers?

Mr. MCGOVERN. Just I.

Mr. BURGESS. Mr. Speaker, I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I yield 30 seconds to the gentleman from Texas (Mr. VEASEY).

Mr. BURGESS. I yield 1 minute to the gentleman from Texas (Mr. VEASEY).

Mr. VEASEY. Mr. Speaker, I just wanted to speak about the importance of our acting now to do the right thing in regard to the Confederate flag.

Many of you may not know, but this year marks 100 years of the viewing and the premiere of the film that really sparked the re-emergence of the Confederate flag, ''The Birth of a Nation.'' We know that film was bigger than ''Star Wars'' and ''Jaws'' and any major blockbuster motion picture.

That is what ''The Birth of a Nation'' was. It revived the Confederate flag. It made the Confederate flag the symbol of hate that it is today. It actually helped the re-emergence of the second Ku Klux Klan in this country. We know that that is what the Confederate flag ultimately stands for.

It doesn't have anything to do with the Civil War and with the battle, like Mr. CLYBURN had pointed out earlier, because that was a completely different flag. It has to do with segregation and keeping us in the past.

We need to be able to move past it, Mr. Speaker. I would ask that my Republican colleagues do the right thing and join us in moving forward and in letting the past be the past.

Mr. BURGESS. Mr. Speaker, I yield 3 minutes to the gentleman from Michigan (Mr. UPTON), the chairman of the Energy and Commerce Committee and the author of the Cures legislation.

Mr. UPTON. Mr. Speaker, as we all know, we launched this bipartisan effort about a year and a half ago, and with tomorrow's House vote, we mark a very important milestone in our quest for 21st century cures, one step closer to the finish line.

There have been so many individuals throughout our 18-month journey who have helped us get to where we are today: patients across the country, advocates, researchers, innovators, experts, academics, regulators, some of the Nation's brightest minds, even Nobel Prize winners. To all, we say thank you.

Thank you, too, to the hard-working staff, again, on both sides of the aisle, who took the meetings, who did the research, who drafted the language, and who sat at the negotiating table for countless hours to help us develop this incredible product: Gary, Joan, Alexa, Clay, Paul, Josh, Robert, John, Carly, Katie, Adrianna, Graham, Sean, Noelle, Macey, Mark, Tom, Bits, Marty, Tim, Jeff, and Tiffany.

And to the Democratic staff, the staff of our Members, thank you all.

Thanks to the House legislative counsel and the CBO for your efforts and dedication in working through many, many weekends.

Thank you to the Members of both parties, who really did bring their best ideas, who partnered with one another to make their cases, and who delivered so many of the policies that we welcome today because we listened.

I also want to thank Chairman HAL ROGERS and his staff. The Appropriations Committee has been a critical partner in this effort for the last number of months, working with us and developing the right approach to achieve our shared goal of helping patients in a fiscally responsible way.

I especially want to highlight my partner, DIANA DEGETTE, in her effort from day one. She came to my district in Michigan, and I have traveled to Colorado. We have been on a number of road trips for Cures across the country, and I look forward to the next journey down Pennsylvania Avenue.

I also want to thank Chairman PITTS, Mr. PALLONE, and Mr. GREEN for their really strong partnership. We have made great strides, but our work continues, and we are not going to stop until the ink is dry.

I thank Chairman PETE SESSIONS, Dr. BURGESS, and members of the Rules Committee for making sure that this legislation has gotten to the floor in a timely fashion.

I also want to give a hearty thanks to a young boy named Max, the 6-year-old ambassador for Cures. Yes, although he is faced with the challenges of Noonan syndrome, he has been a little warrior in that effort.

He joined us when we had a 51–0 vote back on May 21 in the committee, and I am delighted that Max will be by our side tomorrow on the House floor for its final passage.

Helping Max and others like him is why we are here, and helping my friends Brooke and Brielle, which will be part of my general debate discussion, is why we are here.

With a resounding vote tomorrow, we will send a signal to the Senate loud and clear that the time for Cures 2015 is now.

I look forward to working with my Senate counterparts on both sides of the aisle to continue the momentum of getting this bill to the President's desk. We have a chance to do something big, and this is our time.

□ 1515

Mr. MCGOVERN. Mr. Speaker, I yield myself the balance of my time to close.

Mr. Speaker, the 21st Century Cures bill is a good bill. I want to thank Mr. UPTON and Ms. DEGETTE for working in a bipartisan way to come up with this product. It invests in NIH. It invests in lifesaving medical research. It makes it more possible that we will find cures to diseases like cancers and Alzheimer's and Parkinson's, diabetes, HIV, and so many other terrible diseases that afflict so many of our fellow citizens.

This is important stuff. Who knows, maybe we will even find a cure to the disease that resulted in so many in this House voting for the destructive sequestration initiative that, by the way, cut medical research and put off the day of some of these lifesaving cures. We need to do better than this, but this is an important start, an important step in the right direction, and I hope that my colleagues in a bipartisan way will support it.

Secondly, as I mentioned before, I want to urge my colleagues to vote against the previous question.

I ask unanimous consent to insert the text of the amendment I would offer in the RECORD if we defeat the previous question, Mr. Speaker.

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

There was no objection.

Mr. MCGOVERN. If we defeat the previous question, we will bring up again the Pelosi resolution that my colleagues on the other side of the aisle chose not to debate. The reason why this is important, the reason why we should do this is very simple: because it is the right thing to do. Every once in awhile we ought to come together in this Chamber and do the right thing. The Confederate flag is a symbol of hate; it is a symbol of division; it is a symbol of so many things that we all abhor. The time has come to follow some of the other States in this country and here in Congress do something the American people can be proud of.

I urge my colleagues to vote ''no'' and defeat the previous question. Vote ''no'' on the rule because it is restrictive.

I yield back the balance of my time.

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

Mr. Speaker, this is a momentous bill that will be before us today. This is analogous to the time back in the 1970s when the National Cancer Institute was authorized by Congress in the Nixon administration. This is an opportunity to take that leap forward and perhaps deliver some of those cures that so many of our constituents have waited for for so long.

Mr. Speaker, we all value institutions and institutional knowledge and institutional learning, but, Mr. Speaker, we also acknowledge that there are times when we have got to be disruptive. There are times that you have to forget the past and move into the future, and this is one of those times. We are all familiar with the fact that, yeah, the neighborhood bookstore may be gone, but we can order stuff online from Amazon.

Disruptive technology is as important in medicine as it is anywhere else. This bill is paid for. This bill is offset. It sunsets in 5 years' time. But, as I was reminded by my colleague, the gentleman from Maryland, Dr. ANDY HARRIS, a few days ago, while this bill is offset, while we are paying as we go for the increases for the National Institutes of Health and the FDA, what if—what if—one of those moonshots succeeds?

In May of 2012, Glen Campbell came and played a concert at the Library of Congress. This is him and his daughter Ashley. They were on the stage. Glen Campbell went public with the knowledge that he has Alzheimer's disease. He struggled at several points during that concert. It was, in fact, amazing to watch him play his instrument. At times he couldn't remember the words to the song, and Ashley would help him.

This is a shot where they did ''Dueling Banjos''—very, very accomplished and skilled instrumental work that they both did on their instruments that they were playing. What if? What if we were to deliver that moonshot and provide that cure that would have prevented Glen Campbell from falling into the recesses of Alzheimer's illness? What if that cure were within our grasp? What is worse is what if that cure is on a shelf or in a test tube somewhere and we just haven't quite gotten around to its evaluation? This is important stuff.

Glen Campbell narrated the soundtrack of my life as I was growing up, from Delight, Arkansas, a gentleman of our generation who was so important to so many of us as we were growing up, and he shared with us there on the stage his story and his daughter's story. You can see his daughter Ashley looking at her dad. If we could preserve her ability to smile at her dad for a little longer, wouldn't that be worth some of the fighting that we do here?

This bill is offset. This bill is paid for.

Mr. Speaker, today's rule provides for consideration of this critical bill, a bill that will transform and advance the discovery, development, and delivery of treatments and cures.

I applaud all Members who have worked on this thoughtful piece of legislation, along with Energy and Commerce staff on both sides of the aisle. All members of the Committee on Energy and Commerce were asked to bring their ideas to the table, and we worked to include as many as we possibly could.

I want to express my sincere thanks to all the great attorneys at the Legislative Counsel who worked around the clock to deliver us the legislative language. I want to thank Chairman UPTON, Representative DEGETTE, as well as Chairman PITTS and Ranking Members PALLONE and GREEN for their leadership throughout.

I want to thank all of the staff who have worked so hard over the past year; really, literally, all hands were on deck. There is not one staffer of the Subcommittee on Health of the Committee on Energy and Commerce that does not have their fingerprints all over this bill. I certainly want to thank J.P. Paluskiewicz, Danielle Steele, and Lauren Fleming from my office, who have put in that additional effort to help deliver this product.

Mr. Speaker, this is an important piece of legislation in front of us today. We do, unfortunately, have a lot of distractions, but let us not be distracted from providing the tools for the next generation of doctors, a generation that will have more ability to alleviate human suffering than any generation of doctors has ever known because of our actions here on the floor of the House today.

The material previously referred to by Mr. MCGOVERN is as follows:

AN AMENDMENT TO H. RES. 350 OFFERED BY MR. MCGOVERN OF MASSACHUSETTS

At the end of the resolution, add the following new sections:

SEC. 2. Immediately upon adoption of this resolution, it shall be in order to consider in the House the resolution (H. Res. 355) raising a question of the privileges of the House if called up by Representative Pelosi of California or her designee. All points of order against the resolution and against its consideration are waived. The previous question shall be considered as ordered on the resolution and preamble to adoption without intervening motion except one hour of debate equally divided and controlled by the proponent and the Majority Leader or his designee.

SEC. 3. Clause 1(c) of rule XIX shall not apply to the consideration of H. Res. 355.

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Republican majority agenda and a vote to allow the Democratic minority to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's Precedents of the House of Representatives (VI, 308–311), describes the vote on the previous question on the rule as ''a motion to direct or control the consideration of the subject before the House being made by the Member in charge.'' To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that ''the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition'' in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R-Illinois) said: ''The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition.''

The Republican majority may say ''the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever.'' But that is not what they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives, (6th edition, page 135). Here's how the Republicans describe the previous question vote in their own manual: ''Although it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule. . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment.''

In Deschler's Procedure in the U.S. House of Representatives, the subchapter titled ''Amending Special Rules'' states: ''a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate.'' (Chapter 21, section 21.2) Section 21.3 continues: ''Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon.''

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Republican majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

Mr. BURGESS. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. MCGOVERN. Mr. 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 question will be postponed.

RESILIENT FEDERAL FORESTS ACT OF 2015

GENERAL LEAVE

Mr. THOMPSON of Pennsylvania. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks and include extraneous materials on the bill, H.R. 2647.

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

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 347 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. 2647.

The Chair appoints the gentleman from North Carolina (Mr. HOLDING) to preside over the Committee of the Whole.

□ 1524

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. 2647) to expedite under the National Environmental Policy Act and improve forest management activities in units of the National Forest System derived from the public domain, on public lands under the jurisdiction of the Bureau of Land Management, and on tribal lands to return resilience to overgrown, fire-prone forested lands, and for other purposes, with Mr. HOLDING 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 1 hour equally divided among and controlled by the chair and ranking minority member of the Committee on Agriculture and the chair and ranking minority member of the Committee on Natural Resources.

The gentleman from Pennsylvania (Mr. THOMPSON), the gentleman from Minnesota (Mr. PETERSON), the gentleman from Utah (Mr. BISHOP), and the gentlewoman from Massachusetts (Ms. TSONGAS) each will control 15 minutes.

The Chair recognizes the gentleman from Pennsylvania (Mr. THOMPSON).

Mr. THOMPSON of Pennsylvania. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, I rise today in strong support and as an original cosponsor of H.R. 2647, the Resilient Federal Forests Act of 2015.

Since the inception of the National Forest System in 1905, the fundamental mission of the Forest Service has been to manage our Federal forests and grasslands to meet the needs of present and future generations. As a result, the Forest Service has played a critical role in rural America, partnering to produce timber, natural resources, and jobs, while sustaining the ecological health of the forests and surrounding watersheds.

National forests have been extremely successful in creating recreational and educational opportunities for millions of Americans. However, our forests are facing declining health and simply are not managed as well as they need to be due to numerous challenges that have grown over the past few decades.

Often unnecessary and prolonged planning processes limit the Service from effectively managing our forests. This also goes along with the constant litigation, or even the threat of litigation in some cases. Both of these situations keep boots in the office instead of in the forests and spend money on doing paperwork instead of work in the field.

The costs of suppressing and fighting wildfires has been a growing challenge for the Forest Service, with their fire costs increasing from 13 percent of the Forest Service budget in 1995 to approximately half of the annual budget today. This epidemic of declining health and catastrophic wildfires are in direct correlation to policies that have led to a dramatic decrease in managed acres. Timber harvests have drastically plummeted from almost 13 billion board feet in the late 1980s to only 3 billion board feet of timber in recent years. At the same time, the number of acres affected by the catastrophic wildfires has doubled from around 3 million acres during the second record timber harvest to 6 million acres now.

This bill reverses this cycle by ending the destructive fire borrowing problem that robs Peter to pay Paul, and it does so in a fiscally responsible manner, with the funds only made available for wildfire suppression. In my view, this legislation is the next step to build upon the groundwork laid by the 2014 farm bill and is an earnest attempt to give the Forest Service more authority and much-needed flexibility to deal with these challenges of process, funding, litigation, necessary timber harvesting, and much-needed management.

H.R. 2647 incentivizes and rewards collaborations with the private sector on management activities. It allows for State and third-party funding of projects. The bill reauthorizes the resource advisory committees, known as RACs, while returning county shares of forest receipts for long-term stewardship projects.

Perhaps most importantly, the bill provides commonsense categorical exclusions, or CEs, for certain Forest