

The Government Accountability Office (GAO), reports that this port, and its waterways, and vessels are part of an economic engine handling more than \$700 billion in merchandise annually.

The Port of Houston houses approximately 100 steamship lines offering services that link Houston with 1,053 ports in 203 countries.

The Port of Houston has \$15 billion petrochemical complex, the largest in the nation and second largest worldwide.

These statistics clearly communicate the potential for a terrorist attack using nuclear or radiological material may in some estimations be low, but should an attack occur the consequences would be catastrophic, and for this reason we cannot be lax in our efforts to deter, detect and defeat attempts by terrorists to perpetrate such a heinous act of terrorism.

DHS plays an essential role in domestic defense against the potential smuggling of a weapon of mass destruction in a shipping container or the use of a bomb-laden small vessel to carry out an attack at a port.

I was pleased to have been one of the lead sponsors of the "Securing the Cities Act," when it was introduced in 2006 and reauthorized in 2010 and 2015.

The "Securing the Cities Act," mandated that DHS's Director for Domestic Nuclear Detection to create a Securing the Cities program.

The purpose of the "Securing the Cities Program" mandated by the legislation is to:

1. Assist state, local, tribal, and territorial governments in creating and implementing, or perfecting existing structures for coordinated and integrated detection and interdiction of nuclear or other radiological materials that are out of regulatory control;

2. Support the creation of a region-wide operating capability to identify and report on nuclear and other radioactive materials out of operational control;

3. Provide resources to improve detection, analysis, communication, and organization to better integrate state, local, tribal, and territorial property into federal operations;

4. Facilitate the establishment of protocol and processes to effectively respond to threats posed by nuclear or radiological materials being acquired or used by terrorists; and

5. Designate participating jurisdictions from among high-risk urban areas and other cities and regions, as appropriate, and notify Congress at least three days before designating or changing such jurisdictions.

The 18th Congressional District of Texas, which I represent, is centered in the Houston area, the 4th largest city in the United States and home to over 2 million residents.

Last year the City of Houston was awarded an initial "Securing the Cities" grant of \$3.5 million by the Department of Homeland Security (DHS), as the initial installment of a \$30 million grant payable over 5 years.

This grant is funded through the Urban Area Security Initiative Grant Program, which I co-sponsored and have strongly supported throughout my tenure on the Homeland Security Committee.

The grant funding enables the City of Houston and its partners to work with DHS's Domestic Nuclear Office to build a robust, regional nuclear detection capability for law enforcement and first responder organizations.

This is an important joint local and federal effort to increase the ability of major urban cit-

ies to detect and protect against radiological and nuclear threats.

The DHS Domestic Nuclear Detection Office provides equipment and assistance to regional partners in conducting training and exercises to further their nuclear detection capabilities and coordinate with federal operations.

Unfortunately, the age of terrorism makes this a more dangerous and uncertain time than the decades following World War II when nation/state nuclear arsenals were being created.

Nuclear threats are more perilous than what our nation faced during the Cold War because these threats come from non-state actors who often do not have the same level of concern for the wellbeing of their people who may face the consequences of a nuclear attack against the United States.

This is why this legislation is needed to address the real threat of loose nuclear material and the possibility that it might find its way into the hands of terrorist or criminals.

It is important that we remain constantly vigilant on the issue of nuclear threats that are present in our world today.

H.R. 5391, is an essential tool to add to the work being done by DHS to deter, detect, mitigate and defend against domestic nuclear threats.

I encourage my colleagues on both sides of the aisle to support H.R. 5391.

Mr. RICHMOND. Mr. Speaker, I have no other speakers, and I yield myself the balance of my time.

Mr. Speaker, my bill, H.R. 5391, would help verify that DHS carefully prioritizes research and development projects to actually close identified vulnerability gaps in the Global Nuclear Detection Architecture.

Across the Federal Government, our goal is to prevent nuclear terrorism by making it an excessively difficult undertaking for our adversaries. Getting research and development right at DND is critical to that effort.

I would urge my colleagues to support H.R. 5391.

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

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

I, once again, would like to commend and congratulate my friend, the gentleman from Louisiana (Mr. RICHMOND), for this very important national security bill.

I urge my colleagues to support H.R. 5391.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. RATCLIFFE) that the House suspend the rules and pass the bill, H.R. 5391, 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.

CO-OP CONSUMER PROTECTION ACT OF 2016

Mr. SMITH of Nebraska. Mr. Speaker, pursuant to House Resolution 893, I

call up the bill (H.R. 954) to amend the Internal Revenue Code of 1986 to exempt from the individual mandate certain individuals who had coverage under a terminated qualified health plan funded through the Consumer Operated and Oriented Plan (CO-OP) program, as amended, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 893, the amendment in the nature of a substitute recommended by the Committee on Ways and Means, printed in the bill, is adopted and the bill, as amended, is considered read.

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

H.R. 954

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 "CO-OP Consumer Protection Act of 2016".

SEC. 2. EXEMPTION FROM INDIVIDUAL MANDATE FOR CERTAIN INDIVIDUALS WHO HAD COVERAGE UNDER A TERMINATED HEALTH PLAN FUNDED THROUGH THE CONSUMER OPERATED AND ORIENTED PLAN (CO-OP) PROGRAM.

(a) IN GENERAL.—Section 5000A(e) of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

"(6) CERTAIN INDIVIDUALS PREVIOUSLY ENROLLED IN HEALTH PLANS FUNDED THROUGH THE CONSUMER OPERATED AND ORIENTED PLAN (CO-OP) PROGRAM.—Any applicable individual for any month if—

"(A) such individual was enrolled in minimum essential coverage offered by a qualified non-profit health insurance issuer (as defined in subsection (c) of section 1322 of the Patient Protection and Affordable Care Act (42 U.S.C. 18042)) receiving funds with respect to such coverage through the Consumer Operated and Oriented Plan program established under such section,

"(B) during the calendar year which includes such month, such issuer terminated such coverage in the area in which the individual resides, and

"(C) such month ends after the date on which such coverage was so terminated."

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply with respect to months beginning after December 31, 2013.

The SPEAKER pro tempore. The bill shall be debatable for 1 hour, equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means.

The gentleman from Nebraska (Mr. SMITH) and the gentleman from Michigan (Mr. LEVIN) each will control 30 minutes.

The Chair recognizes the gentleman from Nebraska.

□ 1530

GENERAL LEAVE

Mr. SMITH of Nebraska. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous materials on H.R. 954, currently under consideration.

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

There was no objection.

Mr. SMITH of Nebraska. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 954, the CO-OP Consumer Protection Act.

H.R. 954 is a simple bill rooted in fairness. If you are a consumer who complied with the Federal mandate to obtain health insurance coverage and your coverage was terminated midyear because the Consumer Oriented and Operated Plan, or CO-OP, you bought your plan from collapsed, you shouldn't be liable for the individual mandate penalty for the remainder of that calendar year.

I don't need to spend a lot of time on the history of the CO-OP program, but just very briefly, more than \$2 billion, largely in the form of low-interest, startup, and solvency loans, was distributed to approved CO-OPs under the ACA.

Now, 17 of the 23 CO-OPs, which received more than \$1.7 billion of those dollars, have closed or are in the process of closing, with the remaining six also struggling to remain solvent.

The 17th CO-OP to announce its closure was Health Republic of New Jersey, which announced it would be winding down prior to the 2017 plan year 2 weeks ago, just days after we marked up this bill in the Ways and Means Committee.

The first CO-OP to close was Co-Opportunity Health, which sold plans covering 120 Nebraskans and Iowans in 2014 before being taken over by the Iowa Department of Insurance late that year.

While health providers in Nebraska and Iowa were made whole for services provided to CoOpportunity planholders through the States' guaranty funds, consumers, and the remaining insurers in the two States are now paying back the guaranty funds for those costs.

Similar situations have played out in other States covered by collapsed CO-OPs, including States like New York, Oregon, Ohio, and Illinois, where planholders lost coverage midyear.

When CoOpportunity collapsed, I heard from nearly 300 constituents with concerns about what this loss of coverage meant to them and their finances. The vast majority of these people wanted to have health insurance coverage and did buy new coverage, but were concerned a brief lapse would still lead to them paying a penalty.

The other side will tell you this bill is unnecessary because these people were provided a special enrollment period and could already apply for a hardship exemption. Most Nebraskans took advantage of that special enrollment. I still heard from many of them that the likelihood of accidentally incurring a tax penalty was at the front of their minds during this period of time.

There are already more than 20 exemptions to the individual mandate in the law. Those who lost insurance through no fault of their own after

doing their best to follow the law and whose unique circumstances led them not to seek new coverage for the remainder of the year should not be forced to file additional paperwork and rely on the opinion of a bureaucrat to ensure they aren't subject to a tax penalty. And they certainly shouldn't have to worry about this additional tax, while also searching among very limited options for a new insurance plan.

Mr. Speaker, I acknowledge there is broad disagreement about the individual mandate. This bill isn't about that. It is about ensuring a small fraction of consumers in a small number of States who did their very best to comply with the law don't have to worry about the threat of a tax penalty. It is also about ensuring if any remaining CO-OPs are terminated midyear in the future that those consumers have one less concern than Nebraskans had last year.

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

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

Mr. Speaker, this bill before us today is yet another attempt to undermine the Affordable Care Act, plain and simple. In fact, it is now the 65th such attempt by Republicans since the ACA was signed into law.

There is no denying that the ACA has provided quality, affordable health coverage to more than 20 million previously uninsured Americans. And importantly, individuals can no longer be denied coverage, as they could in the past, for preexisting conditions like high blood pressure or diabetes.

And thanks to the ACA, a new survey from the Centers for Disease Control and Prevention found that the number of uninsured Americans has fallen to just 8.6 percent, the lowest level ever recorded. Let's also not forget that over the last few years, healthcare costs have been growing at the slowest rate in more than 50 years, according to the Council of Economic Advisers. And the ACA improved Medicare's coverage for prescription medicines and preventive care for seniors.

This bill undermines the individual responsibility provision of the ACA, which is important in making many of its benefits possible, including no one being denied coverage, no preexisting conditions, and no gender discrimination.

There are provisions in the ACA to provide when coverage is interrupted in the middle of a policy. In cases of CO-OP closures during a policy year, there is the ACA provision of a special enrollment period, SEP, to allow individuals to continue to have coverage.

The Department of Health and Human Services indicates that each individual affected by a midyear CO-OP closure was contacted at least 20 times, providing individuals with additional plan choices they could enroll in during the special enrollment period. All individuals in States with midyear CO-OP closures had additional choices available to them.

And in instances where a purchasing plan needed to be undertaken and would be financially difficult, these individuals could also apply for a hardship exemption from the individual mandate penalty. HHS has a number of avenues for individuals to apply for an exemption for a variety of life circumstances where premiums are a financial burden.

The Joint Committee on Taxation scored this bill using a generic model, since there was no available data on the number of individuals potentially impacted.

Every step of the way, every step of the way, Republicans have worked to undermine CO-OPs and ensure their failure. Republicans were responsible for the severe reductions in the amount of money available to the CO-OPs from Federal loans and strict limits to risk corridor payments. CO-OPs that misestimated the risk pool should have been eligible for risk stabilization payments to help weather the early years of an unknown market, but the Republicans made sure those stabilizing funds would not be available as part of their effort to kill the ACA with a thousand cuts.

The American Academy of Actuaries noted that weakening the individual mandate, as this bill would do, will lead to both higher premium costs for patients and higher costs to the Federal Government.

BlueCross and BlueShield, one of the largest insurers in the Nation, agrees that exemptions from the mandate will drive prices higher.

We know that this bill will not be signed into law. This morning, the White House released its Statement of Administration Policy on this legislation, stating:

"The Administration strongly opposes House passage of H.R. 954. The Administration remains committed to providing Americans with accessible, quality, and affordable health coverage, including by addressing issues that arise when their health insurers stop offering coverage during the year. In such circumstances, the Administration has offered special enrollment periods, provided consumer outreach, and worked with state departments of insurance to ensure consumers have smooth transitions to other health plans. Individuals for whom coverage is unaffordable or who experience a hardship also may qualify for an exemption from the individual-responsibility provision of the law. These options are available to all consumers in these circumstances, not just those enrolled in coverage through CO-OPs.

"H.R. 954 would exempt anyone whose CO-OP ends coverage during the year from the individual-responsibility provision. This is unnecessary given consumer protections already available. Moreover, it would create a bad precedent for using exemptions from the individual-responsibility provision to address unrelated concerns about

the Affordable Care Act. The individual-responsibility provision is a necessary part of a system that prohibits discrimination against individuals with pre-existing conditions and requires guaranteed issuance. The provision helps prevent people from waiting until they get sick to buy health insurance or dropping health insurance when they believe they do not need it. Weakening the individual responsibility provision would increase health insurance premiums and decrease the number of Americans with coverage.

“The Administration always is willing to work with the Congress on fiscally responsible ways to further improve health care affordability and the Affordable Care Act. The President’s budget offers a number of proposals to do so. However, H.R. 954 would be a step in the wrong direction, because it would create a precedent that undermines a key part of the law and would do nothing to help middle-class families obtain affordable health care.

“If the President were presented with H.R. 954, he would veto the bill.”

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

STATEMENT OF ADMINISTRATION POLICY

H.R. 954—CO-OP CONSUMER PROTECTION ACT OF 2016—REP. SMITH, R-NE, AND SEVEN COSPONSORS

The Administration strongly opposes House passage of H.R. 954. The Administration remains committed to providing Americans with accessible, quality, and affordable health coverage, including by addressing issues that arise when their health insurers stop offering coverage during the year. In such circumstances, the Administration has offered special enrollment periods, provided consumer outreach, and worked with state departments of insurance to ensure consumers have smooth transitions to other health plans. Individuals for whom coverage is unaffordable or who experience a hardship also may qualify for an exemption from the individual-responsibility provision of the law. These options are available to all consumers in these circumstances, not just those enrolled in coverage through CO-OPs.

H.R. 954 would exempt anyone whose CO-OP ends coverage during the year from the individual-responsibility provision. This is unnecessary given consumer protections already available. Moreover, it would create a bad precedent for using exemptions from the individual-responsibility provision to address unrelated concerns about the Affordable Care Act. The individual-responsibility provision is a necessary part of a system that prohibits discrimination against individuals with pre-existing conditions and requires guaranteed issuance. The provision helps prevent people from waiting until they get sick to buy health insurance or dropping health insurance when they believe they do not need it. Weakening the individual responsibility provision would increase health insurance premiums and decrease the number of Americans with coverage.

The Administration always is willing to work with the Congress on fiscally responsible ways to further improve health care affordability and the Affordable Care Act. The President’s Budget offers a number of proposals to do so. However, H.R. 954 would be a step in the wrong direction, because it would create a precedent that undermines a key part of the law and would do nothing to help middle-class families obtain affordable health care.

If the President were presented with H.R. 954, he would veto the bill.

Mr. SMITH of Nebraska. Mr. Speaker, I certainly will reflect briefly on the comments of my colleague across the aisle who says that all of the problems have been worked out, that all the provisions have been met, and that anyone who lost their coverage, through no fault of their own, would find an exemption or a consideration from the bureaucracy.

I just want to say that Americans who have lost their coverage certainly deserve certainty that they won’t be subject to the penalties when they lost their coverage, and not just promises that the Federal Government might take into consideration their situation.

There had been many characterizations of how easy enrollment would be some time ago. It hasn’t worked out that way.

Mr. Speaker, I yield 2 minutes to the gentleman from Louisiana (Mr. BOUSTANY).

Mr. BOUSTANY. Mr. Speaker, I thank the gentleman from Nebraska (Mr. SMITH) for yielding time to me.

Mr. Speaker since ObamaCare passed, we have seen nothing but major problems: higher costs, higher premium costs, higher out-of-pocket costs, network disruptions, and coverage disruptions.

Just 2 years after the implementation of ObamaCare, the Louisiana Health Cooperative closed its doors. Actual 2014 enrollment in the CO-OP was less than half of estimated enrollment: 13,000 midyear in 2014, compared to the 28,100 projected. By December 2014, those numbers had dropped significantly, the highest percentage loss among all the Nation’s 23 CO-OPs during that period.

Over 7,000 Louisianans complied with ACA’s individual mandate by purchasing health insurance through one of the CO-OPs created under the law, but their plan was terminated midyear by the failure of that CO-OP.

Now, let’s just have some common sense here. This was no fault of the good men and women who put their faith and put their hard-earned premium dollars into this CO-OP. They enrolled, as required by law. And it is just wrong, it is wrong to hold these working families financially responsible for the cost of a CO-OP’s failure because it went under due to factors out of their control.

Mr. SMITH’s bill is very narrowly crafted to provide this kind of relief. It is a commonsense bill. It helps people who are struggling with these costs, many of whom have lost employment and everything else.

That is why I support the CO-OP Consumer Protection Act. This is really important legislation that will help Americans across this country who have been harmed, harmed by ObamaCare’s closing of these CO-OPs. It is not their fault. We should provide them with some relief under difficult economic conditions.

I urge my colleagues to support this legislation. It is common sense. It is narrowly crafted, and it is the right thing to do. It is the moral thing to do.

□ 1545

Mr. LEVIN. Mr. Speaker, I yield such time as he may consume to the gentleman from Washington (Mr. MCDERMOTT), the ranking member on the Health Subcommittee of the Committee on Ways and Means.

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

Mr. MCDERMOTT. Mr. Speaker, I would like to offer a piece of advice to my Republican colleagues. Be careful what you wish for because you may get it, because, despite this newfound compassion for consumers, if you listen to these crocodile tears flowing out here, you would think they really cared. The truth is Republicans wanted the CO-OPs to fail from the very start. For years, they have systematically undermined the program and made it virtually impossible for CO-OPs across this country to succeed.

Now, let’s look exactly at what they did, because that is a pretty hard thing I am saying. Back in 2013, under Republican leadership, Congress slashed the funding for loans and grants to CO-OPs by nearly two-thirds. The President set it at one level and the Republicans said: No, we will give you one-third of it. So they cut it from the very start. That devastated the program during the early days and denied consumers access to dozens of new plan choices in the marketplace.

But they didn’t stop there. They were determined they were going to get those CO-OPs. In 2014, the Republicans inserted a rider in the CR/omnibus bill. This blocked the administration from shifting discretionary funding—discretionary funding—into the ACA’s risk corridor program which they disingenuously—the Republicans—called an insurance company bailout. The truth is that this rider was a deliberate effort to destabilize CO-OPs which were taking on new populations under the ACA. It isn’t only the CO-OPs, but it is also the small insurers.

It cut risk corridor payments to one-eighth. The President put in a dollar, the Republicans put in 12 cents, and that devastated CO-OPs. It created unpredictability, and small insurers have also got their problems and are now raising rates. With the deck stacked against them, it is no wonder that so many fledgling CO-OPs struggled. They were a victim of a partisan political attack that they simply couldn’t withstand. They didn’t have the money.

Now, my Republican colleagues didn’t do this out of ignorance. They did it out of malice because they knew the importance of risk mitigation. They knew exactly what they were doing. In fact, when they wanted to make their own insurance program work—put in a few years before called part D of Medicare—the Republicans

embraced risk management with open arms. In 2003, when President Bush's Medicare part D bill incorporated risk management measures, they were nearly identical—nearly identical—to the ones in the ACA.

But unlike the ACA, they funded those measures very generously. In fact, as the part D market—the drug market—fully stabilized, many experts have been saying that the risk management measures could now be scaled back or revised. Yet, once the Republicans give money to somebody, they continue to fund it generously, funneling millions—billions, actually—into part D plan sponsors even if they don't need it. They are giving it to the drug companies. But they wouldn't give it to the CO-OPs. The drug companies they love, but the CO-OPs they hated, so they took it away.

Now, talk about an insurance company bailout. Of course, the Affordable Care Act hasn't received the same treatment. Instead, we are prepared today to vote again to undermine the law weakening the individual mandate with yet another carve-out. Republicans somehow believe you can put together a healthcare system and only take in the sick, I guess. You can't have an individual mandate that everybody has to be a part of it.

So this bill raises many questions, but we never even had a hearing on it. They didn't want anybody to come in and testify about what this bill was going to do or what it might do or what it has done or what it will do. They simply rammed it through the Ways and Means Committee. One member wanted it, and one member had one story from one place in this country and said this is a bill we need.

We don't actually know how many people might have paid the individual mandate because they didn't enroll in coverage following the midyear CO-OP collapse, but we do know one thing: this bill will weaken the individual mandate.

It seems like a small change, and I admit it is a small change, but if you go down this road—the Chinese say death by 1,000 cuts. This is the first cut or the second cut or whichever one you want. They are threatening the sustainability of the entire health insurance industry. We know this because, in Washington State, we have seen it.

When you try to provide universal coverage but don't have a mandate, the system simply doesn't work. We tried it in Washington State in 1993. We had an individual mandate and everybody had to have insurance and so forth, and then the Republicans in Washington State decided let's take out the individual mandate. The result was a disaster. Healthy people couldn't get covered, and premiums spiked out of control, creating a death spiral that devastated the individual insurance market.

By 1999, not one single insurer in the United States of America was selling individual policies in the State of

Washington because of taking away that individual mandate. This was a catastrophe for everyone: doctors, hospitals, insurers, and most importantly for consumers like the person that we heard the story about that we all feel it is too bad it happened. But they created it. They created the facts that made it happen.

So when my Republican colleagues put forward a bill to weaken the mandate under the guise of helping consumers, I have a hard time believing it because their record is clear. After more than 60 votes to deny Americans health coverage—they tried to repeal ObamaCare over and over and over and over and so on—years of systematic sabotage of the CO-OPs and today's crocodile tears about the plight of CO-OP consumers, it is downright impossible to take them seriously. The Members in this body should vote "no."

Mr. SMITH of Nebraska. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I would like the RECORD to reflect that hearings have taken place that have included the subject matter of the CO-OPs. In fact, I recall the chief of staff from HHS came before the Ways and Means Committee, and we had a rather extended discussion on the CO-OPs, CoOpportunity Health, and the numerous others that have failed; but, more importantly, it is crucial to establish the record on the risk corridor.

The gentleman from Washington stated that it is Republicans who designed this to fail. Number one, Republicans are not responsible for the design of any part of this. Interestingly enough, we were told by the administration, and, in fact, the administration is on record, that the risk corridor program was intended to be operated on a revenue-neutral basis, that is, risk corridor payments would be offset by payments collected by other insurers. Congress simply acted, and I would add, on a bipartisan basis to codify that very statement.

In fact, I include in the RECORD an April 2014 memo from CMS, from Centers for Medicare and Medicaid Services, explaining how risk corridor funding would be prorated if receipts were insufficient to meet requests.

DEPARTMENT OF HEALTH & HUMAN SERVICES, CENTERS FOR MEDICARE & MEDICAID SERVICES,

Washington, DC., April 11, 2014.

RISK CORRIDORS AND BUDGET NEUTRALITY

Q1: In the MIS Notice of Benefit and Payment Parameters for 2015 final rule (79 FR 13744) and the Exchange and Insurance Market Standards for 2015 and Beyond NPRM (79 FR 15808), HHS indicated that it intends to implement the risk corridors program in a budget neutral manner. What risk corridors payments will HHS make if risk corridors collections for a year are insufficient to fund risk corridors payments for the year, as calculated under the risk corridors formula?

A1: We anticipate that risk corridors collections will be sufficient to pay for all risk corridors payments. However, if risk corridors collections are insufficient to make risk corridors payments for a year, all risk

corridors payments for that year will be reduced pro rata to the extent of any shortfall. Risk corridors collections received for the next year will first be used to pay off the payment reductions issuers experienced in the previous year in a proportional manner, up to the point where issuers are reimbursed in full for the previous year, and will then be used to fund current year payments. If, after obligations for the previous year have been met, the total amount of collections available in the current year is insufficient to make payments in that year, the current year payments will be reduced pro rata to the extent of any shortfall. If any risk corridors funds remain after prior and current year payment obligations have been met, they will be held to offset potential insufficiencies in risk corridors collections in the next year.

Example 1: For 2014, HHS collects \$800 million in risk corridors charges, and QHP issuers seek \$600 million risk corridors payments under the risk corridors formula. HHS would make the \$600 million in risk corridors payments for 2014 and would retain the remaining \$200 million for use in 2015 and potentially 2016 in case of a shortfall.

Example 2: For 2015, HHS collects \$700 million in risk corridors charges, but QHP issuers seek \$1 billion in risk corridors payments under the risk corridors formula. With the \$200 million in excess charges collected for 2014, HHS would have a total of \$900 million available to make risk corridors payments in 2015. Each QHP issuer would receive a risk corridors payment equal to 90 percent of the calculated amount of the risk corridors payment, leaving an aggregate risk corridors shortfall of \$100 million for benefit year 2015. This \$100 million shortfall would be paid for from risk corridors charges collected for 2016 before any risk corridors payments are made for the 2016 benefit year.

Q2: What happens if risk corridors collections do not match risk corridors payments in the final year of risk corridors?

A2: We anticipate that risk corridors collections will be sufficient to pay for all risk corridors payments over the life of the three-year program. However, we will establish in future guidance or rulemaking how we will calculate risk corridors payments if risk corridors collections (plus any excess collections held over from previous years) do not match risk corridors payments as calculated under the risk corridors formula for the final year of the program.

Q3: If HHS reduces risk corridors payments for a particular year because risk corridors collections are insufficient to make those payments, how should an issuer's medical loss ratio (MLR) calculation account for that reduction?

A3: Under 45 CFR 153.710(g)(1)(iv), an issuer should reflect in its MLR report the risk corridors payment to be made by HHS as reflected in the notification provided under 153.510(d). Because issuers will submit their risk corridors and MLR data simultaneously, issuers will not know the extent of any reduction in risk corridors payments when submitting their MLR calculations. As detailed in 45 CFR 153.710(g)(2), that reduction should be reflected in the next following MLR report. Although it is possible that not accounting for the reduction could affect an issuer's rebate obligations, that effect will be mitigated in the initial year because the MLR ratio is calculated based on three years of data, and will be eliminated by the second year because the reduction will be reflected. We intend to provide more guidance on this reporting in the future.

Q4: In the 2015 Payment Notice, HHS stated that it might adjust risk corridors parameters up or down in order to ensure budget neutrality. Will there be further adjustments

to risk corridors in addition to those indicated in this FAQ?

A4: HHS believes that the approach outlined in this FAQ is the most equitable and efficient approach to implement risk corridors in a budget neutral manner. However, we may also make adjustments to the program for benefit year 2016 as appropriate.

Mr. SMITH of Nebraska. Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. DOLD).

Mr. DOLD. Mr. Speaker, I want to thank my good friend from Nebraska for yielding some time.

Mr. Speaker, it is interesting that we talk about crocodile tears. There is nothing of the sort on this side of the aisle. Frankly, I find it fascinating because, when I talk to some of my colleagues on the other side of the aisle, they recognize that there are issues and problems with the Affordable Care Act. Premiums have gone through the roof, deductibles are sky-high, and families are paying more and more each and every day in order to be able to provide health insurance for their families.

People say: I want to help fix, let's try to help fix. This is a very narrowly tailored bill, Mr. Speaker.

Let me tell you what this bill is not. This bill is not something that will abolish the individual mandate—far from it, far from abolishing the individual mandate.

Rising healthcare costs and uncertainty are plaguing communities and families across our country. In Illinois, the Land of Lincoln CO-OP collapsed in July, resulting in 49,000 people across the State losing their coverage. Now these families will need to switch plans and risk losing access to their doctors or pay a tax penalty at the end of the year, which will put affordability of quality care even further out of reach.

Mr. Speaker, here is just one example that I have heard from one of my constituents. They were paying nearly \$2,500 a month in premiums through the Land of Lincoln plan. Their family paid \$2,700 in their deductible and even put \$5,000 toward their out-of-pocket maximum. Now they are being forced, because it has gone away, to start back at zero. The plan ends on October 1.

So what this narrowly tailored bill would do, Mr. Speaker, is it would basically say, if you can't find a plan, if for some reason you don't get the memo back from the bureaucrat that you are not going to get a tax bill, it still requires that same family, come January 1, to go get insurance. But what we want to do is we want to say to these families that, if indeed you have not gotten your insurance in those 2 months, that you will not be given a tax penalty by the IRS.

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

Mr. SMITH of Nebraska. Mr. Speaker, I yield the gentleman from Illinois an additional 1 minute.

Mr. DOLD. Here is the bottom line, Mr. Speaker. Families like the one that I just mentioned all across Illinois are already losing their healthcare cov-

erage. The absolute least we can do is help them get through this year by providing relief from a costly tax penalty.

The insurance that they lost, they lost through no fault of their own. They were doing the right things because they want coverage for their families. The least that we can do for these next couple of months—or should another CO-OP in the future fail mid-year—is not give them a tax penalty from the IRS.

Moving forward, I remain focused on working with everyone who is willing to roll up their sleeves and do the hard work needed to drive down costs, increase access to quality care, and make our healthcare system work for everyone.

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

Mr. Speaker, I just want to say to the gentleman from Illinois that the last thing the Republicans have wanted to do is to work with us to make ACA work better—the last thing. Instead, they have, time and time again, tried to destroy ACA.

In Illinois, there are nine carriers providing health insurance. If there is an interruption, whether it is a CO-OP or another plan, under ACA, there is a special period available for people to obtain a different insurance—nine different carriers.

Essentially, what this is is an effort to destroy a provision that is so important to making healthcare reform viable. That is my answer to the gentleman from Illinois.

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

Mr. SMITH of Nebraska. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. MCCARTHY), the majority leader.

Mr. MCCARTHY. Mr. Speaker, I thank the gentleman for yielding.

Before I speak, Mr. Speaker, I want to congratulate the gentleman. He has seen a problem, he has listened to his constituents, and he is doing something about it—exactly what we expect from our statesmen.

Mr. Speaker, ObamaCare is collapsing all around us. Insurers are backing out, people can't afford the premiums, and even heavily subsidized CO-OPs are crashing. More than \$2 billion were funneled into 23 CO-OPs across the country: 16 have gone under or are about to go under; the other 7 are just treading water.

Now, what does that mean? That means people who had insurance, who purchased it just as ObamaCare forced them to do, were left in the lurch when the CO-OP they got and the insurance failed. Now, that is bad enough. This is just another way the promise that all of us were told "if you like your plan, you can keep it" was broken. So these people are left without insurance through no fault of their own, insurance they were forced to buy.

What is the response? What does ObamaCare say? Tax them. Tax them for not having insurance.

Now, I don't know about you, Mr. Speaker, but isn't that a little crazy? How can you punish people for not having insurance when the CO-OP they bought their insurance from goes under? It is bad enough people are left without insurance because of the failures of ObamaCare; but why should we have the IRS punish them on top of that?

□ 1600

Frankly, you don't solve problems by kicking people when they are down. Representative ADRIAN SMITH's bill would stop this. Government shouldn't be in the business of taxing people when they lose their insurance, especially when the CO-OP they used failed.

Nothing less than replacing ObamaCare will stop all of the havoc it is causing. In the meantime, we have an obligation to offer relief to the people hurt by this law.

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

Mr. SMITH of Nebraska. Mr. Speaker, I yield 3 minutes to the gentleman from Tennessee (Mrs. BLACKBURN), my colleague from the Energy and Commerce Committee.

Mrs. BLACKBURN. Mr. Speaker, I thank the gentleman for yielding and for his work on this issue.

I think we have to go back in history a little bit on this. ObamaCare was passed into law, signed into law, in 2010. A part of that law, by the way, we had to wait until it passed so we could read it and find out what all was in it established this CO-OP program. The way the law was written, it allowed CMS to go in and put in place the terms of the loans for the CO-OP program.

Now, our colleague from Washington said it was the fault of Congress. I want to remind you that we did not do the loan terms that have been so onerous. That was done through the rule-making process by CMS. The way they set this up put the CO-OPs at a disadvantage from the start. As a result of this, we are seeing these plan failures. This is a mandate that is crumbling under its own weight, the weight of the mandate, coupled with the way CMS has handled the terms of these loans.

Now, the Energy and Commerce Committee, where I serve as vice chair, had released a report earlier this month looking at the failures of these CO-OPs and the investigation that we have had on this. The report reviewed CMS' mismanagement of this program.

Closures of these CO-OPs have left consumers scrambling for health insurance. It gives them fewer options. It provides them with less affordable choices. So the Affordable Care Act becomes unaffordable for millions of Americans. Eight million of that 20 million had insurance from their employer. They were perfectly happy. All of a sudden they are thrown into a program, and now the insured goes out of business. Fewer choices.

Even in my State of Tennessee, our insurance commissioner, Julie McPeak, testified before the Energy and Commerce Committee about the burdens of CO-OPs and the failures that it has brought about on our State regulators and our communities.

When Tennessee's CO-OP, the Community Health Alliance Mutual Insurance Company, failed approximately 27,000 Tennesseans, they were all forced to find new plans. Only 6 of the original 23 CO-OPs remain. I will tell my colleagues that this is what you call a false hope. It did not work. It made the situation worse.

The SPEAKER pro tempore (Mr. SIMPSON). The time of the gentlewoman has expired.

Mr. SMITH of Nebraska. Mr. Speaker, I yield the gentlewoman an additional 1 minute.

Mrs. BLACKBURN. A recent HHS-OIG report found that the remaining CO-OPs are becoming financially insolvent. They are looking as if they, too, are going to go the way of the others that have failed. Not only does the failure of CO-OPs waste tax dollars, it also leaves individuals in the lurch.

I am pleased that this legislation is coming before us. It implements our committee's recommendation by ensuring that individuals who make a good faith effort to comply with the individual mandate are not further punished as a result of a CO-OP's failure.

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

As we have outlined—the administration has likewise—there are provisions when policies are interrupted, whether it is CO-OPs or otherwise, in the law for people to take advantage of, in the law that you want to destroy.

Let me just mention, in terms of Nebraska, there are 45,000 people in Nebraska who are not covered by Medicaid because of the failure of the government there to access. In Tennessee, there are 180,000 people—180,000. You talk about hopes. Those are people who had hopes, and the government essentially thumbed their nose at those hopes.

Mr. Speaker, I yield such time as he may consume to the gentleman from Oregon (Mr. BLUMENAUER), a distinguished member of our committee.

Mr. BLUMENAUER. Mr. Speaker, I thank Mr. LEVIN. I appreciate his courtesy and I appreciate his focus on the challenges inherent with the legislation we have before us.

If people want to understand why we are having problems under the Affordable Care Act, this is a great example. Every single major piece of legislation, to my knowledge, landmark legislation, has required fine tuning and modification. That has generally been the spirit where people in both parties move forward to try and deal with occasional oversights, areas to improve mistakes, and opportunities to make it better.

What we have seen for 6 years under the Affordable Care Act is that there

has been an entirely different mind-set. It was to try and make it worse. It was to try and undercut it. I think my count is that this is the 65th time there has been an attempt to repeal all or part of the Affordable Care Act.

It is pretty stark what this has produced. We have—and it is unassailable—the lowest uninsured rate in America right now. In fact, some of the 19 States that have refused the expansion of Medicaid under the Affordable Care Act, even there has been a reduction because of the availability of subsidies to help make it affordable.

The insurance policies that people have are fundamentally better. You can no longer deny coverage for pre-existing conditions. I thought at the time that Members of Congress should have declared a conflict of interest because I think virtually all of us would have been subjected to problems getting insurance if they were denied on the basis of preexisting conditions.

What we have seen from the outset is that people refused during the legislative process itself to be able to have the give-and-take of a conference committee. Because Republicans refused to legislate, it had to be adopted under the reconciliation process. And then for 6 consecutive years, no refinement, no adjustment, just steadily chipping away.

Now, I have a couple of CO-OPs in my district. Those were an interesting addition to try and add some additional competition in a model that would not be for-profit insurance. They were given, under the existing legislation, access to a risk corridor to try and even out premiums because we knew it would be impossible with all of the moving pieces for people to be able to very precisely determine exactly what the rates should be. So there was some give, there was some adjustment, for the risk corridors to be able to have additional resources for people who hadn't quite gotten it right.

That was envisioned under the initial act. It was something that insurance companies in Oregon thought that Congress would keep its word. They planned accordingly. Unfortunately, the junior Senator, the gentleman from Florida (Mr. RUBIO), in the 2014 omnibus stripped out that language. It really didn't get the attention that it deserved at the time, and that was a big piece of legislation that was rumbling through, pressed for time, and not given the real authoritative give-and-take and attention that it deserved. But that took away money that those people had been promised, that they needed, and were depending on.

So we precipitated a crisis, like we have seen with other areas with attacking the Affordable Care Act. We see the 19 States that have refused Medicaid expansion under a relatively tortured interpretation of the Supreme Court. Nobody that I know of, when we were voting on the Affordable Care Act, thought that States would be able to voluntarily deny health care to peo-

ple who were too poor to qualify for the subsidies; but, amazingly, 19 States have done that. That is another area of instability that has posed problems with insurance markets. States that actually did expand have seen less of the upheaval.

It brings us to today where people are chipping away again in this effort with a piece of legislation that is absolutely unnecessary to repeal part of the individual mandate. The individual mandate, by the way, was put in the Affordable Care Act as part of an effort to forge a bipartisan solution. Bear in mind, the mandate that people purchase insurance was not a Democratic idea. It was something that was part of the Republican alternative to HillaryCare in the early 1990s. But it makes sense to have a mandate so that these burdens are shared broadly and everybody benefits.

Well, there is no reason to get rid of the individual mandate. These people who are in a failed CO-OP already have—because under current law, if you have a plan that closed midyear, you are already allowed a special enrollment period to choose new coverage. And if there are any individuals for whom coverage is unaffordable or they experience a hardship, they may qualify for an existing exemption from the individual responsibility provision. So this is already taken care of under existing law.

What it is doing is continuing this effort to chip away, to undermine, to repeal. I hope that we get past this notion that we are going to continue to make the primary Republican alternative for health care just trying to attack something that is working; and if they would cooperate, if they would refine, if they would try and solve problems rather than creating new ones, we could make it work even better.

Mr. Speaker, I am voting against this piece of—I don't know what to call it. It is not going to be enacted into law. It shouldn't be enacted into law. It represents an empty exercise of stalling and attacking instead of refining and improving. The American people deserve better.

Mr. SMITH of Nebraska. Mr. Speaker, I reserve the balance of my time.

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

In closing, the case has been so carefully and fully laid out. This is another effort to cut and destroy. This is now maybe not the thousandth cut, but the 65th. Fortunately, none has succeeded, nor will this.

Republicans come here and indicate some care about individuals in terms of their health care. And I just say this personally—and all of us who care about health care have the same feelings—this country had a disgraceful situation: 50 million people going to sleep every night without any healthcare coverage.

□ 1615

Democrats took the initiative, and we now have the lowest percentage of

uninsured in terms of the records of this country. All we get are bills from the Republicans—one cut effort after another—and this is the latest. Maybe that is a good reason for us to leave here because, otherwise, we will see, I am sure, another one.

The ACA is very clear for people who lose their coverage during a coverage period. There is a special provision for them to obtain coverage elsewhere, and there is a hardship provision if that is not obtainable, if that is not available. We have been waiting to have specific examples. They never come.

As I said to the gentleman—and I say this respectfully—if he really cares about the citizens in his State and their health care, he will go back to his State and tell the leadership there that it is time to expand Medicaid for those people because, in the gentleman's State, there are tens of thousands of people who don't have that coverage today because of the inaction or the opposition of Republican majorities in States and in this Congress.

That is what this is all about. I urgently suggest for our fellow Democrats—and, I would hope, for a few enlightened Republicans—to vote “no.”

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

Mr. SMITH of Nebraska. Mr. Speaker, I yield myself such time as I may consume.

We need a healthcare plan that involves patients and their providers. We need a healthcare plan and healthcare coverage—insurance, if you will—that is a product that is purchased by millions of Americans on its own merit, not because of the heavy hand of the Federal Government's imposing fines and penalties even upon those Americans who are doing everything they were supposed to be doing so as to be responsible citizens in taking care of themselves.

What is clear from the debate today, Mr. Speaker, is that, in the face of the failures of the ACA or ObamaCare, whichever label you might wish to attach to it—and there are certainly many failures of the plan—the administration and my colleagues across the aisle continue to advocate for the individual mandate at all costs, no matter how negatively this might impact a law-abiding individual who seeks to do the right thing.

Mr. Speaker, during the markup of this bill in committee, a supporter on the committee referred to the law as a “work in progress.” I would say that that is a generous description of the law. If it is truly a work in progress, why would we penalize Americans—through no fault of their own for losing coverage—with fines that run hundreds, if not thousands, of dollars?

We are persistently told that our only desire is to take away health insurance coverage from Americans and that we have no constructive ideas for improving the healthcare system. This bill is one small way to improve the healthcare system.

It is interesting that this bill has been characterized as an effort to undermine the ACA. Is that how weak the ACA is in that a small, narrowly crafted bill like this would undermine the entire thing? I doubt it. This is a small effort to help innocent Americans who have lost coverage through no fault of their own. We should not penalize them and create a financial hardship additionally for them than they have already been experiencing.

I urge all of my colleagues to join me in providing this small issue of fairness.

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

Mr. BRADY of Texas. Mr. Speaker, the news about the Affordable Care Act gets worse every day. Premiums are going through the roof, choice and access are falling through the floor, and insurers are fleeing exchanges throughout the country.

Just in the past few days, we learned that one of the nation's largest insurers is pulling out of Nebraska and three major cities in Tennessee.

On top of this, all but six of the 23 CO-OPs created under the law have failed despite billions of dollars in taxpayer-funded loans.

These CO-OPs were created by the Affordable Care Act as federally-backed, non-profit health insurance companies. But, like so many parts of the law, the CO-OP program was deeply flawed from the start.

Seventeen of these CO-OPs have collapsed. Hundreds of thousands of Americans have had their health coverage disrupted as a result.

Many more could suffer the same harm if additional CO-OPs fail—a real possibility considering that just two weeks ago New Jersey's CO-OP announced it will shut down at the end of the year.

The magnitude of these failures can be hard to grasp—especially for Washington bureaucrats who simply see these families as numbers on paper.

For American families who lost their insurance coverage due to a CO-OP collapse, the impacts could not be more real. And, for many, it could feel like the walls are closing in.

Their health plans have been terminated through no fault of their own.

The number of options for purchasing a new plan is shrinking as more insurers leave the ACA exchanges.

And, if these Americans fail to purchase new coverage, they could be forced to pay the individual mandate tax penalty.

That's just wrong.

We have a responsibility to protect Americans and their families from these harmful impacts of the Affordable Care Act.

Congressman ADRIAN SMITH's “CO-OP Consumer Protection Act,” provides the opportunity to do so right now.

The bill takes action to exempt Americans from the individual mandate tax penalty if their plan was terminated mid-year due to the failure of an ACA CO-OP.

Americans were led to believe these CO-OP plans were reliable. They depended on them, and now only six remain standing.

House Republicans have put forward a consensus plan to repeal and replace Obamacare. Our plan will bring patient-focused care to the American people.

And, our plan will bring relief to all Americans from the individual mandate and its tax penalty.

As we work to turn this proposal into legislation, it's only right to bring relief from this tax penalty to Americans who lost their insurance mid-year—or could lose it in the future—due to the failures of the CO-OP program.

I want to thank Congressman SMITH for his leadership on this important legislation, and I urge all my colleagues to join me in supporting its passage.

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 893, the previous question is ordered on the bill, as amended.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on the passage of the bill.

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

RECORDED VOTE

Mr. LEVIN. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 258, noes 165, not voting 8, as follows:

[Roll No. 563]

AYES—258

Abraham	Davis, Rodney	Holding
Aderholt	Denham	Hudson
Allen	Dent	Huelskamp
Amash	DeSantis	Huizenga (MI)
Amodei	DesJarlais	Hultgren
Ashford	Diaz-Balart	Hunter
Babin	Dold	Hurd (TX)
Barletta	Donovan	Hurt (VA)
Barr	Duckworth	Issa
Barton	Duffy	Jenkins (KS)
Benishek	Duncan (SC)	Jenkins (WV)
Bera	Duncan (TN)	Johnson (OH)
Bilirakis	Ellmers (NC)	Johnson, Sam
Bishop (MI)	Emmer (MN)	Jolly
Bishop (UT)	Farenthold	Jones
Black	Fincher	Jordan
Blackburn	Fitzpatrick	Joyce
Blum	Fleischmann	Katko
Bost	Fleming	Kelly (MS)
Boustany	Flores	Kelly (PA)
Brady (TX)	Forbes	King (IA)
Brat	Fortenberry	King (NY)
Bridenstine	Fox	Kinzinger (IL)
Brooks (AL)	Franks (AZ)	Kline
Brooks (IN)	Frelinghuysen	Knight
Buchanan	Gabbard	Kuster
Buck	Garrett	Labrador
Bucshon	Gibbs	LaHood
Bustos	Gibson	LaMalfa
Byrne	Gohmert	Lamborn
Calvert	Goodlatte	Lance
Carter (GA)	Gosar	Larson (CT)
Carter (TX)	Gowdy	Latta
Chabot	Graham	Lipinski
Chaffetz	Granger	LoBiondo
Clawson (FL)	Graves (GA)	Long
Coffman	Graves (LA)	Loudermilk
Cole	Graves (MO)	Love
Collins (GA)	Griffith	Lucas
Collins (NY)	Grothman	Luetkemeyer
Comstock	Guinta	Lummis
Conaway	Guthrie	Lynch
Cook	Hanna	MacArthur
Cooper	Hardy	Maloney, Sean
Costello (PA)	Harper	Marchant
Cramer	Harris	Marino
Crawford	Hartzler	Massie
Crenshaw	Heck (NV)	McCarthy
Cuellar	Hensarling	McCaull
Culberson	Herrera Beutler	McClintock
Curbelo (FL)	Hice, Jody B.	McHenry
Davidson	Hill	McKinley

McMorris	Reichert	Stewart
Rodgers	Renacci	Stivers
McSally	Ribble	Stutzman
Meadows	Rice (SC)	Thompson (PA)
Meehan	Rigell	Thornberry
Messer	Roby	Tiberi
Mica	Roe (TN)	Tipton
Miller (FL)	Rogers (AL)	Trott
Miller (MI)	Rogers (KY)	Turner
Moolenaar	Rohrabacher	Upton
Mooney (WV)	Rokita	Valadao
Mullin	Rooney (FL)	Wagner
Mulvaney	Ros-Lehtinen	Walberg
Murphy (PA)	Roskam	Walden
Neugebauer	Ross	Walker
Newhouse	Rothfus	Walorski
Noem	Rouzer	Walters, Mimi
Nugent	Royce	Weber (TX)
Nunes	Russell	Webster (FL)
Olson	Salmon	Wenstrup
Palazzo	Sanford	Westerman
Palmer	Scalise	Williams
Paulsen	Schweikert	Wilson (SC)
Pearce	Scott, Austin	Wittman
Perry	Sensenbrenner	Womack
Peters	Sessions	Woodall
Peterson	Shimkus	Yoder
Pittenger	Shuster	Yoho
Pitts	Simpson	Young (AK)
Poliquin	Sinema	Young (IA)
Pompeo	Smith (MO)	Young (IN)
Posey	Smith (NE)	Zeldin
Price, Tom	Smith (NJ)	Zinke
Ratcliffe	Smith (TX)	
Reed	Stefanik	

NOES—165

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

NOT VOTING—8

Burgess	Kirkpatrick	Sanchez, Loretta
Butterfield	Poe (TX)	Westmoreland
Hinojosa	Rush	

□ 1645

Messrs. CUELLAR, PETERS, and LYNCH changed their vote from “no” to “aye.”

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

WATER RESOURCES DEVELOPMENT ACT OF 2016

GENERAL LEAVE

Mr. SHUSTER. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous materials on H.R. 5303.

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

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 892 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. 5303.

The Chair appoints the gentleman from Idaho (Mr. SIMPSON) to preside over the Committee of the Whole.

□ 1648

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. 5303) to provide for improvements to the rivers and harbors of the United States, to provide for the conservation and development of water and related resources, and for other purposes, with Mr. SIMPSON 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.

The gentleman from Pennsylvania (Mr. SHUSTER) and the gentleman from Oregon (Mr. DEFAZIO) each will control 30 minutes.

The Chair recognizes the gentleman from Pennsylvania.

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

Mr. Chairman, I rise today in support of H.R. 5303, the Water Resources Development Act of 2016. Subcommittee Chairman GIBBS and I worked closely with Ranking Members DEFAZIO and NAPOLITANO on this vital water infrastructure bill. Thanks to their hard work, the Committee on Transportation and Infrastructure unanimously approved H.R. 5303 in May.

We tailored WRDA 2016 to address specific Federal responsibilities, strengthening our infrastructure through the activities of the Army Corps of Engineers to maintain competitiveness, create jobs, and grow the

economy. This legislation follows important reforms Congress put in place in 2014 with the Water Resources Reform and Development Act. Without those reforms, we wouldn't be here today to consider another WRDA bill.

The 2014 bill and today's legislation restore regular order and the 2-year cycle of Congress considering these essential bills. This has been one of my highest priorities as chairman, and I am pleased today that in this Congress, as in last Congress, we have a WRDA bill on the floor. WRDA 2016 maintains Congress' constitutional authority and oversight in ensuring that we have a safe, effective infrastructure system.

Following our authorization process reforms, every Corps activity in this bill is locally driven; reviewed by the Corps according to strict, congressionally established criteria; and presented to Congress for consideration in the form of chief's reports and the Corps' new annual report. Only proposals that followed this process were eligible for inclusion in this bill.

If the manager's amendment is adopted, WRDA will authorize 31 chief's reports and 29 feasibility studies. Each chief's report was reviewed by the committee in a public hearing. These are critical regional priorities that provide significant national economic and environmental benefits.

For example, WRDA authorizes the long-delayed upgrades to the Upper Ohio River's Emsworth, Dashields, and Montgomery, the EDM, locks and dams. The EDM facilities provide critical access to the Port of Pittsburgh, one of the Nation's busiest inland ports. This will provide enormous benefits to the region and make our entire Nation more competitive.

The same can be said for authorizations for the Port of Charleston, Port Everglades, which has been under review by the Corps for 18 years—and it is finally going to be approved—and the Everglades ecosystem, flood control along the Missouri River and around Sacramento, and more.

The bill also increases flexibility and removes barriers for State, local, and non-Federal interests to invest in their infrastructure. Factoring in the manager's amendment, WRDA will authorize over \$9 billion to cover the Federal share of these improvements to our ports, channels, locks, dams, and other infrastructure. These investments are fully offset—I repeat they are fully offset—with deauthorizations, and the bill sunsets new authorizations to help prevent future project backlogs.

WRDA has no earmarks and abides by all House rules. However, in order to comply with House rules and call up this bill today, one section of the bill, as reported by the committee, was removed. I want to say that I agree with Ranking Member DEFAZIO that the user fees paid into the harbor maintenance trust fund should be used to improve our transportation system. It should be fundamental: When you pay a user fee into a system, it should go to its intended purposes.