

with the quality of life of Americans, then we have to get to this research because there is hope. Alzheimer's is not a hopeless disease. It is not a disease for which there is no cure. It is a disease for which we have not spent money on finding the cure.

If we can delay by a year, we will save tens of billions of dollars of taxpayer money in care that has been pushed off into the future. And the quality of life for the individual that has one more year of quality of life ahead of them is enormous and invaluable.

Here is just a way of depicting the backward nature of how we are dealing with the research for Alzheimer's. This was originally the 2015. We have been at this a couple of years, and we have seen progress.

In 2016, we spent \$941 million, just under \$1 billion, on Alzheimer's research. At the same time, we spent \$153 billion in the care of Alzheimer's in Medicare and Medicaid. It is Federal taxpayer money.

Look, \$1 billion, less than \$1 billion in research, \$153 billion in out-of-pocket expense caring for these individuals that have come down with Alzheimer's. A pretty neat equation here, isn't it?

If we were to ramp that up, as we would like to see, from \$941 million to \$1.4 billion, the researchers all across this country—some in San Diego, as we heard from Mr. SCOTT PETERS; others in New Jersey, as we heard from Mrs. WATSON COLEMAN; or in other parts of California, Boston, wherever. If we were to ramp that up by an additional \$500 million, the researchers believe that they will untangle the tangles in the brain that lead to Alzheimer's and understand what is going on and, from that point, be able to find a path towards a solution.

It is not hopeless. We have seen progress. We have seen research that was done a decade ago. The analysis indicated that it really didn't work too well when they came up with a solution. Another researcher, 7 or 8 years later, went back to that very research, looked at the statistical analysis, and noticed that, for those who had early onset, that particular treatment modality had an enormous effect, not on those that were in later Alzheimer's but those who were in early onset.

Whoa. What does that mean?

That means that there is a path. That means that there is an avenue towards a solution. However, this Congress, the 435 of us who will be here voting on the appropriations to fund the Federal Government, to fund the military, to fund the highways, to fund the National Institutes of Health, will be given a choice. We will have a choice. Do we increase the funding for the National Institutes of Health and Alzheimer's research, or do we fund a wall on the Mexican border to the tune of \$20 billion?

We just received that supplemental appropriation request from the administration today to spend \$20 billion on a wall.

I can talk to you about a wall. I represent 180,000 people just downstream from the Oroville Dam, and I have got a 30-foot wall that needs to be repaired. We are talking about imminent danger, and the rainy season is not over in California.

Or, another \$5.6 billion for the military for programs that nobody has told us yet should be funded.

□ 1900

We are going to make choices here. The President has made his choice. He has shown what is of value in his mind.

I challenge that value. I challenge that value statement. I will tell you what is important. What is important are those millions of Americans who face Alzheimer's in the days, the months, and the years ahead. I am looking to the generations that are 40 and 50 years of age today who know, like my wife and I, they will be caring for their parents who are suffering from dementia and Alzheimer's. That is a value that I think is important.

Mr. COHEN spoke to the real enemy. Is the real enemy somewhere out there around the world, or is the real enemy the disease that will take us down—in his case, childhood polio?

We are going to make choices here, very important choices to the everyday lives of Americans. My choice is to increase, to increase the budget, the appropriation for the National Institutes of Health so that the \$35 billion that the scientists—who have already done the peer review on all types of diseases, ranging from Zika, to cancer, and HIV, and Alzheimer's—say are worthy research projects that should be funded.

I reject the value that the President has said to strip \$5.6 billion out of the National Institutes of Health and transfer it for a wall on the Mexican border or for some spending in the military—some unspecified spending. These are choices.

I know where, in my mind, the choice should be, and I reject the choice that has been made by our President.

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

RESTRUCTURING HEALTH CARE IN AMERICA

The SPEAKER pro tempore (Mr. TAYLOR). Under the Speaker's announced policy of January 3, 2017, the gentleman from Texas (Mr. GOHMERT) is recognized for 60 minutes as the designee of the majority leader.

Mr. GOHMERT. Mr. Speaker, at this time, I yield to my friend, the gentleman from Florida (Mr. GAETZ).

HONORING THE DEDICATED SERVICE AND SELFLESS SACRIFICE OF SERGEANT FIRST CLASS ROBERT R. BONIFACE

Mr. GAETZ. Mr. Speaker, I thank the gentleman from Texas for yielding.

Mr. Speaker, it is with both profound sadness and deep gratitude that I rise to pay tribute to a fallen decorated American hero. On March 19, 2017, Sergeant First Class Robert R. Boniface of

the 7th Special Forces Group, located in my district, tragically lost his life in support of Operation Freedom's Sentinel.

Sergeant First Class Boniface was 34 years old—my age—but he lived a lifetime marked by full service. Sergeant First Class Boniface entered the Army in March 2006. After infantry basic training and advanced individual training at Fort Benning, Georgia, he attended airborne school before being assigned to the Special Warfare Center and School. Sergeant First Class Boniface completed the Special Forces Qualification Course earning his green beret in 2010. He was assigned then to the 7th Special Forces Group.

Sergeant First Class Boniface's awards and decorations include: two Bronze Star Medals, the Army Commendation Medal, two Army Good Conduct Medals, the National Defense Service Medal, the Afghanistan Campaign Medal with two Campaign Stars, the Global War on Terrorism Service Medal, three Noncommissioned Officer Professional Development Ribbons, the Army Service Ribbon, the NATO Medal, the Special Forces Tab, the Combat Infantryman Badge, the Special Forces Combat Diver Badge, and the Parachutist Badge.

Mr. Speaker, there are no words that I, this body of Congress, or the Nation can say that might ease the bereavement of the Boniface family. All I can say is that on behalf of a humble and grateful nation, we thank them for the love, counsel, and support given to Robert during his life, which helped make him a hero, both in uniform and as a father.

His life stands as a testament that freedom is not free. His legacy will echo in time as an example of the ultimate sacrifice for all free people. I pray that God will be with Robert's wife, Rebekah; his daughter, Mia; and all of their family and friends during this time of great mourning.

Mr. Speaker, may God continue to bless the United States of America.

Mr. GOHMERT. Mr. Speaker, I certainly thank my friend from Florida for such a compelling tribute to a great American hero.

Mr. Speaker, at this time, I yield to my friend, the gentleman from Ohio (Mr. DAVIDSON).

WELFARE BRAC ACT

Mr. DAVIDSON. Mr. Speaker, it is an honor to address this body, and I rise today to talk about H.R. 1469, the Welfare BRAC Act.

Before going into the specifics of the bill, I would like to talk for a little bit about how we have arrived at a point of needing such a fundamental restructuring of our Nation's antipoverty programs.

In 2015, the Federal Government spent \$843 billion on welfare programs. By some estimates, we have spent more than \$22 trillion on antipoverty programs over the past 50 years. Today, we have some 92 antipoverty programs run

by the Federal Government, all supposedly with the same goal: to alleviate poverty.

This chart to my left highlights those programs. If you look: 5, cash aid; 25, education and training; 2, for energy; 17, for food aid, and on goes the list.

So how did we come here? Well, as Ronald Reagan said: "Government programs, once launched, never disappear. Actually, a government bureau is the nearest thing to eternal life we'll ever see on this Earth."

Why is that true? Well, it is true because touching some of these programs is very polarizing. So when you touch them, they all have a constituency. And the reality is, if the 15th food aid program worked well, then the 16th wouldn't be launched. So if you want to address a new problem, well, then you launch the 17th food aid program.

What doesn't happen over the time is finding a way to get those programs to work together to be a coherent whole. So the solution, really in a lot of ways, is bipartisan. The Brookings Institution is rarely an ally to conservatives, and the Heritage Foundation is rarely an ally to the left. Yet they would both agree that employment, healthy marriages, and education alleviate poverty.

In fact, many of our programs, when we look at these listed, seek to address those needs. There are 92 programs. Maslow, in the hierarchy of needs, just addressed 5, and we have 92.

I think about the young social worker who wants to help someone who comes into the office and perhaps each of these programs has a 4-inch binder—a 4-inch thick binder, 92 of them. That is a pretty big bookshelf. What if she only had to know 20 programs? What if there were only 20 binders? What if there were only 5? What if there were 10?

I don't know whether the right number is a dozen or 20, but I don't think it is 92. So what is the solution? Well, I have a bipartisan solution that looks back to the history.

So in the Cold War, we had a very large Army, and, as we scaled down, it was very politically sensitive to try to deal with the problems of scaling down. Each base, each installation, had its own constituency, and so we created BRAC, the Base Closure and Realignment Commission. And the goal there was to have a quantitative set of objectives and to have a commission that was bipartisan that gave Congress a straight up-or-down vote. That worked, by and large, and we were able to scale down the military in a way that let the military focus on its mission.

So what I propose with H.R. 1469, the Welfare Benefit Realignment Commission, is a four-Republican, four-Democrat commission, totally neutral. It also does not seek to take away a dime of spending in it. It seeks to reduce the number of programs so that the result is more focused.

When Lyndon Johnson launched his war on poverty, he said that the goal

was to not just treat the symptoms but to find a cure and, if possible, to prevent poverty all together.

So perhaps if we had a more focused effort, perhaps if we all focused on the cause, instead of the programs, we could see results. Some of these programs are clearly more effective than others at helping people get out of poverty, yet the reality is, Americans have seen roughly the same percentage of their fellow Americans in poverty for the entire war on poverty.

So if we look at these programs under the same three goals—employment, marriage, and education—perhaps we can find things that are effective that lift people out, really, at the end of the day, giving as many people as possible the dignity of work and a path to escape poverty into a better future.

In fact, this path is very compatible with the Better Way agenda that we have laid out for poverty for the years. It is not focused on dollars. It is focused on efficiency. Later in the year, we are seeking to provide off ramps so that you don't find a trap in the "Better Way." You don't find a trap—if you get a raise, you lose your housing, or if you take that next job, or you get married, you lose your education benefits, things that would provide an on-ramp and an off-ramp for this system.

So that is part of the agenda for the year for the House. I think this is very compatible with it. I am seeking co-sponsors. I am seeking support for this bill, and it truly is with a spirit of embracing the common American value of providing a safety net for their fellow Americans, but they want it to be effective.

So this is not about the cause. The cause is good, and fewer programs lets it be more focused and, hopefully, get a good result.

Mr. Speaker, I urge my colleagues to support this.

Mr. GOHMERT. Mr. Speaker, it has been an interesting few weeks here in Washington, and we are not done with healthcare legislation. There has been a lot of talk about that, but, Mr. Speaker, I would like to say, I have been encouraged as today has worn on. We had a tough family meeting this morning together as Republicans, but, to me, what I felt was coming out of it in the end—disagreement on some important issues but agreement among Republicans that people are hurting under ObamaCare.

People need relief from the high premiums, the high deductibles. So many people not only lost their doctor, lost their health insurance policy, but they can't afford—they tell us—to go to the doctors. We talked to constituents because they would have to get to several thousand dollars before the insurance portion would kick in.

People are hurting across the country, and, of course, we know that, without a single Republican vote, ObamaCare was passed, which cut Medicare by \$716 billion dollars, with a

"B." And I know President Obama assured seniors: look, seniors, you know, you are not going to have to worry about this \$716 billion in cuts to Medicare. You won't be able to tell the difference. This is only going to affect the doctors, the healthcare providers.

What seniors have noticed who I have talked to around Texas and in other places in the country, they have noticed that when Medicare doesn't pay their doctor, doesn't pay for tests that are needed, and doesn't pay for medication that they specifically need then it does affect them personally.

□ 1915

The bill that we took up, that didn't get passed on Friday, that we didn't vote on, there was nothing that was going to help those on Medicare. There is apparently some difference of opinion, but it appeared to many that some of us trusted that people between the ages of 50 to 64 were going to get hammered.

I am very encouraged to have seen Speaker RYAN, Majority Leader MCCARTHY, Whip STEVE SCALISE, and our Deputy Whip PATRICK MCHENRY incredibly busy today talking to Republican Members around the House about how we can get to a bill that will get 218—actually we need 216 right now—so that we can send it down the hall to the Senate.

Mr. Speaker, I am encouraged, and I hope others are, that we are not done. We had indications that the Senate was not going to take up the bill—even if we passed it on Friday, they were not going to take it up until sometime in May. So we have time to address this issue and come together on a bill that would pass.

Once again, a reference was made, Mr. Speaker—and it is so often that this event is referenced by Republicans when they get frustrated as to why we ended up with a bill that would require so many Republican arms to be twisted, that would endanger Republican seats to have to vote for it. People referenced back to this.

Remember some years back, some summers back—and I believe, actually, that was the last week of July of 2014, as I recall—in which Speaker Boehner had told us that he had cobbled together a bill that embraced 10 principles that every Republican in the House had agreed to. Some of them seemed a bit esoteric to me, but we agreed to them all. And we kept being told this is going to be a bill that embraces all the principles that all of us have agreed to.

So when the bill was finally filed on Tuesday evening, with Speaker Boehner having announced we were going to vote on it Thursday morning, for the first time, we got a look at the bill we were going to be voting on. By the time Thursday morning came rolling around, there had been so much information that came out—not opinion, but actually verbiage from the bill. It seems like it was around 60 pages, 70

pages, somewhere around there—but people were able to see for themselves what was there. There was so much commotion made about it that, by Thursday morning, much like Friday, Republicans made clear to our leadership—at that time Speaker Boehner—that they couldn't vote for it; that it didn't embody the 10 principles that we had all embraced.

I was so proud of my Republican Conference that Thursday because particularly a number of young Members, newer Members, got up in our emergency conference that they asked for. Speaker Boehner said: Well, I guess we just go on home and have the August recess.

Numerous Members said: No; let's have an emergency conference. Let's talk about this. We need to do something. We need to pass a good bill.

So people got up and they pointed out, like in a good family: Look, we have got differences, but we can reach agreement on this.

And there were probably 20 or so of us in a room for 2½ hours or so, and we compromised, and we got a bill that we could all vote on.

Unfortunately, at that time, there was a Democratic majority in the Senate, and we didn't get our bill passed through the Senate, but we showed that it could be done.

Once again, after Friday's problems, there are Members that are saying: Remember when we did that, where we just got people in a room and we agreed?

Mr. Speaker, I do believe, knowing so many of the Tuesday Group so well—they are good people—and the number one concern they have is their constituents and the things they are hearing from their constituents because they ran and they got elected to help people.

Everybody that I hear from on our side understands people have got to have help because ObamaCare is creating so many problems. I am hearing from many seniors, and it seems to be as a result of all of the \$700-plus billion that Obama cut from Medicare.

Whereas, 7 or 8 years ago, even 6 years ago, before ObamaCare really started being implemented, if they needed surgery, if they needed something, under Medicare, the doctors immediately took care of it. If it was medication, if it was a treatment, if it was surgery, whatever, they took care of it.

I am hearing more and more east Texans who are on Medicare tell me: Now, doctors are telling me they can't schedule it this week or next week like they used to because of ObamaCare; that the only way they can make ends meet and still stay in business, they need to schedule it a couple of months down the road.

Many of us on the Republican side were pointing out, when ObamaCare passed, that what this leads to is a form of rationed care. Whereas, right now, if you have good insurance and

you like your doctor and you need something done, it gets done immediately. That is what made America's medical care so attractive to other countries around the world.

I have visited in Middle Eastern and north African countries where the wealthy would say: If I needed surgery done, I'd fly to the United States. Unfortunately, I have heard more than once that: Yeah, and the great thing was that I flew back and never had to pay for it.

Well, somebody paid for that, that is for sure.

It is important that we fix our healthcare system as best we can. I have an article from Conservative Review that came out today from Daniel Horowitz. I don't agree with everything in the article; but Daniel Horowitz, as usual, is quite thought-provoking.

He says: "Earlier today, a couple of Republican officials, in a refreshing display of honesty, admitted what we have known all along: They don't want to repeal ObamaCare. Even Senate Majority Leader MITCH MCCONNELL, Republican from Kentucky, admitted there won't be another attempt."

"He's certainly come a long way from his 2014 campaign promise to repeal ObamaCare 'root and branch' and his 2013 CPAC speech in which he said 'anybody who thinks we've moved beyond it is dead wrong.'"

"As we explained yesterday, the compromise solution for repealing the core of ObamaCare, but not quite all of it, is already on the table, and PAUL RYAN, Republican from Wisconsin, has already agreed to and campaigned on it. Why aren't they doing it? Because they don't want to repeal ObamaCare and never intended to."

That is the part I do disagree with.

I know we have all said this, but it was in Speaker Boehner's pledge that he and his leadership colleagues cobbled together back in 2010 and it was in the Better Way that Speaker RYAN and his leadership colleagues cobbled together last fall that we have got to repeal ObamaCare. We can't get down to this rationed care system where we are currently headed.

This says: "As early as 2014, the Chamber of Commerce made it clear that their official position was to fix, not repeal ObamaCare. Money talks, everything else from there walks."

"The sentiment was evident today when Senator JOHN CORNYN, Republican from Texas, the Senate majority whip, said that they will no longer pursue repeal of ObamaCare through budget reconciliation and that 'it needs to be done on a bipartisan basis, and so we're happy to work on it with Democrats if we can find any who are willing to do so.'"

"There you have it, folks. They know darn well there are no Democrats who will ever have incentive to work with them to repeal ObamaCare. They have always known that this had to be done unilaterally either through reconciliation or by blowing up the filibuster.

But Republicans never intended to do so. That's why we heard all these phony excuses about process limitations. Now that they are proven false, Cornyn is at least being honest by saying they will repeal it when Democrats help them. When hell freezes over . . ."

And the article goes on.

Mr. Speaker, what Leader MCCONNELL and Senator CORNYN are talking about, I think they must have been discouraged when the House didn't pass a bill that would come their way. But good news for Leader MCCONNELL and Senator CORNYN, we are not done. People are hurting, and we are going to come together on a bill.

For those who attempted to say that those in the Freedom Caucus kept moving the goalposts, I know that was not said maliciously, but it was said. Anyone who said that was speaking just out of ignorance of what actually was the case.

Anybody that bothers to actually check and get the facts will find that, as many problems as people in the Freedom Caucus—and I am probably the newest member, I guess—had with this bill, we were doing what we could to reach a compromise that would give enough help, enough relief to Americans who are desperate for that help and that relief that we could hold our nose and vote for it.

There were all kinds of issues in that bill that create problems. For one thing, I would have thought a good amendment that would easily be accepted would be that, since this creates a new entitlement program, a tax credit program where you actually can get more money back—like a child tax credit, where we have so many people who are actually illegally in the country, claiming children, as there have been reports—and, of course, not everybody cheats on this. But there are numerous examples of stories around the country of people claiming to have children—mass numbers, dozens of them in the same house, and we don't know if they are in the country, we don't know if they are in another country, we don't know if they exist—and people getting more and more money back.

I had a senior citizen from Tyler telling me she is no longer working for H&R Block, that she used to during tax season. But it just grated on her so much that it created tension headaches and she couldn't sleep during tax season because she had so many people who did not have a Social Security number. But they got a tax number, and she would fill out the returns for them. Invariably, each would pull out a sheet of paper and would say: Don't I get this?

And it was the income tax credit—child earned credit.

She would fill it out, as they requested. And, invariably, they would get much more money back than they paid in. So it was a way of redistributing—it is not wealth, because the people that are in east Texas paying

those taxes, they are not wealthy. They are struggling to get by. That is why they can't afford the high deductibles that ObamaCare has driven them to.

Here it looks like we are going to have another program unless we get this amendment in there when we bring the bill back up.

□ 1930

So I am hoping that that will be one of the adjustments because we were seeking to have something in there to require you to be legally in this country before you could get more money back from your income tax than you paid in. It is a new form of welfare, just like some have found the tax credit to be, where they get more back than they paid in.

So that is a concern, creating a new entitlement as we are about to go over the \$20 trillion mark in debt, that we are coming up with a new way to go even deeper and quicker into further debt. But there were a number of issues here with the bill.

The thing that I kept hearing—and I had telephone townhalls, Mr. Speaker, with, really, tens of thousands of people that we reached out to in east Texas. The technology is so great, I can ask questions and have them punch a number for yes, no, and get results on what people are thinking. It was feelings about ObamaCare and the need to do something about it and the help that is needed and the losses of insurance they had before ObamaCare, problems they have had since ObamaCare.

East Texans, my constituents, need help. They want help. They want ObamaCare repealed, and they want a system back where they can choose their doctor, they have a relationship with their doctor, and they don't have an insurance company between them and their doctor or their hospital telling them what they can or can't have. And they don't want the government in between them and their healthcare provider telling them what they can or cannot have.

The health savings accounts that Republicans believe strongly could get us off this final road to complete rationed care, socialized medicine, like they have in England—it was a pleasure to talk to the sister of a member of Parliament from England. I have been in his home in England; he has been in my home in Tyler, Texas, just a great MP.

But talking about our systems, and I pointed out, I have a wife, I have got three adult daughters, and so I am kind of sensitive to being pushed into a system like England has, no offense to those in England. But when we saw the numbers back during the ObamaCare debate that indicated a 19 percent higher survivability rate from the same point of breast cancer being discovered, well, that is one out of five are dying in England unnecessarily, or at least back there when we got those numbers. I am not sure what the numbers are now.

It may be that ObamaCare has created more problems and now we are

moving, already, toward the percentages of recovery that England had that were not as good as ours. But I would just as soon not lose one out of five women who have breast cancer, which we were not losing in the U.S. and they were losing in England.

It was interesting. I didn't realize, and I learned yesterday that, actually, that is why, in England, yes, they have socialized medicine, but you can also pay for private care on top of the socialized medicine because it just takes forever to get the kind of treatment that you need when you need it. So people with any means in England, they have the socialized medicine that is so inefficient, that tax funds pay for so inefficiently, and you get as much government as you do health care. But, if you have money, then, on top of the massive taxes you pay, you can also, then, pay for your own health care on top of that. That is different from Canada.

But, look, the bottom line is we don't need to continue down this route. So, again, I am encouraged we are going to come together and we are going to work toward a remedy.

It disturbed me that we heard from people who sounded like they knew what they were talking about, that rates are going to go up for a couple of years, and we are hoping that maybe 3 years after the Republicans would lose the majority in the next election because people are so upset about their higher premiums that then it might come down, premiums might come down 10 percent.

But the concern to me is not about losing the majority. It is about losing Americans unnecessarily if we don't fix this disastrous ObamaCare that is costing seniors. It is costing 50- to 64-year-olds. It is costing young people money that they shouldn't have to spend in the way that they are being required.

So some say we were moving the goalposts as the House Freedom Caucus, but, actually, from the beginning, we did indicate we would like to remove what experts are telling us in title I would dramatically bring down the cost of premiums very quickly—very quickly.

But we had agreed. Heck, we agreed with the Democrats, before they pushed through ObamaCare, let's work on a law together, bipartisan, that will make sure that insurance companies can't play games over preexisting conditions because it has resulted in unfairness and, at times, I can say as a former judge, actually, fraud. Let's work on that one.

Then I think there was fairly universal agreement on both sides of the aisle here that, if you are 26, you are still living with your parents, then you ought to be able to be on their health insurance. From my standpoint, I didn't even care. I didn't think we actually even needed an age, a cutoff age.

If you are 50 and you are still living with your parents, which we hope will soon be remedied by an economy turn-

ing around with a new President who knows how to get things going, but if you are still at home when you are 50, I don't have a problem. If you are still living with your parents, then you ought to be able to have a family insurance policy and be on it. So those were not problems.

I had a doctor friend back in east Texas who said I was a purist. I like him. He is a great guy. He apparently was a great surgeon. But I realized that, in his letter, he was speaking from a great deal of ignorance as he continued to point out things that simply weren't true, unless a purist is someone who says: Okay. Okay. I will vote for the bill, but you have got to give us something in the way of amendments to this bill that will help my constituents bring down the price.

Now, see, to me, that is not a purist because we were all willing to compromise in the Freedom Caucus. Actually, in communicating with President Trump two different times, we thought we had an agreement. Then we would hear back from our leadership: No. No. You can't do that. Either there is a problem with the Parliamentarian and it puts the whole bill at risk, or, gee, you are going to lose votes from some other group.

But I still believe, as I did then, if we would get the intermediaries out of the way, that Republicans can come together, Tuesday, more moderate group, Freedom Caucus. We can get people together like we did 3 years ago in July. We can get together and work out a compromise.

Now, to me, someone who agrees twice to a compromise that really bothers them is not the purist that I would expect, but then again, I guess it depends on your own personhood as to what you think is pure and what you think is not.

So, anyway, I appreciate very much, Mr. Speaker, the former Speaker, Newt Gingrich, pointing out yesterday that it is a good thing that this bill did not pass on Friday because we know, as Speaker Gingrich pointed out, in 1994, Democrats lost the majority in this room because they tried to push through HillaryCare. We know that in 2010, Democrats lost the majority in this room because they had pushed through ObamaCare against the majority will of the American people.

As former Speaker Gingrich pointed out, if we had rammed through this bill and, for example, people didn't see premiums come down before the next election, we would justifiably lose the majority in this House, and there are some good people that are serving here that should not be defeated. They are doing the best they can.

But we can do better than where the bill stood on Friday, and I am very grateful to Speaker RYAN, to leader MCCARTHY, our whip, for working so hard today, reaching out, seeing them all over the place trying to work, talking with different ones of us. It is really encouraging, and I would hope, in

the future, that we will start those things, we will—yes, we appreciate all the listening sessions, but then, as happened too often under Speaker Boehner, somebody, we don't even know who—there were a couple of things that made me wonder: Who wrote this? Is this the insurance lobby? Where did this come from?

But bring the bill out and let us see it instead of telling every Republican: It is going to go through committee; and Democrats are going to have a million amendments and we have got to vote down every one of them; we don't want any Republican amendments; we are going to take it like it is.

Well, see, to some of us, that is not really regular order. Regular order is a chance to have amendments, and especially from people in the majority who see real problems with the bill.

So we can do that, and I look forward to doing that. And since we knew the Senate wasn't going to take it up until May sometime anyway, we have got time to do that.

Mr. Speaker, I hope you felt the same as I did hearing all across our Conference, people saying, look, this is important enough. We are going to have time where we go back to our districts between now and the middle of May when the Senate might take this bill up.

Let's make sure we don't go on recess, go back to our districts to have people scream at us because we hadn't passed something. Let's stay here, and let's get it done like we did 3 years ago on the border security bill.

But we have got a lot of work to do. There are serious problems with the bill. But we also now know, despite what some have represented, that, gee, we can't know what the Parliamentarians would say or recommend. It is great to know that the Parliamentarian in the Senate, actually, Assistant Parliamentarians work a great deal like our splendid Parliamentarian here.

If you are getting ready to file a bill or if you are thinking about an amendment, you can actually go to any one of our Parliamentarian or assistants, show them the language. They can't give an obligatory ruling, and they generally tell us when they advise us: This is what I think, how the rule would apply there, and you may want to tweak this or that.

They always have the caveat: But remember, I am the Parliamentarian. I don't rule on anything. All I would do, if I am allowed, or it is requested, I will whisper in the ear of the presiding—which, in the Senate, hopefully, would be Vice President PENCE.

And, gee, the Byrd Rule is not that complicated. When you are under reconciliation, it needs to be about the budget. So, if anything that is amended or added to or part of the bill will materially affect the budget, it survives the Byrd Rule and it stays in. That is it.

The word in the Byrd Rule is "incidental." It can't be just incidental or

have an incidental effect on the budget. It has got to have a material effect; otherwise, it is considered extraneous.

Well, I would hope, knowing my friend, a former Member of the House here, former Conference chair, now Vice President, I would hope and certainly imagine if our friend, the Vice President, is in the presiding officer's chair in the Senate and a Democratic Senator stands up and says, "I make a point of order because I believe this violates the Byrd Rule, where the House inserted a provision, you have to show that you are you lawfully in the U.S. in order to get the tax credit," well, there may be people that are so used to massive numbers here in Washington that they would say, well, those millions or tens or hundreds of millions, that may not be material, that may be only incidental.

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I hope my friend, my Vice President, would understand that, to Americans, the kind of money we would be talking about is hard-earned and it is material to the budget. So what happens if the Vice President then rules—who is the President of the Senate—well, your point of order is overruled, it is not appropriate, it doesn't violate the Byrd rule. Well, then that same Democrat or another could jump up and say: I appeal the ruling of the chair.

Then what happens?

Normally, a Republican would stand and move to table the appeal of the ruling of the Chair. And then there are far more than enough Republicans to vote to table the appeal of the ruling of the Chair, which means the ruling stands, nothing is fatal, and we get closer to a repeal of ObamaCare. Even more important than that, we get closer to giving our constituents the help they really need.

So it has been a long few weeks. It was a very long conference, but I am encouraged, Mr. Speaker. I hope that Americans end up encouraged. I am glad the bill didn't pass on Friday just as I was 3 years ago when the original *de facto* amnesty bill that Speaker Boehner tried to shove through. I think we can get to a good bill. I am looking forward to seeing that happen and working with my friends here to get it done.

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

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. MARINO (at the request of Mr. MCCARTHY) for today and the balance of the week on account of a death in the family.

Mr. RUSH (at the request of Ms. PELOSI) for March 27 through March 30 on account of a death in the family.

SENATE JOINT RESOLUTIONS REFERRED

Joint resolutions of the Senate of the following titles were taken from the

Speaker's table and, under the rule, referred as follows:

S.J. Res. 30. Joint Resolution providing for the reappointment of Steve Case as a citizen regent of the Board of Regents of the Smithsonian Institution; to the Committee on House Administration.

S.J. Res. 35. Joint Resolution providing for the appointment of Michael Govan as a citizen regent of the Board of Regents of the Smithsonian Institution; to the Committee on House Administration.

S.J. Res. 36. Joint Resolution providing for the appointment of Roger W. Ferguson as a citizen regent of the Board of Regents of the Smithsonian Institution; to the Committee on House Administration.

ADJOURNMENT

Mr. GOHMERT. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 7 o'clock and 47 minutes p.m.), under its previous order, the House adjourned until tomorrow, Wednesday, March 29, 2017, at 10 a.m. for morning-hour debate.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

918. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval of Missouri's Air Quality Implementation Plans; Open Burning Requirements [EPA-R07-OAR-2016-0470; FRL-9958-72-Region 7] received March 24, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

919. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — State of Iowa; Approval and Promulgation of the Title V Operating Permits Program, the State Implementation Plan, and 112(1) Plan [EPA-R07-OAR-2016-0453; FRL 9957-84-Region 7] received March 24, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

920. A letter from the Secretary, Department of the Treasury, transmitting a six-month periodic report on the national emergency with respect to persons who commit, threaten to commit, or support terrorism that was declared in Executive Order 13224 of September 23, 2001, pursuant to 50 U.S.C. 1641(c); Public Law 94-412, Sec. 401(c); (90 Stat. 1257) and 50 U.S.C. 1703(c); Public Law 95-223, Sec 204(c); (91 Stat. 1627); to the Committee on Foreign Affairs.

921. A letter from the Acting Assistant Secretary for Legislative Affairs, Department of State, transmitting the annual report pursuant to Sec. 2(9) of the Senate's Resolution of Advice and Consent to the Treaty with the United Kingdom Concerning Defense Trade Cooperation (Treaty Doc. 110-07); to the Committee on Foreign Affairs.

922. A letter from the Acting Assistant Secretary for Legislative Affairs, Department of State, transmitting the annual report pursuant to Sec. 2(8) of the Senate's Resolution of Advice and Consent to the Treaty with Australia Concerning Defense Trade Cooperation (Treaty Doc. 110-10); to the Committee on Foreign Affairs.

923. A letter from the General Counsel, Government Accountability Office, transmitting the Office's FY 2016 No FEAR Act report, pursuant to 5 U.S.C. 2301 note; Public