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House of Representatives

The House met at 9 a.m. and was called to order by the Speaker.

PRAYER

The Chaplain, the Reverend Patrick J. Conroy, offered the following prayer:

We give You thanks, O God, for giving us another day.

Please send Your spirit of peace upon this assembly on a day of great political moment.

The attention of millions of Americans is focused as the House considers legislation impacting the health care and coverage of so many citizens.

On this National Day of Prayer, please attend to the supplications of Your people.

May the deliberations of these days issue forth in legislation that indeed promotes the general welfare, one of the purposes of government articulated in the preamble to our Constitution.

And may all that is done within the people's House this day be for Your greater honor and glory.

Amen.

THE JOURNAL

The SPEAKER. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

Mr. BROWN of Maryland. Mr. Speaker, pursuant to clause 1, rule I, I demand a vote on agreeing to the Speaker's approval of the Journal.

The SPEAKER. The question is on the Speaker's approval of the Journal.

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

Mr. BROWN of Maryland. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER. Pursuant to clause 8, rule XX, further proceedings on this question will be postponed.

PLEDGE OF ALLEGIANCE

The SPEAKER. Will the gentleman from California (Mr. MCNERNEY) come forward and lead the House in the Pledge of Allegiance.

Mr. MCNERNEY of California led the Pledge of Allegiance as follows:

> I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

ANNOUNCEMENT BY THE SPEAKER

The SPEAKER. The Chair will entertain up to five requests for 1-minute speeches on each side of the aisle.

FLEXIBILITY TO PROVIDE LOW-FAT FLAVORED MILK

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

Mr. THOMPSON of Pennsylvania. Mr. Speaker, last Congress I introduced bipartisan legislation to give schools the flexibility to provide low-fat flavored milk as a part of the National School Lunch Program.

I am happy to announce that the omnibus bill we passed yesterday contains language from my legislation and allows the Secretary of the Department of Agriculture to grant exemptions to schools that wish to provide students with flavored, nutritional, low-fat fluid milk at breakfast and lunch.

Mr. Speaker, milk is the number one source of nine essential nutrients in young Americans' diets and provides multiple health benefits, including better bone health, lower blood pressure, and reduced risk of cardiovascular disease or type 2 diabetes.

Consumption of milk in schools has been on the decline for several years, despite the fact that public school enrollment continues to grow. Not only is the declining consumption detrimental to the health of young people, but it is adversely affecting our Nation's dairy farmers.

The bottom line is, if children won't consume milk, there is no way it can be nutritious. I am glad to see flavored milk back in our school cafeterias.

Mr. Speaker, on this National Day of Prayer, there will be today, with the bills being considered, many words and powerful words being spoken here today, but none more powerful spoken on this day, the National Day of Prayer, in our Capitol, than three words: Let us pray.

AMERICAN HEALTH CARE ACT

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

Mr. DEFAZIO. Mr. Speaker, the so-called American Health Care Act is up today.

If you are over age 50, insurance companies can charge you five times the normal rate. This couple, 64 years old, $30,000-a-year income, $1,700 for a policy now. After this great bill passes, this big beautiful bill, $15,000 a year for health care out of a $30,000 income.

Now, how the heck does that work?

In the next 3 years, 24 million Americans will lose coverage. Among them, 153,000 in my district on the Oregon health plan so-called extended Medicaid. But that wasn't bad enough to get this bill through the House. The rightwing demanded more, so they have done away with the preexisting condition exclusion.

Now they say: Oh, no, it is still in there, but the insurance company can charge you whatever they want. You have cancer? Oh, that will be $100,000 a year for your policy. Oh, but don't worry, don't worry, they are going to have a risk pool.

A few Members with weak knees went down to the White House to get a deal with the dealmaker, Trump, $8 billion. A lot of money for people with

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preexisting conditions. Unfortunately, there are 130 million American adults with preexisting conditions, as described by the insurance industry. Over 5 years, that will be $1 per month per person. That is going to buy a hell of a lot of health care; right?

NATIONAL SMALL BUSINESS WEEK

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

Mr. MCNERNEY. Mr. Speaker, this is National Small Business Week, and I rise to celebrate the more than 27 million small businesses in the United States of America and the 31,000 that are in my congressional district. The men and women who own these firms are truly the backbone of our economy.

Small businesses create most of the new jobs in the economy, supporting their families, employees, and communities. Small businesses want to grow and create jobs, but have difficulty accessing capital.

Furthermore, too many people remain out of work through no fault of their own. We must do more to fight high unemployment rates by helping to ensure that small businesses have the tools they need to succeed and thrive.

That is why I introduced H.R. 2313, the Small Business Relief and Job Creation Act. My bill provides tax credits for small businesses to hire people who were previously unemployed, and includes additional tax credits for small businesses located in high unemployment areas.

I welcome my colleagues to cosponsor H.R. 2313 to support small businesses across the country.

MOMENT OF SILENCE HONORING FIRST LIEUTENANT WESTON C. LEE.

(Mr. AUSTIN SCOTT of Georgia asked and was given permission to address the House for 1 minute.)

Mr. AUSTIN SCOTT of Georgia. Mr. Speaker, I rise today to honor First Lieutenant Weston C. Lee of Bluffton, Georgia, who died on April 29, 2017, in Mosul, Iraq, in support of Operation Inherent Resolve.

First Lieutenant Lee died from injuries sustained while part of a train, advise, and assist mission in support of partner forces.

First Lieutenant Lee was assigned to Charlie Company, 1st Battalion, 325th Infantry Regiment of the 82nd Airborne Division, Fort Bragg, North Carolina.

I would like to extend my heartfelt sympathy and condolences to his team, his family, and his friends who have suffered this loss.

Thank you, Lieutenant Weston Lee, for your service and sacrifice to our Nation.

Mr. Speaker, I would use the remainder of my time in a moment of silence in honor of Lieutenant Lee.

OPPOSITION TO THE AMERICAN HEALTH CARE ACT

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

Mr. BROWN of Maryland. Mr. Speaker, I rise today in opposition to the so-called American Health Care Act. It was a bad deal for America before, and it is a worse deal today. It is an offense to working families. You are going to pay more for your premiums, co-pays, and deductibles, and you are going to get less.

Preventative services, gone. Mental and behavioral health services, no more. Prescription drugs, gone or, at best, a whole lot more expensive.

It is a life-and-death proposition for the 326,000 people in my district with preexisting conditions, segregated into expensive high-risk pools, facing mind-boggling premium increases if you happen to have asthma, diabetes, cancer, or become pregnant.

It is a broken promise to America. President Trump promised not to cut Medicaid; broken. He promised insurance for everybody; broken. He promised preexisting conditions would be covered; broken.

Mr. Speaker, I won't be complicit in this broken promise. I won't uninsure 24 million Americans. I am resisting. I am voting ''no.''

HONORING ARMY RANGER SERGEANT JOSHUA P. RODGERS

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

Mr. RODNEY DAVIS of Illinois. Mr. Speaker, I rise today to honor one of our Nation's heroes.

On April 27, Army Ranger Sergeant Joshua P. Rodgers of Bloomington, Illinois, was killed in action serving his third tour in Afghanistan.

At age 22, Sergeant Rodgers had already earned the prestigious Ranger Tab, Parachutist Badge, Marksmanship Qualification Badge Expert-Rifle, and many others.

Sergeant Rodgers leaves behind his parents, Kevin and Vonda; sisters, Emily and Hannah; brother, Ashton; and countless others whose lives have been forever changed by him.

I never had the honor of meeting Sergeant Rodgers, but those who knew him best remember him as a warrior, tenacious, humble, determined, a true inspiration to everyone who knew him.

We are forever grateful to Sergeant Rodgers and the men and women who put country above all else, a debt which we can never repay. It is because of Sergeant Rodgers and many like him that we live in the land of the free. It truly is because of the brave.

On Saturday, Sergeant Rodgers will be laid to rest as his family and friends gather to celebrate his life, a life filled with patriotism, honor, and service. This House and his country will never forget Sergeant Rodgers' sacrifice.

May God bless his family and the brothers and sisters he served alongside.

HONORING NATIONAL SMALL BUSINESS WEEK

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

Mr. YOHO. Mr. Speaker, I rise today in honor of National Small Business Week. Small businesses are the backbone of our economy. This week is dedicated to celebrating and recognizing them and their contributions to our Nation. Because of this, I wanted to take a moment to recognize a few stellar small businesses in north central Florida.

Archer Automotive and Tire, founded in 2004, came about after a fleet mechanic of over 20 years decided he wanted to open his own shop. Thirteen years later, they have expanded into a state-of-the-art facility employing over eight families, allowing them to serve even more of their community.

Eat the 80, winner of the Gainesville Chamber of Commerce's 2016 Leading Women's Enterprise Award, is a meal delivery service specializing in health food that doesn't lack flavor or quality. They believe that everyone should have access to a healthy diet, and they built a business that could provide meals for working families.

Finally, I would like to recognize Endoscopy Replacement Parts, an aftermarket manufacturer established in 1997. Their 18 years of manufacturing experience, great customer service, and giving back to the community has led them to be recognized as the 2015 Manufacturers Association of Florida's Manufacturer of the Year, and the 2015 Small Business Administration's Small Business Exporter of the Year.

Mr. Speaker, it is businesses like that that keep our communities vital and growing.

PROVIDING FOR CONSIDERATION OF H.R. 2192, PUBLIC HEALTH SERVICE ACT AMENDMENT, AND PROVIDING FOR FURTHER CONSIDERATION OF H.R. 1628, AMERICAN HEALTH CARE ACT OF 2017

Mr. COLLINS of Georgia. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 308 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 308

Resolved, That upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 2192) to amend the Public Health Service Act to eliminate the non-application of certain State waiver provisions to Members of Congress and congressional staff. All points of order against consideration of the bill are waived. The bill

shall be considered as read. All points of order against provisions in the bill are waived. The previous question shall be considered as ordered on the bill and on any amendment thereto to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce; and (2) one motion to recommit.

SEC. 2. During further consideration of the bill (H.R. 1628) to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, as amended, pursuant to House Resolution 228, the further amendments printed in the report of the Committee on Rules accompanying this resolution shall be considered as adopted.

The SPEAKER pro tempore (Mr. POE of Texas). The gentleman from Georgia is recognized for 1 hour.

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

GENERAL LEAVE

Mr. COLLINS of Georgia. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous materials on House Resolution 308, currently under consideration.

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

There was no objection.

Mr. COLLINS of Georgia. Mr. Speaker, I am pleased today to bring forward this rule on behalf of the Rules Committee.

Over the past few weeks, the Rules Committee has had the opportunity to hear from numerous stakeholders, from the chairs and ranking members of committees of jurisdiction to the Members who have offered amendments.

Most recently, last night we heard testimony from Mr. MACARTHUR and Mr. UPTON to explain their amendments and address any questions from the committee members, and from Ms. MCSALLY to explain her legislation.

□ 0915

This rule provides for further consideration of H.R. 1628, the American Health Care Act, and incorporates three amendments—the Palmer-Schweikert amendment, the MacArthur amendment, and the Upton amendment—that strengthen the underlying bill.

It also provides for consideration of H.R. 2192, legislation authored by Representative MCSALLY, with 1 hour of debate equally divided and controlled by the chair and ranking member of the Committee on Energy and Commerce.

Mr. Speaker, all across our country, the Affordable Care Act continues to strip hardworking Americans and families of access to affordable, quality medical care and offer them skyrocketing premiums and anemic provider networks in return.

Democrats smuggled ObamaCare through with little regard for the procedure, left lofty and empty promises that benefit simply a bureaucratic machine. Seven years later, we have seen these promises evaporate as ObamaCare patients lose access to their doctors and lose the very insurance plans they were promised would remain intact.

Our friends across the aisle claim that coverage has been expanded and individuals who never had quality health care before now have access. Mr. Speaker, I wish that were true, but it is not. I wish my colleagues and I didn't hear from neighbor after neighbor who can't find a doctor to accept ACA insurance or who avoids medical care altogether because their deductibles reach higher than the clouds. But we do hear from them because Americans are suffering as insurance providers flee from the not-so-free market.

You see, coverage doesn't mean access to care. Unfortunately, we have heard all too often that individuals may have health coverage, but they can't use it because their premiums and deductibles are too high for them to actually afford the care.

What good does the coverage do a woman who earns $22,000 a year and has a $5,000 deductible?

What good does it do a young family to have insurance that no provider in their community accepts?

What good does it do to say we want to grow the economy and create jobs when American businesses are struggling to keep their doors open due to the ObamaCare mandate?

We have witnessed insurers dropping out of the exchanges and seen premiums climbing while consumers are left with less and less choice. Five States have one option and no choice for health insurance, and nothing guarantees that their residents will keep that much.

ObamaCare has hijacked the free market, and it has taken some Americans' liberties with it. We must remember that exchanging freedom, choice, self-determination for securities at the hands of Big Brother too often leaves us with neither liberty nor security.

We know that ObamaCare was designed to make a single-payer system inevitable. And to the extent that a single-payer system means a zero-choice system, the prophecy has already come true.

Families can no longer choose to save for retirement or pay their mortgages because premiums suck up all the oxygen in their budget. Individuals who want to purchase a PPO cannot because their county only offers HMO plans. Disabled Americans who depend on Medicare find that ObamaCare has given more Federal funding to able-bodied Americans than our more vulnerable neighbors.

In my district, a young mother who wants to take her young son to the family doctor post-ObamaCare can't because she can't find a physician who accepts her new insurance.

Brittany Ivey and her husband have struggled under the consequences of the Affordable Care Act. Mrs. Ivey was working part-time at a small business that provided her family with health insurance until the effects of ObamaCare on the insurance market raised her premiums sharply. This drove the Ivey family into the individual market, where a midlevel plan took 65 percent of her monthly gross income, even after a small Federal subsidy. Unable to afford insurance through her employer, Mrs. Ivey turned to the Federal exchange, where she obtained a plan that neither she nor her children's doctor would accept.

The Affordable Care Act robbed Americans of the ability to choose health care that worked for them, and the Affordable Care Act destroyed the insurance market along with the benefits that competition and innovation offer all of us. The American people deserve better. ObamaCare replaced our doctors with bureaucrats because that is what socialized medicine does.

The American Health Care Act is our last chance to get off the Federal ferris wheel before we are locked into a healthcare system that takes us nowhere and offers neighbors nothing but heartburn.

The American Health Care Act guts the most egregious provisions of ObamaCare, rolls back the law's taxes, restores flexibility to the States, and helps to make quality care more accessible and affordable.

Mr. Speaker, one of the reasons I came to Congress is to repeal and replace ObamaCare and rein in our Nation's bloated, ballooning entitlement system. The American Health Care Act does that by, for the first time, making major reforms to an entitlement program—Medicaid. It rolls back the Medicaid expansion under ObamaCare, one of the fundamental pillars, and it makes structural changes to the program to ensure it only goes to the individuals it was intended to help.

The American Health Care Act allows States to establish work requirements for able-bodied adult Medicaid enrollees. It lets States choose between the per capita cap and a flexible Medicare block grant, and it increases the growth rate to cover disabled and elderly Medicaid populations.

The bill enacts patient-centered reforms, increases access to healthcare savings accounts, and creates a Patient and State Stability Fund to help stabilize insurance markets that have contracted during ObamaCare.

Over the course of the last several weeks, we have worked in this House to strengthen the bill. We have listened to feedback from constituents, neighbors, stakeholders, and each other.

Importantly, coverage for individuals with preexisting conditions is maintained as a baseline within the bill. An

amendment from Mr. MACARTHUR further protects individuals' preexisting conditions from being denied coverage.

While the amendment provides States with additional flexibility by allowing them to seek a waiver, individuals with preexisting conditions will not be left out to dry. In fact, there are conditions attached to the waiver that ensure States use funds provided by the bill, should they receive a waiver, to set up high-risk pools for those very individuals. With the addition of the Upton amendment, the bill provides $108 billion to help States fund programs such as high-risk pools.

Mr. Speaker, my home State of Georgia has very different needs than California. That is why I think it makes sense to give States more say in what works for their populations. Our plan does this, but it does so in a way that ensures protections exist for vulnerable populations like the elderly, disabled, and children.

The rule also provides for Representative MCSALLY's legislation to ensure that Members of Congress are treated the same as all Americans. I fully support this bill and firmly believe elected officials should be required to live under the same laws as those they were elected to represent.

President Trump has made his support of the American Health Care Act and its strengthening amendments clear, and I stand with him in supporting this legislation to gut ObamaCare and rescue the American people.

Mr. Speaker, average premiums rose by 40 percent or more in 11 States just this year. The statistics and the stories speak for themselves. We must act to dismantle ObamaCare, and the Affordable Care Act does that.

I support the rule before us today to provide for further improvements to the bill and look forward to supporting both the rule and the underlying bill.

I reserve the balance of my time.

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

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

Mr. MCGOVERN. I thank the gentleman from Georgia (Mr. COLLINS) for the customary 30 minutes.

Mr. Speaker, pathetic, that is the word to describe this process and this bill. If the American people could sue Congress for malpractice, my Republican friends would be in deep trouble.

How could you do this? How could you do this to the American people? How can you do this to the people you represent?

You are taking away essential healthcare protections. You are allowing insurance companies to discriminate against people with preexisting conditions. You are supporting a bill that will throw 24 million people off of their health care and cut Medicaid by $880 billion to give a $1 trillion tax break to the wealthiest people in this country.

What is wrong with you guys?

Today's rule self-executes three of the newest Republican amendments to the Republican health plan. This means, without any sort of debate or discussion whatsoever, the Palmer, MacArthur, and Upton amendments will magically pass the House.

What I find so hard to believe about this latest backroom deal is that they actually make this bill worse. I didn't think that was possible, Mr. Speaker.

To shore up support amongst this Chamber's most conservative faction, Representative MACARTHUR and others made a deal with President Trump to gut protections for individuals with preexisting conditions and to eliminate essential health benefits like maternity care, mental health treatment, and prescription drug coverage, just to name a few. These are among the most popular provisions of the Affordable Care Act.

The American people were justifiably outraged, and they showed up by the thousands to townhalls to express their anger. And there were some on the Republican side who actually got it. They listened to their constituents and they had the courage to stand up and say no.

But when Republican leaders came up short in their whip count, Representative UPTON ran to the White House and concocted a deal with President Trump to try to win back votes. His amendment adds a measly $8 billion spread out over 5 years in a futile attempt to soften the devastating effect that this bill will have on millions and millions of Americans with preexisting conditions.

Now, $8 billion over 5 years sounds like a lot, but when we are talking about an entire country, it really isn't. Don't take it from me. Robert Graboyes from the conservative Mercatus Center said:

''The $8 billion amount is a pittance. Spread over 5 years, it's a fifth of a pittance.''

This is not a leftwing organization. This is an organization funded by Koch Industries, the Koch brothers. My friends love the Koch brothers.

What's more, some analysts have already estimated that an additional $200 billion will be needed over a decade to adequately fund high-risk pools. So this amendment is billions upon billions upon billions of dollars short. And as the Center for American Progress points out, the Upton amendment ''will have almost no effect.''

Now, my colleagues who have been won over by this should be ashamed of themselves. We are supposed to fix problems and help people, not merely settle for political cover that can be used in a press release. $8 billion to cover a $200 billion shortfall? Back where I come from, we call that being a cheap date. I guarantee you, your constituents are going to figure this out, and they will not be happy.

So to so-called moderate Republicans who have contorted themselves this week to try to find a fix to the damage being done to the people with preexisting conditions, I have breaking news: I have a magic bullet fix if Republicans really want to protect people with preexisting conditions. Are you ready? Brace yourselves. Don't change the law. Everyone is already protected by the Affordable Care Act, including people with preexisting conditions and those who struggle to find affordable care. Let me say to my colleagues that to claim or imply that this Republican plan covers preexisting conditions is a lie, plain and simple.

Now, let me say a few words about the process that has been used to bring this bill to the floor. It has been a disaster from start to finish, with secret negotiations, backroom deals, and bribes to buy off factions within the Republican Conference. There have been no hearings on this bill whatsoever. And the Republican leadership couldn't even slow down long enough to receive a score from the CBO.

I have one simple question: What is the rush? Wait a week and get a CBO score. Why is that such a radical idea?

Mr. Speaker, are Republican leaders jamming this bill through to appease Donald Trump?

Are they concerned that a new CBO score will confirm what we already know is true, that this bill will be devastating to the people of this country, force even more people to lose their health care, especially to older, sick, and low-income Americans.

Or maybe, Mr. Speaker, Republican leaders are worried that their colleagues will go home over this weeklong break and actually hear from their constituents who overwhelmingly oppose this effort to repeal the Affordable Care Act.

Honestly, I don't know how my Republicans friends can defend this terrible, closed, authoritarian process. It is an absolute disgrace.

I urge my colleagues to vote ''no'' on this bill, or, better yet, I urge my Republicans colleagues to do what they did a couple of weeks ago and pull this disastrous bill.

I reserve the balance of my time.

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

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentleman from Kentucky (Mr. YARMUTH), the distinguished ranking member of the Committee on the Budget.

Mr. YARMUTH. Mr. Speaker, the question every Member of Congress should be asking themselves today is: Who in the world is better off because of today's bill?

It is not the 24 million people the CBO says will lose their health coverage if this bill becomes law.

It is not the seniors who will be priced out of the market by an age tax or the millions of families who will see their health care gutted by the more than $800 billion in cuts to Medicaid.

It is not the 881,000 non-elderly adults in Kentucky with preexisting conditions who would, once again, face

staggering health costs with reduced care.

So who is better off? Well, certainly corporations and millionaires who will see nearly $1 trillion in tax cuts from this bill.

And at least, in their minds, a few Republican Members are so desperate for some type of political victory they are willing to risk the health and well-being of their constituents to ram through a bill without hearings, analysis, or, most alarmingly, any sense of morality. That is the cruel tradeoff my Republican colleagues have decided to make.

Our families deserve far better. I urge my colleagues to exercise better judgment and vote ''no'' on this bill.

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

□ 0930

Mr. MCGOVERN. Mr. Speaker, I am not sure if my colleagues are aware of this since we are moving so quickly here, but I want to flag for everyone an important op-ed in The Hill by the executive director of the Boston Area Rape Crisis Center. She points out that in the latest version of this legislation, rape can once again be categorized as a preexisting condition as it often was before the Affordable Care Act.

I include her column, entitled ''Health 'reform' will make sexual assault survivors sick,'' in the RECORD.

HEALTH 'REFORM' WILL MAKE SEXUAL ASSAULT SURVIVORS SICK

(By Gina Scaramella)

So far, we know that about 24 million Americans stand to lose their health insurance coverage if the Affordable Care Act (ACA) is replaced with the American Health Care Act (AHCA). We know that most of those 24 million people will be low-income.

We also know that groups of people who experience significant health care disparities, such as lesbian, gay, bisexual and transgender (LGBT) people, and Black and Latino people, will be among those who risk losing the most if the ACA is repealed. To that list, we must add survivors of sexual violence.

Before passage of the ACA in 2010, sexual assault survivors who had sought medical care for their injuries could be denied health insurance coverage at a later date. The reason? Health insurers often categorized rape as a pre-existing health condition.

In one widely reported case, a 45-year-old woman met two men at a bar in Florida who bought her a drink. Hours later, she found herself lying by the side of the road with injuries indicating that she had been raped and that the men had spiked her drink. Her doctor prescribed a treatment of anti-viral, post-HIV exposure drugs to protect against HIV transmission.

When the woman lost her health insurance several months after the attack, she was unable to obtain new insurance due to the health care treatment she had received for the assault. She went without health insurance for three years.

Stories like these prompted the National Women's Law Center to launch a campaign called ''Being a Woman Is Not a Pre-Existing Condition.'' It was so popular that then-House Speaker Nancy Pelosi adopted the phrase in her pro-health reform talking points with media, and the New York Times ran an explainer on the ways in which health insurers treated women as if they were just one giant pre-existing condition.

The AHCA initially retained the ACA's ban on discrimination against people with pre-existing conditions. But an amendment to the AHCA bill offered last week by New Jersey Congressman Tom MacArthur and North Carolina Congressman Mark Meadows would make it easier for health insurers to deny coverage to people with pre-existing conditions.

By letting states waive the ACA prohibition on charging people with pre-existing health conditions higher premiums, protections for those who've previously been medically treated for sexual assault would be gutted.

Perhaps more alarming, though, is the MacArthur-Meadows amendment's provision allowing states to also seek waivers from the ACA's requirement that essential health benefits be covered by health insurance plans. Essential health benefits include preventive health care services that most of us take for granted. These include tests for blood pressure and cholesterol, mammograms, and vaccinations. Essential health benefits also include coverage for mental health care and substance abuse treatment.

Sexual violence survivors face acute treatment needs in the aftermath of an assault such as care for gynecological injuries, other physical trauma, sexually-transmitted diseases, and pregnancy. But sexual violence takes many forms: incest: ongoing sexual abuse outside of the family, sexual assault, sexual harassment or exploitation, and rape. Each of these types of assault puts the survivor at risk for various potential negative physical health and mental health outcomes.

For example, an adult survivor of childhood sexual abuse is at a higher risk for psychiatric disorders. Women and men who have survived rape as adults are at higher risk of post-traumatic stress disorder, depression, anxiety, and substance abuse—any of which can significantly interfere with daily living. No one can deny that there is a direct line between having survived sexual violence, and an increased risk of physical and mental health problems.

The mental health impacts of sexual violence are deep and often longstanding. Survivors need long-term access to nonjudgmental health and mental health services to reduce their suffering and mitigate as much as possible the stress that recovery from sexual violence puts on intimate family relationships, and obligations related to school and work.

It is hard to see any good coming from this latest attempt to repeal the ACA and all of the care it has brought to survivors of sexual violence.

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentlewoman from Washington (Ms. DELBENE).

Ms. DELBENE. Mr. Speaker, this destructive legislation hurts middle class families and threatens massive disruption to our healthcare system. And it has only gone from bad to worse.

Stripping protections from 133 million Americans with preexisting conditions isn't just wrong, it is inhumane. Nobody in this country should go bankrupt trying to afford the medical care they need to stay alive.

This isn't about politics; it is about human decency and who we are as Americans. It is about people like Jackie, a cancer survivor from Snohomish who says the Affordable Care Act saved her life.

She wrote to me saying: ''My cancer recurred, but I was covered. I was able to complete my treatments without having to worry about how to put food on the table. Or being left to die. Because of the ACA, I survived.''

We all have stories like this in our districts, but some of my colleagues aren't listening. I hope they find the courage and the wisdom to vote ''no'' on this dangerous legislation.

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

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. CASTRO).

Mr. CASTRO of Texas. Mr. Speaker, Republicans, over the last few months, have said that they would fundamentally change health care in the United States, and it is clear today that they have. They have made it much worse.

I want to highlight one provision that allows for States to permit insurers to get rid of essential healthcare benefits and charge people more who have preexisting conditions. Think about that for a second.

In my home State of Texas, the Governor and other State leaders have already turned their back on so many people, allowing foster care children to sleep in State offices, allowing sex trafficking and human trafficking victims to go to jail because there is nowhere else to put them.

You should ask yourselves: What will your leaders do? Will they allow insurers to charge you more for preexisting conditions like diabetes and hypertension and cancer and asthma?

Do you think, and do you trust, that they are going to do the right thing by you? Because today, this plan allows them to abandon you.

Mr. COLLINS of Georgia. Mr. Speaker, I yield myself such time as I may consume.

At this time, I think one of the interesting things is, as discussed, the criticism of this. I think it was just a reminder, Mr. Speaker, of what happened 7 years ago when our healthcare market, which could have been helped by many good ideas, was decided to be taken on a very unhealthy bent. We are now paying the price for that. We are going to continue to see that unless we change it. We are changing that for the better.

One of the strongest voices that we have had in this body is someone who has actually taken it as his living to take care of people. Dr. BURGESS not only came to this Congress with a strong voice of not only what doctors and the medical profession have, but I think it gives us an insight into what patients need as well. He has been a clarion voice through this whole process, before ObamaCare, during the disaster of ObamaCare, and now as we look to fix the problems that have existed.

I yield as much time as he may consume to the gentleman from Texas (Mr. BURGESS).

Mr. BURGESS. Mr. Speaker, how did we get to this point?

The Affordable Care Act is simply not working for the American people. It is limiting choices. It is raising costs. It is leaving millions without access to care. And unfortunately, these are not just talking points but very real issues affecting very real Americans.

The Affordable Care Act has left the individual market in shambles and has driven insurers away from offering coverage. Now, we are seeing one-third of all counties in the United States of America with only a single insurer. And among the plans that have chosen to remain in these markets, there have been widespread, double-digit premium increases. In Texas, premiums have jumped 29 percent a year, on average, from 2014 to 2017.

The markets are in difficulty. They are failing to live up to the promise made 7 years ago, that Americans would be able to receive ''affordable care.''

As we knew then, and we still know now, this was an empty promise and has priced over 19 million Americans out of the market. What is worse, these individuals are forced to pay the individual mandate penalty or seek a hardship exemption because of the cost to purchase and use their health insurance.

Mr. Speaker, 11 months ago, Speaker RYAN released the Better Way plan to save the Nation's healthcare system and to bring relief to the American people. This plan, which served as the blueprint for the American Health Care Act, laid out policies to stabilize the markets damaged by the Affordable Care Act, repeal the burdensome Affordable Care Act taxes and mandates that have hindered innovation and limited access to care. So let's take a look at what the American Health Care Act does.

First and foremost, the American Health Care Act provides immediate relief to the State insurance markets. As Republicans, we know that one-size-fits-all works for no one, and certainly did not work for the individual markets. The States should have the flexibility to support their insurance markets and ensure that plans can continue to provide options for coverage.

To do this, we relax two of the more egregious market regulations that were imposed under the Affordable Care Act: the mandate that premiums cannot vary for younger and older Americans by more than a 3-to-1 ratio and the mandate creating fixed actuarial values for plans.

The mandate limiting a plan's ability to set premiums by age has driven up the cost of coverage for younger and healthier Americans and, subsequently, pushed them away from seeking coverage by the millions. Of the over 19 million Americans who have sidestepped the individual market, it is estimated that as many as 45 percent of these individuals are under the age of 35. Without these younger Americans seeking coverage, the markets have plunged, as insurers have hiked up premiums year after year to compensate for unhealthy risk pools.

To change this, there is relaxation of the 5-to-1 ratio. It will lower premium costs and provide necessary opportunities to stabilize markets. We also give States the option, the choice to go higher or go lower, which honors the spirit of federalism.

Additionally, we are repealing the actuarial values mandate to provide insurers with additional flexibility to offer more coverage options. The requirement for insurers to offer specified Bronze, Silver, and Gold level tiers has limited consumer choice, driving even more individuals away from seeking coverage and further contributing to the collapse of the healthcare markets.

To further supplement these efforts, we are establishing the Patient and State Stability Fund. This fund provides States access to a total of over $140 billion over 10 years to promote innovative solutions to lower costs and increase access to health care for their unique patient populations.

Mr. Speaker, the goal is simple, to provide States with maximum flexibility in how they address the cost of care for their citizens. The American Health Care Act provides States with options for how to use funds, including providing financial assistance for high-cost individuals, incentivizing insurer participation in those markets, reducing the cost of insurance, promoting access to preventive services, and reducing out-of-pocket costs for patients.

The Congressional Budget Office estimated that a combination of the Stability Fund and other proconsumer changes would reduce premiums by 10 percent below current projections of 2026.

We want patients to have access to high-quality, affordably priced health coverage. The Patient and State Stability Fund can help States lower costs and can increase access to high quality health care for their citizens.

In addition to supporting the insurance markets, the American Health Care Act creates needed reforms to the Medicaid program itself. Without any changes, the current Medicaid expansion is expected to cost $1 trillion in 10 years' time—$1 trillion a year in 10 years' time. Medicaid needs reform so that States can continue to provide coverage to children, people with disabilities, and other vulnerable groups, the very populations that this safety net program was created to serve.

To address these concerns, the American Health Care Act first phases out the Medicaid expansion, not traditional Medicaid but Medicaid expansion. The expansion has hurt State budgets and limited States' abilities to ensure that resources will continue to be available for the vulnerable populations for which Medicaid was designed. By phasing out expansion, we are providing States with greater budget autonomy.

Additionally, our bill helps further bend the Medicaid cost curve by shifting the program toward a per beneficiary allotment. Per beneficiary allotments set limits on the annual growth for per capita expenditures for which the States will receive matching funds from the Federal Government. Per beneficiary allotments create greater fiscal accountability and ensure that the program can continue to exist for years to come.

This is not a new idea. This was an idea put forward by President Bill Clinton and, at one time, supported by every Democratic Member of the Senate in 1995.

Second, the American Health Care Act increases the amount of flexibility that States have in managing their Medicaid program. The bill scales back the Affordable Care Act mandates that have limited a State's ability to tailor plans toward the needs of beneficiaries. States can and States should be trusted to effectively manage the needs of their Medicaid beneficiaries. The American Health Care Act will allow them to do so.

Additionally, the American Health Care Act furthers the goal of providing the States with greater flexibility in managing their Medicaid programs by providing States with the option to implement two additional opportunities: work requirements and block grants for Medicaid.

When the Affordable Care Act was being debated, some of the most consistent complaints that we heard throughout the discussion came from Governors and State representatives expressing concerns about the negative consequences that they saw on the horizon.

This time around, we chose to engage our State counterparts in the discussion and listen to their input as we designed the bill; and at the top of their list was a desire to see the work requirements built into the Medicaid and the expansion populations, and the opportunity to work with Medicaid as a block grant.

Republicans trust that States know what works for their respective populations, and we are not going to stand in the way of States seeking to design Medicaid programs that work for them.

Finally, the American Health Care Act provides additional resources to bolster State safety net providers. The bill provides increases to the Community Health Center Fund, offers enhanced funding to support the safety net providers in States that did not expand Medicaid, and ends the cuts to Disproportionate Share Hospital payments, cuts that are going to occur under current law on October 1 of this year.

We are committed to ensuring that our local providers can continue to deliver lifesaving care and that the American Health Care Act turns this commitment into action. For the millions of Americans in rural and medically underserved areas, these actions

will provide needed relief that was undercut by the Affordable Care Act and will allow these Americans to continue to have access to care.

Moving forward, together, these efforts will provide meaningful reform and relief for the States and for the individuals seeking health care. We are stabilizing the markets, reforming Medicaid in the most substantive and consequential way in its 52-year history, and ensuring that all Americans can maintain access to care through local safety net providers.

We do recognize there is still more work to be done in health care, and that is why we only consider the American Health Care Act to be the beginning. It is the key that gets us through the door into additional health reform. From here, we will work with Secretary Price at the Department of Health and Human Services to further deregulate the marketplace and increase consumer choice in the healthcare markets, and we will enhance the American Health Care Act with additional legislative efforts to further the goal of lowering healthcare costs.

Mr. Speaker, this should be a very exciting time in health care. With all of the knowledge that has been gained over the years in the practice of medicine, I am humbled to be here today speaking in support of this legislation.

It will begin the much-awaited process of unwinding the Affordable Care Act and will finally return patients to the center of health care.

□ 0945

Mr. McGOVERN. Mr. Speaker, wow. I yield myself such time as I may consume, and to rebut the gentleman from Texas, let me include in the RECORD a letter from the American Cancer Society, the American Diabetes Association, the American Heart Association, the American Lung Association, the Cystic Fibrosis Foundation, the Juvenile Diabetes Foundation, the March of Dimes, the National Multiple Sclerosis Society, the National Organization for Rare Disorders, and the National Coalition for Women with Heart Disease.

LEADING PATIENT ADVOCACY GROUPS REMAIN OPPOSED TO THE AMERICAN HEALTH CARE ACT

EIGHT ORGANIZATIONS ISSUE STATEMENT CRITICIZING UPTON AGREEMENT

WASHINGTON, May 3, 2017.—Earlier today, House Energy and Commerce Committee Chairman Greg Walden (R-OR) issued a press release stating that an amendment proposed by Representative Fred Upton (R-MI) to the American Health Care Act (AHCA) provides ''protection and certainty for patients with pre-existing conditions.'' Eight leading patient groups, listed below, issued the following statement in response:

Despite the Upton amendment, we remain strongly opposed to the American Health Care Act and urge Congress to consider the people at the heart of this decision. The various patchwork solutions offered by lawmakers would still leave the millions of patients we represent, who have serious and chronic health conditions, at risk of not being able to access life-saving treatments and care.

There is no substitute for fundamental, unequivocal protections for people with pre-existing conditions.

The AHCA, including the potential amendment, would undermine vital safeguards against being charged more for insurance based on health status. Increasing funding for risk sharing programs and consumer financial assistance does not address the legitimate challenges built into these proposals.

The other equally important problems with the AHCA remain, including:

Allowing states to waive the guarantee of essential health benefits, which would:

Segment the market into plans for sick people and plans for healthy people, driving up the cost of plans for people with serious health care needs

Undermine the protection against annual and lifetime coverage caps, a critical safeguard for patients

Eliminating Medicaid expansion coverage for millions of Americans and altering the program's financing structure in a way that jeopardizes coverage of new and innovative treatments

Increasing out-of-pocket costs for many Americans, including some of the sickest and elderly among us

Given the numerous shortcomings of the American Health Care Act in serving the patients we represent, our organizations have no choice but to oppose this legislation and urge all Representatives to vote against it, with or without the Upton and MacArthur amendments.

PATIENT ADVOCACY GROUPS

American Cancer Society Cancer Action Network
American Heart Association
American Lung Association
Cystic Fibrosis Foundation
March of Dimes
National Organization for Rare Disorders
National MS Society
WomenHeart: The National Coalition for Women with Heart Disease

MEDIA CONTACTS

American Cancer Society Cancer Action Network, Alissa Crispino.

American Heart Association, Abbey Dively.

American Lung Association, Allison MacMunn.

Cystic Fibrosis Foundation, Jessica Rowlands.

March of Dimes, Cindy Pellegrini.

National Organization for Rare Disorders, Jennifer Huron.

National MS Society, Eileen Curran.

WomenHeart: The National Coalition for Women with Heart Disease, Tom Murphy.

Mr. McGOVERN. Mr. Speaker, I also include in the RECORD a statement from the American Medical Association in opposition to this bill.

[From the American Medical Association, May 3, 2017]

AMA WARNS THAT PROPOSED CHANGES TO THE AMERICAN HEALTH CARE ACT DO NOT REMEDY BILL'S SHORTCOMINGS

DESPITE AMENDMENTS TO BILL, MILLIONS OF AMERICANS WOULD STILL LOSE HEALTH INSURANCE COVERAGE

CHICAGO.—American Medical Association (AMA) President Andrew W. Gurman, M.D., issued the following statement today about proposed changes to the American Health Care Act (AHCA):

''None of the legislative tweaks under consideration changes the serious harm to patients and the health care delivery system if AHCA passes. Proposed changes to the bill tinker at the edges without remedying the fundamental failing of the bill—that millions of Americans will lose their health insurance as a direct result of this proposal.

''High-risk pools are not a new idea. Prior to the enactment of the Affordable Care Act, 35 states operated high-risk pools, and they were not a panacea for Americans with pre-existing medical conditions. The history of high-risk pools demonstrates that Americans with pre-existing conditions will be stuck in second-class health care coverage—if they are able to obtain coverage at all.

''Not only would the AHCA eliminate health insurance coverage for millions of Americans, the legislation would, in many cases, eliminate the ban against charging those with underlying medical conditions vastly more for their coverage.''

''America should not go backward to the time when our fellow citizens with pre-existing health conditions faced high costs for limited coverage, if they were able to obtain coverage at all. The AMA urges congressional leaders and the Administration to pursue a bipartisan dialogue on alternative policies that provide patients with access and coverage to high quality care and preserve the safety net for vulnerable populations.''

BACKGROUND ON HIGH-RISK POOLS

A January report from the American Academy of Actuaries notes that ''enrollment has generally been low, coverage has been limited and expensive, they require external funding, and they have typically operated at a loss . . . Removing high-risk individuals from the insured risk pools reduces costs in the private market only temporarily. Over time, even lower-cost individuals in the individual market can incur high health care costs, which would put upward pressure on premiums.''

According to the Kaiser Family Foundation:

State high-risk pools featured premiums above standard non-group market rates—with most states capping them at 150%–200% of standard rates. Many also featured high deductibles, some $5,000 or more.

Despite the fact that many individuals were forced into high-risk pools because of a pre-existing condition, nearly all states excluded coverage for these conditions for 6–12 months.

Almost all high-risk pools imposed lifetime limits on covered services, and some imposed annual limits.

Some states capped or closed enrollment.

Combined net losses for the state high-risk pools totaled more than $1.2 billion for 2011, or $5,510 per enrollee, on average.

Furthermore, a 2010 paper by James Capretta and Tom Miller that appeared in National Affairs estimated that the cost of adequately funded high risk pools would be $15 billion to $20 billion per year.

Mr. McGOVERN. Mr. Speaker, I also include in the RECORD a letter from the American Academy of Family Physicians in opposition to this bill.

AMERICAN ACADEMY OF FAMILY PHYSICIANS,
May 3, 2017.

JIM MCGOVERN,
Representative, House of Representatives, Washington, DC.

DEAR REP. JIM MCGOVERN: Despite recent activities and amendments, the American Health Care Act (H.R. 1628) remains a highly flawed proposal that will destabilize our health care system, cause significant loss of coverage, and allow for the discrimination against patients based on their gender, age, and health status. For these reasons, the American Academy of Family Physicians (AAFP) continues to oppose the AHCA and

encourages the House of Representatives to reject this failed policy.

The fact remains that the AHCA will:

Cause more than 24 million people to lose their health care coverage, including more than 7 million with employer-sponsored coverage.

Destabilize the individual health insurance market.

Create a race to the bottom by eliminating any standards with respect to minimum insurance benefits.

Enact draconian cuts in the Medicaid program that will have an immediate negative impact on low-income individuals, children, and millions of senior citizens who rely on the program.

Eliminate community rating and return to medical underwriting, thus allowing insurers to discriminate against individuals based on their gender, age, and health status.

Deny individuals protection against annual and lifetime spending caps, thus threatening the financial stability of millions of individuals and families in the future.

Over the past few days there has been an effort to advance policies that seek to protect individuals with pre-existing conditions from facing discrimination in insurance underwriting as a result of their health status. Despite a willingness to spend more money on these proposals, the current efforts on pre-existing conditions fail to accomplish their goal. High-risk pools are inherently flawed and expensive. The proposals under consideration provide inadequate funding for an inadequate period of time, thus creating an under-funded and temporary solution for the millions of Americans with pre-existing conditions. We find it regrettable that Congress would seek to relegate individuals with high health care needs to a program that has a questionable history and would face uncertain financial stability in the future.

By removing critical consumer protections that collectively ensure that the millions of individuals with pre-existing conditions can continue to purchase affordable health care coverage, the AHCA would result in higher premiums and higher deductibles for millions. Additionally, the negative impact of the AHCA is not limited to the individual insurance market. These policies also may impact the more than 130 million people with employer-sponsored insurance.

Thank you.

Mr. MCGOVERN. Mr. Speaker, I also include in the RECORD a statement from the AARP in strong opposition to this bill.

AARP,
May 3, 2017.

DEAR REPRESENTATIVE: Older Americans care deeply about access to and affordability of health care. With the addition of the Upton Amendment, as reported, we once again write to share our opposition to the American Health Care Act (AHCA) and urge you to vote NO. Changes under consideration that would allow states to waive important consumer protections—allowing insurance companies to once again charge Americans with pre-existing conditions more because they've had cancer, diabetes or heart disease—would make a bad bill even worse. This would be devastating for the 25 million Americans 50–64 who have a deniable pre-existing condition. The Upton amendment would do little to reduce the massive premium increases for those with pre-existing conditions.

Throughout consideration of the AHCA, we have been expressing serious concerns about the impact that this legislation will have on older Americans. The Congressional Budget Office (CBO)'s last estimate further demonstrates the harmful impact of this bill on older Americans and some of our most vulnerable. Specifically, the American Health Care Act will weaken the fiscal sustainability of Medicare; dramatically increase premium and out-of-pocket costs for 50–64 year olds purchasing coverage on the individual insurance market; allow insurance companies to once again discriminate against those with pre-existing conditions; substantially increase the number of Americans without insurance; and put at risk millions of children and adults with disabilities and poor seniors who depend on the Medicaid program to access long-term services and supports and other benefits.

Our members and others 50 years of age and older care deeply about health care and want to know where their elected leaders stand. Recognizing the importance of the upcoming vote on the American Health Care Act, AARP intends to inform our members, and others over age 50, how their elected officials voted. We'll communicate the results of the vote in our widely-circulated publications, in e-mail alerts, in our online channels, and through the media. Again, we urge all Representatives to vote NO on the American Health Care Act in its current form.

MEDICARE

The American Health Care Act repeals provisions in current law that have strengthened Medicare's fiscal outlook, specifically, the repeal of the additional 0.9 percent payroll tax on higher-income workers. Repealing this provision would remove billions from the Hospital Insurance trust fund, hasten the insolvency of Medicare, and diminish Medicare's ability to pay for services in the future.

INDIVIDUAL PRIVATE INSURANCE MARKET

Currently, about 25 million Americans age 50–64 have a pre-existing condition, about 6.1 million purchase insurance in the non-group market, and nearly 3.2 million are currently eligible to receive subsidies for health insurance coverage through either the federal health benefits exchange or a state-based exchange (exchange). Since passage of the ACA, the number of 50–64 year old Americans who are uninsured has dropped by half. We are deeply concerned that the AHCA would be a significant step backwards and result in millions of older Americans who cannot afford their health care, including many simply losing their health care. Based on CBO estimates, approximately 14 million Americans will lose coverage next year, while a total of 24 million Americans would lose coverage over the next 10 years.

Affordability of both premiums and cost-sharing is critical to older Americans and their ability to obtain and access health care. A typical 50–64 year old seeking coverage through an exchange has a median annual income of under $25,000 and already pays significant out-of-pocket costs for health care. We have serious concerns—reinforced by the CBO estimate—that the bill under consideration will dramatically increase health care costs for 50–64 year olds who purchase health care through an exchange due both to the changes in age rating from 3:1 (already a compromise that requires uninsured older Americans to pay three times more than younger individuals) to 5:1 (or more) and reductions in current tax credits for older Americans. CBO concluded that the bill will substantially raise premiums for older people and force many into lower quality plans.

Age rating plus reduced tax credits equal an unaffordable age tax. Our previous estimates on the age-rating change showed that premiums for current coverage could increase by up to $3,200 for a 64 year old. In addition, the bill reduced the tax credits available for older Americans to help purchase insurance. We estimate that the bill's changes to current law's tax credits alone could increase premium costs by more than $5,800 for a 64-year old earning $15,000. Overall, both the bill's tax credit changes and 5:1 age rating would result in skyrocketing cost increases for older Americans. In their analysis, CBO found that a 64 year old earning $26,500 a year would see their premiums increase by $12,900—758 percent—from $1,700 to $14,600 a year.

Current law prohibits insurance companies from discriminating against individuals due to a pre-existing condition. The bill would repeal pre-existing condition protections and would once again allow insurance companies to charge Americans more—we estimate up to $25,000 more—due to a pre-existing condition. As a result, the 40 percent of 50- to 64-year-olds (about 25 million people) who have a deniable pre-existing condition risk losing access to affordable coverage. The Upton Amendment, which would add funds to address the impact of premium increases for those with pre-existing conditions, would do little to mitigate the massive premium increase for some of the most vulnerable Americans. AARP strongly opposes any weakening of the law's pre-existing condition protections which benefit millions of Americans.

MEDICAID AND LONG-TERM SERVICES AND SUPPORTS

AARP opposes the provisions of the American Health Care Act that create a per capita cap financing structure in the Medicaid program. We are concerned that these provisions could endanger the health, safety, and care of millions of individuals who depend on the essential services provided through Medicaid. CBO found that the bill would cut Medicaid funding by $880 billion over 2017–2026, about 25 percent less than what it projects under current law. Medicaid is a vital safety net and intergenerational lifeline for millions of individuals, including over 17.4 million low-income seniors and children and adults with disabilities who rely on the program for critical health care and long-term services and supports (LTSS, i.e., assistance with daily activities such as eating, bathing, dressing, managing medications, and transportation). Older adults and people with disabilities now account for over sixty percent of Medicaid spending, and cuts of this magnitude will result in loss of benefits and services for this vulnerable population.

Of these 17.4 million individuals: 6.9 million are ages 65 and older (which equals more than 1 in every 7 elderly Medicare beneficiaries); 10.5 million are children and adults living with disabilities; and about 10.8 million are so poor or have a disability that they qualify for both Medicare and Medicaid (dual eligibles). Dual eligibles account for almost 33 percent of Medicaid spending. While they comprise a relatively small percentage of enrollees, they account for a disproportionate share of total Medicare and Medicaid spending.

Individuals with disabilities of all ages and older adults rely on critical Medicaid services, including home and community-based services (HCBS) for assistance with daily activities such as eating, bathing, dressing, and home modifications; nursing home care; and other benefits such as hearing aids and eyeglasses.

In providing a fixed amount of federal funding per person, this approach to financing would likely result in overwhelming cost shifts to states, state taxpayers, and families unable to shoulder the costs of care without sufficient federal support. This would result in cuts to program eligibility, services, or both—ultimately harming some of our nation's most vulnerable citizens.

The bill also repeals the six percent enhanced federal Medicaid match for states that take up the Community First Choice (CFC) Option. CFC provides states with a financial incentive to offer HCBS to help older adults and people with disabilities live in their homes and communities where they want to be. About 90 percent of older adults want to remain in their own homes and communities for as long as possible. HCBS are also cost effective. On average, in Medicaid, the cost of HCBS per person is one-third the cost of institutional care. Taking away the enhanced match could disrupt services for older adults and people with disabilities in the states that are already providing services under CFC and would result in a loss of about $12 billion for HCBS over ten years.

PRESCRIPTION DRUGS

The AHCA would repeal the fee on manufacturers and importers of branded prescription drugs, which currently is projected to add $24.8 billion to the Medicare Part B trust fund between 2017 and 2026. Rather than repeal this fee for Medicare, AARP believes Congress must do more to reduce the burden of high prescription drug costs on consumers and taxpayers, and we urge action on bipartisan solutions.

AARP remains willing to work with you to ensure that we maintain a strong health care system that ensures robust insurance market protections, controls costs, improves quality, and provides affordable coverage to all Americans. However, the AHCA does not accomplish these goals, and we continue to urge you to vote NO.

Sincerely,

NANCY A. LEAMOND,
Executive Vice President and Chief Advocacy and Engagement Officer.

Mr. MCGOVERN. Mr. Speaker, if this bill were so great, these organizations would be supporting the Republican bill, not opposing it; and they are strongly opposing it.

Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Mr. Speaker, the harsh indifference of these Republicans to the well-being of so many Americans is startling. Trump may temporarily bury the lies central to this plan with a tweet storm—with fake news. But these Republicans who follow him will not be able to find an excuse as one family after another suffers.

Today's surprise attack on American health care has been widely condemned by healthcare professionals across the country and those who represent the disabled and sick, like the American Cancer Society and the March of Dimes.

Jimmy Kimmel, know that your baby was fortunate, but others born with a disability will face the barrier of preexisting conditions.

They didn't listen to the AARP, which knows that those Americans too young for Medicare by a few years will get socked with unaffordable premiums. They don't know what this monstrosity of a bill costs to the taxpayer. They don't know how many families will lose coverage or how many jobs will be lost. They don't really know what is in this bill. They know only that the Pied Piper of Trump Tower is playing a tune today and they must dance.

There is much talk about high-risk pools. The real high-risk pool is the one that everyone who votes for this outrageous proposal is about to plunge into.

Mr. MCGOVERN. Mr. Speaker, I yield 3 minutes to the distinguished gentlewoman from New York (Ms. SLAUGHTER), the ranking member of the Rules Committee.

Ms. SLAUGHTER. Mr. Speaker, I certainly thank my colleague for yielding to me.

Mr. Speaker, I was fortunate enough to bring the ACA to the floor after years of working on it and experts writing it. It had such incredible things in it. I think it would behoove us this morning to talk about what every one of us who has health insurance is going to lose because the benefits of the ACA accrued to all of us.

Now, you need to know first that we are going to lose the fact that 85 cents of every premium dollar will go for health care. It will go back to insurance profits. We are also going to lose the fact that families could no longer go bankrupt because of health care.

The largest cause of bankruptcy are families with medical bills, and the ACA took care of that. Nobody ever talks about that much, but if a single person spent $4,500 a year on health care, a family $12,500, the insurance companies picked up the rest of it.

How about that? That is a pretty good loss that we are going to face. So why in the world are we rushing into this thing?

Well, the President of the United States, Donald Trump, verified as recently as last Saturday evening in Pennsylvania that we have to do this first because $800 billion has to come out of health care so that they could do the tax bill with great corporate tax relief for the 1 percent. So as you lose your health care, your ability to go to the doctor, and your preexisting conditions because risk pools don't work, be comforted by the fact that we are in the hands of people who put the needs of corporations and wealthy people ahead of the citizens of the United States.

Just in case you think people aren't paying any attention, for the first time in my life, my office has 185 applications for six seats as interns in the summertime. It is unheard of. Calls in my office have gone from about 10 a day to 80, all of them talking about this. I have never seen political suicide in my life like I am seeing today. I think our leader put it so succinctly: you are tattooing that on your foreheads.

Now, those people out there who have really gotten sort of used to this, all we have heard all the way through is that this is going to fall apart. The problems going on with the ACA right now are that the insurance companies have uncertainty because of what has been going on here.

I need to bring up one of the greatest hoaxes in America in any institution that passes laws. For over 60 times, you brought to the floor of this House and we debated bills to do away with the health care. ''Repeal and replace,'' you shouted. Millions and millions of dollars' worth of time on this floor were spent on what was absolutely a hoax because you had no repeal-and-replace plan. It was simply all talk, and now you have got to rush through this so you can do your big tax bill.

I am sorry to see this happen. It is a sad day for the United States.

Mr. MCGOVERN. Mr. Speaker, I feel bad for the gentleman because it appears as if he only has one speaker supporting this rule and the bill, and nearly our entire caucus wants to speak on this against the Republican healthcare repeal bill. So I was wondering whether the gentleman might consider sharing some time with us?

Mr. COLLINS of Georgia. Will the gentleman yield?

Mr. MCGOVERN. I yield to the gentleman from Georgia.

Mr. COLLINS of Georgia. I thank the gentleman for yielding. As a wonderful manager of time, he will be able to parse the time as best he may see fit. I have other speakers who probably will be coming by, so I will just encourage the manager to manage his time well.

Mr. MCGOVERN. It looks kind of lonely over there. It speaks volumes about how much support there is for this bill.

Mr. Speaker, I yield 1 minute to the gentleman from New Jersey (Mr. PASCRELL).

Mr. PASCRELL. Mr. Speaker, now I have to say to my friends on the other side: You sold out cheap—as we say in New Jersey—all to give a tax cut to insurance companies and the most well off. The Upton amendment is, of course, an admission.

After 7 years, you came up with this?

You have got to be kidding me. This is worse than a Fellini movie. At least he didn't take 7 years to distinguish between fantasy and reality.

For a New Jerseyan with asthma, this will mean a $4,340 premium surcharge; for autism, $5,510. The list goes on and on—60, $70,000 if you have cancer.

But less discussed is their attempt to rid the essential health benefits which removes yet another ACA protection for everyone. So now the Republicans have hit for the cycle.

You hit for the cycle. You jeopardized the health care of nearly every single American—those on Medicare, those on Medicaid, those in the ACA exchanges, and now 150 million people with employer coverage. You sold out. It is a shame. I like most of you, but you are on the wrong path.

It took you 7 years for this?

I will never yield. I will never yield.

The SPEAKER pro tempore. Members are reminded to direct their remarks to the Chair, not to each other.

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

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from the

American College of Physicians in opposition to the bill.

AMERICAN COLLEGE OF PHYSICIANS,
April 24, 2017.

Hon. PAUL RYAN,
Speaker, House of Representatives, Washington, DC.
Hon. NANCY PELOSI,
Minority Leader, House of Representatives, Washington, DC.
Hon. MITCH MCCONNELL,
Majority Leader, Washington, DC.
Hon. CHARLES SCHUMER,
Minority Leader, U.S. Senate, Washington, DC.

DEAR SPEAKER RYAN, MINORITY LEADER PELOSI, MAJORITY LEADER MCCONNELL, AND MINORITY LEADER SCHUMER: On behalf of the American College of Physicians (ACP), I am writing to urge Congress to move away from the harmful changes to patient care that would occur if the American Health Care Act (AHCA) were to become law, and to instead work for bipartisan solutions to improve the Affordable Care Act (ACA) rather than repealing and replacing it. We believe that the AHCA, which would repeal and replace the most important coverage and consumer protections created by the ACA, is so fundamentally flawed that it cannot be made acceptable. We understand that the leadership in the House of Representatives continues to explore ways to bring a modified version of the AHCA to a vote, based on a draft amendment reportedly being developed by Representatives MacArthur and Meadows, a summary of which was made available to the public through news organizations. This amendment would make the harmful AHCA even worse by creating new coverage barriers for patients with pre-existing conditions and weakening requirements that insurers cover essential benefits.

The American College of Physicians is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 148,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

The draft MacArthur-Meadows amendment would create what is known as the ''Limited Waiver Option'' that would allow states to eliminate or severely weaken vital ACA Title I consumer protections—specifically, community rating and essential health benefits (EHBs)—returning the country to the pre-ACA days when persons with pre-existing ''declinable'' medical conditions in most states were priced out of the market and the insurance products available in the individual market did not cover medically necessary services.

Specifically:

The MacArthur-Meadows amendment would create an option for states to obtain Limited Waivers from certain federal standards that would gut existing law consumer protections. Based on a summary of the draft amendment, states could seek Limited Waivers for:

Essential Health Benefits (EHBs)

Community-rating rules, except for the following categories, which are not waivable: Gender or Age (except for reductions of the 5:1 age ratio previously established) or Health Status (unless the state has established a high-risk pool or is participating in a federal high-risk pool)

To obtain the waiver, states would only need to ''attest that the purpose of their requested waiver is to reduce premium costs, increase the number of persons with healthcare coverage, or advance another benefit to the public interest in the state, including the guarantee of coverage for persons with preexisting medical conditions. The Secretary shall approve applications within 90 days of determining that an application is complete.'' [Emphasis added in italics].

In other words, as long as a state attested that there was a ''benefit to the public,'' insurers would be once again allowed to charge more to people with pre-existing conditions, or decline to cover needed benefits like physician and hospital visits, maternity care and contraception, mental health and substance use disorder treatments, preventive services, and prescription drugs.

This would take us back to the days when people had to fill out intrusive insurance company applications to document their previous health history, even before being advised what the premium would be based on their individual health risk. Unlike community rating, which bases premiums based on the expected costs associated with all persons in the insurance pool (adjusted only by age, tobacco use, and family size), the Limited Waiver would again allow insurers in states that obtain a waiver to again charge people exorbitant and unaffordable premiums for their pre-existing conditions.

Before the ACA, insurance plans sold in the individual insurance market in all but five states typically maintained lists of so-called ''declinable'' medical conditions including asthma, diabetes, arthritis, obesity, stroke, or pregnancy, or having been diagnosed with cancer in the past 10 years. Even if a revised bill would not explicitly repeal the current law's guaranteed-issue requirement which requires insurers to offer coverage to persons with pre-existing conditions like these guaranteed issue without community rating allows insurers to charge as much as they believe a patient's treatment will cost. The result would be that many patients with pre-existing conditions would be offered coverage that costs them thousands of dollars more for the care that they need, and in the case of patients with expensive conditions like cancer, even hundreds of thousands more.

An amendment to the AHCA reported out of the Rules Committee on April 6th to establish a ''Federal Invisible Risk Sharing Program,'' which would create a fund that states could use to reimburse insurers for some of the costs associated with insuring sicker patients, would not offset the harm done to patients with pre-existing conditions by allowing the Limited Waiver of community rating and essential benefit protections. The pre-ACA experience with high-risk pools was that many had long waiting lists, and offered inadequate coverage with high deductibles and insufficient benefits. Unless a national high-risk pool is supported with a massive infusion of funding it will not be sufficient to cover the millions of people with pre-existing conditions that would be denied or charged more for coverage under the AHCA. One paper estimates that a national high-risk pool would cost $178.1 billion a year, roughly $176.4 billion more than the annual funding provided to the Invisible Risk Sharing Program. Also, shifting people out of the existing health insurance marketplace to a high-risk pool would undermine the assurance that enrollees could keep their existing coverage.

The Limited Waiver Option will also allow states to seek waivers from the essential health benefits required of all plans sold in the individual insurance market, with the result that millions of patients will be at risk of losing coverage for essential services like maternity care, cancer screening tests and treatments, prescription drugs, preventive services, mental health and substance use disorder treatments, and even physician visits, prescription drugs and hospitalizations.

Prior to passage of the ACA, 62% of individual market enrollees did not have coverage of maternity services, 34 did not have substance-use disorder-services, 18% did not have mental-health services and 9% did not have coverage for prescription drugs. A recent independent analysis found that the AHCA's repeal of current law required benefits would result in patients on average paying $1,952 more for cancer drugs; $1,807 for drugs for heart disease; $1,127 for drugs to treat lung diseases; $1,607 for drugs to treat mental illnesses; $4,940 for inpatient admission for mental health; $4,555 for inpatient admission for substance use treatment; and $8,501 for maternity care. Such increased costs would make it practically impossible for many patients to avail themselves of the care they need. The result will be delays in getting treatment until their illnesses present at a more advanced, less treatable, and more expensive stage, or not keeping up with life-saving medications prescribed by their physicians.

Allowing states to eliminate the EHB will threaten our nation's fight against the opioid epidemic. A study concluded that with repeal of the ACA, ''approximately 1,253,000 people with serious mental disorders and about 2.8 million Americans with a substance use disorder, of whom about 222,000 have an opioid disorder, would lose some or all of their insurance coverage.'' Finally, allowing states to drop important benefits like maternity, substance use disorder treatment, and preventive services will do little to reduce premiums. A report by Milliman found that the main drivers of premium costs were ambulatory patient services, hospitalization, and prescription drugs. These are crucial services that form the core of any health insurance plan.

To be clear: while some younger and healthier persons might be offered lower premiums in states that obtained a ''Limited Waiver'' of community-rating and essential health benefits, it would be at the expense of making coverage unaffordable for those who need it most, older and sicker persons, and result in skimpy ''bare-bones'' insurance for many others that does not cover the medical care they would need if and when they get sick.

Finally, even without the Limited Waiver Amendment, ACP continues to believe that the AHCA has numerous other provisions and policies that that will do great harm to patients including:

The phase-out of the higher federal match in states that have opted to expand Medicaid and the ban on non-expansion states being able to access the higher federal contribution if they choose to expand Medicaid;

Converting the shared federal-state financing structure for Medicaid to one that would cap the federal contribution per enrollee;

Providing states with a Medicaid block grant financing option;

Eliminating EHBs for Medicaid expansion enrollees;

Imposing work or job search requirements on certain Medicaid enrollees;

Regressive age-based tax credits, combined with changes that will allow insurers to charge older people much higher premiums than allowed under current law;

Continuous coverage requirements for patients with pre-existing conditions;

Legislative or regulatory restrictions that would deny or result in discrimination in the awarding of federal grant funds and/or Medicaid and Children's Health Insurance Program funding to women's health clinics that are qualified under existing federal law for

the provision of evidence-based services including, but not limited to, provision of contraception, preventive health screenings, sexually transmitted infection testing and treatment, vaccines, counseling, rehabilitation, and referrals, and;

Elimination of the Prevention and Public Health Fund, which provides billions in dollars to the Centers for Disease Control and Prevention to prevent and control the spread of infectious diseases.

The College strongly believes in the first, do no harm principle. Therefore, we continue to urge that Congress move away from the fundamentally flawed and harmful policies that would result from the American Health Care Act and from the changes under consideration—including the proposed ''Limited Waiver'' amendment—that would make the bill even worse for patients. We urge Congress to instead start over and seek agreement on bipartisan ways to improve and build on the ACA. The College welcomes the opportunity to share our ideas for bipartisan solutions that would help make health care better, more accessible, and more affordable for patients rather than imposing great harm on them as the AHCA would do.

Sincerely,

JACK ENDE, MD, MACP,
President.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from the Cancer Action Network against this bill.

CANCER ACTION NETWORK,
AMERICAN CANCER SOCIETY,
May 3, 2017.

Hon. PAUL RYAN,
Speaker, House of Representatives, Washington, DC.
Hon. NANCY PELOSI,
Minority Leader, House of Representatives, Washington, DC.

DEAR SPEAKER RYAN AND MINORITY LEADER PELOSI: The American Cancer Society Cancer Action Network (ACS CAN) is deeply concerned about the reports of additional amendments to the American Health Care Act (AHCA), including one that would allegedly add $8 billion in new spending for state high-risk pools. This amendment is particularly egregious because it would further incent states to apply for waivers from current-law market rules that protect patients with pre-existing conditions.

Historically, state high-risk pools have fallen short of providing coverage of prevention, treatment and follow-up care for cancer patients and survivors. Segmenting people with cancer and other serious illnesses away from the private marketplace and into high-risk pools absent an adequate and permanent source of public funding has never been an adequate solution.

Between 1976 and 2010, 35 states created high-risk pools to cover individuals who could not otherwise purchase insurance in the private market, usually because of a pre-existing condition. Every one of those risk pools experienced net operating losses year after year. Furthermore, high-risk pools did not result in lower premiums. All of them set premiums above the non-group market average or standard rate in the state, usually by 150–200 percent. Only a few states provided additional premium assistance for low-income individuals, leaving many who could not afford premiums priced out of the program. Most states also imposed waiting periods before covering preexisting conditions. An individual with a prior cancer diagnosis often had to wait 6–12 months before the high-risk pool would cover the costs associated with cancer treatment or follow-up survivorship care. Most states imposed limitations on coverage with either lifetime or annual limits. And most plans offered deductibles of $1,000 or higher. Neither AHCA, nor the new amendment would fully protect patients from any of those conditions.

Cancer patients and survivors need insurance coverage that is affordable, readily accessible, and protects them from pre-existing condition exclusions, annual and lifetime caps on coverage and extraordinary out-of-pocket costs. Past experience has shown that high-risk pools failed to meet these basic needs, yet still were a drain on state budgets.

As we have indicated in our earlier letters, there are reasonable fixes that could be made to the current law. We stand ready to work with you to develop policies that improve the law and encourage a robust health insurance market that provides affordable and comprehensive coverage options.

Sincerely,

CHRISTOPHER W. HANSEN,
President.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from the American Society of Clinical Oncology against this bill.

AMERICAN SOCIETY OF
CLINICAL ONCOLOGY,
April 27, 2017.

Hon. PAUL RYAN,
Speaker, House of Representatives, Washington, DC.

DEAR SPEAKER RYAN, On behalf of the American Society of Clinical Oncology (ASCO), I write to express our strong opposition to the American Health Care Act (AHCA), as currently amended. As the leading professional society representing more than 42,000 physicians worldwide who care for people with cancer, ASCO has a unique perspective on the law's potential impact on cancer patients. Our core mission is to ensure every patient with cancer has meaningful access to high quality care. We believe Congress shares this goal and our comments today are in the spirit of advancing that common purpose.

In January 2017, as Congress embarked upon the repeal and replacement of the Affordable Care Act, ASCO shared a set of guiding principles that support improvements to the current health care system. We also put forth specific areas where people with cancer need protections. Our principles rest on the belief that any health system reform must ensure all people affected by cancer receive high-quality care. ASCO's first principle states, ''all Americans should have access to affordable and sufficient healthcare coverage regardless of their income or health status. To ensure protected access, the current ban on preexisting condition limitations, elimination of annual and lifetime coverage caps, and maintenance of guaranteed renewability should be preserved.'' We take the position that ''any efforts to reform the healthcare system at the national, state, or local levels should ensure that individuals with healthcare insurance can continue to access affordable insurance without interruption.'' The amended AHCA violates these principles.

Studies show that when cancer patients do not have adequate insurance they receive less care, receive it later, and have worse outcomes than those with better insurance coverage. Uninsured and under-insured families facing a cancer diagnosis experience significant stress. They often are unable to meet out-of-pocket expenses and even forgo cancer care in order to pay for necessities of daily living. The AHCA as currently constructed will create or worsen these barriers to care. It will add costs to the system, decrease access to appropriate treatment and increase existing disparities in care.

We are especially concerned with provisions allowing state waivers that could erode important protections for patients with cancer, including pre-existing condition safeguards, coverage of essential services, and access to affordable health insurance. Removing these protections from current federal law allows for a weakening of these critical provisions in some states and establishes a system of inequitable protections across state lines for cancer patients. We urge policymakers to ensure that robust requirements are in place to ensure that all insurance products cover the full scope of services and therapies that cancer patients require.

ASCO strongly opposes passage of the AHCA in its current form. We welcome the opportunity to address these issues—and to work toward a better proposal—with you and your staff.

Sincerely,

DANIEL F. HAYES, MD,
FASCO, FACP,
President, American Society of Clinical Oncology.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from the American Congress of Rehabilitation Medicine against this bill.

AMERICAN CONGRESS OF
REHABILITATION MEDICINE,
May 2, 2017.

Re Deep Concerns with the American Health Care Act and Related Amendments.

Hon. PAUL RYAN,
Speaker, House of Representatives, Washington, DC.
Hon. NANCY PELOSI,
Democratic Leader, House of Representatives, Washington, DC.

DEAR SPEAKER RYAN AND LEADER PELOSI: The American Congress of Rehabilitation Medicine (ACRM) writes in reference to the American Health Care Act (AHCA), H.R. 1628, and the MacArthur Amendment to the bill. ACRM is an organization of rehabilitation professionals dedicated to serving people with disabling conditions by supporting research and services that promote health, independence, productivity, and quality of life; and meet the needs of rehabilitation clinicians and individuals with disabilities.

ACRM is seriously concerned that current House proposals will undercut the federal coverage standard for rehabilitation and habilitation services and devices established under the Affordable Care Act (ACA). Access to rehabilitation enables individuals experiencing injuries, illnesses, and disabilities to maximize their quality of life by enhancing their health, function, and independence. We believe that any ACA repeal and replace bill that advances in the House and Senate must maintain access to rehabilitation and habilitation services and devices.

In particular, the AHCA (H.R. 1628, as amended) includes a provision that would allow states to apply for waivers exempting them from compliance with important patient protections that are required by the Affordable Care Act (ACA), including premium rating ratios based on age, protections for consumers disallowing medical status underwriting (i.e., community rating), and requirements for insurers to cover a defined package of essential health benefits (EHBs), which include rehabilitative and habilitative services and devices. We are deeply concerned these EHB changes will curtail access for both children and adults in Medicaid expansion states, as well as private ACA health plans. ACRM believes that these provisions will significantly undermine the health insurance coverage that patients need.

ACRM urges Congress to work in a bipartisan manner to improve access to affordable, comprehensive care for all Americans,

including those with disabilities and chronic conditions needing rehabilitation and habilitation services and devices.

DOUGLAS KATZ, MD, FACRM, FAAN,
ACRM President.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from the Consortium for Citizens with Disabilities in strong opposition to this bill.

CONSORTIUM FOR CITIZENS WITH DISABILITIES,
April 28, 2017.

DEAR MEMBER OF CONGRESS: The Consortium for Citizens with Disabilities (CCD) is strongly opposed to the amended American Health Care Act. The amended American Health Care Act retains the original bill's proposals to dramatically cut Medicaid services that are vital to people with disabilities and seniors through per capita caps, which CCD has opposed. The new amendments—including permitting states to seek waivers from the protections for people with pre-existing conditions and from the requirement to provide essential health benefits—makes the amended AHCA even more harmful to people with disabilities. We urge you to oppose this legislation.

Medicaid provides services and supports that maintain the health, function, independence, and well-being of 10 million enrollees living with disabilities. For many people with disabilities, being able to access timely needed care is a life or death matter. The American Health Care Act changes the way that the Federal Government funds Medicaid—rather than paying states based on the actual costs of healthcare for people in Medicaid, it sets a cap on the amount of federal support, a cap that is totally unrelated to the actual costs of needed care for enrollees. This cap is designed to cut Medicaid, and the bill uses those cuts to pay for unrelated tax cuts. Slashing federal support for Medicaid, which is already a lean program, will force states to cut services and eligibility that put the health and wellbeing of people with disabilities at significant risk.

The newest amendments to the American Health Care Act make the bill even more harmful to people with disabilities. The new amendments would allow states to easily obtain waivers that would allow them to charge higher premiums to people with preexisting conditions, including people with disabilities. They also would allow states to seek waivers from the Affordable Care Act's requirement to provide essential health benefits, including crucial services for people with disabilities such as mental health and substance use disorder services, prescription drugs, rehabilitative and habilitative services and devices, preventative and wellness services and chronic disease management, and pediatric services. These waivers jeopardize the Affordable Care Act's protections for people with pre-existing conditions, including people with disabilities, and CCD opposes any roll-back of those protections.

The ACA helped millions of people with disabilities and others to gain access to affordable and comprehensive health insurance. The amended American Health Care Act is insufficient to help people with disabilities meet their healthcare needs, and we urge you to oppose the bill should it come to a vote.

Sincerely,

Health Task Force Co-chairs: Bethany Lilly, Bazelon Center for Mental Health Law; Dave Machledt, National Health Law Program; Peter Thomas, Brain Injury Association of America; and Julie Ward, The Arc of the United States.

Long Term Services and Supports Co-chairs: Alison Barkoff, Center for Public Representation; Nicole Jorwic, The Arc of the United States; Sarah Meek, Lutheran Services in America Disability Network; and Laura Weidner, National Multiple Sclerosis Society.

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentleman from Massachusetts (Mr. MOULTON.)

Mr. MOULTON. Mr. Speaker, there is only one reason this bill is on the floor today: the President cares more about cutting a deal than keeping his promises.

He promised we would lower costs. That turned out to be a lie. He promised we would expand coverage. That turned out to be a lie. He promised we would protect millions of Americans with preexisting conditions. That, too, was a lie.

Back in Massachusetts at the Agawam Diner, I met a veteran named Clif, who told me when I was on my way to Washington for the first time to go to Washington as an American—not as a Democrat or a Republican, but as an American.

To my Republican colleagues, heed Clif's advice today. Don't vote as a Republican. Vote as an American. Don't throw away your credibility to give a legislative victory to a President who will never stick his neck out for anyone other than himself. For what? To betray the people who trusted them?

I urge my Republican colleagues to put country before party. Vote ''no'' on this ridiculous bill.

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President.

Mr. COLLINS of Georgia. Mr. Speaker, I think it is interesting today since we would not be here today if there was not the problems that you, Mr. Speaker, and I have seen.

One-third of this country has one insurer, premiums with double-digit increases, people who can afford—maybe even with subsidies the amount of their plan can't afford the deductibles and co-pays. They go to doctors who won't take their insurance.

We are not here by mistake, Mr. Speaker. We are here because ObamaCare is an abject failure.

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

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from Children's Leadership Council opposed to this bill.

CHILDREN'S LEADERSHIP COUNCIL,
May 1, 2017.

DEAR REPRESENTATIVE: The Children's Leadership Council opposes the American Health Care Act (AHCA) because it would jeopardize health care for millions of babies, children, youth and families. We urge you to vote NO on this legislation.

The Children's Leadership Council (CLC) is a coalition of organizations dedicated to improving the lives and opportunities of America's children. Nationwide, CLC members work to advance the health, education and well-being of babies, children and youth in order to prepare them for school, work, and life. The CLC is the only national children's coalition solely dedicated to supporting investments in our nation's children and youth; and collectively, CLC's members have affiliates, partners, and members in every state in the nation.

The Affordable Care Act and Medicaid play a crucial role in the lives of children, including those facing the greatest challenges such as children in poverty; children suffering abuse and neglect; children in foster care, and children with disabilities. Medicaid, for example, provides coverage for approximately 37 million children, including children with disabilities, children in foster care and children from low-income families. Children are the largest group of Medicaid recipients, and nearly 40 percent of all the nation's children rely on Medicaid and CHIP for their healthcare. Medicaid provides health care treatment and preventive services, mental health care, case management and transportation services to and from medical appointments for children who are low-income or disabled. The AHCA's changes to Medicaid would radically restructure a program that has worked for more than 50 years to support children's health. The Medicaid cap would shift $839 billion to stages, forcing them to cut eligibility, benefits, or provider rates that could have disastrous health consequences.

There is no question that the massive cuts to Medicaid, increased premiums likely for millions of families, and eliminating the Essential Health Benefits requirements under current law will seriously harm children and families. Maternity benefits would be among the many medical services no longer guaranteed if this bill were to become law. The massive Medicaid reductions in substance abuse treatment will add to the increases nationwide in the need for child welfare services because of the surge in opioid addiction. Families caring for children with disabilities will find supports for care at home jeopardized.

With a record 95% of children with health coverage in our country, the AHCA would turn back the clock on progress for children. And recent proposed changes to the bill would further undermine consumer protections that make health care out of reach for low-income children and their families—thus making the already harmful bill worse for children. Polling conducted by the Children's Leadership Council found 71 percent of parents, including 67 percent of Independent parents (of children under the age of 18), want increased investments in programs that help children in the areas of education, health and nutrition, not less as proposed by the AHCA.

Congress has a strong history of working on a bipartisan, bicameral basis on issues, policies and programs important to children. It is our hope and expectation that members of Congress continue this history, as Congress works on improving our nation's healthcare system. This legislation would be a dangerous step backward. We strongly urge you to vote NO.

Sincerely,

RANDI SCHMIDT,
Executive Director, Children's Leadership Council.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from the Paralyzed Veterans of America against this bill.

PARALYZED VETERANS OF AMERICA,
Washington, DC, May 3, 2017.

Hon. PAUL RYAN,
Speaker, House of Representatives, Washington, DC.

Hon. NANCY PELOSI,
Minority Leader, House of Representatives, Washington, DC.

DEAR SPEAKER RYAN AND LEADER PELOSI: Paralyzed Veterans of America (PVA) urges

rejection of the latest version of the American Health Care Act (AHCA). PVA is the nation's only Congressionally-chartered veterans' service organization solely dedicated to representing veterans with spinal cord injury and/or disease. Consequently, we are very concerned about the conflicting information circulating about this legislation and the adverse impact it could have on our members and millions of other people with disabilities.

As we understand it, the AHCA cuts $880 billion out of the Medicaid program in order to finance tax cuts that will explode the deficit and largely assist upper income individuals, corporations, and providers. The Medicaid changes are particularly devastating to people with disabilities. Under the cap and cut proposal, the federal government would no longer share in the costs of providing health care services and community services beyond the capped amount. This would eliminate the enhanced federal match for the Community First Choice Option under Medicaid that provides attendant care services in the community. Thanks to this program, many poor veterans with serious non-service-connected disabilities have been able to move from nursing homes into their communities. The AHCA also weakens Medicaid by ending the Medicaid expansion earlier and offering Medicaid block grants to states. Data from the Robert Wood Johnson Foundation shows expansion has helped thousands of veterans and their caregivers.

For veterans and PVA members in particular, the AHCA continues several problematic policies of the ACA as well as troubling new provisions that could affect the ability of many veterans and their family members to afford health insurance in the private market. The underlying AHCA bill:

Continues to exclude CHAMPVA beneficiaries—dependents of the most catastrophically disabled veterans—from the dependents' coverage policy up to age 26.

Fails to remove the prohibition on enrollment into the VA health care system for Priority Group 8 veterans, thus denying these veterans access to the principal health care system for veterans.

Denies access to tax credits making health insurance affordable to anyone eligible for a host of other federal health programs, including those ''eligible'' for coverage under Title 38 health care programs. This would prevent many veterans who may be ''eligible for'' but not enrolled in the VA health care system from accessing these tax credits intended to help people buy insurance.

Not only do the changes made to the original version of the AHCA continue its failure to protect veterans and people with disabilities, they make these circumstances worse. The latest changes would allow states to seek waivers that would allow insurers to charge higher premiums to people with preexisting conditions, including people with disabilities. The new amendments also would allow states to seek waivers from the ACA's requirement that certain essential health benefits must be provided, including crucial services for people with disabilities such as prescription drugs, rehabilitative and habilitative services and devices, preventative and wellness services and chronic disease management. The combination of these changes would make it nearly impossible for people with pre-existing conditions to find affordable plans that cover basic health care services.

Throughout these past few months, the American people have been calling for a bipartisan effort to improve the nation's health care system. Congress should heed these voices, stop its pursuit of the flawed American Health Care Act and work together through regular order to strengthen all Americans' access to affordable, high quality health care.

Sincerely,

CARL BLAKE,
Associate Executive Director.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from the March of Dimes opposed to this bill.

[From the march of dimes]

UNDER AHCA, OVER 6 MILLION WOMEN OF CHILDBEARING AGE WILL LOSE HEALTH COVERAGE

DEAR REPRESENTATIVE: Prior to 2010, low-income adult women could generally only obtain Medicaid coverage after they were pregnant. By the time they enrolled in this coverage, many of the best opportunities for guaranteeing a healthy pregnancy and healthy baby had already been missed.

Today, states that have expanded Medicaid can extend Medicaid coverage to low-income women of childbearing age, giving them the chance to get healthy before they get pregnant. The March of Dimes estimates that approximately 6.5 million low income women of childbearing age are currently covered under Medicaid expansion, giving them access to treatment for tobacco use, obesity, substance abuse, and other conditions that can have a major impact on future pregnancies. Between 2012 and 2015, the rate of uninsurance among women of childbearing age dropped by 40%, with much of that decline attributable to Medicaid expansion.

The American Health Care Act (AHCA) would do away with these advances by rolling back Medicaid expansion. Its fundamental restructuring of the traditional Medicaid program would also likely lead to significant coverage losses or restriction of services to beneficiaries, including pregnant women. These changes do a serious disservice to low-income women and families by denying them access to the care they need to lead healthy lives and, ultimately, have healthy pregnancies and give birth to healthy infants.

The MacArthur amendment and other proposed changes to the AHCA do not address these issues. Women, infants, families, and communities will bear the longterm cost if health care for women of childbearing age and pregnant women is shortchanged and more babies are born sick as a result. The March of Dimes urges all Representatives to oppose the American Health Care Act.

Sincerely,

STACEY D. STEWART,
President.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from AFSCME in strong opposition to this bill.

AFSCME,
May 3, 2017.

U.S. HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the 1.6 million working and retiree members of the American Federation of State, County and Municipal Employees (AFSCME), I am writing to express our continuing opposition to the American Health Care Act (AHCA), notwithstanding the addition of the Upton amendment.

The harm that AHCA will impose on ordinary Americans is breathtaking in scope. As the Congressional Budget Office has detailed, 24 million will lose their health care coverage. The Medicaid program will be cut by $839 billion and restructured, ending the guarantee that the federal government will fund a specified share of state Medicaid costs. The bill makes coverage more expensive, especially for lower-income families and older workers and it undermines the financial strength of Medicare. And the MacArthur amendment makes a very bad bill worse by allowing states to opt out of Affordable Care Act protections that ensure that people with pre-existing conditions will be able to obtain comprehensive, affordable health care. Moreover, the MacArthur amendment would allow insurance companies to re-impose caps on annual and lifetime limits, even in employer-sponsored coverage, putting the health care of those with catastrophic illnesses or injuries at risk.

Under the Upton amendment, grants to states that could be used for high-risk pools will be increased by 6% or $8 billion over five years. This is a paltry increase. Even the conservative Mercatus Center described the increase as a ''pittance.'' High-risk pools would still be grossly underfunded, even if states put all of the $138 billion in grant funding into them. We urge the Congress not to ignore the previous experience with state high-risk pools. By segregating those with pre-existing conditions into separate coverage we know they will face higher premiums, benefit exclusions, annual and lifetime limits on coverage and waiting lists.

It is unacceptable that this bill eliminates $500 billion in taxes on the wealthiest 2%, health insurers, pharmaceutical manufacturers and medical device makers, while taking health care away from millions. Moreover, the bill retains the 40% tax on high cost health plans, which will undermine employer-sponsored insurance for working families by hollowing out coverage and increasing out-of-pocket expenses, although it delays the implementation for six years.

The bottom line is that this bill would cause millions to lose their health coverage. Most of those with pre-existing conditions would return to the days when even inadequate coverage was unaffordable. The bill would drive up costs for those who are older and lower-income, shift costs to states, fail to protect employer-sponsored coverage, weaken public health and undermine the solvency of the Medicare trust fund—all the while providing tax cuts for the wealthy and well-connected.

The priorities demonstrated by this bill are upside down. We urge you to oppose this bill.

Sincerely,

SCOTT FREY,
Director of Federal Government Affairs.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from the National Farmers Union in strong opposition to this bill.

NATIONAL FARMERS UNION,
May 3, 2017.

DEAR MEMBER OF CONGRESS: I write on behalf of nearly 200,000 members of the National Farmers Union (NFU) who are engaged in all forms of farming and ranching. NFU has already spoken in opposition of the American Health Care Act (AHCA) because of the estimated 24 million Americans who would lose coverage as a result. The most recent amendment to the AHCA only moves further away from NFU's member-driven policy of affirming ''the right of all Americans to have access to affordable, quality health care.''

Farming is a dangerous occupation, ranking 6th in occupational fatality rates. The injury rate for agricultural workers is also 40% higher than the rate of all workers. Finally, the average age of farmers in the United States is over 58 years. U.S. health care policy must take into account the unique needs of the men and women who provide food and fiber for our country and much of the world.

Our current health care system is not without its problems, but progress has been

made since the passage of the Affordable Care Act (ACA). The current structure of tax credits and premium subsidies help farmers maintain consistent coverage, especially during downturns in the farm economy. The expansion of Medicaid has proven beneficial to rural communities, where the rate of enrollment is higher than in urban America. The Health Insurance Marketplace, while certainly in need of stabilizing measures, makes coverage more accessible for many farm families.

The correlation between a strong Medicaid program and the success of rural hospitals has become evident during the influx of rural hospital closures over the last six years. Seventy-eight rural hospitals have closed since 2010 with over 80% of those located in states that opted out of the Medicaid expansion. With another 673 hospitals at risk of closure, the AHCA's proposed Medicaid cap could have devastating consequences for rural communities.

In 2012, 75 percent of farms sold less than $50,000 in agricultural products and 57% had sales less than $10,000. Young farm families that don't receive additional income or health benefits from off-farm jobs would find it extremely difficult to purchase health insurance. The proposed legislation would also hurt older farmers. Easing restrictions on what insurance companies can charge older customers will leave older farmers facing increased premiums of thousands of dollars, despite the larger subsidies some would receive.

The modified AHCA bill also has a significant negative impact on those with pre-existing conditions. It's estimated that 40 percent of 50- to 64-year-olds would be denied coverage in the individual market without the Affordable Care Act's protections for those with preexisting conditions. The waiver option would mean that a large number of farmers in many states would be forced into high-risk pools. This legislation is woefully short in funding for those high-risk pools, leaving individuals with preexisting conditions to contend with increased premiums, higher deductibles and longer waiting periods for coverage.

Affordable access to quality health coverage is a high priority for all Americans. As you consider how to best improve our health care system, we ask that you give serious consideration to the needs of farmers and ranchers. While there is certainly room for improvement in current policy, the American Health Care Act will only hurt family farmers and rural communities across the country. NFU requests that you oppose the proposed legislation.

We appreciate your efforts to provide all Americans with high-quality comprehensive health insurance. Thank you for your consideration.

Sincerely,

ROGER JOHNSON,
President.

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Massachusetts (Mr. NEAL), the distinguished ranking member of the Committee on Ways and Means.

Mr. NEAL. Mr. Speaker, this procedure that we are witnessing here this morning, based on what happened at the White House for the last 48 hours, has all the charm of a ransom note.

The idea that this is put in front of us so that they can provide a tax cut at the expense of middle class Americans is really what we are voting on today. So that child who is born with diabetes across America can no longer be guaranteed health insurance if we turn this option over to the States. Anybody who comes from local or State government knows this: that money will be used to balance the budgets in economic downturns at the expense of those who need it for health care.

Another essential point here as I think we go forward, the other side—by the way, there are only two on the other side. What is amazing about this is—when you consider that argument that they had with us yesterday about national defense, understand this: real national defense also includes providing health care for members of the American family. That is a very important consideration. They are about to subtract from guaranteed benefits to the American family for the purpose of offering a tax cut to people at the very top, again, at the expense of middle class Americans.

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentleman from New York (Mr. CROWLEY), the chairman of the Democratic Caucus.

Mr. CROWLEY. Mr. Speaker, here we go again. The majority thinks they have finally found the right combination of political giveaways to pass their bill, a bill that we have to remember still kicks 24 million Americans off their healthcare coverage. It still charges seniors more. It still takes away some of the most basic protections of your health plan that it should cover. Despite what you hear, this latest Band-Aid amendment is not going to change any of that.

That is just what we know so far. Since this bill was built by backroom deals and haphazard guesses, we don't even know how much this bill will cost America—not just dollars added to the deficit, but the human cost of how much more damaging this bill will be.

It is the height of irresponsible governing, not just rushing something through without full and fair consideration. Frankly, we are getting used to that on our side of the aisle. But to force through a bill that you know is going to hurt 24 million Americans is more than irresponsible; it is just plain wrong.

□ 1000

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

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from the National Education Association in strong opposition to this bill.

MAY 3, 2017.

Hon. JAMES P. MCGOVERN,
House of Representatives, House Office Building, Washington, DC.

DEAR CONGRESSMAN MCGOVERN: On behalf of our three million members and the 50 million students they serve, we strongly urge you to oppose H.R. 1628, the American Health Care Act as amended. The Congressional Budget Office (CBO) found that by 2026, the original bill would provide $883 billion in tax cuts while taking health coverage away from 24 million people, including some of the most vulnerable among us—the poor, the sick, the elderly, and the children who constitute more than half the current Medicaid enrollment. Votes on this issue may be included in NEA's Report Card for the 15th Congress.

The April 25 amendment made the original bill even worse. It allows states to jettison existing essential health benefit requirements, thereby permitting health plans covering millions of people once again to exclude coverage for maternity and newborn care, pediatric dental and vision services, mental health and substance use services, and other crucial benefits. The May 3 amendment is the equivalent of a tiny bandage on a gaping wound. The cost of setting up separate pools or premium assistance programs for people with pre-existing conditions far exceeds the $8 billion spread over five years the amendment provides—nationwide, at least $25 billion per year would be required, according to the Kaiser Family Foundation.

Both the original and amended American Health Care Act threaten to return this country to the days when annual and lifetime dollar-based limits on the use of essential health benefits shifted tremendous financial and health risks to working families. Insurance companies could charge people with pre-existing conditions many times more than they charge healthy people—just as they did before the Affordable Care Act. Millions of Americans with pre-existing conditions would be at risk of losing health coverage or face premiums so high only the very wealthy could afford them—the same people who benefit from the massive tax cuts in the original bill.

Specifically, we are concerned that this legislation will: Lead to drastic cuts in Medicaid benefits and eligible beneficiaries. The American Health Care Act radically restructures how Medicaid is funded. Instead of the federal government paying a percentage of actual Medicaid spending, each state will get a set amount. States will choose between a block grant, a lump sum payment, and a ''per capita cap,'' a flat amount for certain Medicaid beneficiaries. Either way, state budgets will take a big hit: the share of revenue spent on Medicaid will rise from 24.5 percent in 2017 to 28 percent by 2025, according to Moody's Investors Service. To compensate for the loss of federal support, states are likely to divert money from education to health care as well as limit the number of Medicaid beneficiaries, the scope of Medicaid benefits, or both.

Hit the students most in need the hardest. Under the Individuals with Disabilities Education Act (IDEA), Medicaid reimburses schools for mental health care, vision and hearing screenings, diabetes and asthma management, wheelchairs and hearing aids, and more. Federal support is substantial—for example, in 2015 California schools received about $90 million from Medicaid, Florida schools about $63 million, New York schools about $137 million, Pennsylvania schools about $131 million, and Texas schools about $250 million (Source: Centers for Medicare and Medicaid, compilation of 2017 data). Capping federal support for Medicaid will shift costs to the states, jeopardizing services essential for students to learn and thrive, especially those with disabilities.

Increase the cost of health care for those least able to afford it. The American Health Care Act provides largely age-based tax credits ranging from $2,000 to $4,000 per year—far less than today's subsidies. For example, according to Kaiser Family Foundation calculations, a 60-year-old earning $20,000 a year in Lincoln, Nebraska, now gets $18,470 to help buy insurance and additional subsidies to help with deductibles and co-payments. Under the American Health Care Act, she would get a $4,000 tax credit for the premium and nothing for other out-of-pocket health

care costs. By 2026, the average subsidy under the American Health Care Act would be half the average subsidy under the Affordable Care Act, according to CBO.

Tax ''high cost'' employer-sponsored health coverage. We recognize that the American Health Care Act postpones the effective date of the 40 percent excise tax on such plans until 2026. But this tax—a backdoor pay cut for millions of working families—needs to be fully repealed.

Enhance tax breaks for the rich. The American Health Care Act nearly doubles the amount of money that can be socked away in tax-free health savings accounts—at least $6,550 for individuals and at least $13,100 for families in 2018. It also repeals a 3.8 percent investment tax and 0.9 percent surcharge on wages above $250,000—a savings of about $195,000 per year for the top 0.1 percent of earners, according to the independent Tax Policy Center.

Weaken the individual insurance market and employment-based coverage. The American Health Care Act eliminates penalties for individuals not buying—and large employers not providing—health coverage. But premiums go up 30 percent if coverage lapses for more than 63 days—for example, when someone loses her job and cannot afford to buy health insurance until she gets another one. Overall, CBO predicts substantial increases in out-of-pocket costs for low- and moderate-income people due to the decline in subsidies and increase in deductibles and other cost-sharing. Some employers may gut their health plans or stop offering coverage altogether, since they will no longer be penalized for doing so.

The American Health Care Act plays Robin Hood in reverse. It reneges on the promise to deliver better, cheaper health coverage for all Americans, giving the richest among us massive tax cuts while causing the number of people without insurance to rise from 28 million today to an estimated 52 million in 2026, according to CBO.

We strongly urge you to oppose the amended American Health Care Act—deeply flawed legislation that is even worse than the original bill.

Sincerely,

MARC EGAN,
Director of Government Relations,
National Education Association.

Mr. MCGOVERN. Mr. Speaker, I include a letter from the American Academy of Pediatrics, American College of Nurse-Midwives, American College of Physicians, American Congress of Obstetricians and Gynecologists, National Association of Nurse Practitioners in Women's Health, National Partnership for Women & Families, and Planned Parenthood Federation of America.

MAY 1, 2017.

Hon. PAUL RYAN,
Speaker, House of Representatives,
Washington, DC.
Hon. NANCY PELOSI,
Minority Leader, House of Representatives,
Washington, DC.

DEAR SPEAKER RYAN AND LEADER PELOSI: On behalf of physicians, certified nurse-midwives/certified midwives, and nurse practitioners who provide care for the women of America, along with our patient partners, we stand together for women and families and against House passage of the MacArthur (R-NJ) Amendment to the American Health Care Act (AHCA, H.R. 1628). Rather than support recent gains in women's access to healthcare and coverage, the MacArthur Amendment and AHCA turn back the clock and reverse hard-won progress. We stand ready to continue work with Congress to advance legislation that promotes women's health, healthcare and coverage.

In our letter of March 22, 2017, we expressed opposition to the AHCA because it threatened women's access to care protected by Essential Health Benefits (EHBs) requirements, eliminated the Medicaid expansion, cut qualified providers at Planned Parenthood from the Medicaid program, and made severe reductions to Medicaid and other programs critical to women and newborns. We said that important health initiatives for women and newborns should be built upon and improved—not rolled back.

However, the MacArthur Amendment to AHCA places women's health and coverage at even greater risk. The MacArthur Amendment would enable states to waive EHBs including those for maternity and newborn care, preventive services, and services for mental health and substance use disorders; to waive community rating rules; and to shunt patients with costly healthcare conditions or illnesses into unproven government high risk pools. Supporters of the bill claim this bill maintains protections for those with preexisting conditions, but allowing states to waive coverage of EHB and charge people more based on their health status renders the promise of coverage for preexisting conditions to be meaningless. If all that the Secretary may require of a state waiver application is an un-validated attestation that the purpose of their requested waiver is to reduce premium costs, increase the number of persons with healthcare coverage, or advance another benefit to the public interest in the state, including the guarantee of coverage for persons with pre-existing medical conditions, it is meaningless in protecting health, quality healthcare and coverage. Women and families must not be made to suffer, lose access to care and coverage, and pay higher healthcare costs.

EHB is a critical protection that ensures women have guaranteed access to a robust set of health care services. Making certain categories of coverage optional—such as maternity care—would not substantially lower the premiums that people pay for health coverage. For example, the requirement for maternity care as an EHB is not a source of health cost growth. Rather, by sharing risk across a broad population of beneficiaries it provides vital protection for women and families from the risk of tens of thousands of dollars of out-of-pocket costs associated with normal physiologic labor and delivery, cesarean section, and birth complications. In exchange for monthly premium costs of just $8–14 according to one recent analysis, the maternity care EHB provides significant security for people wishing to grow their families in the U.S. Furthermore, since everyone is at some point a newborn, childbirth affects all of us. Enabling exclusion of maternity care from health coverage denies people access to the care that everyone deserves for the best start in life.

Congress should move to protect and advance health, quality care and coverage, particularly for women and newborns, and not to endanger them as the AHCA and the MacArthur Amendment would do. Americans of both parties agree. A recent Kaiser Family Foundation poll found ''relatively few Americans want to see the president and Congress decrease funding for a variety of different health priorities—including spending for reproductive health services for lower-income women (21 percent).''

When women have access to quality, evidence-based, affordable care throughout their lives, they enrich our workforce, achieve higher levels of education, reach their goals, and actively contribute to the success of their families and their communities. We urge the U.S. House in the strongest possible terms to get it right, not fast. The AHCA and the MacArthur Amendment turn the clock back on women's health and should not move forward.

We stand ready to continue assisting Congress in advancing health policy that supports women's access to high quality healthcare and coverage, and is effective at controlling and reducing the costs that people pay for their healthcare.

Sincerely,

American Academy of Pediatrics, American College of Nurse-Midwives, American College of Physicians, American Congress of Obstetricians and Gynecologists, National Association of Nurse Practitioners in Women's Health, National Partnership for Women & Families, Planned Parenthood Federation of America.

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

Ms. JACKSON LEE. Mr. Speaker, I want you to look and keep your eyes on who will feel the TrumpCare's mother of all bombs of health care dropped on the American people. God have mercy on your soul.

I am a person living with a preexisting disease. I am a breast cancer survivor. This heartless and callous bill, with 24 million-plus people being thrown off of health care and the reverse Robin Hood of stealing from the poor and the seniors laying in their beds, and you are doing an age tax that is five times more than any other young person has to pay, is disgraceful, as well as the pittance that you have given for preexisting conditions, which is $8 billion. They say you need $25 billion.

Then you are telling the States to get a waiver. They are going to celebrate. And then you are saying to Trump, the king, that we have the votes to drop that mother of all bombs of health care.

Let me just simply say: I want to stand with the people. I want her to live in dignity and to be able to get well. I want to make sure that Medicaid is provided for working families. I don't want the poor to sleep under bridges, to beg in the streets, to steal bread from the market because they can't get any health insurance.

God have mercy on your soul.

Mr. Speaker, as a member of the Budget Committee and the representative of a congressional district that has benefitted enormously from the Affordable Care Act, I rise in strong and unyielding opposition to H.R. 1628, the so-called "American Health Care Act," which more accurately should be called "Trumpcare, the Pay More for Less Act."

I oppose this third and latest reincarnation of Trumpcare for several compelling reasons:

1. Trumpcare forces families to pay higher premiums and deductibles, increasing out-of-pocket costs.

2. Trumpcare will take away health care from 24 million hardworking Americans.

3. Trumpcare would gut Essential Health Benefits and protections for Americans with pre-existing conditions.

4. Trumpcare forces Americans aged 50–64 to pay premiums five times higher than what others pay for health coverage, no matter how healthy they are.

5. Trumpcare shortens the life of the Medicare Trust Fund and ransacks funds that seniors depend on to get the long-term care they need.

Mr. Speaker, 85 months ago, on March 23, 2010, redeemed a promise that had been unfulfilled for nearly a 100 years, when he signed into law the landmark Affordable Care Act passed by the Democratic controlled 111th Congress.

Seven years later, the verdict is in on the Affordable Care Act: the American people have judged it a success.

As reflected in the most recent public opinion polls, 61% of Americans approve of ObamaCare and oppose efforts to repeal it, the highest approval rates on record to date and continuing an inexorable upward trend over the past several years.

Mr. Speaker, the reason Americans are adamantly opposed to Republican repeal efforts, including the third iteration of Trumpcare now before us is that Obamacare is no longer a bogey cooked up in Republican talking points but a life-saving and life affirming measure that they experienced in their own lives.

Americans think it is beyond crazy to repeal a law that has brought to more than 20 million Americans the peace of mind and security that comes with knowing they have access to affordable, high quality health care.

Before the passage of the Affordable Care Act, 17.1% of Americans lacked health insurance; today nearly nine of ten (89.1%) are insured, which is the highest rate since Gallup began tracking insurance coverage in 2008.

Because of the Affordable Healthcare Act:

1. insurance companies are banned from discriminating against anyone, including 17 million children, with a preexisting condition, or charging higher rates based on gender or health status;

2. 6.6 million young-adults up to age 26 can stay on their parents' health insurance plans;

3. 100 million Americans no longer have annual or life-time limits on healthcare coverage;

4. 6.3 million seniors in the ''donut hole'' have saved $6.1 billion on their prescription drugs;

5. 3.2 million seniors now get free annual wellness visits under Medicare, and

6. 360,000 Small Businesses are using the Health Care Tax Credit to help them provide health insurance to their workers;

7. Pregnancy is no longer a pre-existing condition and women can no longer be charged a higher rate just because they are women.

We are becoming a nation of equals when it comes to access to affordable healthcare insurance.

With all of this progress, and the prospect for more through further refinements, who in their right mind would want to go back to how it used to be?

The answer seems to be only the President and House Republicans who call the Affordable Care Act and its enviable record of success a ''disaster.''

Americans know a disaster when they see one and they see one in the making: it is called ''Trumpcare,'' masquerading as the ''American Health Care Act,'' which will force Americans to pay more, get less, decimate the Medicare and Medicaid programs, and give a massive tax cut for top 1 percent.

Americans are right to be alarmed and angered by what the Trump Republicans are trying to do by rushing to vote on a Trumpcare bill before it can be scored by highly respected and nonpartisan Congressional Budget Office.

What we do know for sure is that this Trumpcare bill is a massive $900 billion tax cut for the wealthy, paid for on the backs of America's seniors, the vulnerable, the poor, and working class households.

Trump gave the game away on March 20, 2017 in one of his trademark pep rallies:

''We want a very big tax cut, but cannot do that until we keep our promise to repeal and replace the disaster known as Obamacare.''

This ''Robin Hood in reverse'' bill is unprecedented and breathtaking in its audacity—no bill ever tried to give so much to the rich while taking so much from the poor and working class.

When they were forced to pull Trumpcare 1.0 from the floor because they lacked the votes to pass, House Republican leaders responded by adding an amendment (Trumpcare 2.0) that made the original bill even worse.

Trumpcare 2.0 would allow states to jettison existing essential health benefit requirements, thereby permitting health plans covering millions of people once again to exclude coverage for maternity and newborn care, pediatric dental and vision services, mental health and substance use services, and other crucial benefits.

All this accomplished was a hemorrhaging of support from the moderate wing of the Republican Conference who feared the repercussions of leaving millions of Americans with preexisting conditions without health insurance so the Trump Republicans invented Trumpcare 3.0 to provide $8 billion over five years to offset the cost of setting up separate pools or premium assistance programs for people with pre-existing conditions.

This pittance is not designed or intended to help real people with preexisting conditions, but to provide cover for House Republicans to walk the plank.

According to the Kaiser Family Foundation, at least $25 billion per year would be required, not $8 billion spread out over five years as provided for in Trumpcare 3.0.

Trumpcare represents the largest transfer of wealth from the bottom 99% to the top 1% in American history.

This callous Republican scheme gives gigantic tax cuts to the rich, and pays for it by taking insurance away from 24 million people, leaving 52 million uninsured, and raising costs for the poor and middle class.

In addition, Republicans are giving the pharmaceutical industry a big tax repeal, worth nearly $25 billion over a decade without demanding in return any reduction in the cost of prescription and brand-name drugs.

To paraphrase Winston Churchill, of this bill, it can truly be said that ''never has so much been taken from so many to benefit so few.''

The Pay-More-For-Less plan destroys the Medicaid program under the cover of repealing the Affordable Care Act Medicaid expansion.

CBO estimates 14 million Americans will lose Medicaid coverage by 2026 under the Republican plan.

In addition to terminating the ACA Medicaid expansion, the bill converts Medicaid to a per-capita cap that is not guaranteed to keep pace with health costs starting in 2020.

The combined effect of these policies is to slash $880 billion in federal Medicaid funding over the next decade.

The cuts get deeper with each passing year, reaching 25% of Medicaid spending in 2026.

These steep cuts will force states to drop people from Medicaid entirely or ration care for those who most need access to comprehensive coverage.

The Pay-More-For-Less plan undermines the health care safety net for vulnerable populations.

Currently, Medicaid provides coverage to more than 70 million Americans, including children, pregnant women, seniors in Medicare, people who are too disabled to work, and parents struggling to get by on poverty-level wages.

In addition to doctor and hospital visits, Medicaid covers long-term services like nursing homes and home and community-based services that allow people with chronic health conditions and disabilities to live independently.

To date, 31 states and D.C. have expanded Medicaid eligibility to low-income adults, which, when combined with the ACA's other coverage provisions, has helped to reduce the nation's uninsured rate to the lowest in history.

Trumpcare throws 24 million Americans off their health insurance by 2026 according to the Congressional Budget Office.

Low-income people will be hit especially hard because 14 million people will lose access to Medicaid by 2026 according to CBO.

Trumpcare massively shifts who gets insured in the nongroup market.

According to CBO, ''fewer lower-income people would obtain coverage through the nongroup market under the legislation than current law,'' and, ''a larger share of enrollees in the nongroup market would be younger people and a smaller share would be older people.''

The projected 10% reduction in premiums is not the result of better care or efficiency—it is in large part the result of higher-cost and older people being pushed out of a market that is also selling plans that provide less financial protection.

People with low incomes suffer the greatest losses in coverage.

CBO projects the uninsured rate for people in their 30s and 40s with incomes below 200% of poverty will reach 38% in 2026 under this bill, nearly twice the rate projected under current law.

Among people aged 50–64, CBO projects 30% of those with incomes below 200% of poverty will be uninsured in 2026.

Under current law, CBO projects the uninsured rate would only be 12 percent.

Being uninsured is not about ''freedom.''

Speaker RYAN has argued that people will happily forgo insurance coverage because this bill gives them that ''freedom.''

The argument makes as much sense as the foolish claim that slaves came to America as ''immigrants'' seeking a better life.

The freedom to be uninsured is no freedom at all to people in their 50s and 60s with modest incomes who simply cannot afford to pay thousands of dollars toward premiums.

They do not really have a choice.

The claim of our Republican friends that Trumpcare provides more freedom to all Americans calls to mind the words of Anatole France:

''The law, in its majestic equality, forbids the rich as well as the poor to sleep under bridges, to beg in the streets, and to steal bread from the market.''

Trumpcare raises costs for Americans nearing retirement, essentially imposing an ''Age Tax.''

The bill allows insurance companies to charge older enrollees higher premiums than allowed under current law, while reducing the size of premium tax credits provided.

Again, these changes hit low-income older persons the hardest.

A 64-year-old with an income of $26,500 buying coverage in the individual market will pay $12,900 more toward their premiums in 2026, on average.

Trumpcare raises costs for individuals and families with modest incomes, particularly older Americans.

A recent analysis found that in 2020, individuals with incomes of about $31,000 would pay on average $4,000 more out of pocket for health care—which is like getting a 13% pay cut.

And the older you are, the worse it gets.

An analysis by the Urban Institute estimates that for Americans in their 50s and 60s, the tax credits alone would only be sufficient to buy plans with major holes in them, such as $30,000 deductible for family coverage and no coverage at all of brand-name drugs or many therapy services.

Another reason I oppose the Trumpcare bill before us is because its draconian cuts in Medicaid funding and phase-out of Medicaid expansion put community health centers at risk.

Community health centers are consumer-driven and patient-centered organizations that serve as a comprehensive and cost effective primary health care option for America's most underserved communities.

Community health centers serve as the health care home for more than 25 million patients in nearly 10,000 communities across the country.

Across the country, 550 new clinics have opened to receive 5 million new patients since 2009.

Community health centers serve everyone regardless of ability to pay or insurance status:

1. 71% of health center patients have incomes at or below 100% of poverty and 92% have incomes less than 200% of poverty;

2. 49% of health center patients are on Medicaid; and

3. 24% are uninsured;

4. Community health centers annually serve on average 1.2 million homeless patients and more than 300,000 veterans.

Community health centers reduce health care costs and produce savings—on average, health centers save 24% per Medicaid patient when compared to other providers.

Community health centers integrate critical medical and social services such as oral health, mental health, substance abuse, case management, and translation, under one roof.

Community health centers employ nearly 100,000, people and generate over $45 billion in total economic activity in some of the nation's most distressed communities.

Mr. Speaker, community health centers are on the front lines of every major health crisis our country faces; from providing access to care (and employment) to veterans to addressing the opioid epidemic to responding to public health threats like the Zika virus.

We should be providing more support and funding to community health centers; not making it more difficult for them to serve the communities that desperately need them by slashing Medicaid funding.

Trumpcare Republican plan leaves rural Americans worse off.

Mr. Speaker, health insurance has historically been more expensive in rural areas because services cost more and it is hard to have a stable individual market with a small population.

Under the Affordable Care Act, premium subsidies are tied to local costs, which helps keeps premium costs down.

But they are not under the Republican plan.

So, under the Republican plan residents in rural areas, who tend to be older and poorer, will pay much more and get much less health insurance.

What the Affordable Care Act, and its repeal means in the lives of real people:

At the end of the day, Mr. Speaker, the powerful and compelling reasons to reject Trumpcare lie in the real world experiences of the American people.

Let me briefly share with you the positive, life affirming difference made by the Affordable Care Act in the lives of just three of the millions of Americans it has helped.

Joan Fanwick: ''If Obamacare is repealed, I don't know if I'll live to see the next President''

''After nearly a decade of mysterious health scares, I was diagnosed with an autoimmune disorder called Sjogren's syndrome last year, when I was a junior at Temple University.

''It's a chronic illness with no known cause or cure, and without close medical surveillance and care, it can lead to life-threatening complications (like the blood infection I frequently experience).

''For me, having this disorder means waking up every morning and taking 10 different medications.

''It also means a nurse visiting my apartment every Saturday to insert a needle into the port in my chest, so I can give myself IV fluids throughout the week.

''Without insurance, my medical expenses would cost me about $1,000 per week—more than $50,000 per year. And that doesn't even include hospitalizations.

''My medical bills aren't cheap under Obamacare, but I can afford them.

''Under Obamacare, insurance companies aren't allowed to cut you off when your costs climb so right now, the most I personally have to pay out of pocket is $1,000 per year.''

Brain Norgaard: ''I am a small business owner and leadership trainer who Obamacare has helped tremendously.''

Brian Norgaard, a Dallas, Texas resident called my office to express his opposition to Trumpcare and to offer share how the Affordable Care Act has helped small business owners like himself:

''I am a small business owner and leadership trainer who Obamacare has helped tremendously.

''My wife and I both own small businesses in the Dallas, Texas area and as a result of the huge savings we received after paying lower [healthcare] premiums under Obamacare, we were able to reinvest those saving into both of our businesses and the community.

''And the healthcare we received was quality, at that.''

Ashley Walton: ''For cancer survivors, we literally live and die by insurance''

Ashley Walton was 25 when a mole on her back turned out to be melanoma.

She had it removed, but three years later she discovered a lump in her abdomen.

She was then unemployed and uninsured, and so she put off going to a doctor.

She tried to buy health insurance. Every company rejected her.

Ashley eventually became eligible for California's Medicaid program, which had been expanded under the Affordable Care Act.

The 32-year-old Oakland resident credits her survival to the ACA.

Without it, ''I would likely be dead, and my family would likely be bankrupt from trying to save me.''

Before any of our Republican colleagues supporting this bill cast their vote, I urge them to reflect on the testimony of Joan, Brian, and Ashley, and on this question posed by a constituent to Sen. COTTON of Arkansas at a recent town hall:

''I've got a husband dying and we can't afford—let me tell you something.

''If you can get us better coverage than this [Obamacare], go for it.

''Let me tell you what we have, plus a lot of benefits that we need.

''We have $29 per month for my husband. Can you beat that? Can you?

With all the congestive heart failures, and open heart surgeries, we're trying. $29 per month. And he's a hard worker.

$39 for me.''

Like a horror film of yore with monsters and vampires, both the original Trumpcare and its sequels threaten to return this country to the days when annual and lifetime dollar-based limits on the use of essential health benefits shifted tremendous financial and health risks to working families.

Insurance companies could charge people with pre-existing conditions many times more than they charge healthy people—just as they did before the Affordable Care Act.

Millions of Americans with pre-existing conditions would be at risk of losing health coverage or face premiums so high only the very wealthy could afford them—the same people who benefit from the massive tax cuts in the original bill.

I urge all Members to reject Trumpcare, one of the most monstrously cruel and morally bankrupt legislative proposals ever to be considered in this chamber.

To paraphrase a famous former reality television personality, ''believe me, Trumpcare is a disaster.''

We should reject it and keep instead ''something terrific'': and that is the Affordable Care Act, regarded lovingly by millions of Americans as ''Obamacare.''

Mr. COLLINS of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, if I had to defend ObamaCare, I would go into hysterics, too.

Since ObamaCare went into effect, the insurance choices and coverage have gotten lower and the costs have gotten higher. Virtually no doctors take the marketplace insurance so I'm left to change doctors who I've seen for over 30 years and switch to ''new'' doctors who I don't trust, and who cannot provide the same healthcare benefits I've received in the past. I have a brain tumor that I have monitored by a very skilled neuro-oncologist. Not anymore. The three choices I was given via healthcare.gov aren't even honored forms of insurance for this doctor.

Yes, it left them out again.

Mr. Speaker, I yield 2½ minutes to the gentleman from Indiana (Mr. MESSER).

Mr. MESSER. Mr. Speaker, despite the rhetoric on the other side of the aisle, today is an exciting day for those of us who have been working and fighting to end ObamaCare's reign over this country.

It is race month in Indiana, and I want to remind my colleagues that, as exciting as today is, today's vote is a green flag, not a checkered flag. It is the beginning of the race, not the end.

Today, the House will vote to move legislation forward that will repeal ObamaCare and replace it with something far better. The bill will surely undergo more changes as we continue this process in the Senate, but it is on its way to the finish line.

There are some really strong policies in this bill. It cut taxes by a trillion dollars on the American people, and government spending by hundreds of billions, too. Despite the rhetoric, it keeps preexisting condition prohibitions. No one with a preexisting condition will be denied coverage because of the policies in this bill. Insurance companies cannot raise premiums on individuals with preexisting conditions as long as they maintain coverage.

The bill will also make sure 26-year-olds continue to stay on their parents' healthcare plans as they enter the workforce. Most importantly, though, the bill unshackles American families from the mandates, taxes, and penalties that are costing these families thousands of dollars each year.

Though ObamaCare helped some, we have to remember that ObamaCare made things worse for millions of America, and that is where the national anger has come from. I have heard from countless Hoosiers who tell me the stories of their premiums going from $500 a month to $1,500 a month, with deductibles that are through the roof, at $10,000-plus a month. They have to spend $30,000 out of pocket before they even get to their insurance. For a middle class family, that means they have no meaningful insurance at all.

We can do better, and we will. That starts today.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from the National Rural Health Association opposed to this bill.

[From the National Rural Health Association]

VOTE NO TO THE AMERICAN HEALTH CARE ACT

The National Rural Health Association urges a NO vote on the American Health Care Act (AHCA).

Rural Americans are older, poorer and sicker than other populations. In fact, a January 2017 CDC report pronounced that life expectancies for rural Americans have declined and the top five chronic diseases are worse in rural America. The AHCA does nothing to improve the health care crisis in rural America, and will lead to poorer rural health outcomes, more uninsured and an increase in the rural hospital closure crisis.

Though some provisions in the modified AHCA bill improve the base bill, NRHA is concerned that the bill still falls woefully short in making health care affordable and accessible to rural Americans. For example, the modified bill contains a decrease in the Medical Expense Deduction threshold from 10% to 5.8% in an attempt to assist Americans between the ages of 50 and 64 who would see their premiums skyrocket under the current plan. However, this deduction is not a credit and therefore would be of little use to low income seniors that are in very low tax brackets or do not pay income tax at all. Additionally, the new amendments to freeze Medicaid expansion enrollment as of Jan. 1, 2018, and reduce the Medicaid per-capita growth rate will disproportionately harm rural Americans.

The AHCA will hurt vulnerable populations in rural Americans, leaving millions of the sickest, most underserved populations in our nation without coverage, and further escalating the rural hospital closure crisis. According to the Wall Street Journal, the ''GOP health plan would hit rural areas hard . . . Poor, older Americans would see the largest increase in insurance-coverage costs.'' The LA Times reports ''Americans who swept President Trump to victory—lower-income, older voters in conservative, rural parts of the country—stand to lose the most in federal healthcare aid under a Republican plan to repeal and replace the Affordable Care Act.'' Let's be clear—many provisions in the ACA failed rural America. The lack of plan competition in rural markets, exorbitant premiums, deductibles and co-pays, the co-op collapses, lack of Medicaid expansion, and devastating Medicare cuts to rural providers—all collided to create a health care crisis in rural America. However, it's beyond frustrating that an opportunity to fix these problems is squandered, and instead, a greater health care crisis will be created in rural America.

Congress has long recognized the importance of the rural health care safety net and has steadfastly worked to protect it. And now, much of the protections created to maintain access to care for the 62 million who live in rural America are in jeopardy. We implore Congress to continue its fight to protect rural patients' access to care. Three improvements are critical for rural patients and providers:

1. Medicaid—Though most rural residents are in non-expansion states, a higher proportion of rural residents are covered by Medicaid (21% vs. 16%).

Congress and the states have long recognized that rural is different and thus requires different programs to succeed. Rural payment programs for hospitals and providers are not 'bonus' payments, but rather alternative, cost-effective and targeted payment formulas that maintain access to care for millions of rural patients and financial stability for thousands of rural providers across the country. Any federal health care reform must protect a state's ability to protect its rural safety net providers. The federal government must not abdicate its moral, legal, and financial responsibilities to rural, Medicaid eligible populations by ensuring access to care.

Any federal health care reform proposal must protect access to care in Rural America, and must provide an option to a state to receive an enhanced reimbursement included in a matching rate or a per capita cap, specifically targeted to create stability among rural providers to maintain access to care for rural communities. Enhancements must be equivalent to the cost of providing care for rural safety net providers, a safeguard that ensures the enhanced reimbursement is provided to the safety net provider to allow for continued access to care. Rural safety net providers include, but not limited to, Critical Access Hospitals, Rural Prospective Payment Hospitals, Rural Health Clinics, Indian Health. Service providers, and individual rural providers.

2. Market Reform—Forty-one percent of rural marketplace enrollees have only a single option of insurer, representing 70 percent of counties that have only one option. This lack of competition in the marketplace means higher premiums. Rural residents average per month cost exceeds urban ($569.34 for small town rural vs. $415.85 for metropolitan).

Rural Americans are more likely to have obesity, diabetes, cancer, and traumatic injury; they are more likely to participate in high risk health behaviors including smoking, poor diet, physical inactivity, and substance abuse. Rural Americans are more likely to be uninsured or underinsured and less likely to receive employer sponsored health insurance. Rural communities have fewer health care providers for insurers to contract with to provide an adequate network to serve the community.

Any federal health care reform proposal must address the fact that insurance providers are withdrawing from rural markets. Despite record profit levels, insurance companies are permitted to cherry pick profitable markets for participation and are currently not obliged to provide service to markets with less advantageous risk pools. Demographic realities of the rural population make the market less profitable, and thus less desirable for an insurance company with no incentive to take on such exposure. In the same way that financial service institutions are required to provide services to underserved neighborhoods, profitable insurance companies should be required to provide services in underserved communities.

3. Stop Bad Debt Cuts to Rural Hospitals—Rural hospitals serve more Medicare patients (46% rural vs. 40.9% urban), thus across-the-board Medicare cuts do not have across the board impacts. A goal of the ACA was to have hospital bad debt decrease significantly. However, because of unaffordable health plans in rural areas, rural patients still cannot afford health care. Bad debt among rural hospitals has actually increased 50% since the ACA was passed. According to MedPAC ''Average Medicare margins are negative, and under current law they are expected to decline in 2016'' has led to 7% gains in median profit margins for urban providers while rural providers have experienced a median loss of 6%.

If Congress does not act, all the decades of efforts to protect rural patients' access to care, could rapidly be undone. The National Rural Health Association implores Congress to act now to protect rural health care across the nation.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from the American Thoracic Society opposed to this bill.

AMERICAN THORACIC SOCIETY,
April 27, 2017.

DEAR REPRESENTATIVE: On behalf of the 16,000 members of the American Thoracic Society (ATS), I want to voice my grave concerns with the latest legislative proposal developed to repeal and replace the Affordable Care Act (ACA). While CBO estimates are not yet available for the most recent legislation proposal being considered in the House, we remain concerned that the bill, if enacted, will result in a loss of health insurance for millions of Americans. Should the proposal come up for a vote in the near future, we urge you to vote ''NO'' on the American Health Care Act.

The ATS opposes any legislation that does not ensure affordable health insurance coverage for Americans currently insured under

the ACA. We are concerned that allowing states to waive important insurance reforms in the Affordable Care Act will lead to reduced coverage for many Americans and significant price increases for patients with pre-existing conditions. Further, we are concerned that reliance on ''high risk pools'' will not adequately meet the health insurance needs of many Americans with pre-existing conditions. We note that previous attempts at implementing state-based high risk pools have been largely unsuccessful. Members of the ATS serve a large and diverse patient population, including patients with respiratory diseases, critical illnesses and sleep disorders such as asthma, COPD, pneumonia, sepsis and obstructive sleep apnea. Our patients cannot afford to lose affordable health insurance coverage for any period of time.

The ATS looks forward to working with Congress to improve our health care system and ensure health insurance coverage for all Americans. If you have questions or need additional information, please contact Nuala S. Moore, Associate Director of Government Relations.

Sincerely,

DAVID GOZAL, MD, MBA,
President.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from the Academy of Nutrition and Dietetics opposed to this bill.

ACADEMY OF NUTRITION AND DIETETICS,
Washington, DC, May 2, 2017.

Hon. PAUL RYAN,
Speaker, House of Representatives, Washington, DC.
Hon. NANCY PELOSI,
Democratic Leader, House of Representatives, Washington, DC.

DEAR SPEAKER RYAN AND LEADER PELOSI: Nutrition services save money, improve chronic disease outcomes and save lives. For this reason, the Academy of Nutrition and Dietetics, the nation's largest organization of food and nutrition professionals, remains opposed to H.R. 1628, the American Health Care Act (AHCA) as amended by the MacArthur amendment.

The Academy and our 75,000-plus members believe that all Americans should have both coverage and access to high-quality health care. The Academy urges Congress to support measures that include nutrition services and prevention that reduces the cost of health care and improve patients' lives.

The new proposal set forth in the AHCA not only fails to improve the health of all Americans, but it will worsen patient care and public health by removing vital resources that are currently effective in improving health across the country.

This legislation continues to eliminate investments in prevention and public health, reverse advancements made in disease prevention and chronic care management, and according to the Congressional Budget Office, would result in the loss of health care coverage for at least 24 million Americans Allowing states to waive pre-existing conditions and essential health benefits will lead to decreased coverage and utilization of vital nutrition services.

Individuals with chronic disease such as diabetes and hypertension benefit from medical nutrition therapy and nutrition services to lower their blood sugar and blood pressure, while reducing reliance on expensive medications. The cost of these services is inexpensive and replaces more costly interventions that are necessary as chronic disease progresses with many complications.

The Academy holds five key tenets for analyzing any legislation to reform health care:

1. The health of all Americans should improve as a result of our health policy choices. Sufficient resources must be made available to ensure optimal health.
2. Access to quality health care is a right that must be extended to all Americans.
3. Nutrition services, from pre-conception through end of life, are an essential component of comprehensive health care.
4. Stable, sufficient and reliable funding is necessary for our health care system to provide everyone access to a core package of benefits.
5. Health care must be patient-centered.

Affordable access to care is an ongoing challenge that any reform legislation should address. Although this legislation purports to provide access, it fails to make coverage more affordable; unaffordable access to coverage is really not coverage at all. The proposal fails to maintain a core package of benefits that improve the health of Americans, by removing a basic floor of services that should be provided without cost-sharing to the Medicaid population.

Additionally, the new proposal would allow states to opt out of requiring that health plans cover the Essential Health Benefits which help reduce longer term health care costs, allow insurers to charge people higher premiums based on pre-existing conditions like nutrition related diseases like diabetes and heart disease and increase out-of-pocket costs for vulnerable older adults.

By repealing the Prevention and Public Health Fund, the proposal eliminates the sole federal investment in prevention, which will harm our state and local communities that depend on these effective public-private partnerships to improve the health of their communities.

The AHCA as currently drafted fails to meet the Academy's five tenets, and therefore we cannot support the passage of these proposals.

The Academy urges Congress to not hold future votes without an evaluation of the proposed amendments from the Congressional Budget Office estimating the budgetary impact of the amended legislation and the anticipated effect on coverage for Americans. We look forward to continued collaboration to improve the health and nutrition for all Americans.

Sincerely,

LUCILLE BESELER,
President.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from The Jewish Federations of North America opposed to this bill.

THE JEWISH FEDERATIONS OF NORTH AMERICA,
Washington, DC, May 2, 2017.

Hon. PAUL RYAN,
Speaker, House of Representatives, Washington, DC.
Hon. NANCY PELOSI,
Minority Leader, House of Representatives, Washington, DC.

DEAR SPEAKER RYAN AND LEADER PELOSI: The Jewish Federations of North America (JFNA) remains staunchly opposed to the American Health Care Act of 2017 (AHCA), even with the recently released amendment proposed by Representative Tom MacArthur (R–NJ). We are disappointed that AHCA retains the devastating cuts to Medicaid included in the earlier version of the legislation, cuts which are the result of the legislation's proposal to dramatically restructure Medicaid's federal financing structure and roll back coverage for 14 million people covered by the state Medicaid expansions. The amendment does nothing to alleviate these concerns.

JFNA represents 148 Jewish federations and 300 network communities that together support 15 leading academic medical centers/health systems, 100 Jewish nursing homes, and 125 Jewish family & children's agencies, providing health care for more than one million clients, Jewish and non-Jewish alike. Medicaid is a lifeline for more than 80 million people, including low-income children, older adults, and people with disabilities nationwide. Medicaid is a vital program for Jewish federations throughout the country and particularly for our communal health and long-term care partners that care for the most vulnerable in our communities.

JFNA is deeply troubled by the findings of the Congressional Budget Office (CBO) that AHCA will cause $839 billion in reductions—about 25 percent—to federal Medicaid funding and a loss in coverage for more than 14 million Medicaid beneficiaries. We believe that converting Medicaid to a block grant or per capita cap will cause irreparable harm not only to the millions who depend on the program, but also to our large network of providers who care for them.

AHCA would convert the long-standing and fundamental federal-state partnership of the Medicaid program to a block grant or per capita cap system. Under either approach, states would receive a limited amount of federal money for their Medicaid programs. As CBO found, even under a per capita cap system, the federal share is lower than the average annual increase in Medicaid spending and will not be sufficiently flexible to address a variety of key factors affecting Medicaid spending, including major disasters, economic downturns, unexpected health care cost increases, and demographic changes, such as the rapidly aging baby boomer generation. CBO projected that AHCA's $839 billion cut in federal Medicaid funding will shift substantial costs to state and local governments, our providers, and our patients, thus exacerbating the existing strain on the program. We agree with CBO's conclusion that, due to these reductions in funding, states will be left with no choice but to reduce Medicaid enrollment, eligibility for Medicaid benefits, and payment rates. Many people who now qualify for Medicaid could end up uninsured or losing access to critical health and long-term care services.

JFNA is concerned by many of the unintended consequences of this legislation, such as:

People who desperately need Medicaid and who are currently eligible will become uninsured;

States will be forced to cut back on crucial Medicaid services, such as home and community-based services, effectively forcing people who are capable of living in the community with proper home and community-based services into nursing homes;

States will be forced to reduce already low provider payment rates, thus further decreasing the pool of providers serving Medicaid beneficiaries and increasing waiting times for services; and,

Health care providers and entities that care for these vulnerable populations will suffer additional financial strain. As a result, these agencies will be forced to lay off staff or close their doors altogether, resulting in significant job losses and further hurting state economies.

For these reasons, we must oppose the legislation as currently written and urge the House of Representatives to reconsider moving forward with it. We stand ready to work with you, in tandem with our Jewish communal health and long-term care providers, to promote more targeted ways to reduce Medicaid spending and develop a new framework of policies to improve Medicaid quality, efficiency, and sustainability.

Sincerely,

WILLIAM C. DAROFF,

Senior Vice President for Public Policy & Director of the Washington Office.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD an article in The Wall Street Journal today stating: ''. . . employers looking to lower their costs could impose lifetime limits and eliminate the out-of-pocket cost cap from their plans under the GOP legislation.''

[From the Wall Street Journal]

LITTLE-NOTED PROVISION OF GOP HEALTH BILL COULD ALTER EMPLOYER PLANS

LAST-MINUTE AMENDMENT WOULD ALLOW STATES TO OBTAIN WAIVERS FROM CERTAIN AFFORDABLE CARE ACT REQUIREMENTS

(By Stephanie Armour and Michelle Hackman)

Many people who obtain health insurance through their employers—about half of the country—could be at risk of losing protections that limit out-of-pocket costs for catastrophic illnesses, due to a little-noticed provision of the House Republican health-care bill to be considered Thursday, health-policy experts say.

The provision, part of a last-minute amendment, lets states obtain waivers from certain Affordable Care Act insurance regulations. Insurers in states that obtain the waivers could be freed from a regulation mandating that they cover 10 particular types of health services, among them maternity care, prescription drugs, mental health treatment and hospitalization.

That could also affect plans offered by large employers, health analysts said.

The ACA prevents employer plans from putting annual limits on the amount of care they will cover, and it bars lifetime limits on the 10 essential benefits. But in 2011, the Obama administration issued guidance stating that employers aren't bound by the benefits mandated by their state and can pick from another state's list of required benefits. That guidance was mostly meaningless because the ACA established a national set of essential benefits.

Under the House bill, large employers could choose the benefit requirements from any state—including those that are allowed to lower their benchmarks under a waiver, health analysts said. By choosing a waiver state, employers looking to lower their costs could impose lifetime limits and eliminate the out-of-pocket cost cap from their plans under the GOP legislation.

The measure would give employers added flexibility to take steps that could lower costs by limiting more-expensive coverage areas. And it would lessen the federal regulation of insurers, a goal of GOP lawmakers who believe the ACA is an example of government overreach.

The impact on employer plans expands the scope of the health bill to affect, potentially, everyone not insured by Medicare or small-business plans, since the bill also includes cuts to Medicaid and changes to the individual market. Employer health plans are the single largest source of health insurance in the country, with about 159 million Americans receiving coverage through their jobs.

''It's huge,'' said Andy Slavitt, former acting administrator of the Centers for Medicare and Medicaid Services under President Barack Obama. ''They're creating a backdoor way to gut employer plans, too.''

But some experts say the impact could be less.

''The real question is, would employers do this? Many wouldn't,'' said Larry Levitt, a senior vice president at the Kaiser Family Foundation. ''Many employers offer quality benefits to attract employees. But employers are always looking for ways to lower costs.''

Fifty-nine percent of employers had a lifetime limit on how much their insurance plans would cover before the ACA, Mr. Levitt said.

The potential impact on large-employer plans was picked up on by health analysts including Matthew Fiedler, a fellow at the Brookings Institution. It is possible the Trump administration could minimize the impact by barring employers from picking plans across state lines, he said, but there is no sign that that would occur.

''The core goal of insurance is to ensure that people are protected if the worst happens, and these protections are crucial to achieving that goal,'' Mr. Fiedler said.

Potentially, the new provision could play out this way: If a state did away with a requirement to provide mental health and substance abuse services, employer plans using that benchmark could impose lifetime caps on the amount of mental health coverage they are willing to pay for.

One trade group representing employers said the amendment's effects on people with employer-sponsored health coverage would be minimal. Most large employers didn't impose annual or lifetime limits before the ACA was implemented, according to James Gelfand, senior vice president of health policy at the Erisa Industry Committee.

''Even if self-insured health plans are no longer banned from imposing annual or lifetime limits, they're unlikely to attempt to squeeze the toothpaste back into the tube,'' he said. ''The benefits of reimposing limits are questionable.''

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Michigan (Mr. LEVIN).

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

Mr. LEVIN. Mr. Speaker, it has just been said that no one with a preexisting condition will be denied treatment. That is a cruel falsehood. Roughly 129 million Americans today have a preexisting condition.

Here is what the AMA says to refute what was just said: ''The history of high-risk pools demonstrates that Americans with preexisting conditions will be stuck in second class health coverage, if they are able to obtain coverage at all.''

Now we have a proposal for $8 billion. That is a deceitful fraud. I intend going back home to travel the State of Michigan and elsewhere and tell the American people that although those who have said that are simply not being truthful, they essentially are turning their backs on 129 million Americans. We Democrats will never turn our back on the people of the United States of America. When it comes to health care, it is a vital need.

Mr. COLLINS of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, even with, again, the muddled hysterics, there is nothing in this bill, even if you have preexisting coverage now, there is nothing that says you lose it. Let's at least get the facts straight.

Also, let's talk about families and why we are here.

Despite Obama's promises, my plan was canceled at an affordable $450 a month when ObamaCare was implemented. My new plan has gone up every year and for 2017 will be over $1,300 a month. My husband and I cannot keep up with these increases. Soon it will be a choice between food and housing or health care.

Virginia from Florida.

Mr. Speaker, I yield 1 minute to the gentleman from Michigan (Mr. MITCHELL).

Mr. MITCHELL. Mr. Speaker, my question today is: How long will the opposition try to hold on to the failing Affordable Care Act? How long will they desperately try to hold on with their fingernails, screaming and thrashing at something that is failing so miserably?

Just this week, it was announced that 94 of 99 counties of Iowa will not have a carrier at all. In Michigan this year, individual policy premiums went up 20 percent, never mind deductibles and copays.

While currently 26 million Americans do not have coverage, 19.2 million either claim a waiver or pay a penalty that last year was $3 billion. Yet somehow the other side claims the Affordable Care Act is some form of nirvana.

The American Health Care Act guarantees issuance of coverage and targets assistance to those who have health challenges, in contrast to the Affordable Care Act that just thinks we should throw money at it. What amazes me, in my first few months here in Congress, if there is a problem, we will just throw money. The opposition wants a blank check, which will not work in this country. It is going to kill this country.

Let me suggest to my colleague from Michigan, my neighbor, that if he wants to schedule to go around the State and talk about the benefits of this program, the Affordable Care Act, I will go with him. We will go anywhere he would like to go.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a statement from the Children's Hospital Association in opposition to this bill.

[From Children's Hospital Association, Apr. 27, 2017]

CHILDREN'S HOSPITALS URGE HOUSE TO VOTE AGAINST AMENDED AHCA

LAWMAKERS SHOULD KNOW BILL IS BAD FOR KIDS

WASHINGTON, DC.—On behalf of our nation's children's hospitals and the patients and families they serve, Children's Hospital Association (CHA) continues to oppose the newly modified American Health Care Act (AHCA) and strongly urges the House of Representatives to reject the bill. Recently adopted changes only worsen the AHCA by putting children with preexisting conditions at increased risk of losing health care coverage and failing to correct the Medicaid cuts that would impact over 30 million kids.

The legislation the House might consider for a vote as early as the weekend would impose over $800 billion in cuts on states by fundamentally changing Medicaid—a program over 40 percent of the children across the country depend on for their health care coverage and access to medical care. Under

the bill, Medicaid would no longer be able to flex with the needs of enrollees, instead becoming a severely restricted system of per capita caps or block grants.

The block grant option in particular would be devastating to children as it eliminates Medicaid's EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) benefit which ensures children receive immunizations, mental health assessments and vision, eye and hearing exams as well as other medical services they might need. A block grant would also remove cost-sharing protections for children, essentially creating new barriers to care for low-income, working families.

CHA urgently asks members of Congress to vote against the AHCA. Medicaid must be maintained to ensure children receive the coverage and medical care that return lifelong benefits into adulthood. Investing in children's health advances a better future for our nation.

Mr. MCGOVERN. Mr. Speaker, I include a statement from Families USA in opposition to this bill.

[From FAMILIESUSA]

LATEST HOUSE GOP PROPOSAL—''UPTON AMENDMENT''—STILL LEAVES PEOPLE WITH PRE-EXISTING CONDITIONS OUT IN THE COLD

WASHINGTON, DC.—Republicans in the House today are discussing a so-called compromise that ostensibly adds $8 billion to their Affordable Care Act (ACA) repeal bill in an attempt to appease members worried that the bill strips coverage guarantees for people with pre-existing conditions. Below is a statement from Families USA Executive Director Frederick Isasi.

''Despite today's wheeling and dealing, the GOP repeal bill still drops the coverage guarantee for people with pre-existing conditions, strips coverage from millions, and drives up costs for millions more. A measly $8 billion handout isn't going to change that. The bill also decimates Medicaid—more than $800 billion in cuts. That hurts seniors, people with disabilities, and children like Jimmy Kimmel's son who he so eloquently spoke of Monday night. Remember, half of the births in America are reimbursed through Medicaid.

''The Upton $8 billion is a non-solution—money thrown at 'high-risk pools' that experts on both sides of the aisle have warned lead to higher costs, fewer benefits, and waiting lists rationing care for those with pre-existing conditions.

''Republicans in the House can do all the backroom vote-trading they want; their bill will still harm millions and millions of people in America and breaks President Trump's promise to cover everybody and protect people with pre-existing conditions. This isn't what people in America want. It is time for the GOP to drop this deeply flawed legislation and move on to efforts that will help, and not hurt, America's families.''

Mr. MCGOVERN. Mr. Speaker, I include a statement from the Association of American Medical Colleges in opposition to this bill.

[From AAMC, May 2, 2017]

AAMC STATEMENT ON THE MACARTHUR AMENDMENT TO THE AMERICAN HEALTH CARE ACT

AAMC (Association of American Medical Colleges) President and CEO Darrell G. Kirch, MD, issued the following statement regarding the amendment to the American Health Care Act (AHCA) introduced by Rep. Tom MacArthur (R–N.J.):

''This week, the House could vote on a new version of the American Health Care Act that includes the MacArthur amendment. Unfortunately, the amendment does not address the limitations in the original measure, such as making high-quality, affordable health insurance available to all, and maintaining programs to support the health care safety net—at least at current levels—until other comparable coverage expansions are available.

The amendment's treatment of essential health benefits and health status underwriting dilutes protections for many Americans and would leave individuals with preexisting conditions facing higher premiums and reduced access to vital care.

The shortcomings in the underlying bill remain the same. The original analysis from the Congressional Budget Office indicated that 14 million Americans would lose their health insurance coverage as early as next year, and as many as 24 million by 2024. Nothing in the bill has changed that alters the fact that this legislation would lead to fewer Americans with quality insurance, less affordable coverage for those who have it, and the destabilization of the current Medicaid program.

We continue to urge members of Congress to engage with the nation's medical schools and teaching hospitals and other stakeholders to find ways to achieve high quality health care for all Americans.''

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentlewoman from California (Ms. SÁNCHEZ), the vice chair of the Democratic Caucus.

Ms. SÁNCHEZ. Mr. Speaker, I can't believe we are here again to vote, or not, on the Republicans so-called healthcare bill.

Let me remind my colleagues that we are finally here only after Republicans failed to even hold a vote on March 24, and then offered extreme, multiple amendments to appease the furthest right of their party.

But I have to give it to them: it takes real cojones to stand here and vote on a bill that they know provides nearly zero healthcare benefits for the American people. It takes real fortitude and conviction to stand up for a bill that cuts coverage for 24 million Americans, guts Medicaid, reduces the solvency of Medicare, and segregates the sickest.

The truth is, Republicans lack the bravery to call this bill what it really is: a massive tax cut for the rich on the backs of working moms and dads and the sick. They lack the integrity to do the hard work that it takes to craft an actual healthcare bill that would build upon current law and improve the health of Americans.

I implore my colleagues to come to their senses, vote against this terrible bill, and work with us to continue to improve health care in this country for all Americans.

Mr. COLLINS of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I have been waiting also for my friends across the aisle to stand up and say that ObamaCare is a failure. I guess they can't. For the last 7 years, the voters have.

Small business owners and American entrepreneurs:

As an entrepreneur with two special needs children, the ACA is an expensive nightmare. Both my husband and I are small-business owners and must pay for individual insurance. We are on the highest deductible plan offered to us, a monthly premium over $1,000, and outstanding medical bills that we are struggling to pay off. We have seen our premium go up at least 14 percent and the expenses of care, lab, et cetera. With all exceptions, to the President, he is offering to his corporate friends. We are the ones who get ignored.

That is the true face of ObamaCare.

Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. BARTON).

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

Mr. BARTON. Mr. Speaker, mandates seldom work. Markets do work.

My friends on the Democratic side of the aisle haven't pointed out that 19 million Americans have chosen to pay the tax penalty to the IRS, rather than be forced into one of these ObamaCare plans.

They talk about all the people who have gotten coverage. Most of them got coverage when the bill that is now called ObamaCare expanded Medicaid to healthy adults and paid 100 percent of the cost to cover those individuals at a cost right now of about $70 billion a year.

Mandates don't work; markets do. I choose less government mandate, more personal freedom.

Vote for the rule; vote for the bill. Let's restore markets and freedom to health care in America.

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentlewoman from California (Ms. JUDY CHU of California.)

Ms. JUDY CHU of California. Mr. Speaker, yesterday, Kate called my office, worried for her son who is 1-year-old and was born with muscular dystrophy. He will need care for the rest of his life.

Without the ban on preexisting conditions, the cost of insurance for her son will be astronomical. She is paralyzed with fear about how she is going to be able to care for him for the rest of his life. Under TrumpCare, the healthcare bill written for Donald Trump and not the American people, insurance companies will be able to charge Kate's son more because he has a preexisting condition.

Imagine that. Her son's health care will be out of reach, his precious life endangered. That is unimaginably cruel, especially when we have a system in place right now that gets Kate's son the treatment he deserves.

That is why I am opposing this bill today. I cannot support a measure that we know will cost sick people more money, will force families to pay higher premiums and deductibles, will force 24 million people off their insurance, and guts essential health benefits.

I urge my colleagues to vote ''no'' on this horrific bill today.

□ 1015

Mr. COLLINS of Georgia. Mr. Speaker, I believe probably the reason they won't vote for it is they don't understand it, because preexisting conditions

are covered. If you have coverage now, nothing in our bill, no matter what would come from the State or anyone else, would lose the preexisting conditions. I guess it is just easier to talk your talking points and have your poster and go from there.

Mr. Speaker, I yield 1 minute to the gentleman from Florida (Mr. MAST).

Mr. MAST. Mr. Speaker, I, too, am a person with preexisting conditions, and I believe it is not just something that I should do; it is a responsibility for me to be the staunchest advocate for people out there who have preexisting conditions. That is why I am such an ardent supporter of this bill.

I think every American and every person out there with preexisting conditions should be asking themselves: How is it that they have coverage if every single insurance provider has pulled out of the market? If there is no entity to go to out there and provide insurance, how is it that preexisting conditions could possibly be covered?

I have had the question constantly: How is it so difficult for Republicans to get this bill passed, to get this through the floor? The answer is this, and this is again the question that every American should be asking themselves: Who is going out there and saying that preexisting conditions won't be covered? It is the exact same group of people that went out there and lied to the face of every single American, telling them that if they liked their plan, they would keep their plan; if they liked their doctor, they would keep their doctor; that the average American family was going to save $2,500 or more on health insurance.

That was a bold-faced lie. It was orchestrated by architects who specifically went out with the intention to prey on the American people. That is who is going out there selling these lies against my party. I resent that completely because we have come up with a plan, with a strategy to go out there and save health care for the American people, and I couldn't be more proud of that.

Mr. MCGOVERN. Mr. Speaker, maybe the gentleman hasn't been listening to all the organizations and healthcare advocates who have come out strongly opposed to the Republican bill, that I have read into the RECORD, who know a lot more about health care than anybody in this House, who spend their lives protecting people and protecting people's healthcare rights. They are all in strong opposition to the Republican bill because you take away the protections for preexisting conditions, plain and simple.

Mr. Speaker, I yield 1 minute to the gentleman from Oregon (Mr. BLUMENAUER).

Mr. BLUMENAUER. Mr. Speaker, we began this debate listening to my friend from Texas talk about how he was humbled to be here today supporting the Republican bill. Well, frankly, I think he should be embarrassed, embarrassed that my Republican colleagues are afraid to have a full, open, lengthy debate about these impacts. We are taking a consequential piece of legislation, and Republicans are jamming it through without a CBO score so they don't know the impacts, and we don't have the confidence.

We do know, however, my friend from Massachusetts has read into the RECORD item after item, the medical association, disease advocacy groups, the American Association of Retired People, it is an honor roll of people who know about health care, who fought to preserve and protect and enhance, and the Republicans have no answer to refute this litany of experts who are independent, who are professional, who care. Who are opposed. That is something that I think Republicans should be ashamed of.

They have had 7 years chipping away at the Affordable Care Act to try to make it worse, yet it still is supported by people who know. The Republican approach should be rejected.

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

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from the American Public Health Association in strong opposition to the Republican bill.

AMERICAN PUBLIC HEALTH ASSOCIATION,
May 4, 2017.

HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the American Public Health Association, a diverse community of public health professionals who champion the health of all people and communities, I write to express our continued strong opposition to H.R. 1628, the American Health Care Act of 2017, legislation to repeal the Affordable Care Act. The amended bill would be even worse for the nation's health than the original proposal and does nothing to improve the health of the American public. Additionally, the bill would have the greatest negative impact on the health of the most vulnerable Americans.

According to the March Congressional Budget Office analysis, the legislation would result in 14 million Americans losing health insurance coverage in 2018. By 2026, CBO estimates 24 million individuals would lose coverage, taking the uninsured rate up to a staggering 52 million, nearly double the number of Americans who would lack insurance under existing law. The bill would cut critical premium subsidies for low- and middle-income families and phase out the ACA's Medicaid expansion. Under the proposal, many, especially low-income and older Americans, would pay higher premiums, receive lower subsidies and be subject to higher out of pocket costs, including higher deductibles and co-pays for plans that provide less coverage. Health insurance coverage is critical to preventing disease, ensuring health and well-being and driving down the use of costlier providers of care. Unfortunately, this proposal will result in a greater number of people losing coverage than the number of people who have gained coverage under the Affordable Care Act, putting many at risk of premature death due to the lack of access to critical health services.

The amended bill would be even worse for public health than the original bill that was pulled from the House floor in late March. The amended bill would allow states to opt-out of requiring health plans to cover the 10 essential health benefits such as maternity care, mental health and substance abuse disorder services and prescription drug coverage. It would also allow insurers to charge significantly higher premiums for people with pre-existing conditions and possibly allow insurers to charge older adults even higher premiums. The inclusion of a mere $8 billion over five years will do little to help people with pre-existing conditions who could see drastically higher premiums leaving millions in the individual and small group market with no protections from insurer discrimination.

The bill would also eliminate the Prevention and Public Health Fund, the first and only mandatory funding stream specifically dedicated to public health and prevention activities. The fund has already provided more than $6 billion to support a variety of public health activities in every state including tracking and preventing infectious diseases like the Ebola and Zika viruses, community and clinical prevention programs, preventing childhood lead poisoning and expanding access to childhood immunizations. Eliminating the fund would devastate the budget of the Centers for Disease Control and Prevention. The fund currently makes up 12 percent of CDC's budget and eliminating this funding stream would force Congress to replace the funding through the regular appropriations process where resources for non-defense discretionary programs are already too low.

Not only would the bill phase out the Medicaid expansion under the ACA, it would also make other troubling changes to the Medicaid program, converting it to a per capita program. The most recent CBO analysis estimated the bill would cut federal spending on Medicaid by $839 billion over the next decade, drastically cutting resources to states, many of which are already struggling with tight budgets. The bill would also block Medicaid reimbursements to Planned Parenthood for one year—which CBO estimates will lead to less access to care, more unintended births and more costs for the Medicaid program.

While the Affordable Care Act is not perfect, the law has made progress in addressing the biggest challenges facing our health system including the rising costs associated with our health care system, uneven quality of care, deaths due to medical errors, discriminatory practices by health insurance providers and the shrinking ranks of the nation's primary care providers. The ACA has made progress in shifting our health system from one that focuses on treating the sick to one that focuses on keeping people healthy. We ask you to oppose this and future efforts to repeal or weaken the ACA. Instead, we urge you to work on a bipartisan basis to improve and build upon the successes of the ACA and to work to provide health insurance coverage to the more than 28 million who still lack coverage. We look forward to working with you to create the healthiest nation in one generation.

Sincerely,

GEORGES C. BENJAMIN, MD,
Executive Director.

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentlewoman from Connecticut (Ms. DELAURO).

Ms. DELAURO. Mr. Speaker, the Republican healthcare bill is reckless and heartless:

It increases the cost of premiums and deductibles;

It imposes an age tax on older Americans;

It unravels protections for patients with preexisting conditions;

It eliminates maternity care, substance abuse treatment, and prescription drug coverage;

It does away with lifetime limits and annual caps.

President Trump's claim that people with preexisting conditions will be covered is false, and it is a betrayal. It will have threatening consequences for millions of Americans. It will cost lives.

If this passes today, the American people should be in the street to call out the immorality of this legislation. They should decry this offense against humanity and this offense against the American people. I call on the American people: Do not let them get away with it.

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

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Rhode Island (Mr. LANGEVIN).

Mr. LANGEVIN. Mr. Speaker, I rise today in strong opposition to the Republicans' latest plan to dismantle the Affordable Care Act. After Republicans failed to earn the votes to pass their American Health Care Act in March, I thought that we could finally move forward to find bipartisan solutions to improving health care in America. Instead, Republicans have revived their partisan goal of ACA repeal by adding provisions that have made a bad bill even worse.

Mr. Speaker, make no mistake about it; the bill before us today will make Americans' health care worse in this country:

This legislation will cause 24 million people to lose coverage, while drastically increasing healthcare costs on everyday families;

It eliminates Federal safeguards that prevent insurers from charging older Americans higher premiums;

It guts essential health benefits, like maternity care and prescription drugs;

Further, it removes crucial patient protections that prevent discrimination against people with preexisting conditions, leaving our most vulnerable populations with a false promise of sufficient coverage through these failed high-risk pools.

Mr. Speaker, I am saddened that so many Republicans appear willing to place hollow partisan victories above the health of their constituents. I oppose the Republican AHCA in the strongest possible terms and urge all of my colleagues to put the health of Americans first.

Mr. COLLINS of Georgia. Mr. Speaker, 7 years ago, our friends across the aisle put partisan interests above the health of the American people, and we are seeing the results of that today. In fact, a small-business owner from Missouri says:

I recall the days before the ACA when we would receive a 2-inch notebook that contained multiple quotes from different health insurance companies. Now our options are listed on a single legal-sized sheet of paper. We only received three quotes for 2017, and just two of them were adequate for our region. In 2013, our insurance cost $180,000 for 92 lives with a $2,000 deductible. In 2016, we paid $252,000 for just 61 lives who face a $5,000 deductible. Our options are dwindling, our costs are skyrocketing, and our employees are ultimately suffering because of the ACA.

Again, a defense of the defenseless or a positive solution for America; that is what we are offering.

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

Mr. MCGOVERN. Mr. Speaker, I yield 30 seconds to the gentlewoman from Wisconsin (Ms. MOORE).

Ms. MOORE. Mr. Speaker, analysis of health insurance coverage for the past 30 years, analysis of data from the New England Journal of Medicine shows that, for every 455 people who are insured, one life will be saved. With the repeal of the Affordable Care Act, it is estimated that 43,956 people a year will die.

Long live the Republican Party.

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

Mr. MCGOVERN. Mr. Speaker, I yield 30 seconds to the gentleman from Vermont (Mr. WELCH).

Mr. WELCH. Mr. Speaker, President Trump was elected by rural America. This bill betrays rural America three ways:

Health care, 24 million-plus are going to lose their health care, many of them in rural America;

Second, it takes healthcare dollars and it turns them into a $7 million tax cut for the wealthiest 400 families in this country;

Third, the tenet of rural America is: we are in it together. That means if you are born with a preexisting condition, you have a preexisting condition, we are going to be there for you.

This bill turns its back on rural America, the people who stand up for one another and believe we are in it together, you are not on your own.

Mr. COLLINS of Georgia. Mr. Speaker, I appreciate it, but it is amazing the concern for rural health care now under ObamaCare when much of rural America has been down to one provider. That is not a choice.

Mr. Speaker, I yield 45 seconds to the gentleman from Pennsylvania (Mr. ROTHFUS).

Mr. ROTHFUS. Mr. Speaker, I am listening to this debate and I am hearing a lot of demagoguery and no solutions, no solutions for people who have seen skyrocketing premiums, no solutions for people who have lost their healthcare plans, no solutions for people who have lost their doctors, no solutions for people with preexisting conditions who are subject to the same skyrocketing premiums as everybody else, no solutions for people with preexisting conditions who don't even have an insurer in their exchanges.

I, too, have a preexisting condition. I am a cancer survivor. I am in the individual market. I am seeing the same skyrocketing premiums as everybody else. We are moving legislation today that will not only protect those with preexisting conditions, but will work to bring down premiums.

Importantly, those defending the Affordable Care Act had a goal: single-payer, socialized medicine, and this legislation will stop it.

Vote for this legislation, save our healthcare system, and have a much better result for the American people.

Mr. MCGOVERN. May I inquire of the gentleman how many more speakers he has?

Mr. COLLINS of Georgia. Mr. Speaker, I am still waiting on a couple more speakers, but I am ready to close whenever the gentleman is.

Mr. MCGOVERN. Well, I am not really prepared to close because my side has a ton more to say, but I am out of time.

Mr. COLLINS of Georgia. Mr. Speaker, I will tell Mr. MCGOVERN, it is his time to manage.

Mr. MCGOVERN. Mr. Speaker, I yield myself the balance of my time, and given the fact there were no hearings or anything else, it would have been nice to have a little bit more time.

Mr. Speaker, if we defeat the previous question, I will offer an amendment to the rule that would change the rules of the House to prevent this bill or any other healthcare-related legislation from being considered if it does not have a CBO cost estimate or if it would deny health coverage or require higher premiums due to preexisting conditions; impose lifetime limits on health coverage; prevent individuals under age 26 from being covered under their parents' plan; reduce the number of people receiving health care under the Affordable Care Act; increase costs to seniors by reopening the doughnut hole and raising prescription drug costs; require people to pay for preventive services, including cancer screenings; reduce Medicare solvency or change the Medicare guarantee; or reduce Federal taxes on the 1 percent of the population with the highest incomes or increase taxes on the 80 percent of hardworking Americans earning moderate to low incomes.

Mr. Speaker, I ask unanimous consent to insert the text of my amendment in the RECORD, along with extraneous materials, immediately prior to the vote on the previous question.

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

There was no objection.

Mr. MCGOVERN. Mr. Speaker, none of us on this side are claiming that the Affordable Care Act is perfect. In fact, for 7 years, we have been prepared to work with our Republican colleagues in a bipartisan way to make it even better, to cover more people, to find ways to lower costs; but for 7 years, my Republican colleagues had no interest in doing that. All they wanted to do was repeal the bill, repeal the bill, repeal the bill and offer no alternative.

Now we see their alternative, and it is an awful alternative. It is a disaster. It is an alternative that came not out

of a deliberative process, but out of some back room somewhere. People haven't even read this bill. They don't even know what it does because we are not even waiting for a CBO score. This is a pathetic process that everybody should be ashamed of.

Let me just say, to claim or to imply that the Republican plan covers people with preexisting conditions, it is a lie. It is a lie. Let's be honest about it. This does not cover people with preexisting conditions. To come on the floor and say it does, to try to fool people, well, you may get away with it in the short term, you may get a headline, but I will tell you, people will figure out soon enough when they are denied healthcare coverage, when they see their costs rise and rise and rise.

To have a healthcare bill that throws 24 million Americans off of health insurance, you should be ashamed.

To have a healthcare bill that cuts Medicaid by $880 billion to give a tax cut to the wealthiest people in this country, you should be ashamed.

I spent a good deal of my time reading letters from organizations like the National Farmers Union, the AARP, the Cystic Fibrosis Foundation, Paralyzed Veterans of America, March of Dimes, the American Medical Association, on and on and on, organizations that have dedicated their lives to helping people in this country that know something about this subject.

□ 1030

And when it comes down to who do I trust, them or you, on whether or not your bill covers people with preexisting conditions, there is no contest. I trust them. They see what you are trying to do. They understand that this bill is a fraud.

It is unconscionable to not only me and to people on our side, but to people who are watching this debate—Democrats, Republicans, and independents alike—that we would be spending time debating a healthcare bill that will make life worse for people in this country. Any kind of healthcare bill that came to this floor ought to be about expanding coverage and lowering cost. We want to work with you on that. Instead, you come to a bill that is going to rip health care away from tens of millions of people.

How can you do this? How can you do this to the American people? How can you do this to your constituents?

This is a terrible bill. You should vote ''no'' on it or, better yet, pull it.

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

Mr. COLLINS of Georgia. Mr. Speaker, I yield myself such time as I may consume.

What we have seen for the last few minutes, I would probably get up and cheer, too. Because now you look at it this way. What they want to claim as a disaster or recognize as a disaster, they didn't recognize 7 years ago. They chose to cram it down America's throat, and for 7 years the American people have said: No. Stop it. We don't want a healthcare system from government that takes freedom away from us and that removes it from us.

We have been presented with a list of letters from folks who are against this bill. Well, it is just a quick reminder to those, Mr. Speaker, who may be wanting to remember. Some of these same folks were the same folks who said ObamaCare was great, and who gave letters of support. I guess they are trying to cover up for 7 years of their first mistake.

When we understand this—let's go to some experts. I will just clarify them as experts, Mr. Speaker.

President Bill Clinton calling ObamaCare, last year, the craziest thing in the world. He summed it up pretty well. Because what summed up here is they forgot the American people.

Republicans have decided that we are going to put the American people back in control. We are not going to continue to hear from Pam in Nebraska, who is self-employed and lost her insurance four times under ObamaCare and twice because of the Nebraska failed startup.

If we are going to talk about misleading the American people, it started 7 years ago, and it ends today. It ends today. The American people deserve better. They have been thrown under the bus for 7 years. They deserve an insurance market that is open, that is accessible, and that does cover preexisting conditions.

If you want the deception, follow the other side. If you want the truth, follow this side.

Mr. Speaker, if I had to defend the last 7 years and offer nothing into the faces of these, yeah, I would have been hysterical on the floor this morning, too. And that is exactly what we have seen.

So for those who may be, it is time to vote ''yes'' on the rule, ''yes'' on this bill, and start giving back to America the liberty and freedom for a healthcare system that is the best in the world and has been attacked for 7 years. Again, that ends today.

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

AN AMENDMENT TO H. RES. 308 OFFERED BY MR. MCGOVERN

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

SEC. 3. Rule XXI of the Rules of the House of Representatives is amended by adding at the end the following new clause:

RESTRICTIONS ON CONSIDERATION OF CERTAIN LEGISLATIVE PROVISIONS RELATING TO HEALTHCARE

13.(a) It shall not be in order to consider a bill, joint resolution, amendment, or conference report which includes any provision described in paragraph (b).''

(b) A provision referred to in paragraph (a) is a provision which, if enacted into law, would result in any of the following:

(1) The denial of health insurance coverage to individuals on the basis that such individuals have a pre-existing condition or a requirement for individuals with a preexisting condition to pay more for premiums on the basis of such individuals having such a preexisting condition.

(2) The elimination of the prohibition on life time limits on the dollar value of health insurance coverage benefits.

(3) The termination of the ability of individuals under 26 years of age to be included on their parent's employer or individual health coverage.

(4) The reduction in the number of people receiving health plan coverage pursuant to the Patient Protection and Affordable Care Act (PL 111–148) and Education Affordability Reconciliation Act of 2010 (PL 111–152).

(5) An increased cost to seniors for prescription drug coverage pursuant to any changes to provisions closing the Medicare prescription drug 'donuthole'.

(6) The requirement that individuals pay for preventive services, such as for mammography, health screening, and contraceptive services.

(7) The reduction of Medicare solvency or any changes to the Medicare guarantee.

(8) The reduction of Federal taxes on the 1 percent of the population with the highest income or increase the tax burden (expressed as a percent of aggregate Federal taxes) on the 80 percent of the population with the lowest income.

c) It shall not be in order to consider a measure or matter proposing to repeal or amend the Patient Protection and Affordable Care Act (PL 111–148) and the HealthCare and Education Affordability Reconciliation Act of 2010 (PL 111–152), or part thereof, in the House or in the Committee of the Whole House on the state of the Union unless an easily searchable electronic estimate and comparison prepared by the Director of the Congressional Budget Office is made available on a publicly available website of the House.

(d) It shall not be in order to consider a measure or matter proposing to repeal or amend the Patient Protection and Affordable Care Act (PL 111–148) and the Health Care and Education Affordability Reconciliation Act of 2010 (PL 111–152), or part thereof, in the House or in the Committee of the Whole House on the state of the Union, that is called up pursuant to a rule or order that makes an amendment in order or considers such an amendment to be adopted, unless an easily searchable updated electronic estimate and comparison prepared by the Director of the Congressional Budget Office reflecting such amendment is made available on a publicly available website of the House.

(e) It shall not be in order to consider a rule or order that waives the application of paragraph (a), paragraph (b), paragraph (c), or paragraph (d). As disposition of any point of order under paragraphs (c) through (e), the Chair shall put the question of consideration with respect to the order, conference report, or rule as applicable. The question of consideration shall be debatable for 10 minutes bythe Member initiating the point of order and for 10 minutes by an opponent, but shall otherwise be decided without intervening motion except one that the House adjourn.

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

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

Mr. Clarence Cannon's Precedents of the House of Representatives (VI, 308–311), describes the vote on the previous question on the rule as ''a motion to direct or control the

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

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

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

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

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

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

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

Mr. MCGOVERN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on ordering the previous question will be followed by 5-minute votes on:

Adopting the resolution, if ordered; and

Agreeing to the Speaker's approval of the Journal.

The vote was taken by electronic device, and there were—yeas 235, nays 193, not voting 2, as follows:

[Roll No. 252]

YEAS—235

Abraham
Aderholt
Allen
Amash
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barton
Bergman
Biggs
Bilirakis
Bishop (MI)
Bishop (UT)
Black
Blackburn
Blum
Bost
Brady (TX)
Brat
Bridenstine
Brooks (AL)
Brooks (IN)
Buchanan
Buck
Bucshon
Budd
Burgess
Byrne
Calvert
Carter (GA)
Carter (TX)
Chabot
Chaffetz
Cheney
Coffman
Cole
Collins (GA)
Collins (NY)
Comer
Comstock
Conaway
Cook
Costello (PA)
Cramer
Crawford
Culberson
Curbelo (FL)
Davidson
Davis, Rodney
Denham
Dent
DeSantis
DesJarlais
Diaz-Balart
Donovan
Duffy
Duncan (SC)
Duncan (TN)
Dunn
Emmer
Estes (KS)
Farenthold
Faso
Ferguson
Fitzpatrick
Fleischmann
Flores
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gaetz
Gallagher
Garrett
Gibbs
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Griffith
Grothman
Guthrie
Harper
Harris
Hartzler
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins (LA)
Hill
Holding
Hollingsworth
Hudson
Huizenga
Hultgren
Hunter
Hurd
Issa
Jenkins (KS)
Jenkins (WV)
Johnson (LA)
Johnson (OH)
Johnson, Sam
Jordan
Joyce (OH)
Katko
Kelly (MS)
Kelly (PA)
King (IA)
King (NY)
Kinzinger
Knight
Kustoff (TN)
Labrador
LaHood
LaMalfa
Lamborn
Lance
Latta
Lewis (MN)
LoBiondo
Long
Loudermilk
Love
Lucas
Luetkemeyer
MacArthur
Marchant
Marino
Marshall
Massie
Mast
McCarthy
McCaul
McClintock
McHenry
McKinley
McMorris Rodgers
McSally
Meadows
Meehan
Messer
Mitchell
Moolenaar
Mooney (WV)
Mullin
Murphy (PA)
Noem
Nunes
Olson
Palazzo
Palmer
Paulsen
Pearce
Perry
Pittenger
Poe (TX)
Poliquin
Posey
Ratcliffe
Reed
Reichert
Renacci
Rice (SC)
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas J.
Ros-Lehtinen
Roskam
Ross
Rothfus
Rouzer
Royce (CA)
Russell
Rutherford
Sanford
Scalise
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smucker
Stefanik
Stewart
Stivers
Taylor
Tenney
Thompson (PA)
Thornberry
Tiberi
Tipton
Trott
Turner
Upton
Valadao
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Williams
Wilson (SC)
Wittman
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IA)
Zeldin

NAYS—193

Adams
Aguilar
Barragán
Bass
Beatty
Bera
Beyer
Bishop (GA)
Blumenauer
Blunt Rochester
Bonamici
Boyle, Brendan F.
Brady (PA)
Brown (MD)
Brownley (CA)
Bustos
Butterfield
Capuano
Carbajal
Cárdenas
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly
Conyers
Cooper
Correa
Costa
Courtney
Crist
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
Demings
DeSaulnier
Deutch
Dingell
Doggett
Doyle, Michael F.
Ellison
Eshoo
Espaillat
Esty (CT)
Evans
Foster
Frankel (FL)
Fudge
Gabbard
Gallego
Garamendi
Gonzalez (TX)
Gottheimer
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hanabusa
Hastings
Heck
Higgins (NY)
Himes
Hoyer
Huffman
Jackson Lee
Jayapal
Jeffries
Johnson (GA)
Johnson, E. B.
Jones
Kaptur
Keating
Kelly (IL)
Kennedy
Khanna
Kihuen
Kildee
Kilmer
Kind
Krishnamoorthi
Kuster (NH)
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lawson (FL)
Lee
Levin
Lewis (GA)
Lieu, Ted
Lipinski
Loebsack
Lofgren
Lowenthal
Lowey
Lujan Grisham, M.
Luján, Ben Ray
Lynch
Maloney, Carolyn B.
Maloney, Sean
Matsui
McCollum
McEachin
McGovern
McNerney
Meeks
Meng
Moore
Moulton
Murphy (FL)
Nadler
Napolitano
Neal
Nolan
Norcross
O'Halleran
O'Rourke
Pallone
Panetta
Pascrell
Payne
Pelosi
Perlmutter
Peters
Peterson
Pingree
Pocan
Polis
Price (NC)
Quigley
Raskin
Rice (NY)
Richmond
Rosen
Roybal-Allard
Ruiz
Ruppersberger
Rush
Ryan (OH)
Sánchez
Sarbanes
Schakowsky
Schiff
Schneider
Schrader
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sinema
Sires
Slaughter
Smith (WA)
Soto
Speier
Suozzi
Swalwell (CA)
Takano
Thompson (CA)
Thompson (MS)
Titus
Tonko
Torres
Tsongas
Vargas
Veasey
Vela
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters, Maxine
Watson Coleman
Welch
Wilson (FL)
Yarmuth

NOT VOTING—2

Engel
Newhouse

□ 1055

Messrs. LAWSON of Florida and FOSTER changed their vote from ''yea'' to ''nay.''

Messrs. AMODEI and DIAZ-BALART changed their vote from ''nay'' to ''yea.''

So the previous question was ordered.

The result of the vote was announced as above recorded.

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

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

RECORDED VOTE

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

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 235, noes 192, not voting 3, as follows:

[Roll No. 253]

AYES—235

Abraham
Aderholt
Allen
Amash
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barton
Bergman
Biggs
Bilirakis
Bishop (MI)
Bishop (UT)
Black
Blackburn
Blum
Bost
Brady (TX)
Brat
Bridenstine
Brooks (AL)
Brooks (IN)
Buchanan
Buck
Bucshon
Budd
Burgess
Byrne
Calvert
Carter (GA)
Carter (TX)
Chabot
Chaffetz
Cheney
Coffman
Cole
Collins (GA)
Collins (NY)
Comer
Comstock
Conaway
Cook
Costello (PA)
Cramer
Crawford
Culberson
Curbelo (FL)
Davidson
Davis, Rodney
Denham
Dent
DeSantis
DesJarlais
Diaz-Balart
Donovan
Duffy
Duncan (SC)
Duncan (TN)
Dunn
Emmer
Estes (KS)
Farenthold
Faso
Ferguson
Fitzpatrick
Fleischmann
Flores
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gaetz
Gallagher
Garrett
Gibbs
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Griffith
Grothman
Guthrie
Harper
Harris
Hartzler
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins (LA)
Hill
Holding
Hollingsworth
Hudson
Huizenga
Hultgren
Hunter
Hurd
Issa
Jenkins (KS)
Jenkins (WV)
Johnson (LA)
Johnson (OH)
Johnson, Sam
Jordan
Joyce (OH)
Katko
Kelly (MS)
Kelly (PA)
King (IA)
King (NY)
Kinzinger
Knight
Kustoff (TN)
Labrador
LaHood
LaMalfa
Lamborn
Lance
Latta
Lewis (MN)
LoBiondo
Long
Loudermilk
Love
Lucas
Luetkemeyer
MacArthur
Marchant
Marino
Marshall
Massie
Mast
McCarthy
McCaul
McClintock
McHenry
McKinley
McMorris Rodgers
McSally
Meadows
Meehan
Messer
Mitchell
Moolenaar
Mooney (WV)
Mullin
Murphy (PA)
Noem
Nunes
Olson
Palazzo
Palmer
Paulsen
Pearce
Perry
Pittenger
Poe (TX)
Poliquin
Posey
Ratcliffe
Reed
Reichert
Renacci
Rice (SC)
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas J.
Ros-Lehtinen
Roskam
Ross
Rothfus
Rouzer
Royce (CA)
Russell
Rutherford
Sanford
Scalise
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smucker
Stefanik
Stewart
Stivers
Taylor
Tenney
Thompson (PA)
Thornberry
Tiberi
Tipton
Trott
Turner
Upton
Valadao
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Williams
Wilson (SC)
Wittman
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IA)
Zeldin

NOES—192

Adams
Aguilar
Barragán
Bass
Beatty
Bera
Beyer
Bishop (GA)
Blumenauer
Blunt Rochester
Bonamici
Boyle, Brendan F.
Brady (PA)
Brown (MD)
Brownley (CA)
Bustos
Butterfield
Capuano
Carbajal
Cárdenas
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly
Conyers
Cooper
Correa
Costa
Courtney
Crist
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
Demings
DeSaulnier
Deutch
Dingell
Doggett
Doyle, Michael F.
Ellison
Eshoo
Espaillat
Esty (CT)
Evans
Foster
Frankel (FL)
Fudge
Gabbard
Gallego
Garamendi
Gonzalez (TX)
Gottheimer
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hanabusa
Hastings
Heck
Higgins (NY)
Himes
Hoyer
Huffman
Jackson Lee
Jayapal
Jeffries
Johnson (GA)
Johnson, E. B.
Jones
Kaptur
Keating
Kelly (IL)
Kennedy
Khanna
Kihuen
Kildee
Kilmer
Kind
Krishnamoorthi
Kuster (NH)
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lawson (FL)
Lee
Levin
Lewis (GA)
Lieu, Ted
Lipinski
Loebsack
Lofgren
Lowenthal
Lowey
Lujan Grisham, M.
Luján, Ben Ray
Lynch
Maloney, Carolyn B.
Maloney, Sean
Matsui
McCollum
McEachin
McGovern
McNerney
Meeks
Meng
Moore
Moulton
Murphy (FL)
Nadler
Napolitano
Neal
Nolan
Norcross
O'Halleran
O'Rourke
Pallone
Panetta
Pascrell
Payne
Perlmutter
Peters
Peterson
Pingree
Pocan
Polis
Price (NC)
Quigley
Raskin
Rice (NY)
Richmond
Rosen
Roybal-Allard
Ruiz
Ruppersberger
Rush
Ryan (OH)
Sánchez
Sarbanes
Schakowsky
Schiff
Schneider
Schrader
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sinema
Sires
Slaughter
Smith (WA)
Soto
Speier
Suozzi
Swalwell (CA)
Takano
Thompson (CA)
Thompson (MS)
Titus
Tonko
Torres
Tsongas
Vargas
Veasey
Vela
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters, Maxine
Watson Coleman
Welch
Wilson (FL)
Yarmuth

NOT VOTING—3

Engel
Newhouse
Pelosi

□ 1103

Mr. SUOZZI changed his vote from ''aye'' to ''no.''

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

THE JOURNAL

The SPEAKER pro tempore. The unfinished business is the question on agreeing to the Speaker's approval of the Journal, on which the yeas and nays were ordered.

The question is on the Speaker's approval of the Journal.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 233, nays 186, answered ''present'' 2, not voting 9, as follows:

[Roll No. 254]

YEAS—233

Abraham
Allen
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barton
Biggs
Bilirakis
Bishop (UT)
Black
Blackburn
Blumenauer
Bonamici
Brady (TX)
Brat
Bridenstine
Brooks (AL)
Brooks (IN)
Brown (MD)
Buchanan
Buck
Bucshon
Budd
Burgess
Bustos
Byrne
Calvert
Carter (TX)
Cartwright
Castro (TX)
Chabot
Chaffetz
Cheney
Chu, Judy
Clay
Cole
Collins (NY)
Comer
Comstock
Conaway
Cook
Cooper
Courtney
Cramer
Crawford
Culberson
Cummings
Curbelo (FL)
Davidson
Davis (CA)
Davis, Danny
DelBene
Demings
Dent
DesJarlais
Deutch
Dingell
Doggett
Donovan
Duffy
Duncan (SC)
Duncan (TN)
Dunn
Ellison
Eshoo
Estes (KS)
Esty (CT)
Evans
Farenthold
Ferguson
Fleischmann
Fortenberry
Foster
Frelinghuysen
Gabbard
Garamendi
Garrett
Gibbs
Goodlatte
Gosar
Gottheimer
Gowdy
Granger
Graves (MO)
Griffith
Grothman
Guthrie
Harper
Harris
Hartzler
Hastings
Heck
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins (LA)
Himes
Hollingsworth
Huffman
Hultgren
Hunter
Hurd
Johnson (LA)
Johnson, Sam
Joyce (OH)
Kaptur
Katko
Kelly (MS)
Kelly (PA)
Kildee
King (IA)
King (NY)
Kuster (NH)
Kustoff (TN)
Labrador
LaMalfa
Lamborn
Latta
Lewis (MN)
Lipinski
Long
Loudermilk
Love
Lowenthal
Lucas
Luetkemeyer
Lujan Grisham, M.
Maloney, Carolyn B.
Marchant
Marino
Massie
McCarthy
McCaul
McClintock
McCollum
McHenry
McMorris Rodgers
McNerney
McSally
Meadows
Meeks
Meng
Messer
Mitchell
Moolenaar
Mooney (WV)
Mullin
Murphy (PA)
Nadler
Noem
Nunes
O'Rourke
Olson
Palazzo
Palmer
Pearce
Perlmutter
Pingree
Pocan
Polis
Posey
Quigley
Roby
Roe (TN)
Rogers (KY)
Rooney, Francis
Rooney, Thomas J.
Ros-Lehtinen
Rosen
Roskam
Ross
Rothfus
Royce (CA)
Ruiz
Ruppersberger
Russell
Rutherford
Scalise
Schneider
Schweikert
Scott (VA)
Scott, Austin
Scott, David
Sensenbrenner
Serrano
Sessions
Shea-Porter
Sherman
Shimkus
Shuster
Simpson
Sinema
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Smucker
Speier
Stefanik
Stewart
Stivers
Suozzi
Takano
Taylor
Thornberry
Tiberi
Titus
Velázquez
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Walz
Wasserman Schultz
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Williams
Wilson (SC)
Wittman
Womack
Yarmuth
Yoho
Young (IA)
Zeldin

NAYS—186

Adams
Aguilar
Amash
Barragán
Bass
Beatty
Bera
Bergman
Beyer
Bishop (GA)
Bishop (MI)
Blum
Blunt Rochester
Bost
Boyle, Brendan F.
Brady (PA)
Brownley (CA)
Capuano
Carbajal
Cárdenas
Carson (IN)
Carter (GA)
Castor (FL)
Cicilline
Clark (MA)
Clarke (NY)
Cleaver
Clyburn
Coffman
Cohen
Collins (GA)
Connolly
Conyers
Correa
Costa
Costello (PA)
Crist
Crowley
Cuellar
Davis, Rodney
DeFazio
DeGette
Delaney
Denham
DeSantis
DeSaulnier
Diaz-Balart
Doyle, Michael F.
Emmer
Espaillat
Faso
Fitzpatrick
Flores
Foxx
Frankel (FL)
Franks (AZ)
Fudge
Gaetz
Gallagher
Gallego
Gonzalez (TX)
Graves (GA)
Graves (LA)
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hanabusa
Higgins (NY)
Hill
Holding
Hoyer
Hudson
Huizenga
Issa
Jackson Lee
Jayapal
Jeffries
Jenkins (KS)
Jenkins (WV)
Johnson (GA)
Johnson (OH)

Johnson, E. B.	McEachin	Ryan (OH)
Jones	McGovern	Sánchez
Jordan	McKinley	Sanford
Keating	Moore	Sarbanes
Kelly (IL)	Moulton	Schakowsky
Kennedy	Murphy (FL)	Schiff
Khanna	Napolitano	Schrader
Kihuen	Neal	Sewell (AL)
Kilmer	Norcross	Sires
Kind	O'Halleran	Slaughter
Kinzinger	Pallone	Soto
Knight	Panetta	Swalwell (CA)
Krishnamoorthi	Pascrell	Tenney
LaHood	Paulsen	Thompson (CA)
Lance	Payne	Thompson (MS)
Langevin	Perry	Thompson (PA)
Larsen (WA)	Peters	Tipton
Larson (CT)	Peterson	Torres
Lawrence	Pittenger	Trott
Lawson (FL)	Poe (TX)	Tsongas
Lee	Poliquin	Turner
Levin	Price (NC)	Upton
Lewis (GA)	Raskin	Valadao
Lieu, Ted	Ratcliffe	Vargas
LoBiondo	Reed	Veasey
Loebsack	Reichert	Vela
Lofgren	Renacci	Visclosky
Lowey	Rice (NY)	Waters, Maxine
Luján, Ben Ray	Richmond	Watson Coleman
Lynch	Rogers (AL)	Welch
MacArthur	Rohrabacher	Wilson (FL)
Maloney, Sean	Rokita	Woodall
Marshall	Rouzer	Yoder
Mast	Roybal-Allard	Young (AK)
Matsui	Rush	

ANSWERED ''PRESENT''—2

Rice (SC)	Tonko

NOT VOTING—9

Aderholt	Engel	Newhouse
Butterfield	Gohmert	Nolan
DeLauro	Meehan	Pelosi

□ 1110

So the Journal was approved.

The result of the vote was announced as above recorded.

Stated for:

Ms. DELAURO. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted "yea" on rollcall No. 254.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has agreed to without amendment a joint resolution of the House of the following title:

H.J. Res. 66. Joint resolution disapproving the rule submitted by the Department of Labor relating to savings arrangements established by States for non-governmental employees.

PUBLIC HEALTH SERVICE ACT AMENDMENT

Mr. BURGESS. Mr. Speaker, pursuant to House Resolution 308, I call up the bill (H.R. 2192) to amend the Public Health Service Act to eliminate the non-application of certain State waiver provisions to Members of Congress and congressional staff, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. (Mr. SIMPSON). Pursuant to House Resolution 308, the bill is considered read.

The text of the bill is as follows:

H.R. 2192

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. ELIMINATION OF NON-APPLICATION OF CERTAIN STATE WAIVER PROVISIONS TO MEMBERS OF CONGRESS AND CONGRESSIONAL STAFF.

If the American Health Care Act is enacted, effective as if included in the enactment of such Act, section 2701(b)(5)(A)(ii) of the Public Health Service Act (42 U.S.C. 300gg(b)(5)(A)(ii)), as added by subsection (a) of section 136 of the American Health Care Act (relating to permitting States to waive certain ACA requirements to encourage fair health insurance premiums), is amended by striking ''1312(d)(3)(D),''.

The SPEAKER pro tempore. Pursuant to House Resolution 308, the gentleman from Texas (Mr. BURGESS) and the gentleman from New Jersey (Mr. PALLONE) each will control 30 minutes.

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material on H.R. 2192.

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

There was no objection.

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

Mr. Speaker, after 7 years, we have heard the stories from our constituents, from our patients, from our friends, from our families who have suffered under the Affordable Care Act. Today, we will have a chance to vote on a plan that will rescue and revitalize the market and lower costs and increase flexibility for patients to choose and keep a health insurance plan that works for them and their family. However, before we can do that, we have to pass a bill that will ensure that Members of Congress and their staffs are treated the same way as the rest of America.

So let's be clear. We firmly believe that Members of Congress should live by the same rules as everyone else, period. The bill we are considering now will make a simple technical correction to ensure that the American Health Care Act and its amendments apply equally to everyone when signed into law.

Over the last several months, we have worked thoughtfully and thoroughly with our colleagues in the Senate to achieve our shared goal of repealing and replacing ObamaCare. Throughout these discussions, we have come to better appreciate and better understand the other Chamber's reconciliation limitations. As a result, we have drafted the American Health Care Act with constant awareness of what the slightest misstep may mean for the legislation's privileged status or that 51-vote threshold in the other body.

Some might say it is easier for a camel to go through the eye of a needle than to draft House policy to Senate procedure, but we are confident that we have achieved that challenging feat.

One of the limitations we have come to respect is that no committee other than the Senate Committee on Finance or the Senate Committee on Health, Education, Labor, and Pensions can receive a jurisdictional referral. For example, if we were to cross-reference multi-State plans established by the Affordable Care Act, we would get a referral to the Senate Homeland Security and Governmental Affairs Committee because those plans are under the Office of Personnel Management.

□ 1115

So let's be clear, congressional healthcare operates as a small group plan within the District of Columbia's SHOP Exchange. This was a decision that was made by the Obama administration.

So for waivers impacting the essential health benefits of age rating, which impacts both the individual and small group markets, Members of Congress and our staffs would be treated the same. As far as community rating, this impacts only the individual market, so no group plans, including Members of Congress or our staffs, would be impacted.

Even so, in an attempt to be crystal clear, today we are passing a bill, out of fairness and transparency, to ensure that Congress operates under the same laws as private citizens, a principle that both Republicans and Democrats should support.

My thanks to Representative MCSALLY for her leadership on this issue. Her bill helps deliver us a step closer to fulfilling our promise. Today we will fulfill our promise to provide relief from the higher costs and the dwindling choices for patients under the Affordable Care Act. Today we will repeal and replace ObamaCare with a better solution.

I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself 2 minutes.

I remind my colleague from Texas that his vote for the healthcare bill will take away protections for 4,536,000 people with preexisting conditions in Texas.

Mr. Speaker, I heard my colleague from Texas talk about repeal and replace. This is the myth, the hoax, that the Republicans and the President are trying to play on the American people. I assure you this is repeal. There is no replacement.

The people are going to lose their insurance. They are going to pay more. They are going to have lousy insurance because they are not going to have any kind of protections.

We passed the Affordable Care Act because the States were not doing the right thing. People couldn't afford insurance. They couldn't pay for a premium. They were too high.

So what did we do? We expanded Medicaid, and we provided generous subsidies for those people who needed it.

We also knew, under the old system where the States were in charge, that people got lousy insurance if they

could even find it. Sometimes they didn't have hospitalization, so we insisted there had to be a package that included preexisting conditions.

We also said that, you know, if you were paying a lot for your copays or your deductibles, we are going to put limits on those things as well. And we put limits also on how much you can charge, what we call ''community rating.''

Now, what are the Republicans doing here today? They are getting rid of all that. They want to go back to the old days. And when they tell you that somehow they are going to be able to do this, the reason they can't do anything is because they repeal most of the pay-fors that pay for the subsidies that pay for the Affordable Care Act.

So when they tell you: Oh, we are going to give extra money for this, for high-risk pools or to help the States if they decide to have waivers, the bottom line is there is no money left here. There is no money to pay for those subsidies; there is no money to pay for Medicaid expansion; there is not enough money to pay for high-risk pools because they have repealed the underlying pay-fors that we use to pay for the Affordable Care Act.

What they are doing now is going back to the old system, the Wild West of the States. They are allowing States to waiver the essential benefits package. They are saying to States that they can charge whatever they want for the insurance because they got rid of community ratings.

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

Mr. PALLONE. Mr. Speaker, I yield myself another 15 seconds to say this: Do not buy into this hoax. There is no money left. They want to go back to the old system, and the old system stunk. What we did was correct the problems of the old system. So don't believe this cruel hoax.

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

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentlewoman from Arizona (Ms. MCSALLY), the author of the bill.

Ms. MCSALLY. Mr. Speaker, I rise today in support of my bill, H.R. 2192, a measure that eliminates double standards by preventing Members of Congress from being exempt from the State waiver provisions of the American Health Care Act, as amended.

Due to very arcane Senate procedural rules within the budget reconciliation process, the MacArthur amendment to the American Health Care Act does not and cannot apply to Members of Congress. To address this, I have introduced this simple, standalone, two-page bill that would appeal the exemption for Members of Congress should the American Health Care Act become law.

In the military, the same code of conduct and standards apply to the entire chain of command. Now, in my role as a lawmaker, I believe that any law we pass that applies to our constituents must also apply equally to Members of Congress. Individuals who are stewards of the public trust must abide by the rules that they make. My bill, H.R. 2192, will ensure that Congress abides by the laws they pass and is treated no differently than other hardworking Americans.

Regardless of your vote on the AHCA, this is a bill that each and every single Member of Congress should support.

Mr. PALLONE. Mr. Speaker, I remind my colleague from Arizona that her vote for this bill could increase premiums for people with breast cancer in Arizona by $42,250.

I yield 1½ minutes to the gentlewoman from California (Ms. ESHOO).

Ms. ESHOO. Mr. Speaker, I think that today is yet another sad day here in the House of Representatives for the people of our country, because what is being brought forward is the same bill that we debated and that went down because of the weight of the problems and the cruelty of that bill. It is the same thing with a few more poison pills in it.

People are going to have to pay higher premiums and deductibles, and it is going to increase what comes out of their pocket; there is going to be less coverage; 24 million people will lose their coverage—that remains in this bill—and key protections are gutted, American people: emergency rooms, maternity care, opioid, mental health care, a string of things that you want in your insurance coverage, a crushing age tax for seniors.

Now, there is a real hypocrisy here. Every single Member of Congress has been enrolled in the Affordable Care Act. I want to know which one of you dropped out of it. It was good enough for you—one person, great. Two people, big deal. It was good enough for you, but it is not good enough for your constituents.

And you know what? Who is standing with you? Not the doctors in our country, not the AARP to seniors, not nurses, not the cancer association, not anyone. This bill violates the American people.

The SPEAKER pro tempore. Members are reminded to direct their remarks to the Chair.

Mr. BURGESS. Mr. Speaker, I yield 1 minute to the gentleman from Kentucky (Mr. GUTHRIE), the vice chairman of the Health Subcommittee on Energy and Commerce.

Mr. GUTHRIE. Mr. Speaker, I rise today to urge my colleagues to support the American Health Care Act.

A constituent of mine from Kentucky personally reached out to share her story. Under ObamaCare, the cost of her family's monthly premium rose to over $1,000 with a deductible of over $12,000, in total, almost half her income. When she fell and broke three ribs, she couldn't afford to go to the emergency room because of the astronomical deductible. She suffered for weeks until as she could afford care; and as she said in her own words: ''I paid 50 percent of my income for something I am forced to buy and cannot use.''

In Kentucky, there are many counties with just one health insurer on the exchange. That is not right. Affordable health care means having real access to health care when you need it. ObamaCare reduces access. It is not there, when they need it, for many Americans.

I urge my colleagues to support the American Health Care Act.

Mr. PALLONE. Mr. Speaker, I remind my colleague from Kentucky that his vote for the healthcare bill will take away protections for 881,000 people with preexisting conditions in Kentucky.

I yield 1½ minutes to the gentleman from Texas (Mr. GENE GREEN), the ranking member of the Health Subcommittee.

Mr. GENE GREEN of Texas. Mr. Speaker, it is appalling what is happening today on the House floor. It appears to be: let's just pass a bill, no matter what it does or who gets hurt with it.

TrumpCare is nothing more than broken promises and mean-spirited policy. It would mean higher healthcare costs for more than 24 million hardworking Americans losing their health coverage, key protections are gutted, older Americans are hung out to dry, the end of Medicaid as we know it, and cuts in Medicare.

If TrumpCare passes, Americans with preexisting conditions could be pushed off their insurance and sent in the high-risk pools that are not affordable. High-risk insurance pools do not work when everyone in the pool is a high risk. I was a State legislator when we did that. You have to have high-risk pools that share the wealth, so to speak.

People will be left with soaring costs, worse coverage, and rationed care. It is a frightening future where millions of Americans who need affordable, dependable health care are left out in the cold.

There is an obvious, irresponsible reason why this vote is being rammed through without even a Congressional Budget Office estimate or an opportunity for Members to even know what is in it. They don't want people figuring out the real-world consequences and the devastation it means to our American families. History will not be kind to the people who support this awful bill.

I urge my colleagues to do what is right and vote ''no.''

Mr. BURGESS. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. OLSON).

Mr. OLSON. Mr. Speaker, the Senate never quits. When ObamaCare was passed in 2010, the Senate Democrats refused to use ObamaCare for their personal insurance. Most Americans know that what is good for the goose is good for the gander. My staff, my family,

and I have been on ObamaCare since day one.

Incredibly, the Senate is at it again. They don't want the American Health Care Act to apply to them because it is not right. They are special, and so they put a clause to exempt Congress from the American Health Care Act so they could filibuster the healthcare bill. That dog didn't hunt in 2010; it ain't hunting in 2017. If it is good for the American people, our bosses, it is good for their servants, Congress, us.

I urge my colleagues to be true public servants. Vote for H.R. 2192.

Mr. PALLONE. Mr. Speaker, I remind my colleague from Texas that his vote for this bill could increase premiums for people with diabetes in Texas by $5,100.

I yield 1½ minutes to the gentlewoman from Colorado (Ms. DEGETTE).

Ms. DEGETTE. Mr. Speaker, the American Health Care Act was pulled from the House floor in March because the American people realized it was a deeply flawed bill. That bill would have ripped healthcare coverage away from 24 million of our constituents.

For those lucky enough to maintain coverage, the bill would have massively raised premiums, deductibles, and out-of-pocket costs. The crushing age tax in this bill would force older adults to pay astronomically high premiums.

So what did the majority do in the last 6 weeks? They made the bill worse.

The MacArthur amendment lets States opt out of the essential benefits of the ACA. Not only would this jeopardize insurance availability for the one-third of Americans who have preexisting conditions, it would let insurance companies deny coverage altogether for maternity, for emergency room, for mental health, and for other essential benefits. And because the MacArthur amendment eliminates community ratings, everybody's insurance costs would skyrocket.

I am going to tell you something. My Republican colleagues are going to be really, really sorry that they rushed this bill to the floor before they got an amended CBO score. The reason is, when we do get this—and make no mistake, we will get this—they are going to find out that many more millions of people besides the 24 million people, originally, who are going to lose their insurance are going to be shocked to wake up to find out, if this TrumpCare bill passes, many millions more will lose their coverage.

I urge a ''no'' vote on this poorly conceived legislation.

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

Mr. BILIRAKIS. Mr. Speaker, I rise today in support of H.R. 2192 to ensure Members of Congress and staff are not exempt from the American Health Care Act. Making good on our word, this legislation will be passed alongside the American Health Care Act and fixes a technical error made to comply with the Senate rules.

In our country, lawmakers are not above the law. Elected officials and the people we represent should have the same health care, period.

As an original cosponsor of H.R. 2192, I believe this is common sense. It is straightforward legislation, and it is necessary as a companion bill to the American Health Care Act.

□ 1130

It is really quite simple: Congress should live by the same laws it creates.

When the American Health Care Act becomes law, Members of Congress and staff will have the same health care as the American people. I urge passage of H.R. 2192, in conjunction with the American Health Care Act.

Mr. PALLONE. Mr. Speaker, I remind my colleague from Florida that his vote for the healthcare bill will take away protections for 3,116,000 people with preexisting conditions in Florida.

Mr. Speaker, I yield 1½ minutes to the gentleman from Pennsylvania (Mr. MICHAEL F. DOYLE).

Mr. MICHAEL F. DOYLE of Pennsylvania. Mr. Speaker, for the past 7 years we have had 62 votes to repeal the Affordable Care Act, but Republicans have never once put a plan on the floor for the American people. Well, today, we all get a chance to go on record of where we stand on this bill, this shameful, cruel bill.

Here are the facts: 24 million Americans are going to lose their insurance if this bill becomes law. Over $839 billion gets cut out of the Medicaid program. The essential benefit package in States, wiped out. In my State, it is taking care of people with mental illness and opioid addiction; gone. This takes $117 billion out of the Medicare trust fund.

This is a healthcare bill—this is really a tax bill masquerading as a healthcare bill. The plan here is to take this money out of the healthcare system and use it for tax cuts. That is what this bill is going to do.

This creates a survival-of-the-fittest health care for America. If you are young, if you are healthy, if you are wealthy, this bill is for you; you are going to do okay. But if you are old, if you are sick, if you are poor, there is no coverage in this bill for you.

If you have a young child with cancer, guess what, those benefits aren't going to be paid. You are going to run out of benefits.

These high-risk pools are a sham. They are not adequately funded. This bill must be defeated. The American people will remember who votes for this bill today.

Mr. BURGESS. Mr. Speaker, I yield myself 2 minutes.

Mr. Speaker, I wish to now speak to the underlying MacArthur amendment that the McSally bill is here to modify. The MacArthur amendment specifically would allow States to waive three of ObamaCare's costliest mandates. Let me stress that again. It would allow States—not require States; it would allow States to waive three of ObamaCare's costliest mandates, essential health benefits, age ratings, and community rating.

In waiving these Federal mandates, health insurers would not be allowed to discriminate by gender or preexisting condition, and no one would be denied coverage, period.

Here is how it works: a State may apply to waive essential health benefits or to increase the age rating ratio from the bill's underlying 5-to-1 ratio. They may also change the way individuals who have not maintained continuous coverage are charged for their healthcare plan, but only if the State has a risk-sharing program in place, like the Federal Invisible Risk Sharing Program established by the Palmer-Schweikert amendment.

In order to receive a waiver, a State must explain to the Secretary of Health and Human Services how the program will reduce average premiums for patients, increase enrollment for residents, stabilize the State's health insurance market, stabilize premiums for individuals living with preexisting conditions, or increase the patient's healthcare options.

It is important to note that in providing assistance to reduce premiums or other out-of-pocket costs, for individuals who may be subject to an increase in their monthly premiums because they reside in a State with an approved waiver, have a preexisting condition, are uninsured because they have not maintained continuous coverage and they purchase health insurance on the individual market, there will be $138 billion to assist with premium assistance.

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

Mr. PALLONE. Mr. Speaker, I yield 1½ minutes to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Mr. Speaker, understand this: the Republicans planned to exempt Members of Congress from the provisions of TrumpCare until they got caught.

So here are five numbers that show just how deadly and dangerous the Republican bill is:

Twenty-four million is the number of children, adults, and veterans whose health insurance will be ripped away.

$880 billion is the size of the cut to Medicaid, threatening health care and long-term care for 74 million people: children, pregnant women, the elderly, and the disabled.

$600 billion is the tax cut that goes to millionaires and billionaires and corporations.

758 percent is the premium increase a 64-year-old making $26,000 a year will pay because of the Republican age tax.

Seventeen percent is the percent of Americans who supported TrumpCare before they made it worse.

The Republicans' attempt to improve TrumpCare is like trying to douse a dumpster fire with gasoline. This bill is a disaster, and anyone who votes for it does so at their extreme peril. The American people are watching, and they will not forget.

Mr. BURGESS. Mr. Speaker, I would point out that within the State of Illinois, there were eight plans in 2015. There are five plans in 2017 with a 57 percent increase in premiums.

Mr. Speaker, I yield 1 minute to the gentleman from Ohio (Mr. JOHNSON), a valuable member of the Energy and Commerce Committee.

Mr. JOHNSON of Ohio. Mr. Speaker, I thank the gentleman for giving me time to speak up.

I, too, agree that Members of Congress should be subject to the same rules and laws that the American people are. So I support my colleague, Ms. MCSALLY, in this legislation.

But, you know, I want to speak to the bigger, broader issue here. My colleague from Pennsylvania said: What about that family with that kid that has cancer?

Where was my colleague and the friends on the other side of the aisle when ObamaCare resulted in millions of policy cancellations and millions of Americans losing their coverage because of the broken promises?

Where was my colleague and the Democrats when millions of Americans were forced out of work because of the job-killing policies of ObamaCare?

Let me tell you something. The American people remembered that, and that is what happened in 2010.

We didn't hide in a back room to get what we are doing today done. We have been working on it for 6 years, and we are going to get it done today. We are going to meet the promises that we made to the American people, and starting today, ObamaCare is on its way out the door.

Mr. PALLONE. Mr. Speaker, I remind my colleague from Ohio that his vote for this bill will take away protections for 1,919,000 people in Ohio with preexisting conditions.

Mr. Speaker, I yield 1½ minutes to the gentleman from North Carolina (Mr. BUTTERFIELD).

Mr. BUTTERFIELD. So you have been working on it for 6 years. My information is that you posted this bill at 8 last night. The Congressional Budget Office has not given it a score. They have not told the American people how much it is going to cost or how many people it is going to affect.

You have skyrocketed premiums for hardworking Americans who have preexisting conditions, and that is what my colleagues need to understand.

If you are an average 40-year-old adult with a preexisting condition and have diabetes, it is estimated your premiums will rise $400 a month. If you have rheumatoid arthritis, $800 a month. And heaven forbid if you have some preexisting condition involving cancer; the numbers just go off of the chart.

You know and I know this bill will not see the light of day in the Senate. This is a political stunt to save face with your rightwing base. You know it and we know it.

If this wasn't so serious, affecting the economy and the affordability of insurance, I would say just go on and do it, because you will lose your opportunity to serve in this House and you will ultimately lose the majority.

Don't do it. Forget about politics. Think about the 24 million Americans who will not be able to afford health insurance coverage.

That is why the American Medical Association, AARP, American Nurses Association, and all of the other stakeholder groups have pleaded with you. They have called your office. They have written you letters. They have written us letters.

Don't do it. I ask you to vote ''no'' on this ill-conceived legislation.

The SPEAKER pro tempore. The gentleman and all Members are reminded to direct their remarks to the Chair.

Mr. BURGESS. Mr. Speaker, directed to the Chair, I would just make note of the fact in North Carolina, there were three plans offered in 2015, down to two plans in 2017, premium increase of 82 percent.

Mr. Speaker, it is now my pleasure to yield 1 minute to the gentleman from Michigan (Mr. WALBERG), another member of the Energy and Commerce Committee.

Mr. WALBERG. Mr. Speaker, regardless of the myths being spun by the other side of the aisle that refused to read 129 pages of a bill, the Affordable Care Act is anything but affordable.

My constituents have been asking for relief from this collapsing law for years. They can no longer afford to pay more for less; and refusing to act is not an option.

Under ObamaCare, out-of-pocket expenses have skyrocketed not just for people on exchanges, but for all patients. Premium increases are nearly four times larger than previously projected.

Unfortunately, our colleagues on the other side of the aisle, Mr. Speaker, seem content with the current flawed system which puts the government in charge of people's health and promises coverage that is going away.

Let's vote to increase choice, lower costs, enhance protections, truly cover preexisting conditions, and get Washington out of the way so that patients and their doctors are once again at the center of healthcare decisions.

Mr. PALLONE. Mr. Speaker, I remind my colleague from Michigan that his vote for this bill could increase premiums for those who are pregnant in Michigan by $13,790 per year.

Mr. Speaker, I yield 1½ minutes to the gentlewoman from California (Ms. MATSUI).

Ms. MATSUI. Mr. Speaker, Republicans are turning their backs on the American people today. There are no guarantees with this bill. This bill will raise costs for families, penalize people nearing retirement with an age tax, and rip coverage away from millions of Americans.

And if that wasn't bad enough, this revised TrumpCare bill guts protections for people with preexisting conditions; people like Cameron, who was diagnosed with cancer at 24 years old. Because of the Affordable Care Act, he was able to access coverage and attend graduate school. Now, of course, he has a preexisting condition.

This is personal for Cameron and millions more in this country, and they are not going to be silent as Republicans rush this legislation through.

Mr. Speaker, lives are on the line. I urge my Republican colleagues to have the courage to vote ''no'' on this legislation.

Mr. BURGESS. Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. CARTER), another valuable member of the Energy and Commerce Committee and a member of the Health Subcommittee.

Mr. CARTER of Georgia. Mr. Speaker, I rise today to urge my colleagues to support the American Health Care Act.

For the last 7 years, I have watched ObamaCare crush the healthcare system that I worked in for more than 30 years. Thanks to ObamaCare, we have an insurance exchange that has withered to where a third of the counties in our country have only one insurer. At home in Georgia, 96 counties have only one choice on the exchange. That is not a choice.

ObamaCare has failed, and the American Health Care Act is critical to resuscitate our healthcare system and move it in a direction where patients, families, and doctors are making decisions, not the Federal Government and bureaucrats sitting behind a desk in Washington.

The American people need and deserve better, and that is why we must pass the American Health Care Act. This legislation guts ObamaCare and rebuilds a system that would deliver the choice and control that patients need and deserve all while ensuring that health insurers will not be allowed to discriminate by gender or preexisting conditions, and no one will be denied coverage, period.

□ 1145

Mr. PALLONE. Mr. Speaker, I remind my colleague from Georgia that his vote for the healthcare bill will take away protections for 1,791,000 people with preexisting conditions in Georgia.

Mr. Speaker, I yield 1½ minutes to the gentlewoman from Florida (Ms. CASTOR), who is the vice ranking member our committee.

Ms. CASTOR of Florida. Mr. Speaker, this bill will be devastating to families all across America. The Republican bill rips coverage away from millions of Americans. The last projection was 24 million. They didn't wait for the new

projection, which is going to be much higher.

The Republican bill hurts Medicare, and it shortens the life of the Medicare trust fund just when we have more baby boomers retiring and calling on Medicare. It imposes a huge age tax because it makes affordable insurance much less affordable if you are about age 50 or older.

A dirty little secret here that most people have not discussed is the harm it does to the Medicaid guarantee. For over 50 years in America, we have said that if you are disabled, if you have a family member with Alzheimer's, or if you have a child with a complex medical condition, you are not going to be destitute because your health care is so expensive. That is one of the fundamental guarantees of Medicaid for 50 years. They take that away and go to the heart of the medical care that is provided under Medicaid as well. It is shameful.

But it got worse. As we approach this day, they didn't have the votes, so they made it worse by going to the heart of the Affordable Care Act which ended discrimination against our neighbors with a preexisting condition.

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

Ms. CASTOR of Florida. They also said essential health benefits are not going to matter. What good is an insurance policy if you buy it and you can't go to the emergency room? We have got to vote ''no'' on this bill.

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

Ms. CASTOR of Florida. We have got to fight back against this crass power play that transfers all the wealth in this country. Vote ''no.''

The SPEAKER pro tempore. The gentlewoman is no longer under recognition.

The Chair would ask Members to respect the gavel and the time yielded.

Mr. BURGESS. Mr. Speaker, I would point out that, in the State of Florida, there were 10 insurance plans available in the individual market in 2015, down to 5 plans in 2017, with a 24 percent premium increase.

Mr. Speaker, I yield 2 minutes to the gentleman from New York (Mr. COLLINS), who is a very valuable member of the Energy and Commerce Committee.

Mr. COLLINS of New York. Mr. Speaker, for the past 7 years, the American people have pleaded with their Representatives in Washington to repeal ObamaCare. Today, every Member of this body has the opportunity to do just that. We have the chance to eliminate excruciating mandates and taxes that are suffocating our economy and marketplaces.

Under ObamaCare, premiums have increased by over 37 percent since 2014, one-third of counties in this country have only one insurance provider, and 4.7 million Americans were kicked off the insurance coverage they wanted to maintain despite President Obama's promise that, if you like your healthcare plan, you can keep it.

But today we have the chance to lower premiums, increase competition among insurance providers, and improve access to health insurance for all Americans. We finally have the chance to formally reject an unprecedented government overreach into health care and take the first step towards giving patients control over their own health.

In western New York, this bill will have even more profound benefits. The amendment that I authored with Representative JOHN FASO will relieve county governments in New York of a $2.3 billion unfunded mandate forced onto county taxpayers by the Governor of New York and will substantially reduce the tax burdens of property owners across New York State. This one provision of the American Health Care Act will save taxpayers in the eight counties that I represent over $470 million a year.

This is a game-changer for local New York governments and restores a fundamental tenet of representative democracies that the level of government that makes the decision about spending should be responsible for raising those funds. I am proud to stand up for western New Yorkers whose voices have been silenced for too long, and I am proud to vote for the freedom, fiscal responsibility, and local decision-making this bill guarantees.

Mr. Speaker, I urge all my colleagues to do the same.

Mr. PALLONE. Mr. Speaker, I remind my colleague from New York that his vote for this bill will take away protections for 3,031,000 people in New York with preexisting conditions.

Mr. Speaker, I yield 1½ minutes to the gentlewoman from New York (Ms. CLARKE).

Ms. CLARKE of New York. Mr. Speaker, I rise today in strong opposition to the American Health Care Act. This dangerous and destructive bill leaves 24 million Americans without coverage. It will cause the uninsured rate for my district in Brooklyn, New York, to skyrocket to over 12 percent and leaves over 400,000 Brooklynites in my district without coverage.

Because of the severe cuts to Medicaid, this bill will also put people in the terrible position of having to choose between being able to eat, being able to obtain life-sustaining medication, or visiting their doctor.

Which one do you, Mr. Speaker, suggest they choose?

For most Americans, Medicaid benefits are not the end goal but, rather, provide temporary support. For seniors, Medicaid can mean the difference between nursing home care and dying alone.

I urge my colleagues to consider the harmful and deadly real-life impact of this legislation, and I vehemently oppose it. I ask that we resist this cynical reverse Robin Hood sham that takes from the poor and gives to the rich.

As President Lincoln said: ''You can fool some of the people all of the time, and all of the people some of the time, but you can't fool all of the people all of the time.'' This is a sham, and we need to vote it down.

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. DUNN), who is a very valuable Member of Congress and a fellow physician.

Mr. DUNN. Mr. Speaker, I rise today, once again, in support of the American Health Care Act. I do this as a doctor for the good of my patients. We are here today to repeal ObamaCare, to take healthcare decisions away from Washington bureaucrats and give them back to the people.

The American Health Care Act will create a patient-centered system that will lower the cost of health care and serve patients. This act eliminates ObamaCare's taxes, subsidies, and mandates. It defunds Planned Parenthood. It puts Medicaid on a budget, and it is the largest entitlement reform in a generation.

Without Washington mandates driving up costs and limiting access to care, Americans will have the freedom to obtain quality healthcare plans that fit their needs at a cost they can afford.

All this talk about preexisting conditions, this bill provides guaranteed issuance.

Let's not break our promise on repealing ObamaCare. Let's be true to our word. We owe it to the people who sent us here.

I support the American Health Care Act, Mr. Speaker, and I urge all Members to do the same.

Mr. PALLONE. Mr. Speaker, I remind my colleague from Florida that his vote for this bill could increase premiums for people with asthma in Florida by $4,090 per year.

Mr. Speaker, I yield 1½ minutes to the gentleman from Massachusetts (Mr. KENNEDY).

Mr. KENNEDY. Mr. Speaker, what this legislation does on the surface is very clear: it makes health care more expensive. The more you need it—the sicker or older or poorer you are—the further out of reach it will be. That is why doctors, hospitals, nurses, the mental health community, and patients have spoken out, and spoken out against this bill.

But this bill doesn't just cut coverage and hike premiums all for a tax cut for the wealthy. It codifies a worldview by this administration that is dead set on dividing America along the lines of the god of your prayers, whom you love, where you come from, and your fate and fortune. We see it in their tax plan, in their budget cuts, in immigration policy, and now in health care, a worldview that scapegoats the struggling and the suffering, that sees fault in illness, and that rejects the most basic universal truth of the human existence, which is that every single one of us one day will be brought to our knees by a diagnosis we didn't expect, a phone call we can't imagine, and a loss we cannot endure.

So we take care of each other because, but for the grace of God, there go I one day, and we hope we will be shown that mercy, too. It is the ultimate test of the character of this country confronting our Chamber today: not the power we give the strong, but the strength with which we embrace the weak.

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

The SPEAKER pro tempore. The gentleman from Texas has 13¾ minutes remaining. The gentleman from New Jersey has 11¼ minutes remaining.

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Virginia (Mr. GRIFFITH), who is a valuable member of the Energy and Commerce Committee.

Mr. GRIFFITH. Mr. Speaker, this bill guarantees access for all. And when I say ''access,'' let me be clear: it is access for all.

When you have insurance companies that are pulling out—today we learned Aetna is pulling out of Virginia—and when you have counties across these United States that no longer have anyone who is willing to provide the ObamaCare insurance, that is not access;

When you have a situation where somebody comes up to you at the local county fair and says, ''You have got to get me out of ObamaCare. It is killing me. It is killing our family's finances because we have such a high deductible, because we have such a high copay, and my husband is very sick,'' he may have a piece of paper, Mr. Speaker, he may have a piece of paper, but it is not really health insurance when you can't really use it without having to sell off what little assets you may have or worry about whether or not you can afford to have a roof over your head any longer.

This is not working. ObamaCare is not working. This bill will bring some sanity back to the system. It will take us a couple of years, but the rates of insurance will, in fact, come down.

This business that we keep hearing that all these people are going to be without availability of insurance, it is just fake news. It is not true. This bill does everything that people want it to do, but it gives them choices—not mandates from the Federal Government, but choices—about their health care.

I have been interested to hear some people saying that you all are just ramming this through because the bill wasn't posted until last night. What wasn't posted until last night was the Long-Upton amendment, or the Upton-Long amendment. It is two pages. I invite my colleagues on the other side of the aisle to read it. The McSally bill is a page and a quarter. The MacArthur amendment, which has been out for over a week, is about 8 pages. They could have read it while we have been standing here debating this bill.

But they don't choose to read the bill, they don't choose to learn the facts, and they don't choose to tell the American people the truth. They want to scare the American people to make them believe that this is a bad bill.

This is a good bill, and I urge everyone to vote ''yes.''

Mr. PALLONE. Mr. Speaker, I remind my colleague from Virginia that his vote for the healthcare bill will take away protections for 1,344,000 people with preexisting conditions in Virginia.

Mr. Speaker, I yield 1½ minutes to the gentleman from California (Mr. PETERS).

Mr. PETERS. Mr. Speaker, I have seen this bill every step of the way over the short month we have considered it. I was there for the 26-hour meeting we had at the Energy and Commerce Committee. We didn't have an analysis from the Congressional Budget Office then either. If you want to accuse us of not wanting to know the facts, that is something that is very basic to know. We would like to have that here. Here we are again on the floor without that analysis.

Through all of that time, the sad thing is that we have not heard one real argument for how this bill would make health care more affordable and accessible for families in my district in San Diego or anywhere in the country.

Now, the healthcare system isn't perfect. There are problems with some insurance markets because they are not providing the choice they should. So let's fix them. But that is not what we are doing. What we are doing is we are on the cusp of passing a bill that is opposed by doctors, nurses, hospitals, patients, seniors, and just about everybody because it would make the problems in our healthcare system worse, not better.

This is a bill that, if it were to become law, would rip health insurance coverage away from at least 24 million Americans. That is the Congressional Budget Office. That is not fake news. That is the truth.

The bill would leave many Americans with preexisting conditions with premiums they can't afford or without any coverage at all.

Today's votes take us one step closer to a system where families go bankrupt over an unexpected illness and our emergency rooms are filled with mothers once again seeking basic care for their children.

I refuse to accept that is the best we can do for the American people, and I am voting ''no.''

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Tennessee (Mr. ROE), who is a fellow physician and the chairman of the House Veterans' Affairs Committee.

Mr. ROE of Tennessee. Mr. Speaker, the American Health Care Act in no way changes the existing regulations that allow a veteran who is eligible but not enrolled in the Department of Veterans Affairs' healthcare system from using a tax credit to purchase health insurance. Language that would have codified that legislation into law was removed from an earlier version of the bill to comply with Senate rules.

□ 1200

Removing language in no way changes that existing regulation or a veteran's eligibility to receive a tax credit. By the way, that is the exact same language that was in the ACA. I repeat that: the American Health Care Act in no way affects a veteran's ability to access tax credits.

I am disturbed that our colleagues in the minority, Mr. Speaker, would assert that it does, in an effort to score political points against this legislation. Fear-mongering has no place in this debate or where America's veterans are concerned.

As chairman of the Veterans' Affairs Committee, as a medical doctor, and as a veteran myself, ensuring that veterans' health care is protected is my highest priority in this Congress, and I would not stand for language in this bill or any other bill that would compromise a veteran's ability to access care.

Mr. PALLONE. Mr. Speaker, I yield to the gentlewoman from California (Ms. LEE) for the purpose of a unanimous consent request.

(Ms. LEE asked and was given permission to revise and extend her remarks.)

Ms. LEE. Mr. Speaker, I rise to express my opposition to this morally bankrupt bill, and I include in the RECORD a letter of opposition from the National Rural Health Association.

[From the National Rural Health Association]

VOTE NO TO THE AMERICAN HEALTH CARE ACT

The National Rural Health Association urges a NO vote on the American Health Care Act (AHCA).

Rural Americans are older, poorer and sicker than other populations. In fact, a January 2017 CDC report pronounced that life expectancies for rural Americans have declined and the top five chronic diseases are worse in rural America. The AHCA does nothing to improve the health care crisis in rural America, and will lead to poorer rural health outcomes, more uninsured and an increase in the rural hospital closure crisis.

Though some provisions in the modified AHCA bill improve the base bill, NRHA is concerned that the bill still falls woefully short in making health care affordable and accessible to rural Americans. For example, the modified bill contains a decrease in the Medical Expense Deduction threshold from 10% to 5.8% in an attempt to assist Americans between the ages of 50 and 64 who would see their premiums skyrocket under the current plan. However, this deduction is not a credit and therefore would be of little use to low income seniors that are in very low tax brackets or do not pay income tax at all. Additionally, the new amendments to freeze Medicaid expansion enrollment as of Jan. 1, 2018, and reduce the Medicaid per-capita growth rate will disproportionately harm rural Americans.

The AHCA will hurt vulnerable populations in rural Americans, leaving millions of the sickest, most underserved populations in our nation without coverage, and further escalating the rural hospital closure crisis. According to the Wall Street Journal, the ''GOP health plan would hit rural areas hard.

. . . Poor, older Americans would see the largest increase in insurance-coverage costs.'' The LA Times reports ''Americans who swept President Trump to victory—lower-income, older voters in conservative, rural parts of the country—stand to lose the most in federal healthcare aid under a Republican plan to repeal and replace the Affordable Care Act.'' Let's be clear—many provisions in the ACA failed rural America. The lack of plan competition in rural markets, exorbitant premiums, deductibles and co-pays, the co-op collapses, lack of Medicaid expansion, and devastating Medicare cuts to rural providers—all collided to create a health care crisis in rural America. However, it's beyond frustrating that an opportunity to fix these problems is squandered, and instead, a greater health care crisis will be created in rural America.

Congress has long recognized the importance of the rural health care safety net and has steadfastly worked to protect it. And now, much of the protections created to maintain access to care for the 62 million who live in rural America are in jeopardy. We implore Congress to continue its fight to protect rural patients' access to care. Three improvements are critical for rural patients and providers:

1. Medicaid—Though most rural residents are in non-expansion states, a higher proportion of rural residents are covered by Medicaid (21% vs. 16%).

Congress and the states have long recognized that rural is different and thus requires different programs to succeed. Rural payment programs for hospitals and providers are not 'bonus' payments, but rather alternative, cost-effective and targeted payment formulas that maintain access to care for millions of rural patients and financial stability for thousands of rural providers across the country. Any federal health care reform must protect a state's ability to protect its rural safety net providers. The federal government must not abdicate its moral, legal, and financial responsibilities to rural, Medicaid eligible populations by ensuring access to care.

Any federal health care reform proposal must protect access to care in Rural America, and must provide an option to a state to receive an enhanced reimbursement included in a matching rate or a per capita cap, specifically targeted to create stability among rural providers to maintain access to care for rural communities. Enhancements must be equivalent to the cost of providing care for rural safety net providers, a safeguard that ensures the enhanced reimbursement is provided to the safety net provider to allow for continued access to care. Rural safety net providers include, but not limited to, Critical Access Hospitals, Rural Prospective Payment Hospitals, Rural Health Clinics, Indian Health Service providers, and individual rural providers.

2. Market Reform—Forty-one percent of rural marketplace enrollees have only a single option of insurer, representing 70 percent of counties that have only one option. This lack of competition in the marketplace means higher premiums. Rural residents average per month cost exceeds urban ($569.34 for small town rural vs. $415.85 for metropolitan).

Rural Americans are more likely to have obesity, diabetes, cancer, and traumatic injury; they are more likely to participate in high risk health behaviors including smoking, poor diet, physical inactivity, and substance abuse. Rural Americans are more likely to be uninsured or underinsured and less likely to receive employer sponsored health insurance. Rural communities have fewer health care providers for insurers to contract, with to provide an adequate network to serve the community.

Any federal health care reform proposal must address the fact that insurance providers are withdrawing from rural markets. Despite record profit levels, insurance companies are permitted to cherry pick profitable markets for participation and are currently not obliged to provide service to markets with less advantageous risk pools. Demographic realities of the rural population make the market less profitable, and thus less desirable for an insurance company with no incentive to take on such exposure. In the same way that financial service institutions are required to provide services to underserved neighborhoods, profitable insurance companies should be required to provide services in underserved communities.

3. Stop Bad Debt Cuts to Rural Hospitals—Rural hospitals serve more Medicare patients (46% rural vs. 40.9% urban), thus across-the-board Medicare cuts do not have across the board impacts. A goal of the ACA was to have hospital bad debt decrease significantly.

However, because of unaffordable health plans in rural areas, rural patients still cannot afford health care. Bad debt among rural hospitals has actually increased 50% since the ACA was passed. According to MedPAC ''Average Medicare margins are negative, and under current law they are expected to decline in 2016'' has led to 7% gains in median profit margins for urban providers while rural providers have experienced a median loss of 6%.

If Congress does not act, all the decades of efforts to protect rural patients' access to care, could rapidly be undone. The National Rural Health Association implores Congress to act now to protect rural health care across the nation.

Mr. PALLONE. Mr. Speaker, I want to remind my colleague from Tennessee that his vote could increase premiums with breast cancer in Tennessee by $38,550 per year.

Mr. Speaker, I yield 1½ minutes to the gentlewoman from Michigan (Mrs. DINGELL).

Mrs. DINGELL. Mr. Speaker, I rise today in strong opposition to this misguided legislation to repeal the Affordable Care Act.

This vote might be the single most important issue our Congress deals with. It literally means life or death for too many people in our country.

What we vote on today is ultimately a reflection of our values as a nation. I believe that we have a moral responsibility to take care of the most vulnerable among us. The nuns taught me that. The Bible teaches us that. They are the sick, the poor, the elderly. This dangerous bill does nothing to protect them. In fact, it will do more harm to our most vulnerable.

There are 129 million Americans who suffer from a preexisting condition. They are our neighbors, our friends, and, for some, our family. They are the people attending their townhall meetings.

For me, I am a caregiver. I spend more time at the hospital and with the doctors than I want to. Person after person comes up to me and tells me their story and begs me not to lose their insurance. Healthy Michigan let them go to the doctor for the first time.

The Affordable Care Act made a guarantee that someone with a preexisting condition could not be charged more than healthy people and that coverage would be available to all.

Please vote against this shameful bill.

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentlewoman from Tennessee (Mrs. BLACK), the chairman of the Budget Committee.

Mrs. BLACK. Mr. Speaker, I am always amazed when I start hearing conversations about the Affordable Care Act and how it is working so well today.

I want to talk about two situations in my home State of Tennessee.

When the Affordable Care Act went into place in the State of Tennessee, we had a risk pool. The risk pool covered about 28,000 people. They were happy with their care, they were happy with their providers, and they were happy with the cost. It was patient centered. They determined what best fit their needs. These were people with preexisting conditions, happy with where they were.

In 1 day, because the Federal Government said, You don't meet this and you don't meet that and you don't meet this, they lost their insurance. They were in the marketplace.

I want to tell you about two situations that are very close to me, but they only represent a number of the many calls that I get in my office.

One is a good friend of mine who has lupus. She went on the marketplace. For the first year, she did pretty good. Her premiums were pretty low; her deductible was reasonable. But here is what she found: she couldn't keep her doctor.

Can you imagine someone who has had lupus for a number of years, it is being controlled, and now she is told she cannot keep her doctor? She had to find other doctors. She was not happy with that because she had a relationship. They didn't use the same treatment and care that she had received before. So she has not felt very healthy.

In the meantime, every year that it is renewed, she calls me to say: My premiums have gone up, my deductibles have gone up, and now it is more than what I was paying before when I liked what I had and I couldn't keep it, opposite of what the President told everyone: If you like what you have, you can keep it.

The second one is someone who has myasthenia gravis. Again, on that same risk pool. She lost her opportunity to get the medication that she was receiving, an IV medication. She has myasthenia gravis. She was very controlled, able to work, living a healthy lifestyle.

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

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

Mrs. BLACK. She lost her opportunity to have that medication because that medication was $400 a month, now

it is $3,400 month, and no longer can she get her medication.

When the other side talks about how wonderful this system is, I implore them to come to our State and talk to the people in our State.

I am a registered nurse. I know what it is like to take care of people who have healthcare conditions who need to be in a risk pool. But let's do it the right way. Let's give it to our States. Let's allow this now to be used in a way that is patient-centered, the way it was working in my home State of Tennessee.

Mr. Speaker, I support this bill, and I am looking forward to the vote later on this afternoon.

Mr. PALLONE. Mr. Speaker, I remind my colleague from Tennessee that her vote will take away protections for 1.265 million in her State with preexisting conditions.

Mr. Speaker, I yield 45 seconds to the gentleman from Maryland (Mr. SARBANES).

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

Mr. Speaker, President Trump and the Republicans are looking for a win. They want to put points on the scoreboard. But why would you want to win by taking healthcare coverage away from 24 million Americans? Why would you consider it a victory to raise premiums and copayments and deductibles on millions of Americans, including millions of older Americans? Why would you view it as a success to eliminate protections for preexisting conditions?

If I could vote against this bill 100 times, I would do it. If I could vote against it 1,000 times for the thousands of my constituents that will be hurt by this bill, I would.

It is wrong, it is immoral, and it is inhumane.

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Kentucky (Mr. GUTHRIE), the vice chairman of the Health Subcommittee on the Energy and Commerce Committee.

Mr. GUTHRIE. Mr. Speaker, I thank the chairman for yielding.

Mr. Speaker, what I want to talk about is what is underlying in this bill in the traditional reform in Medicaid.

Medicaid currently costs State and Federal Governments $600 billion. It is estimated in 10 years—a decade—to cost a trillion dollars. It is a system that is set up to implode on itself.

So we want to fix the problem before we get to the critical point where it is going to implode. Let's fix it now, and let's make it right.

What we do is allow States to have the same money they had in 2016—the exact same money—with growth. The growth would be the CPI, medical, and, in some categories, plus one. They also have growth in demographics. We have some people who retire to other States. They have a concern. What if I am from a State where somebody lives in an area and then they move to my State when they are older and typically cost more in the Medicaid system? We adjust for that. It is in the per capita allotment. As they move, they would transfer. It is not a traditional block grant, unless the State chooses to do so.

We are here reforming an entitlement program for the first time since the 1990s. It is a very sound, solid way, and a way that preserves and protects the program and prevents the program from imploding on itself within a decade.

Mr. PALLONE. Mr. Speaker, I remind my colleague from Kentucky that his vote for the healthcare bill will take away protections for 881,000 people with preexisting conditions in Kentucky.

Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. RUIZ).

Mr. RUIZ. Mr. Speaker, this bill is worse than a sham. This bill is worse than a sugar pill. This bill is downright ugly. It is poison. As an emergency medicine doctor, I urge you to do no harm. I urge everybody to do no harm.

Let's be clear: a vote for this bill is a vote for 24 million people to lose their insurance. A vote for this bill is to add an age tax to those 55 years old and older. A vote for this bill is raise out-of-pocket costs for everyone, with less coverage. A vote for this bill is to take away guarantees for emergency care, medicine, mental health, and maternity care. A vote for this bill is to allow private health insurance companies to drop patients who have a preexisting illness.

How, you may ask? Let's say I see a patient with diabetes who doesn't have health insurance. A private health insurance company can say: No, we are not going to cover you. Why don't you go to the high-risk, high-cost State insurance pool that is way too expensive, with no guarantees that they will cover what they need. Therefore, they won't be able to afford it. They won't have coverage. They are going to go into financial ruin. All of this is in order to give $6 billion in tax cuts to the wealthiest.

I urge everybody to vote ''no.''

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

Mr. WALDEN. Mr. Speaker, I thank our colleagues who have worked so hard on this legislation to try and rescue these failing insurance markets.

We learned yesterday, I think most of Iowa now will not have a single insurer left on the exchanges. If you are one of the people out there in the one-out-of-three counties where people only have one option for insurance, what we are trying to do here is fix this market so you actually have insurance to cover you.

We believe that in going forward with this piece of legislation not only do we give more flexibility to States to innovate, they care about the people in their States. I know my home State of Oregon does. Yet they are facing a shortfall right now that this legislation would provide over $320 million to help fill.

One of their proposals is to kick 350,000 people off of Medicaid. This would help fill the gap: $320 million in the next 2 years to fill an $882 million shortfall they have.

But this is a problem across the country. What we are trying to do here is reform ObamaCare, the Affordable Care Act, in a way that will work going into the future. Otherwise, people are going to be left with not only enormous rate increases in the premiums, but also you have seen an explosion in the cost of what they have to pay out of pocket.

I have had people in my district say: Look, I am outside of that area where I get a subsidy, and I am paying full price. Our premiums have gone up 50 percent in the last 2 years. My options have gone down from four or five to maybe one or two, maybe three, and it is getting worse. They are threatening to pull out. My out-of-pocket costs are now so high, I am paying for something I can't even afford to use.

We are trying to fix and rescue this market and bring people in.

You hear all these numbers State by State. I am not buying into that at all. They don't understand what our bill does. We are giving States authority, we are giving protections for people, and we are going to get this straightened out once and for all so that we have an insurance market that works, but, more importantly, that we have a healthcare system that people can afford and that we can get quality health care when they see a doctor, between them and their doctor, without a bureaucrat in between.

Mr. PALLONE. Mr. Speaker, I yield to the gentlewoman from Michigan (Mrs. LAWRENCE) for the purpose of a unanimous consent request.

(Mrs. LAWRENCE asked and was given permission to revise and extend her remarks.)

Mrs. LAWRENCE. Mr. Speaker, I rise today to express my opposition to this horrible bill, and I include in the RECORD a letter in opposition from the Children's Hospital Association.

CHILDREN'S HOSPITAL ASSOCIATION,
Washington, DC, March 15, 2017.

Hon. ORRIN HATCH,
Chairman, Committee on Finance, U.S. Senate, Washington, DC.

Hon. RON WYDEN,
Ranking Member, Committee on Finance, U.S. Senate, Washington, DC.

Hon. GREG WALDEN,
Chairman, Committee on Energy and Commerce, House of Representatives, Washington, DC.

Hon. FRANK PALLONE,
Ranking Member, Committee on Energy and Commerce, House of Representatives, Washington, DC.

DEAR CHAIRMEN HATCH AND WALDEN: On behalf of our nation's children's hospitals and the patients and families they serve, we believe the American Health Care Act (AHCA) in its current form is a setback to child health on a national level. Over 30 million children receive their health care coverage through Medicaid. The legislation as written

cuts the budget, coverage, and benefits for the care for children, many of whom have significant health care needs, including children with disabilities.

Children's hospitals have identified several provisions in the AHCA that create serious concerns about the bill as passed by the House Energy and Commerce Committee. Foremost among these concerns is that the bill would cut the health care budget for children by converting the Medicaid program to a per-capita cap system beginning in 2020. This limits future funding for the states and risks significant reductions in the Medicaid budgets providing care for over 30 million children. The current Medicaid entitlement financing structure allows for greater certainty for children in the Medicaid program and shifting to a capped environment risks undermining the current health care available to children.

We are alarmed children's health care financing is not considered and protected in the AHCA, and that children are exposed to equal funding risk in the Congressional Budget Office (CBO) estimates that AHCA will reduce overall Medicaid funding by $880 billion or 25%. Medicaid is the largest payer for children's health care in the nation and cuts of this magnitude will have a severe negative impact on children's health care. There are also discrete program changes envisioned in the AHCA posing detrimental effects to children's access to health care. Eligibility policy changes in the bill risk reducing or delaying access to Medicaid coverage. We are concerned by CBO's projections that Medicaid enrollment will substantially decrease under the AHCA and the absence of information on the impact on children specifically suggests that additional examination of these issues is needed.

We support maintaining Medicaid as an entitlement for children as well as retaining essential elements of the program. Every child in America should have access to high quality health care and Medicaid is critical to this aim. Research shows providing Medicaid coverage for children is a smart investment for the nation, resulting in better health outcomes for children into their adult lives and bringing long-term returns for the country.

Children's hospitals cannot support any bill that does not safeguard funding, coverage and benefits for children. With respect to the AHCA, we call on lawmakers to protect kids and recommend, at a minimum, the following:

We must not cut funding for children's care under a per capita cap. Children are already funded at the lowest per beneficiary levels, and ensuring sufficient funding for children's health care into the future is absolutely essential. Accomplishing this under the current proposal requires clear identification of spending for all children, including those eligible based on disability, and exempting funds spent on children from a ''claw back'' on any spending that exceeds per capita cap target expenditures. We believe spending on all children should be protected from recoupment in the following year. This is critical to ensuring states do not have incentives to restrict children's access to medically necessary care.

Ensure all funding for children, including blind and disabled children, is clearly identified. Accurate information on Medicaid spending is vital to evaluating the program's effectiveness for children and holding states accountable for the delivery of services. We believe all children, including blind and disabled children, should be included in a single children's 1903A enrollee category and the per capita cap for children should be adjusted accordingly to reflect the higher expenses of children with disabilities. Children are a separate and distinct population from adults. Funding dedicated to children must be identifiable, allowing for an accurate picture of the federal and state investment in kids. This is an important part of ensuring accountability and the availability of sufficient resources to address children's health care needs. We believe it is important to consider protections preventing diversion of resources specifically intended for children. As we work with state governments to innovate and improve care delivery, the nation's pediatric providers are in a better position to help states achieve their goals if all kids are in a common eligibility category.

Continue requirements that all children receive pediatric-specific benefits providing medically necessary care determined by their physicians. The current Medicaid structure includes important protections for all children and ensures they have access to medically-necessary care. It is essential that Congress includes language guaranteeing continued access to pediatric-specific services provided under the Early and Periodic Screening Diagnostic and Treatment (EPSDT) benefit.

Maintain Medicaid coverage levels for children and protect them from potential loss of coverage or delays in eligibility. Changes to eligibility, such as ending hospitals' ability to make presumptive eligibility determinations, limiting retroactive coverage, or reducing children's Medicaid mandatory eligibility levels, directly risk children's coverage and should not be included.

Remove the provision in the bill eliminating hospital presumptive eligibility authority. Hospital presumptive eligibility authority allows hospitals to temporarily enroll children, pregnant women, and other individuals in Medicaid until their full enrollment determination can be made. This means earlier access to needed care for Medicaid eligible children.

Remove the provision in the bill repealing the ability of states to provide retroactive eligibility up to three months prior to the month of application, as allowed under current law. Ensuring retroactive coverage of benefits under Medicaid is very important for children, especially children with complex medical conditions. Without this provision, it will be challenging for families who incur high levels of expense prior to their Medicaid-eligible child being enrolled in the program.

Remove the provision in the bill reducing mandatory eligibility levels for children age 6–18 from 133 percent of federal poverty level (FPL) to 100 percent of FPL. All other children are required to be covered by Medicaid up to 133 percent of the FPL.

Thank you again for the opportunity to provide comment on this legislation. We look forward to working with you in this Congress to at least maintain the benefits children have today, and to hopefully strengthen health care for children into the future.

Very best regards,

MARK WIETECHA,
President and CEO,
Children's Hospital Association.

Mr. PALLONE. Mr. Speaker, I remind the chairman that his vote for the healthcare bill will take away protections for 654,000 people with preexisting conditions in Oregon.

Mr. Speaker, I yield 1 minute to the gentlewoman from Washington (Ms. JAYAPAL).

Ms. JAYAPAL. Mr. Speaker, I thank the gentleman for leading and for his leadership.

Mr. Speaker, let's be very clear about where we are with TrumpCare 2.0.

This bill still strips 24 million Americans of health care, cuts $880 billion from Medicaid, and increases premiums for the majority of Americans. It still has an age tax if you are 50 to 64 years old, and cuts maternity care and coverage for substance abuse disorders.

It still gives $1 trillion in tax cuts to the wealthiest millionaires, billionaires, and corporations on the backs of working people who will pay more and get less.

TrumpCare 2.0 adds insult to injury because my Republican colleagues would like you to believe that they are going to cover preexisting conditions. That is just not true.

American people, be clear: this will not cover preexisting conditions, and 133 million Americans with those preexisting conditions will suffer. There are kids like James Kish, an 8-year-old in my district who has a brain tumor and literally stands to die if this bill passes.

Mr. Speaker, hundreds across this country are calling our offices and weeping. We should all weep that this bill is coming to the floor. We should vote ''no.''

□ 1215

Mr. BURGESS. Mr. Speaker, I yield 20 seconds to the gentleman from Oregon.

Mr. WALDEN. Mr. Speaker, I have to say that the information that we are being told, even The New York Times has characterized some of it as being misleading, and it is. When you say Oregonians are going to suddenly be thrown out, that is not true on preexisting conditions because there is no waiver request. You are just making that stuff up. I dispute it. It is misleading. It is wrong. It is fearmongering, and I am sorry it is happening on this floor.

Mr. PALLONE. Mr. Speaker, I just want to remind my chairman that he represents more people on Medicaid expansion than any Republican in the country, and this bill ends Medicaid expansion.

Mr. Speaker, I yield 1 minute to the gentlewoman from Ohio (Ms. KAPTUR).

Ms. KAPTUR. Mr. Speaker, TrumpCare is another false promise. Actually, it is musical chairs. Millions of Americans will be left out and priced out, especially the sick, the old, the pregnant, and the mentally ill. Health insurance means life or death.

In this concoction, who is eligible? How much will it cost? Who will be left out?

There is no budget score from the Congressional Budget Office. Republicans aren't guaranteeing affordable coverage. Everybody knows even a one-word change in your insurance policy can make a gigantic difference in your coverage.

Why not give Americans a chance to calculate the bill's true cost and how it will impact them?

As a result of the Affordable Care Act, 1 million Ohioans now have health

insurance who didn't have it before. Here we are at the end of our long voting week with a major proposal that will rip away the health insurance benefits or make them unaffordable for millions of Americans. Musical chairs is not the way to run the people's House nor the life-and-death affairs of a great nation. TrumpCare sets up a cruel game of musical chairs. Shame, shame, shame.

Mr. BURGESS. Mr. Speaker, I yield 1 minute to the gentleman from Kentucky (Mr. GUTHRIE), the vice chairman of the Subcommittee on Health.

Mr. GUTHRIE. Mr. Speaker, I am surprised that my friends on the other side are defending the ObamaCare age tax, which is a tax on young people. I am the right demographic for it.

This is how it works: people from age 26 to 34 pay more so people from age 50 to 64 pay less.

Think about this: I am 53. In 3 years, I will be 56, my daughter will be 26. What I am asking her to do and what we are asking her to do if we don't repeal this is, as you are wanting to buy a house, get married—she got married—buy a house, start a family, get her family moving forward, we are going to say: But we want you to pay more for your health care so I can pay less.

That is what they are doing. They are having parents have their children pay more so they can pay less. With all of us, I think we want our children, as they start their families, start their life, to have more breaks, not put another burden on them.

I defend the fact that we are giving tax relief to young people, for people from age 26 to 34, who can least afford the premiums that we are putting on them.

Mr. PALLONE. Mr. Speaker, may I inquire as to the time that remains on both sides?

The SPEAKER pro tempore. The gentleman from New Jersey has 2¾ minutes remaining. The gentleman from Texas has 3 minutes remaining.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentleman from Rhode Island (Mr. CICILLINE).

Mr. CICILLINE. Mr. Speaker, this is the cruelest and most immoral thing I have seen the Republican Party do to the American people. Tens of thousands of Americans will die if this bill passes. That is a fact. Republicans have been deceiving the American people for the last 8 years. They don't care about working people, and this bill proves it. They care about insurance companies and drug companies that fund their campaigns. They care about the millionaires and billionaires who get huge tax cuts in this bill. Don't try to tell me that they care about factory and construction workers who will be hurt by this bill. Don't try to tell me that they care about single moms who won't be able to put food on the table after you pass this bill. Don't try to tell me that they care about cancer survivors who are going to pay $140,000 more for health insurance.

I don't know how anyone can look their constituents in the eye if they vote for this bill. Shame on you if you do. If you vote for this bill, there will come a day when you will have to answer for your vote, when you will have to look a friend, a family member in the eye, someone who is sick or dying, and say: I did this to you.

Don't do it. Vote ''no.''

The SPEAKER pro tempore. Members are reminded once again to direct their remarks to the Chair.

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from South Carolina (Mr. RICE).

Mr. RICE of South Carolina. Mr. Speaker, I stand in support of the American people today who are being dragged down by this failing disaster called ObamaCare. Since I first got to Congress, I have consistently heard from people across the Seventh District of South Carolina who have been negatively affected by ObamaCare.

We were told: If you like your plan, you could keep it.

We were told: Your premiums would go down by $2,500 per family.

We were told it would provide more choice. But what we have seen is exactly the opposite. 232,000 South Carolinians' plans were canceled, premiums have increased by double digits every year and are up by 28 percent this year. There is only one insurer left in South Carolina, and they are threatening to pull out. The law is failing miserably and getting worse.

This bill repeals harmful ObamaCare taxes across the board that drove up healthcare costs and transitions health care to a more competitive, patient-centered insurance market. There are still fixes that need to be made to further improve health care, but this is a dramatic move forward from where we are today and the first step in moving America's health care from an unsustainable system to a sustainable one.

Mr. PALLONE. Mr. Speaker, I remind my colleague from South Carolina that his vote for the healthcare bill will take away protections for 822,000 people with preexisting conditions in South Carolina.

Mr. Speaker, I yield 45 seconds to the gentlewoman from Florida (Ms. WASSERMAN SCHULTZ).

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I rise today to condemn this abhorrent legislation that will rip away protections from millions of Americans. I am a breast cancer survivor. President Trump and our Republican colleagues promised Americans like me that we would not be discriminated against based on our preexisting conditions.

I am not sure if any Republicans actually know what it is like to live every single day of your life waiting for the other shoe to drop, but with this bill, you yank that peace of mind that we have with the Affordable Care Act out from under us.

This bill would allow States to segregate sick people into separate, inferior coverage and leave individuals exposed to catastrophic health costs, benefit exclusions, and waiting lists. High-risk pools spin sick people into a death spiral. Premiums go ever higher and coverage is spotty.

I can only hope that my colleagues come to their senses before inevitably handing so many Americans a death sentence. Make no mistake, people will die as a result of this bill.

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

The SPEAKER pro tempore. The gentleman from Texas has 1½ minutes remaining. The gentleman from New Jersey has ¾ minute remaining.

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

I do want to take a minute today to thank the superior team we have in the House Legislative Counsel. They have put in many man hours and woman hours to draft this bill that is being considered here in the House today. Specifically I want to thank Ed Grossman, Jessica Shapiro, Michelle Vanek, and Jesse Cross for their devotion to the people of the United States in helping us draft this legislation.

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

Mr. PALLONE. Mr. Speaker, I yield my remaining time to the gentlewoman from Illinois (Ms. KELLY).

Ms. KELLY of Illinois. Mr. Speaker, how tragic it is that before House Republicans skip town, they will steal from Medicare, pass an age tax on older Americans, say that children with autism are a preexisting condition, and tell folks: If you have diabetes, you are paying $5,600 more.

This morning, I heard from many hospitals, doctors, and nurses across Illinois. They know what families need to be taken care of and to be healthy. They do not believe that stripping 24 million Americans of their health insurance is in the best interests of our national health.

To my eight Illinois colleagues on the Republican side of the aisle, if you vote ''yes'' on this bill, the eight of you own its aftermath in our State; you own the 47,000 jobs that you will kill; you own the health of the million-plus Illinoisans who will be stripped of their health insurance.

Let's kill this horrific bill and work together to make health insurance affordable and accessible for all.

The SPEAKER pro tempore. The Chair again reminds Members to direct their remarks to the Chair.

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

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

Mr. Speaker, we are here today to correct a technical problem that exists with trying to draft to Senate rules with the House legislation. Recognizing the problem, the gentlewoman from Arizona (Ms. MCSALLY) has introduced a straightforward and practical bill to fix the problem. It is a simple 2-page bill that, when the American

Health Care Act becomes law, Members of Congress and congressional staff will be treated the same way as every other citizen. That is only right, and it is only proper.

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

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

Pursuant to House Resolution 308, the previous question is ordered on the bill.

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.

Mr. BURGESS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

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

FURTHER MESSAGE FROM THE SENATE

A further message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed with an amendment in which the concurrence of the House is requested, a bill of the House of the following title:

H.R. 534. An act to require the Secretary of State to take such actions as may be necessary for the United States to rejoin the Bureau of International Expositions, and for other purposes.

AMERICAN HEALTH CARE ACT OF 2017

The SPEAKER pro tempore. Pursuant to clause 1(c) of rule XIX, further consideration of the bill (H.R. 1628) to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, as amended, will now resume.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 308, the further amendments printed in House Report 115–109 are considered as adopted.

When consideration was postponed on Friday, March 24, 2017, 41¾ minutes of the debate remained on the bill.

The gentlewoman from Tennessee (Mrs. BLACK) has 19½ minutes remaining. The gentleman from Virginia (Mr. SCOTT) has 22¼ minutes remaining.

The Chair recognizes the gentlewoman from Tennessee.

GENERAL LEAVE

Mrs. BLACK. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks on H.R. 1628, the American Health Care Act of 2017.

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

There was no objection.

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

Mr. Speaker, I rise today in favor of the American Health Care Act, a bill that repeals the worst parts of ObamaCare and begins to repair the damage it has caused. This bill brings choice and competition back into the healthcare marketplace and puts healthcare decisions back into the hands of patients and doctors where it belongs.

It has been a winding road to get to this point, but we are here today to fulfill the promise that we made to the American people. I will point out right now to those who say we should have just moved on from healthcare reform, American families and individuals are suffering from rising costs and barriers to getting the care that they need right now.

Under ObamaCare, the situation is getting worse every day. In Iowa, just yesterday, one of the last remaining insurers announced that it will pull out of the ObamaCare exchanges, leaving nearly all of the State's residents with no—and, yes, I will say again, nearly all of the residents with no available health insurance plan for the purchase under ObamaCare.

□ 1230

And in a few of the Iowa counties which are the remaining insurers, even that company is saying it might stop offering plans, leaving the entire State without an insurance plan available under ObamaCare. That is happening this very week. We can't wait a moment longer than necessary to provide relief for the American people by repealing and replacing ObamaCare.

I applaud the Members of this body who stuck with us during this process and worked hard to make the bill better. I, myself, had concerns about the bill as it was introduced. I worked hard to make sure that the bill truly reflected my ideals and the views and desires of my constituents. And when the bill came before the Budget Committee, which I chair, I urged my members to stay in the fight and work to improve the bill rather than stop it in its tracks.

And do you know what? Our members did just that, making some recommendations that were eventually included in the various amendments. That message was heard loud and clear by all of the members of our Conference who have worked tirelessly to finalize a bill that truly reflects our vision for healthcare reform.

Throughout this process, our commitment to undoing the damage done by ObamaCare has remained steadfast. Day after day, my constituents call my office begging us to do something to save them from ObamaCare, and it is because ObamaCare is collapsing.

In my State of Tennessee, families are suffering. Premiums have increased by 60 percent, while deductibles are so high that, even if someone has an insurance card, it doesn't mean they have guaranteed care.

There are parts of my State in Tennessee that don't have a single insurance provider in the marketplace, and two-thirds of the counties have only one provider. That is not competition. That is called a monopoly.

While no legislation is perfect, this bill makes some important changes to help American families get quality, affordable health insurance: It zeros out the mandates, it repeals the taxes, and it repeals the subsidies; it allows people to choose health insurance plans to meet the unique needs of their families instead of purchasing a one-size-fits-all plan mandated by a Washington bureaucrat; and it modernizes Medicaid, a once-in-a-lifetime entitlement reform.

Ending Medicaid's open-ended funding structure will play an important role in addressing our future budget deficits and our growing national debt.

This is a particularly proud moment for me. I was working as a nurse in Nashville in the 1990s when the Clinton administration pushed a single-payer pilot program in Tennessee called TennCare. I saw firsthand the negative impact government-run health care has on patient care. I saw costs rise and the quality of care fall. It inspired me to get involved in public service.

When in 2009 and 2010 I saw those same principles being debated and, eventually, implemented on the national level, I thought my experience in Tennessee could be valuable in the national debate; so, in 2011, I sponsored the first piece of legislation that repealed a part of ObamaCare. Today, we take the largest step yet in rescuing the American people from this damaging, government-run healthcare system.

I, and many other Members of this body, have worked hard to make sure that this bill truly reflects our visions for healthcare reform. I, for one, cannot sit idly by and let this opportunity go to waste. Governing is hard, but our constituents did not elect us to do what is easy. They elected us to do what is right.

I urge my colleagues to join me in voting ''yes'' on the American Health Care Act to rescue the American people from ObamaCare.

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

Mr. SCOTT of Virginia. Mr. Speaker, I yield myself such time as I may consume, and I remind my colleague that her vote for this bill could increase premiums for people with breast cancer in Tennessee by over $38,000.

Mr. Speaker, let's begin with a few facts:

Since the passage of the Affordable Care Act, costs have gone up at the lowest rate in 50 years;

Those with preexisting conditions get insurance at the standard rate;

Instead of millions of people losing their insurance every year, 20 million more people have insurance;

Personal bankruptcies are down 50 percent.

Still, all we hear are complaints, press releases, and promises about something better. But CBO has debunked this proposal by pointing out that 24 million fewer people will have insurance, that costs will go up, and insurance will cover less.

So, whatever you think about the Affordable Care Act, this bill makes things worse—except for millionaires, who get a tax cut.

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

Mrs. BLACK. Mr. Speaker, it is my honor to yield 1½ minutes to the gentleman from Tennessee (Mr. ROE), a physician and the chair of the Veterans' Affairs Committee.

Mr. ROE of Tennessee. Mr. Speaker, 7 years ago, I stood right in this well to debate the ACA, which the premise was to increase access and decrease costs. We all agree with that. But that is not exactly what happened.

In my district, in the State of Tennessee, over one-third of the counties have no place they can buy insurance; and multiple counties in my State, including the third largest, have no access. Premiums have soared over 60 percent. Eighteen of the 23 co-ops went bankrupt, including one in my State, which required people to search for other coverage.

No matter what verbiage you hear, nothing in this bill changes how veterans are treated under the law—nothing. The criticisms are flat-out wrong. I am a veteran, doctor, and chairman of the Veterans' Affairs Committee, and it ain't gonna happen.

In my State, and where I practiced medicine for over 30 years, listen to this: 60 to 70 percent of the uncollectible debt now are people with insurance.

So why do I support this bill?

One, it protects preexisting conditions;

Two, it puts patients ahead of special interests and restores a physician-patient relationship;

Three, it reforms Medicaid so that first-class people don't get second-class care; and

Four, it repeals individual mandates so that 160,000 Tennesseans don't get fined for a product they cannot afford.

Mr. Speaker, this bill isn't perfect, but it is a huge improvement over ObamaCare, and it is worthy of every Member's support.

Mr. SCOTT of Virginia. Mr. Speaker, I remind my colleague that his vote for this bill could take healthcare protections away from over a million people in Tennessee with preexisting conditions.

Mr. Speaker, I yield 1 minute to the gentlewoman from Oregon (Ms. BONAMICI), the vice ranking member of the Committee on Education and the Workforce.

Ms. BONAMICI. Mr. Speaker, today the House is voting on a harmful bill that puts the most vulnerable members of our community at risk. We know that millions will lose coverage. And the Affordable Care Act protects people with preexisting conditions—this bill does not. High-risk pools don't work.

My constituents are scared, and so are people across this country.

Arden from Gearhart, Oregon, wrote to me, distraught, because she and her daughter, Selah, could lose coverage. Arden took the loving step of adopting a child with special needs, and now the support program they rely on is at risk of being terminated by this bill.

This is a critical vote. I implore my colleagues to think about all of the people like Arden and Selah in their communities. Think about the millions across this country who risk losing coverage.

I implore my colleagues to do no harm. Vote ''no'' on this harmful bill.

Mrs. BLACK. Mr. Speaker, I yield 4 minutes to the gentleman from Oregon (Mr. WALDEN), the chair of the Energy and Commerce Committee, who has worked tirelessly on this bill.

Mr. WALDEN. Mr. Speaker, I yield to the gentleman from Florida (Mr. WEBSTER), my colleague, for the purpose of a colloquy.

Mr. WEBSTER of Florida. I thank the chairman for yielding.

I have heard from my Governor, State officials, and providers about the challenges on the ground in Florida and what they are facing. The demographic issues in Florida raise significant challenges for the State of Florida, and it is the Medicaid program.

Particularly, the State Medicaid program and providers face challenges relating to the costs of caring for the most disadvantaged and the elderly in Florida's nursing home program, as well as the rising costs associated with Florida's aging population.

As the process moves forward, Florida's unique challenges must be recognized and accounted for as we reallocate dollars for this important safety net program.

Mr. WALDEN. I thank the gentleman from Florida for not only raising this issue, but being a real partner in this legislation. I met with your Governor as well, who has been very helpful in the discussions.

We believe that accounting for aging demographics of the Medicaid program and broader population is an important factor we must consider to ensure that any Medicaid reform is successfully implemented. I am committed to working with the gentleman from Florida, our colleagues in the Senate, and the Trump administration to ensure Florida's unique challenges related to an aging Medicaid demographic are recognized and accounted for appropriately.

Mr. Speaker, in the remaining part of my time, I would just like to thank my colleagues for their work on this measure.

Making sure that people have access to affordable health care is essential. It is something I would say that we all care about. We all care about family members who have suffered from cancer or other debilitating diseases or afflictions. We are trying to find a place here that works for all Americans, where we have insurance markets that are actually available where you can get an insurance product that works for you that is affordable for you.

We know that today, in America, the insurance market and the individual market—that is a very small segment, 7 percent of insurance in America; that is what we are talking about here today—that that market is collapsing before our eyes. In fact, in Iowa, I think they just announced 94 in 99 counties, people there won't even have an insurance product they can try to purchase on the exchange.

We have met with Governors and we have met with insurers. We have said: What do we need to do to intercede to get this market back to where it works? The proposals contained in our legislation are designed to do exactly that: to get back to where consumers have choices when they are required to buy insurance to take care of their families. Those choices need to be affordable. They are not now, today.

In my own State of Oregon, premiums have gone up 50 percent in the last 2 years. Meanwhile, the number of options that you have to choose from has gone down—and continues to go down. Now, we haven't gone as far as some States where you have either no option in most areas of the State or just one, but how far off is it when insurers are failing, people losing their opportunity to get affordable health insurance?

We take care of the disabled. We take care of the elderly. In fact, we plus-up to medical CPI plus 1 to make sure that we take care of the elderly and the disabled in our Medicaid program.

By the way, that is probably more than most States are spending today.

So we have thought this through carefully. We care about people and their medical condition and their families because we are all in this together as Americans.

I think the bill we have before us today works. It works to take care of those most in need. It works to make sure that the people can get access to insurance.

I will tell you what. It is a first step in a many-step process to also look at families who are dealing with opioid addition and what we can do there. There are efforts at NIH, which we just supported yesterday, to fund medical research so that we can get cures for those who have diseases and other afflictions. We are fully committed to improving health care not only for Americans, but around the globe, through innovation and scientific discovery.

Mr. SCOTT of Virginia. Mr. Speaker, I remind my colleague that his vote for this healthcare bill will take away protections for over 600,000 people in Oregon with preexisting conditions.

Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. TAKANO).

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

Mr. TAKANO. Mr. Speaker, I include in the RECORD a letter from the Consortium for Citizens with Disabilities, which states that this legislation will dramatically cut Medicaid services that are vital to people with disabilities and seniors.

CONSORTIUM FOR CITIZENS WITH DISABILITIES,
April 28, 2017.

DEAR MEMBER OF CONGRESS: The Consortium for Citizens with Disabilities (CCD) is strongly opposed to the amended American Health Care Act. The amended American Health Care Act retains the original bill's proposals to dramatically but Medicaid services that are vital to people with disabilities and seniors through per capita caps, which CCD has opposed. The new amendments—including permitting states to seek waivers from the protections for people with pre-existing conditions and from the requirement to provide essential health benefits—makes the amended AHCA even more harmful to people with disabilities. We urge you to oppose this legislation.

Medicaid provides services and supports that maintain the health, function, independence, and well-being of 10 million enrollees living with disabilities. For many people with disabilities, being able to access timely needed care is a life or death matter. The American Health Care Act changes the way that the Federal Government funds Medicaid—rather than paying states based on the actual costs of healthcare for people in Medicaid, it sets a cap on the amount of federal support, a cap that is totally unrelated to the actual costs of needed care for enrollees. This cap is designed to cut Medicaid, and the bill uses those cuts to pay for unrelated tax cuts. Slashing federal support for Medicaid, which is already a lean program, will force states to cut services and eligibility that put the health and wellbeing of people with disabilities at significant risk.

The newest amendments to the American Health Care Act make the bill even more harmful to people with disabilities. The new amendments would allow states to easily obtain waivers, that would allow them to charge higher premiums to people with preexisting conditions, including people with disabilities. They also would allow states to seek waivers from the Affordable Care Act's requirement to provide essential health benefits, including crucial services for people with disabilities such as mental health and substance use disorder services, prescription drugs, rehabilitative and habilitative services and devices, preventative and wellness services and chronic disease management, and pediatric services. These waivers jeopardize the Affordable Care Act's protections for people with pre-existing conditions, including people with disabilities, and CCD opposes any roll-back of those protections.

The ACA helped millions of people with disabilities and others to gain access to affordable and comprehensive health insurance. The amended American Health Care Act is insufficient to help people with disabilities meet their healthcare needs, and we urge you to oppose the bill should it come to a vote.

Sincerely,

Health Task Force Co-chairs: Bethany Lilly, Bazelon Center for Mental Health Law; Dave Machledt, National Health Law Program; Peter Thomas, Brain Injury Association of America; Julie Ward, The Arc of the United States.

Long Term Services and Supports Co-chairs: Alison Barkoff, Center for Public Representation; Nicole Jorwic, The Arc of the United States; Sarah Meek, Lutheran Services in America Disability Network; Laura Weidner, National Multiple Sclerosis Society.

Mr. TAKANO. Mr. Speaker, there are 7 million veterans who are eligible for VA care but not enrolled at the VA. All of them could be denied access to the tax credits in this bill, and each in this Chamber needs to understand how.

On page 10, line 6 of manager's amendment No. 4, it states that an individual is not eligible for tax credits if they are eligible for care, as defined by U.S. Code 5000A(f)(1)(A). This code specifically includes VA care. So this means that those 7 million veterans who are eligible for VA care, even if they are not enrolled, would not have access to the tax credits in this law.

This is not fear-mongering. This is not hyperbole. This is the text of the bill we are voting on today. This bill jeopardizes health care for up to 7 million veterans, and everyone should oppose it.

□ 1245

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

Mr. SCOTT of Virginia. Mr. Speaker, I yield 3 minutes to the gentleman from Maryland (Mr. HOYER), the Democratic whip.

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

Mr. HOYER. Mr. Speaker, Republicans now control all of our government. Whatever happens to our healthcare system will be their responsibility, including what has already happened since January with the destabilizing of our insurance markets and health plans announcing rate hikes due to uncertainty.

They will be held accountable for what happens. Today, Americans will have an opportunity to see exactly where their Representatives stand. This vote is a simple one. It votes to kick 24 million Americans off of their health insurance coverage. I don't say that; CBO says that, which is perhaps why we don't have a CBO report on the amendment. It includes 7 million people who are covered through their employers.

It is a vote to make coverage unaffordable for one in four Americans with preexisting conditions and ration care through high-risk pools.

It is a vote to impose an age tax on older Americans, some $1,700 to $14,600. That is quite a hike.

It is a vote to force Americans to pay more for less, to raise premiums 24 to 29 percent, on average, over each of the next 2 years. CBO says that, not me.

And no matter how Republicans try to spin it, healthcare advocates from the AMA to AARP, to everybody that follows, have said that it ends protections for those with preexisting conditions.

I repeat: It ends protections for those with preexisting conditions.

I repeat again: It ends protections for those with preexisting conditions.

It takes away essential health benefits, like doctor visits, emergency room visits, and prescription drugs. So this, Mr. Speaker, will be a very instructive vote. It will show the American people if Republicans stand with those who don't want to lose their coverage, some 55 percent now and 75 percent saying fix it, don't repeal it—or if they stand with a President who wants to claim a victory, but doesn't even seem to know what his own TrumpCare bill says.

I recommend, as a political strategist who is concerned about 2018, that you once again withdraw this bill. Instead, we ought to work together to make sure that the Affordable Care Act works for all Americans, and deliver on the promise that President Trump made—and made from that rostrum—when he said that he wanted ''insurance for everybody;'' not kick 24 million off, ''for everybody;'' not make seniors pay more, ''for everybody;'' not to put Medicaid at risk, ''for everybody'' that is ''far less expensive and far better.''

Mr. Speaker, I urge my colleagues: Come to your senses, defeat this bill.

Mrs. BLACK. Mr. Speaker, I would like to remind the other side that if they read the bill, they will see under section 137 it says:

> No limiting access to coverage for individuals with preexisting conditions. Nothing in this act shall be construed as permitting health insurance insurers to limit access to health coverage for individuals with preexisting conditions.

Mr. Speaker, it is my honor to yield 4 minutes to the gentleman from Texas (Mr. BRADY), the chairman of the Ways and Means Committee.

Mr. BRADY of Texas. Mr. Speaker, I first want to thank Chairwoman BLACK for her leadership on this effort, as well as Chairman WALDEN of the Energy and Commerce Committee for incredible work.

As chairman on behalf of the Ways and Means Committee who work alongside you, I am honored to speak in support of the American Health Care Act because it guarantees coverage for those with preexisting illnesses.

It guarantees coverage for those with preexisting illnesses. In fact, this bill takes decisive action to repeal all of the bad parts, all of the damage done by ObamaCare, and begin a thoughtful step-by-step process to deliver a patient-centered healthcare system, not a Washington-centered healthcare system, to the American people.

While ObamaCare has helped some, far more have been hurt by this law. And more ObamaCare failures are piling up every day. Just yesterday, Aetna announced it will exit Virginia's individual health market next year. And it is not just the State's ObamaCare exchanges they are leaving behind. Aetna will not offer any plans next year in the individual market in Virginia.

The same thing is happening in Iowa. And my friends on the Democratic aisle have done nothing to stop this—

nothing. But today, because of this bill, thousands of people will have hope for a new plan to provide the healthcare coverage they need. Millions of Americans throughout the country are facing just terrible options.

People of Texas have been hit particularly hard. Between last year and this year, nine healthcare insurers have exited ObamaCare exchanges in the Lone Star State. No other State saw more insurers leave. For my family, the failures of this law have come to mean some incredibly tough choices. They have had to accept, under ObamaCare, you can't access affordable coverage that is tailored to what they need. They have had to learn how to get by as their monthly health premiums just skyrocket each and every year—bigger than their mortgage payments. They have had to choose between paying out of pocket for the care they need or not getting care at all.

Under ObamaCare, the ability to receive treatment from a doctor you know and who knows you has become a luxury that too many can't afford. Today, with the American Health Care Act, the Republicans propose we have an opportunity to provide immediate relief from this failing law. More than that, we can provide Americans with real choices in health care, not the painful decision they are forced to live with under ObamaCare.

Under the Ways and Means Committee area, this starts by repealing the law's crushing taxes and mandates, and that is where Ways and Means takes action. Under ObamaCare, the individual and employer mandate penalties allow Washington to strong-arm you, to strong-arm Americans into ObamaCare plans you do not want and cannot afford.

Not anymore. Under the Republican plan, we repeal the individual and employer mandate tax penalties so Americans have the freedom to make the healthcare choices that are right for them. Under ObamaCare, over $1 trillion of taxes were imposed on the American people. Under the Republican plan, those taxes are gone that burden American small businesses and families.

Under our plan, we provide increased health savings accounts so Americans can save easier for the out-of-pocket costs that hit them under any health care; and then we create a personal individual tax credit so Americans can buy plans that are right for them, not what is right for government.

Healthcare premiums, they can choose a plan that can go with them from job to job, State to State, home to start a business, or a family, and even into those preretirement years.

Today is about taking on a collapsing ObamaCare and replacing for the American people health care that they want, that they can use, and that they can afford; driven not by what Washington wants, but driven by what American families need in their health care.

Mr. Speaker, I urge the support of this bill.

Mr. SCOTT of Virginia. Mr. Speaker, I remind my colleague that his vote for this bill could take away protections of over 4.5 million people with preexisting conditions in Texas who might have access to coverage, but if they have diabetes, their rates could go up $5,000.

Mr. Speaker, I yield 1 minute to the gentlewoman from North Carolina (Ms. ADAMS).

Ms. ADAMS. Mr. Speaker, I thank the gentleman for yielding.

After his latest failed attempt to roll back the ACA, Speaker RYAN declared to the American people ''ObamaCare is the law of the land.'' Less than 50 days later, PAUL RYAN shamefully is going against his word trying to ram TrumpCare down our throats.

It is an embarrassment that we are wasting taxpayer dollars to again consider TrumpCare—or as I called it ''Trump don't care''—a reckless plan that does nothing to make health care better.

TrumpCare gives the rich and big corporations a $600 billion tax break. It forces families to pay higher premiums and deductions, placing health care out of their reach. TrumpCare forces seniors to pay higher costs and changes Medicare as we know it. It strips essential health benefits and protections for people with preexisting conditions.

What a pitiful display of partisan politics. TrumpCare is so bad, Republicans have exempted themselves from it. They don't want TrumpCare. The medical industry doesn't want TrumpCare. Democrats don't want TrumpCare.

Why don't House Republicans listen?

The people don't want it, and I won't support it.

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

Mr. SCOTT of Virginia. Mr. Speaker, I include in the RECORD a letter from Common Sense Kids Action that explains that: ''This jeopardizes the health and well-being of America's kids and will alarm any parent who understands the importance of health insurance for their children and family.''

COMMON SENSE KIDS ACTION,
April 25, 2017.

Re H.R. 1628—OPPOSE.

Hon. DIANE BLACK,
Chairwoman, House Budget Committee,
House of Representatives, Washington, DC.

DEAR REPRESENTATIVE BLACK: On behalf of the millions of American kids and families who rely on comprehensive, dependable health insurance to stay healthy and to get medical treatment when they need it, we are writing to respectfully express our strong opposition to your bill, H.R. 1628, the American Health Care Act (AHCA). We have added this bill to our Common Sense Legislative Ratings Tool as an ''Against Kids'' bill and will communicate our position to our parent and teacher members.

Common Sense is the nation's leading independent nonprofit organization dedicated to helping kids thrive in a rapidly changing world. We empower parents, teachers, and policymakers by providing unbiased information, trusted advice, and innovative tools to help them harness the power of media and technology as a positive force in all kids' lives. The policy arm, Common Sense Kids Action, is building a movement of parents, teachers, business leaders, and others dedicated to making kids our nation's top priority by supporting policies at the state and federal level that contribute to the building blocks of opportunity for kids. Access to affordable and quality medical care for kids is certainly one of those key building blocks.

Thanks to current law, including the Affordable Care Act, Medicaid, and the Children's Health Insurance Program (CHIP), 95% of young children in the U.S. today have health insurance. That's a remarkable achievement. With health insurance, parents are more likely to seek medical care for themselves and for their children, helping to prevent illnesses from developing and shortening their duration when they occur. However, the AHCA will result in 24 million fewer Americans having coverage, including millions of children. This jeopardizes the health and well-being of America's kids and will alarm any parent who understands the importance of health insurance for their children and family. The Affordable Care Act certainly needs to be fixed, but if Congress has the goal of making sure that all families and businesses have access to affordable and comprehensive health insurance, it could improve the law for everyone without forcing millions of kids and their parents to lose access to critical medical care.

As Congress continues to grapple with this issue, health insurance programs, we think these facts about children's health insurance from the Congressional Budget Office and the Georgetown University Center for Children and Families are important to keep in mind:

Ninety-five percent of children age 0–5 are insured today.

Forty-five million of those children access health care through two programs: about 37 million through Medicaid (a federal-state program) and 8 million through CHIP, the Children's Health Insurance Program.

Children are the single-largest group of persons covered under Medicaid.

Under the Affordable Care Act, as you know, many states expanded Medicaid with help from the federal government, increasing coverage for kids and families, including coverage for mental health care.

Changes being considered, including under the AHCA, would cut funding to Medicaid by as much as $880 billion over the next 10 years.

The AHCA, when compared with current law, would result in 24 million fewer Americans with health insurance by the year 2026.

Even with changes recently suggested to your bill, America's kids will be best served by strengthening the Affordable Care Act and preserving Medicaid and CHIP, not by repealing the Affordable Care Act and block granting or establishing a per capita cap on Medicaid. We urge you to keep our children's future foremost in your thinking, withdraw your bill, and work on a bipartisan basis to support measures that protect and strengthen children's health care. Thank you for your consideration of our views and we would be happy to talk with you at any time about this and other issues that matter to America's children and families.

Sincerely,

DANNY WEISS,
Vice President, Federal Policy,
Common Sense Media/Kids Action.

Mr. SCOTT of Virginia. Mr. Speaker, I yield 1 minute to the gentleman from New York (Mr. JEFFRIES).

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

Mr. JEFFRIES. Mr. Speaker, I include in the RECORD a letter from SEIU, which states:

This legislation will leave millions without health insurance, and decimate the Medicare program.

SEIU,
May 2, 2017.

DEAR REPRESENTATIVE: On behalf of the 2 million members of the Service Employees International Union (SEIU), America's largest healthcare union, I write to voice strong opposition to the American Health Care Act (AHCA). New provisions in the legislation manage to make a bad bill worse. Not only does the bill cause millions to lose insurance coverage, face higher costs, and end Medicaid as we know it, but now it also strips essential protections for those with pre-existing conditions. The AHCA will leave millions of men, women, and children without access to high quality, affordable health care. The AHCA legislation unequivocally jeopardizes working families' safety, health, and financial security.

The AHCA will leave millions of Americans without health insurance and therefore without access to healthcare. The last available estimate from the nonpartisan Congressional Budget Office (CBO) estimated about 14 million fewer people will have health insurance in 2018, and by 2026, 24 million fewer people will have coverage compared to the current baseline under the ACA. Unfortunately, we do not have more up to date information. Despite the importance that healthcare plays in the lives of working families, Congressional leaders have indicated that they intend to hold a vote on the legislation without knowing its impact.

The AHCA also decimates the Medicaid program, rationing and endangering healthcare for children, seniors, people with disabilities, and their families as well as for those who have gained coverage as a result of the Medicaid expansion. According to CBO, the legislation will cut federal funding for Medicaid by $880 billion over ten years. Americans know that Medicaid is working and realize the key role that the program plays in helping families afford care—including nursing home care and home and community-based services for elderly and disabled individuals. Nearly 1 in 5 Americans are covered under Medicaid and rely on it to get health services Under the AHCA, those Americans would lose access to vital care that may mean the difference between life and death.

Additionally, the AHCA would cap the amount of money states receive in Medicaid funding from the federal government each year, regardless of the cost of providing healthcare to those who qualify. Medicaid is already a lean program especially when measured on a per capita basis, and cuts from capping federal funding will quickly force states to cut services, limit enrollment, and decrease payments to hospitals and other providers. Also, Medicaid is the largest payer for long term care in the country. The program pays for more than 60 percent of all nursing home residents and for more than 3.2 million Americans with home- and community-based care, which allows many older Americans and people with disabilities to remain in their homes rather than move to a more expensive institutional setting. States—which must balance budgets and already face fiscal pressures—will not be able to make up the lost federal dollars and will be forced to deny care. The inevitable result will be that the AHCA will make it much harder and more costly for older Americans, people with disabilities, and their families to get services they need.

In addition, the legislation will effectively end the Medicaid expansion, which provides health coverage to millions of people earning low to moderate incomes. While the bill purports to allow states to maintain the expansion, states will only receive an enhanced match, or additional funding, for people who enroll before 2020 and maintain continuous coverage. It is widely understood that there is significant churn on and off the program in this coverage category, and thus over time the reimbursement rates for states will drop. The resulting large cost shift to states may lead them to eliminate coverage for this group altogether. In fact, seven states have triggers that would end the Medicaid expansion in their state if federal reimbursement decreases.

Lastly, Medicaid provider rates are already extremely low in most states. Cuts to Medicaid, capped funding, and elimination of the Medicaid expansion would lead to further reductions in rates for providers, leading to job and other spending cuts in the health care industry that will have ripple effects on the broader economy. We have serious concerns that hospitals, especially those that serve communities that may not have access to many providers, could be forced to close or cut back services, further reducing access to care in underserved areas.

Those who purchase coverage in the individual market do not fare much better under the proposed bill. The AHCA provides tax credits ranging from $2,000 to $4,000 to individuals to purchase private insurance—substantially lower than the ACA's current levels for the majority of those who receive them. Unlike the ACA, it is unclear that people with access to employer insurance that is unaffordable or inadequate will be eligible for credits, which would mean that they will be left without access to coverage and care. The bill also creates an age tax on older Americans by letting insurance companies charge people over 60 as much as five times what they charge others for the same coverage. CBO found that under the initial bill introduced, premiums for those between age 50 and 65 would sky-rocket. Moreover, it is unclear what coverage will be available on the individual market or if the current healthcare marketplaces will even still exist under this scheme. Between premiums and out of pocket costs like deductibles, especially for those most in need of care due to pre-existing conditions, illness, or age, the result could be higher costs for less coverage.

A bad bill has managed to have been made even worse by the ''MacArthur-Meadows Amendment.'' The amendment guts essential protections for those with pre-existing conditions. It would allow states to charge those with pre-existing conditions higher premiums by allowing states to very easily waive community rating requirements, which currently prohibits this practice. Furthermore it would grant states, through a waiver that is approved by default, the ability to opt out of essential health benefit requirements, a core set of medical services, like hospitalizations, mental health, maternity care and prescription drug coverage, which all insurers are required to cover under the ACA. If states waive requirements, insurers could leave those who are sick or with pre-existing conditions out to fend for themselves and face exorbitant costs to get life-saving care they need. Experts agree that the funding included in the ''Upton-Long Amendment'' is completely inadequate to protect those with pre-existing conditions. The Administration and Congressional Leaders promised to the American people that those with pre-existing conditions would remain protected—this bill even with added amendments defaults on that promise.

Another failure of the AHCA is that it hurts women by freezing funding to providers like Planned Parenthood, risking the health and well-being of the 2.5 million people who rely on the organization for basic care. One in five women in the United States has visited Planned Parenthood clinics and for many low-income women of color, including many of our members, Planned Parenthood is their essential health provider. For these individuals, healthcare is not an ideological struggle or about the politics of one policy versus another; it is a necessity that could mean the difference between sickness and health.

The real winners of the AHCA appear to be special interests and the wealthy. The legislation repeals most if not all of the ACA tax provisions for special interests like the pharmaceutical and insurance industries, offsetting these costs with the massive cuts to Medicaid described above. The bill also maintains the so-called ''Cadillac tax,'' which places a tax on workers who have robust health coverage, merely delaying implementation to 2026. Implementation of the tax will punish people who have decent insurance, and will encourage employers to further shift health costs to workers. Furthermore, the incentives for health savings accounts, which encourage wealthier people to shelter pre-tax income, are of little use to working households earning low-to moderate incomes.

The AHCA is not care, it is chaos. The legislation creates an environment of uncertainty and unaffordability for Americans and is a bad deal for working families. The bill radically restructures Medicaid as we know it and cuts funding for the program significantly, endangers women's health, and further enriches corporations, special interests, and the wealthiest Americans at the expense of working families' access to healthcare and financial stability. The American people will hold you accountable for how you proceed in this moment. We therefore respectfully ask you vote no on the American Health Care Act and the proposed amendments to the legislation when it comes to a vote in the House of Representatives. We will add this vote to our legislative scorecard. If you need any additional information please contact Ilene Stein, Assistant Legislative Director.

Sincerely,

MARY KAY HENRY,
International President.

Mr. JEFFRIES. Mr. Speaker, the House majority has once again made clear that, under Republican rule, the system is rigged. The fix is in. The deck is stacked against hardworking Americans, and exhibit A is your reckless Republican healthcare plan. Under TrumpCare, 24 million Americans will lose access to health insurance. Under TrumpCare, a draconian age tax will be imposed on people between 50 and 64. Under TrumpCare, costs will go up, premiums will go up, copays will go up, deductibles will go up. Under TrumpCare, tens of millions of Americans who are living with preexisting conditions will be screwed.

House Republicans are out to destroy the American healthcare system as we know it, but you will be held accountable for the cruel and unusual punishment that you have decided to inflict on the American people.

Vote ''no'' against this draconian piece of legislation.

The SPEAKER pro tempore. The Chair would remind Members to direct their remarks to this Chair.

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

Mr. SCOTT of Virginia. Mr. Speaker, I include in the RECORD an article in Consumer Reports dated May 2, 2017, entitled: ''How the Affordable Care Act Drove Down Personal Bankruptcy.''

HOW THE AFFORDABLE CARE ACT DROVE DOWN PERSONAL BANKRUPTCY

EXPANDED HEALTH INSURANCE HELPED CUT THE NUMBER OF FILINGS BY HALF

(By Allen St. John)

As legislators and the executive branch renew their efforts to repeal and replace the Affordable Care Act this week, they might want to keep in mind a little-known financial consequence of the ACA: Since its adoption, far fewer Americans have taken the extreme step of filing for personal bankruptcy.

Filings have dropped about 50 percent, from 1,536,799 in 2010 to 770,846 in 2016 (see chart, below). Those years also represent the time frame when the ACA took effect. Although courts never ask people to declare why they're filing, many bankruptcy and legal experts agree that medical bills had been a leading cause of personal bankruptcy before public healthcare coverage expanded under the ACA. Unlike other causes of debt, medical bills are often unexpected, involuntary, and large.

''If you're uninsured or underinsured, you can run up a huge debt in a short period of time,'' says Lois Lupica, a bankruptcy expert and Maine Law Foundation Professor of Law at the University of Maine School of Law.

So did the rise of the ACA—which helped some 20 million more Americans get health insurance—cause the decline in bankruptcies?

The many experts we interviewed also pointed to two other contributing factors: an improving economy and changes to bankruptcy laws in 2005 that made it more difficult and costly to file. However, they almost all agreed that expanded health coverage played a major role in the marked, recent decline.

Some of the most important financial protections of the ACA apply to all consumers, whether they get their coverage through ACA exchanges or the private insurance marketplace. These provisions include mandated coverage for pre-existing conditions and, on most covered benefits, an end to annual and lifetime coverage caps. Aspects of the law, including provisions for young people to be covered by a family policy until age 26, went into effect in 2010 and 2011, before the full rollout of the ACA in 2014.

''It's absolutely remarkable,'' says Jim Molleur, a Maine-based bankruptcy attorney with 20 years of experience. ''We're not getting people with big medical bills, chronically sick people who would hit those lifetime caps or be denied because of pre-existing conditions. They seemed to disappear almost overnight once ACA kicked in.''

The first attempt to repeal and replace the ACA, in March, failed to gain enough Congressional support and never came to a vote.

Then in April, details of a new replacement plan were released. Although President Donald Trump has said that this new version, like the first bill that was pulled from consideration, will cover pre-existing conditions, the revised law gives states broad latitude to allow insurance companies to increase rates for consumers with an existing illness.

A RARE AND COSTLY DIAGNOSIS

Since the start of the year, more than 2,000 consumers have answered an online questionnaire from Consumer Reports' advocacy and mobilization team, sharing their experiences with the ACA. Katie Weber of Seattle was one of them.

In 2011, she had just landed her first job out of college, as a teacher with AmeriCorps, she explains in a phone interview. That's when the unusual numbness in her hand began, which she—and her doctor—at first mistook for a pinched nerve.

Then came debilitating headaches and nausea and, ultimately, a diagnosis of medulloblastoma, a fast-growing cancerous brain tumor.

The treatment for her tumor was straightforward: surgery, radiation, then chemotherapy. Figuring out how to pay for it was much less clear. She worried that the insurance she had through AmeriCorps wouldn't cover enough of her bills.

''My dad said to me, 'Your health is the most important thing. If you have to declare bankruptcy at age 23, it's no big deal,' '' Weber says.

Because of the ACA, she says, it never came to that. After her year with AmeriCorps, the new healthcare law enabled her to get coverage under her parents' insurance plan.

The ACA provisions required that the family's insurance company cover her even though she had already been diagnosed with cancer. That would not have been the case before the ACA, which mandates the coverage of pre-existing conditions for all consumers.

Later, when she aged out of her parents' insurance, Weber was able to enroll in Apple Health, Washington state's version of Medicaid, a program that was expanded once the ACA was passed. That coverage, she says, has been crucial to her financial and medical well-being, especially once the cancer returned last fall.

Weber says she now spends more time discussing treatment options and less time worrying how she'll pay for MRIs and drugs. These are covered in full under her Apple Health policy.

''Cancer is really expensive,'' she says. ''My insurance saved my life.''

NUMBERS PLUMMET

If you want further testimony about how much personal bankruptcies have dropped over the past decade, talk to Susan Grossberg, a Springfield, Mass., attorney.

For more than 20 years she has helped consumers push the financial reset button when debt triggered by divorce, unemployment, or a costly illness or medical episode became too much to handle. ''Medical debt can get really big really quickly,'' Grossberg says. ''When you're in the emergency room they're not checking your credit score while they're caring for you.''

With the advent of the ACA—and before that, expanded state healthcare in Massachusetts—she says fewer clients with large medical debts walked through her door.

Grossberg adds that her bankruptcy business has slowed so much that she has been forced to take on other kinds of legal work—landlord-tenant and housing discrimination cases—to cover her own bills.

The American Bankruptcy Institute suggested that veteran Chicago bankruptcy attorney and trustee David Leibowitz could also help parse the reasons for the decadelong decline.

First, he says, the Bankruptcy Abuse Prevention and Consumer Protection Act of 2005 made it more difficult for consumers to file for bankruptcy. The law required credit counseling and income verification and forced many consumers to seek protection under Chapter 13, which restructures, but does not eliminate, most debt. The piles of paperwork also meant most filers needed a lawyer, which made bankruptcy more costly and therefore not an option for many poor consumers.

Then there was the economy. After a slow and steady recovery following the housing crisis of 2008, Leibowitz explains that American consumers generally had fewer problems with their mortgages, better employment prospects, and greater access to credit, which made them less likely to file.

The final factor, according to Leibowitz, has been the ACA, which afforded health coverage to many more consumers and expanded protections for all.

Of course, not everyone sees such a direct connection between the decline in bankruptcies and the emergence of the ACA.

Thomas P. Miller, resident fellow at the American Enterprise Institute and co-author of ''Why ObamaCare is Wrong for America'' (HarperCollins, 2011), cautioned against ''reaching broad conclusions'' because the subject is so complex.

''Certainly there are fewer people declaring bankruptcy, and certainly fewer are declaring bankruptcy because of healthcare spending,'' he says. But his earlier research suggested that some studies exaggerated the degree to which high healthcare bills cause bankruptcies. ''They tended to reflect other problems with credit card balances well beyond healthcare,'' he says. ''It stems from multiple causes.''

FIGURING OUT WHY

Over the past decade, determining the cause-and-effect relationship between medical debt and bankruptcy has become a political football, particularly during the years the Obama administration was trying to pass the ACA through Congress.

The truth is that it's not that easy to determine how many bankruptcies are caused by medical debt. Examining the paperwork doesn't always offer insight because debtors often juggle their indebtedness, for example, using a credit card to pay an outstanding medical bill while leaving other debts unpaid.

But a 2014 study from Daniel Austin, a bankruptcy attorney and, at the time, a professor at the Northeastern University School of Law, offers some of the most in-depth research to date.

Austin and his team selected a nationwide group of 100 bankruptcy filers meant to represent a cross-section of the U.S. population, studied their paperwork, then followed up with a survey asking filers, basically, ''Why?''

His team's research found that medical debt is the single largest factor in personal bankruptcy. First, Austin analyzed the paperwork of individual case files, which suggested that medical bills were a factor in 18 percent of filings. But when he directly asked the same filers, in a survey, the number was even higher, with 25 percent citing medical bills as a factor in their decision to file bankruptcy.

In addition to the nationwide group, Austin isolated a group of 100 bankruptcy filers from Massachusetts. Why Massachusetts? Because its citizens, starting in 2006, had been covered by a comprehensive state healthcare program similar to the ACA known as Romneycare, after the state's former governor, Mitt Romney.

The differences between the two groups were striking. Even though the Massachusetts filers owed substantially more in unsecured debt (that is, debt not backed by a home, a car, or another asset) than their counterparts in other states, they reported less than half as much medical debt, which is also unsecured.

''The average medical debt in Massachusetts in 2013 was relatively low at just $3,041 (6 percent of total unsecured debt) compared to $8,594 (20 percent of total unsecured debt) nationwide,'' Austin writes in his 2014 study,

portions of which were published in the Maine Law Review.

''Only about 9 percent of Massachusetts debtors felt their bankruptcy filing was a result of medical bills,'' Austin explains. ''This compares to 25 percent for debtors from [other] jurisdictions.'' Austin's research found that comprehensive medical coverage in Massachusetts had all but eliminated medical bills as a cause for bankruptcy.

''Not only in absolute numbers—they had much smaller medical debt—but psychologically, medical debt did not loom nearly as large for people in Massachusetts as it did for other people in other states.'' And in 2010, four years after Romneycare began, the state had a bankruptcy rate that was about 30 percent lower than that of other states.

IN SEARCH OF CERTAINTY, CONSISTENCY

At its most basic level, health insurance allows consumers to pay for the medical care they need. Each year, the Centers for Disease Control and Prevention determines how well the system is working by surveying Americans and asking a simple but powerful question: Did you have problems paying medical bills in the last 12 months?

The percentage of those reporting problems has dropped from 21.3 percent of households when they first asked the question in 2011 to 16.2 percent in 2016. That's almost 13 million fewer Americans no longer facing collection notices from a doctor or hospital.

''It's been happening across the board, by race, by age, by insurance status, by gender,'' says Robin Cohen, the study's lead author.

But insurance is also about peace of mind. And judging from the consumers who have shared their stories with Consumer Reports, that certainty is in short supply as the fate of the ACA is decided. People are wondering what comes next: Repeal? Replace? Improve? Retain and neglect? No one really knows the answer. Americans are concerned about how the future of healthcare will affect them and their families.

In CR's Consumer Voices survey in January 2017, 55 percent of consumers said they lacked confidence that they or their loved ones would be able to afford insurance to secure that care.

Don Shope of Ocean View, Del., said the availability of ACA coverage gave him the confidence to leave a corporate job and start his own consulting business. But now, with the ACA's future in limbo, he and his wife are watching the action in Washington and worrying that they might have to return to jobs with benefits.

''I'm not a liberal or a conservative, a Democrat or a Republican,'' Shope said in a phone interview. ''Our biggest concern is that with repeal and replace we're going to be left high and dry.''

He also believes in expanded health coverage for all. ''If any American is sick, we should be willing to take care of them,'' Shope says. ''It's the right thing to do. Economics and profit shouldn't be part of the healthcare equation.''

HANGING ON EVERY DIP AND TURN

And then there's Kristin Couch, who has channeled the uncertainty into her own brand of activism.

''I was kind of anxious,'' Couch says about the day in March when Congress was set to vote on a less robust bill that would replace the ACA.

The 31-year-old public relations executive, of Gainesville, Ga., has started to follow health-care politics in the intense, almost obsessive way some people follow sports. The morning after Election Day, she called the offices of her local congressional representatives, urging them to preserve the protections the ACA offers.

Couch began caring about healthcare as a high school senior when she was diagnosed with lupus and since then has become something of a reluctant expert on how to manage not only her treatment but also the insurance that pays for it.

With friends and neighbors she talks about the law in simple but personal terms. ''I tell people, 'I have a pre-existing condition, and this has helped me,' '' she says of the ACA. Couch follows the healthcare debate in Washington so closely because she knows firsthand what happens when you don't have adequate coverage.

Couch remembers the time, before the ACA, when a new immunosuppressive drug that wasn't covered by her policy became available. ''It was expensive,'' she explained in an interview, ''but it worked, and I knew I needed it. Every month I'd just put it on a credit card. When your medication is thousands of dollars a month, that's the start of being in debt.'' She considered bankruptcy but ultimately worked her way out from under the pile of medical bills.

As a result of the ACA, her coverage shifted again when her employer no longer offered a traditional plan and she had to switch to one with a high $3,000 deductible. Initially she was stunned by her out-of-pocket costs, but she quickly realized that her total costs would be capped once she'd met that threshold.

''It seemed scary and it seemed different,'' she explains. ''But it actually saved me money.'' And now, she says, ''I don't have to worry about how much a new drug costs.''

So on the March day the House of Representatives was supposed to vote on repealing the ACA, she worried that the insurance she'd come to depend on was about to be yanked away. Only after emerging from a client meeting did she learn the vote had been canceled. ''I started crying I was so happy,'' Couch recalls. ''It's like a weight has lifted.''

But Couch's relief was short-lived. Now she's back to paying close attention to the rhetoric and vote-counting deals in Washington, awaiting another possible vote on the newly revised plan. ''I'm still optimistic,'' she said this week. ''I think enough people will stand up and fight for the coverage.''

Mr. SCOTT of Virginia. I yield 1 minute to the gentleman from New Jersey (Mr. NORCROSS).

Mr. NORCROSS. Mr. Speaker, a month ago I was ready to speak right here on the floor when this bill was abruptly removed. Apparently, it wasn't bad enough that day, it wasn't harmful enough. But now it is back worse than ever. So bad, it might actually pass.

I don't have a lot of time to explain, but let me tell you two groups that are really going to say thank you: it is the billionaires and it is the undertakers.

This bill will make health care more unaffordable and cause preventable deaths. Meanwhile, it gives $600 billion—excuse me—$800 billion to the wealthy, to the billionaires. TrumpCare brings us higher costs, less coverage, guts the benefits, has a crushing age tax, and steals from Medicare. In my district alone, 43,000 people will lose coverage. 9,000 of those are children. The elderly, Medicaid will be lost, close to 2,000.

There is a reason they are trying to jam this down our throats. There is no CBO score because they don't want to hear a score.

Mr. Speaker, let me make it plain. Let's put this bill in a coffin, not Americans. Let's kill and bury this bill.

Mrs. BLACK. Mr. Speaker, I yield 1½ minutes to the gentleman from Louisiana (Mr. SCALISE), our distinguished whip.

Mr. SCALISE. Mr. Speaker, I thank the chairwoman of the Budget Committee for yielding.

I was in strong support of this bill, Mr. Speaker, that finally provides relief to the American people across this country from the failures of ObamaCare.

Just how bad is it failing?

You don't have to look any further than what happened in Iowa yesterday, where literally they are going to have in 94 out of 99 counties nobody to write insurance for people that are in the ObamaCare exchanges.

So what do the people, Mr. Speaker, that are opposed to this bill say to those millions of people in Iowa who are about to have no place to go to get health care?

What are the people that oppose this bill, Mr. Speaker, going to say to the millions of people with preexisting conditions across the country who are being faced with double-digit increases in their health insurance every year and, oh, by the way, premiums and deductibles as high as over $10,000, which are creaming those folks that are struggling under the weight of this bill?

So what we are replacing it with, Mr. Speaker, are reforms that actually lower premiums, that actually put patients back in charge of their healthcare decisions so that elitists up here in Washington won't tell you what you have to buy. You actually get to make that choice yourself.

□ 1300

You get to focus on plans that are good for your family at lower costs so that you can be in charge. And, by the way, reforming the Medicaid system, one of the most broken forms of health care so that States actually have the ability to innovate and help low-income families.

This bill is important, Mr. Speaker, to rescue the American people from a law that has failed dismally. Let's end the skyrocketing premium increases. Let's lower costs and put patients back in charge of their healthcare decisions.

Mr. SCOTT of Virginia. Mr. Speaker, I remind my colleague that his vote for this bill can take away protections for over 800,000 people with preexisting conditions in Louisiana. For example, those with breast cancer could see their premiums go up by over $34,000.

Mr. Speaker, I yield 1 minute to the gentlewoman from Delaware (Ms. BLUNT ROCHESTER).

(Ms. BLUNT ROCHESTER asked and was given permission to revise and extend her remarks.)

Ms. BLUNT ROCHESTER. Mr. Speaker, I include in the RECORD a letter from AARP which makes clear

health care will be sabotaged under this bill, and healthcare costs for older Americans will ''dramatically increase.''

[From the House Democratic Leader's Press Office, May 3, 2017]

AARP PRESS RELEASE: NEW CHANGES TO THE AHCA MAKES A BAD BILL WORSE!

DEAR REPRESENTATIVE: Older Americans care deeply about access to and affordability of health care. With the addition of the Upton Amendment, as reported, we once again write to share our opposition to the American Health Care Act (AHCA) and urge you to vote NO. Changes under consideration that would allow states to waive important consumer protections—allowing insurance companies to once again charge Americans with pre-existing conditions more because they've had cancer, diabetes or heart disease—would make a bad bill even worse. This would be devastating for the 25 million Americans 50–64 who have a deniable pre-existing condition. The Upton amendment would do little to reduce the massive premium increases for those with pre-existing conditions.

Throughout consideration of the AHCA, we have been expressing serious concerns about the impact that this legislation will have on older Americans. The Congressional Budget Office (CBO)'s last estimate further demonstrates the harmful impact of this bill on older Americans and some of our most vulnerable. Specifically, the American Health Care Act will weaken the fiscal sustainability of Medicare; dramatically increase premium and out-of-pocket costs for 50–64 year olds purchasing coverage on the individual insurance market; allow insurance companies to once again discriminate against those with pre-existing conditions; substantially increase the number of Americans without insurance; and put at risk millions of children and adults with disabilities and poor seniors who depend on the Medicaid program to access long-term services and supports and other benefits.

Our members and others 50 years of age and older care deeply about health care and want to know where their elected leaders stand. Recognizing the importance of the upcoming vote on the American Health Care Act, AARP intends to inform our members, and others over age 50, how their elected officials voted. We'll communicate the results of the vote in our widely-circulated publications, in e-mail alerts, in our online channels, and through the media. Again, we urge all Representatives to vote NO on the American Health Care Act in its current form.

MEDICARE

The American Health Care Act repeals provisions in current law that have strengthened Medicare's fiscal outlook, specifically, the repeal of the additional 0.9 percent payroll tax on higher-income workers. Repealing this provision would remove billions from the Hospital Insurance trust fund, hasten the insolvency of Medicare, and diminish Medicare's ability to pay for services in the future.

INDIVIDUAL PRIVATE INSURANCE MARKET

Currently, about 25 million Americans age 50–64 have a pre-existing condition, about 6.1 million purchase insurance in the non-group market, and nearly 3.2 million are currently eligible to receive subsidies for health insurance coverage through either the federal health benefits exchange or a state-based exchange (exchange). Since passage of the ACA, the number of 50–64 year old Americans who are uninsured has dropped by half. We are deeply concerned that the AHCA would be a significant step backwards and result in millions of older Americans who cannot afford their health care, including many simply losing their health care. Based on CBO estimates, approximately 14 million Americans will lose coverage next year, while a total of 24 million Americans would lose coverage over the next 10 years.

Affordability of both premiums and cost-sharing is critical to older Americans and their ability to obtain and access health care. A typical 50–64 year old seeking coverage through an exchange has a median annual income of under $25,000 and already pays significant out-of-pocket costs for health care. We have serious concerns—reinforced by the CBO estimate—that the bill under consideration will dramatically increase health care costs for 50–64 year olds who purchase health care through an exchange due both to the changes in age rating from 3:1 (already a compromise that requires uninsured older Americans to pay three times more than younger individuals) to 5:1 (or more) and reductions in current tax credits for older Americans. CBO concluded that the bill will substantially raise premiums for older people and force many into lower quality plans.

Age rating plus reduced tax credits equal an unaffordable age tax. Our previous estimates on the age-rating change showed that premiums for current coverage could increase by up to $3,200 for a 64 year old. In addition, the bill reduced the tax credits available for older Americans to help purchase insurance. We estimate that the bill's changes to current law's tax credits alone could increase premium costs by more than $5,800 for a 64-year old earning $15,000. Overall, both the bill's tax credit changes and 5:1 age rating would result in skyrocketing cost increases for older Americans. In their analysis, CBO found that a 64 year old earning $26,500 a year would see their premiums increase by $12,900—758 percent—from $1,700 to $14,600 a year.

Current law prohibits insurance companies from discriminating against individuals due to a pre-existing condition. The bill would repeal pre-existing condition protections and would once again allow insurance companies to charge Americans more—we estimate up to $25,000 more—due to a pre-existing condition. As a result, the 4o percent of 50- to 64-year-olds (about 25 million people) who have a deniable preexisting condition risk losing access to affordable coverage. The Upton Amendment, which would add funds to address the impact of premium increases for those with pre-existing conditions, would do little to mitigate the massive premium increase for some of the most vulnerable Americans. AARP strongly opposes any weakening of the law's pre-existing condition protections which benefit millions of Americans.

MEDICAID AND LONG-TERM SERVICES AND SUPPORTS

AARP opposes the provisions of the American Health Care Act that create a per capita cap financing structure in the Medicaid program. We are concerned that these provisions could endanger the health, safety, and care of millions of individuals who depend on the essential services provided through Medicaid. CBO found that the bill would cut Medicaid funding by $880 billion over 2017–2026, about 25 percent less than what it projects under current law. Medicaid is a vital safety net and intergenerational lifeline for millions of individuals, including over 17.4 million low-income seniors and children and adults with disabilities who rely on the program for critical health care and long-term services and supports (LTSS, i.e., assistance with daily activities such as eating, bathing, dressing, managing medications, and transportation). Older adults and people with disabilities now account for over sixty percent of Medicaid spending, and cuts of this magnitude will result in loss of benefits and services for this vulnerable population.

Of these 17.4 million individuals: 6.9 million are ages 65 and older (which equals more than 1 in every 7 elderly Medicare beneficiaries); 10.5 million are children and adults living with disabilities; and about 10.8 million are so poor or have a disability that they qualify for both Medicare and Medicaid (dual eligibles). Dual eligibles account for almost 33 percent of Medicaid spending. While they comprise a relatively small percentage of enrollees, they account for a disproportionate share of total Medicare and Medicaid spending.

Individuals with disabilities of all ages and older adults rely on critical Medicaid services, including home and community-based services (HCBS) for assistance with daily activities such as eating, bathing, dressing, and home modifications; nursing home care; and other benefits such as hearing aids and eyeglasses.

In providing a fixed amount of federal funding per person, this approach to financing would likely result in overwhelming cost shifts to states, state taxpayers, and families unable to shoulder the costs of care without sufficient federal support. This would result in cuts to program eligibility, services, or both—ultimately harming some of our nation's most vulnerable citizens.

Ms. BLUNT ROCHESTER. Mr. Speaker, I know in these polarized times we often forget our actual connections to each other, but we are all connected. A sick, uninsured employee affects the bottom line of a small business. Uncompensated care in the emergency room, we all pay the bill. When a child from an uninsured family goes to school with an undiagnosed virus, not only does it impact his or her ability to learn, it impacts other kids and puts them at risk. We are all connected.

As Martin Luther King so powerfully said: ''We may have come over on different ships, but we are all in the same boat now.''

Mr. Speaker, it is time we start rowing together. Unfortunately, this bill fails to recognize this. It still fails that we are connected, and, instead of bringing us together, this simply divides us by providing less coverage, imposing an age tax, forcing people to pay more, and stripping key protections.

Mr. Speaker, I urge all my colleagues to vote ''no'' on H.R. 1628.

Mrs. BLACK. Mr. Speaker, I continue to reserve the balance of my time.

Mr. SCOTT of Virginia. Mr. Speaker, I yield 1 minute to the gentleman from Illinois (Mr. KRISHNAMOORTHI).

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

Mr. KRISHNAMOORTHI. I include in the RECORD a letter from the American Medical Association that states: ''Not only would the AHCA eliminate health insurance coverage for millions of Americans, the legislation would, in many cases, eliminate the ban against charging those with underlying medical conditions vastly more for their coverage.''

[From the American Medical Association, May 3, 2017]

AMA WARNS THAT PROPOSED CHANGES TO THE AMERICAN HEALTH CARE ACT DO NOT REMEDY BILL'S SHORTCOMINGS

DESPITE AMENDMENTS TO BILL, MILLIONS OF AMERICANS WOULD STILL LOSE HEALTH INSURANCE COVERAGE

CHICAGO—American Medical Association (AMA) President Andrew W. Gurman, M.D., issued the following statement today about proposed changes to the American Health Care Act (AHCA):

''None of the legislative tweaks under consideration changes the serious harm to patients and the health care delivery system if AHCA passes. Proposed changes to the bill tinker at the edges without remedying the fundamental failing of the bill—that millions of Americans will lose their health insurance as a direct result of this proposal.

''High-risk pools are not a new idea. Prior to the enactment of the Affordable Care Act, 35 states operated high-risk pools, and they were not a panacea for Americans with pre-existing medical conditions. The history of high-risk pools demonstrates that Americans with pre-existing conditions will be stuck in second-class health care coverage—if they are able to obtain coverage at all.

''Not only would the AHCA eliminate health insurance coverage for millions of Americans, the legislation would, in many cases, eliminate the ban against charging those with underlying medical conditions vastly more for their coverage.''

''America should not go backward to the time when our fellow citizens with pre-existing health conditions faced high costs for limited coverage, if they were able to obtain coverage at all. The AMA urges congressional leaders and the Administration to pursue a bipartisan dialogue on alternative policies that provide patients with access and coverage to high quality care and preserve the safety net for vulnerable populations.''

BACKGROUND ON HIGH-RISK POOLS

A January report from the American Academy of Actuaries notes that ''enrollment has generally been low, coverage has been limited and expensive, they require external funding, and they have typically operated at a loss . . . Removing high-risk individuals from the insured risk pools reduces costs in the private market only temporarily. Over time, even lower-cost individuals in the individual market can incur high health care costs, which would put upward pressure on premiums.''

According to the Kaiser Family Foundation: State high-risk pools featured premiums above standard non-group market rates—with most states capping them at 150%–200% of standard rates. Many also featured high deductibles, some $5,000 or more.

Despite the fact that many individuals were forced into high-risk pools because of a pre-existing condition, nearly all states excluded coverage for these conditions for 6–12 months.

Almost all high-risk pools imposed lifetime limits on covered services, and some imposed annual limits.

Some states capped or closed enrollment.

Combined net losses for the state high-risk pools totaled more than $1.2 billion for 2011, or $5,510 per enrollee, on average.

Furthermore, a 2010 paper by James Capretta and Tom Miller that appeared in National Affairs estimated that the cost of adequately funded high risk pools would be $15 billion to $20 billion per year.

Mr. KRISHNAMOORTHI. Mr. Speaker, the country will not remember what we say here today, but it will never forget what we do today, especially if we make the wrong choice and adopt this bill.

The 159 million Americans whose employer-sponsored health care could be cut would never forget. Neither would the 24 million Americans who would lose their coverage or the 52 million people with preexisting conditions who would struggle to find health insurance again.

If this bill passes, Mr. Speaker, no cancer survivor denied coverage will forget, no survivor of sexual assault charged more for her ordeal will forget, and no parent struggling to afford emergency surgery for a newborn child could ever forget. They would not have that choice.

But today, we have one. We can choose to vote no and prevent millions of Americans from losing their health care. We can choose the right path rooted in morality, decency, and reason. I implore you, vote ''no.''

Mrs. BLACK. I continue to reserve the balance of my time.

Mr. SCOTT of Virginia. Mr. Speaker, I yield 1 minute to the gentleman from New York (Mr. ESPAILLAT).

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

Mr. ESPAILLAT. Mr. Speaker, I include in the RECORD a letter from AFSCME which states this bill would cause millions to lose their health coverage and return to the days when even inadequate coverage was unaffordable.

AFSCME,
May 3, 2017.

HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the 1.6 million working and retiree members of the American Federation of State, County and Municipal Employees (AFSCME), I am writing to express our continuing opposition to the American Health Care Act (AHCA), notwithstanding the addition of the Upton amendment.

The harm that AHCA will impose on ordinary Americans is breathtaking in scope. As the Congressional Budget Office has detailed, 24 million will lose their health care coverage. The Medicaid program will be cut by $839 billion and restructured, ending the guarantee that the federal government will fund a specified share of state Medicaid costs. The bill makes coverage more expensive, especially for lower-income families and older workers and it undermines the financial strength of Medicare. And the MacArthur amendment makes a very bad bill worse by allowing states to opt out of Affordable Care Act protections that ensure that people with pre-existing conditions will be able to obtain comprehensive, affordable health care. Moreover, the MacArthur amendment would allow insurance companies to re-impose caps on annual and lifetime limits, even in employer-sponsored coverage, putting the health care of those with catastrophic illnesses or injuries at risk.

Under the Upton amendment, grants to states that could be used for high-risk pools will be increased by 6% or $8 billion over five years. This is a paltry increase. Even the conservative Mercatus Center described the increase as a ''pittance.'' High-risk pools would still be grossly underfunded, even if states put all of the $138 billion in grant funding into them. We urge the Congress not to ignore the previous experience with state high-risk pools. By segregating those with pre-existing conditions into separate coverage we know they will face higher premiums, benefit exclusions, annual and lifetime limits on coverage and waiting lists.

It is unacceptable that this bill eliminates $500 billion in taxes on the wealthiest 2%, health insurers, pharmaceutical manufacturers and medical device makers, while taking health care away from millions. Moreover, the bill retains the 40% tax on high cost health plans, which will undermine employer-sponsored insurance for working families by hollowing out coverage and increasing out-of-pocket expenses, although it delays the implementation for six years.

The bottom line is that this bill would cause millions to lose their health coverage. Most of those with pre-existing conditions would return to the days when even inadequate coverage was unaffordable. The bill would drive up costs for those who are older and lower-income, shift costs to states, fail to protect employer-sponsored coverage, weaken public health and undermine the solvency of the Medicare trust fund all the while providing tax cuts for the wealthy and well-connected.

The priorities demonstrated by this bill are upside down. We urge you to oppose this bill.

Sincerely,

SCOTT FREY,
Director of Federal Government Affairs.

Mr. ESPAILLAT. Mr. Speaker, I strongly oppose this bill. We all should. Protecting ACA is the top issue for my constituents. Constituents like Leslie Gauthier who, without the protections of the ACA, would not have gotten the treatment for leukemia that she was diagnosed just at the age of 22.

Leslie is now in remission thanks to ObamaCare. For Leslie, the ACA protections like essential health benefits were a matter of life and death. This Republican bill would destroy those patient protections.

Under the ACA in my district: a 5-percent drop in uninsured rates; subsidies based on income and region and not on age; Medicaid Expansion covering of 156,000 people will be lost.

The President promised not to cut Medicaid. This bill guts it by $880 billion. This bill is a gut punch to America. Pregnant women seeking health care, kicked to the curb. Patients with preexisting conditions, kicked to the curb. Senior citizens who will have to pay more for less, kicked to curb. Over 24 million people, including 6.5 million Latinos, kicked to the curb.

Mr. Speaker, we demand Republicans stop kicking to the curb Americans. Stop this bill.

Mrs. BLACK. Mr. Speaker, I continue to reserve the balance of my time.

Mr. SCOTT of Virginia. Mr. Speaker, I yield to the gentlewoman from California (Ms. LEE) for the purpose of a unanimous consent request.

(Ms. LEE asked and was given permission to revise and extend her remarks.)

Ms. LEE. Mr. Speaker, I include in the RECORD the Service Employees International Union's letter voicing strong opposition to the deadly American Health Care Act for their 2 million Members.

SEIU,
May 2, 2017.

DEAR REPRESENTATIVE: On behalf of the 2 million members of the Service Employees International Union (SEIU), America's largest healthcare union, I write to voice strong opposition to the American Health Care Act (AHCA). New provisions in the legislation manage to make a bad bill worse. Not only does the bill cause millions to lose insurance coverage, face higher costs, and end Medicaid as we know it, but now it also strips essential protections for those with pre-existing conditions. The AHCA will leave millions of men, women, and children without access to high quality, affordable health care. The AHCA legislation unequivocally jeopardizes working families' safety, health, and financial security.

The AHCA will leave millions of Americans without health insurance and therefore without access to healthcare. The last available estimate from the nonpartisan Congressional Budget Office (CBO) estimated about 14 million fewer people will have health insurance in 2018, and by 2026, 24 million fewer people will have coverage compared to the current baseline under the ACA. Unfortunately, we do not have more up to date information. Despite the importance that healthcare plays in the lives of working families, Congressional leaders have indicated that they intend to hold a vote on the legislation without knowing its impact.

The AHCA also decimates the Medicaid program, rationing and endangering healthcare for children, seniors, people with disabilities, and their families as well as for those who have gained coverage as a result of the Medicaid expansion. According to CBO, the legislation will cut federal funding for Medicaid by $880 billion over ten years. Americans know that Medicaid is working and realize the key role that the program plays in helping families afford care—including nursing home care and home and community-based services for elderly and disabled individuals. Nearly 1 in 5 Americans are covered under Medicaid and rely on it to get health services. Under the AHCA, those Americans would lose access to vital care that may mean the difference between life and death.

Additionally, the AHCA would cap the amount of money states receive in Medicaid funding from the federal government each year, regardless of the cost of providing healthcare to those who qualify. Medicaid is already a lean program especially when measured on a per capita basis, and cuts from capping federal funding will quickly force states to cut services, limit enrollment, and decrease payments to hospitals and other providers. Also, Medicaid is the largest payer for long term care in the country. The program pays for more than 60 percent of all nursing home residents and for more than 3.2 million Americans with home- and community-based care, which allows many older Americans and people with disabilities to remain in their homes rather than move to a more expensive institutional setting. States—which must balance budgets and already face fiscal pressures—will not be able to make up the lost federal dollars and will be forced to deny care. The inevitable result will be that the AHCA will make it much harder and more costly for older Americans, people with disabilities, and their families to get services they need.

In addition, the legislation will effectively end the Medicaid expansion, which provides health coverage to millions of people earning low to moderate incomes. While the bill purports to allow states to maintain the expansion, states will only receive an enhanced match, or additional funding, for people who enroll before 2020 and maintain continuous coverage. It is widely understood that there is significant churn on and off the program in this coverage category, and thus over time the reimbursement rates for states will drop. The resulting large cost shift to states may lead them to eliminate coverage for this group altogether. In fact, seven states have triggers that would end the Medicaid expansion in their state if federal reimbursement decreases.

Lastly, Medicaid provider rates are already extremely low in most states. Cuts to Medicaid, capped funding, and elimination of the Medicaid expansion would lead to further reductions in rates for providers, leading to job and other spending cuts in the health care industry that will have ripple effects on the broader economy. We have serious concerns that hospitals, especially those that serve communities that may not have access to many providers, could be forced to close or cut back services, further reducing access to care in underserved areas.

Those who purchase coverage in the individual market do not fare much better under the proposed bill. The AHCA provides tax credits ranging from $2,000 to $4,000 to individuals to purchase private insurance—substantially lower than the ACA's current levels for the majority of those who receive them. Unlike the ACA, it is unclear that people with access to employer insurance that is unaffordable or inadequate will be eligible for credits, which would mean that they will be left without access to coverage and care. The bill also creates an age tax on older Americans by letting insurance companies charge people over 60 as much as five times what they charge others for the same coverage. CBO found that under the initial bill introduced, premiums for those between age 50 and 65 would sky-rocket. Moreover, it is unclear what coverage will be available on the individual market or if the current healthcare marketplaces will even still exist under this scheme. Between premiums and out of pocket costs like deductibles, especially for those most in need of care due to pre-existing conditions, illness, or age, the result could be higher costs for less coverage.

A bad bill has managed to have been made even worse by the ''MacArthur-Meadows Amendment.'' The amendment guts essential protections for those with pre-existing conditions. It would allow states to charge those with pre-existing conditions higher premiums by allowing states to very easily waive community rating requirements, which currently prohibits this practice. Furthermore it would grant states, through a waiver that is approved by default, the ability to opt out of essential health benefit requirements, a core set of medical services, like hospitalizations, mental health, maternity care and prescription drug coverage, which all insurers are required to cover under the ACA. If states waive requirements, insurers could leave those who are sick or with pre-existing conditions out to fend for themselves and face exorbitant costs to get life-saving care they need. Experts agree that the funding included in the ''Upton-Long Amendment'' is completely inadequate to protect those with pre-existing conditions. The Administration and Congressional Leaders promised to the American people that those with pre-existing conditions would remain protected—this bill even with added amendments defaults on that promise.

Another failure of the AHCA is that it hurts women by freezing funding to providers like Planned Parenthood, risking the health and well-being of the 2.5 million people who rely on the organization for basic care. One in five women in the United States has visited Planned Parenthood clinics and for many low-income women of color, including many of our members, Planned Parenthood is their essential health provider. For these individuals, healthcare is not an ideological struggle or about the politics of one policy versus another; it is a necessity that could mean the difference between sickness and health.

The real winners of the AHCA appear to be special interests and the wealthy. The legislation repeals most if not all of the ACA tax provisions for special interests like the pharmaceutical and insurance industries, offsetting these costs with the massive cuts to Medicaid described above. The bill also maintains the so-called ''Cadillac tax,'' which places a tax on workers who have robust health coverage, merely delaying implementation to 2026. Implementation of the tax will punish people who have decent insurance, and will encourage employers to further shift health costs to workers. Furthermore, the incentives for health savings accounts, which encourage wealthier people to shelter pre-tax income, are of little use to working households earning low-to moderate incomes.

The AHCA is not care, it is chaos. The legislation creates an environment of uncertainty and unaffordability for Americans and is a bad deal for working families. The bill radically restructures Medicaid as we know it and cuts funding for the program significantly, endangers women's health, and further enriches corporations, special interests, and the wealthiest Americans at the expense of working families' access to healthcare and financial stability. The American people will hold you accountable for how you proceed in this moment. We therefore respectfully ask you vote no on the American Health Care Act and the proposed amendments to the legislation when it comes to a vote in the House of Representatives. We will add this vote to our legislative scorecard. If you need any additional information please contact Ilene Stein, Assistant Legislative Director.

Sincerely,

MARY KAY HENRY,
International President.

Mr. SCOTT of Virginia. Mr. Speaker, I yield 1 minute to the gentlewoman from California (Ms. MAXINE WATERS).

(Ms. MAXINE WATERS of California asked and was given permission to revise and extend her remarks.)

Ms. MAXINE WATERS of California. Mr. Speaker, I will include in the RECORD a letter from the Association of American Medical Colleges which states: ''Treatment of essential health benefits and health status underwriting dilutes protections for many Americans and would leave individuals with preexisting conditions facing higher premiums and reduce access to vital care.''

Mr. Speaker, I rise to caution those Republicans who have allowed themselves to be persuaded by this President into supporting this terrible bill which would leave millions of Americans without health care and raise the cost of care for millions more. You are going to pay a terrible price for not protecting your constituents.

TrumpCare will cause 24 million Americans to lose their health coverage and slash Medicaid by $880 billion; for older Americans, premiums, deductibles, and copayments will sky-rocket. Those between the ages of 50 and 64 will be forced to pay premiums five times higher than what others pay for the same coverage.

This crushing age tax will fall on some of the most vulnerable members of our society, elderly people on fixed incomes who often have serious health issues.

Meanwhile, hidden in this bill is an outrageous tax break for billionaires. TrumpCare gives $600 billion in tax cuts to large corporations and wealthy people, including $2.8 billion to the 400 richest families in America. The MacArthur amendment made this bill even worse by jettisoning protections for people with preexisting conditions.

Mrs. BLACK. Mr. Speaker, I continue to reserve the balance of my time.

Mr. SCOTT of Virginia. Mr. Speaker, I yield 1 minute to the gentleman from Michigan (Mr. CONYERS).

Mr. CONYERS. Mr. Speaker, I have been here for five decades, and I can't recall a time when we have debated something so obviously harmful to seniors and working people in this country. This bill strips health care from 24 million people. It requires seniors to pay sometimes 100 percent or more of their income in premiums.

This legislation drastically and dramatically cuts Medicaid, directly contradicting President Trump's claim not to.

In Michigan, half of all children rely on Medicaid. In my district alone, 56,000 people will lose coverage, including 16,000 children and 3,200 seniors.

Let's be clear. If we pass this bill, people will die. Health care is a right and not a privilege.

Mrs. BLACK. Mr. Speaker, I continue to reserve the balance of my time.

Mr. SCOTT of Virginia. Mr. Speaker, I yield 1 minute to the gentleman from Minnesota (Mr. WALZ), the highest ranking enlisted soldier ever elected to Congress.

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

Mr. WALZ. Mr. Speaker, I include in the RECORD a letter from the Paralyzed Veterans of America urging rejection of the latest version of the American Health Care Act.

PARALYZED VETERANS OF AMERICA,
Washington, DC, May 3, 2017.

Hon. PAUL RYAN,
Speaker, House of Representatives,
Washington, DC.
Hon. NANCY PELOSI,
Minority Leader, House of Representatives,
Washington, DC.

DEAR SPEAKER RYAN AND LEADER PELOSI: Paralyzed Veterans of America (PVA) urges rejection of the latest version of the American Health Care Act (AHCA). PVA is the nation's only Congressionally-chartered veterans' service organization solely dedicated to representing veterans with spinal cord injury and/or disease. Consequently, we are very concerned about the conflicting information circulating about this legislation and the adverse impact it could have on our members and millions of other people with disabilities.

As we understand it, the AHCA cuts $880 billion out of the Medicaid program in order to finance tax cuts that will explode the deficit and largely assist upper income individuals, corporations, and providers. The Medicaid changes are particularly devastating to people with disabilities. Under the cap and cut proposal, the federal government would no longer share in the costs of providing health care services and community services beyond the capped amount. This would eliminate the enhanced federal match for the Community First Choice Option under Medicaid that provides attendant care services in the community. Thanks to this program, many poor veterans with serious non-service-connected disabilities have been able to move from nursing homes into their communities. The AHCA also weakens Medicaid by ending the Medicaid expansion earlier and offering Medicaid block grants to states. Data from the Robert Wood Johnson Foundation shows expansion has helped thousands of veterans and their caregivers.

For veterans and PVA members in particular, the AHCA continues several problematic policies of the ACA as well as troubling new provisions that could affect the ability of many veterans and their family members to afford health insurance in the private market. The underlying AHCA bill:

Continues to exclude CHAMPVA beneficiaries—dependents of the most catastrophically disabled veterans—from the dependents' coverage policy up to age 26.

Fails to remove the prohibition on enrollment into the VA health care system for Priority Group 8 veterans, thus denying these veterans access to the principal health care system for veterans.

Denies access to tax credits making health insurance affordable to anyone eligible for a host of other federal health programs, including those ''eligible'' for coverage under Title 38 health care programs. This would prevent many veterans who may be ''eligible for'' but not enrolled in the VA health care system from accessing these tax credits intended to help people buy insurance.

Not only do the changes made to the original version of the AHCA continue its failure to protect veterans and people with disabilities, they make these circumstances worse. The latest changes would allow states to seek waivers that would allow insurers to charge higher premiums to people with preexisting conditions, including people with disabilities. The new amendments also would allow states to seek waivers from the ACA's requirement that certain essential health benefits must be provided, including crucial services for people with disabilities such as prescription drugs, rehabilitative and habilitative services and devices, preventative and wellness services and chronic disease management. The combination of these changes would make it nearly impossible for people with pre-existing conditions to find affordable plans that cover basic health care services.

Throughout these past few months, the American people have been calling for a bipartisan effort to improve the nation's health care system. Congress should heed these voices, stop its pursuit of the flawed American Health Care Act and work together through regular order to strengthen all Americans' access to affordable, high quality health care.

Sincerely,

CARL BLAKE,
Associate Executive Director.

Mr. WALZ. Mr. Speaker, there are many reasons that people may come to the conclusion this is not the piece of legislation for them. I would argue most egregious amongst this is the manner in which it was done. There was clearly an error made on the 7 million veterans you heard about. I do not question a single Member's commitment in here to caring for veterans. You did not do it on purpose. You did it because you had to, to meet the arcane rules of the Senate, so you stripped it out, and you will, by all intents and purposes, fix it in the Senate.

For you, I would say good luck with that. But for the Members who are sitting here: Why would we not debate this? Why would we not fix it? Why would we not go through regular order so all of us would ensure there is not a loophole that would deny coverage to 7 million veterans. This is too important to rush. It is too important to make errors like this. It is darn sure too important to count on the Senate to fix it. And it was our responsibility.

So here we sat with 30 seconds among 15 of us to make points that are important to the American public.

Mr. Speaker, I urge my colleagues: reject this. Come back and do it right, and provide the health care our veterans deserve.

The SPEAKER pro tempore. Members are again reminded to address their remarks to the Chair.

Mrs. BLACK. Mr. Speaker, I continue to reserve the balance of my time.

Mr. SCOTT of Virginia. Mr. Speaker, I yield 1 minute to the gentlewoman from Hawaii (Ms. HANABUSA).

(Ms. HANABUSA asked and was given permission to revise and extend her remarks.)

Ms. HANABUSA. Mr. Speaker, I include in the RECORD a letter from Save Medicaid in Schools, a coalition of dozens of organizations. This letter states that this bill jeopardizes health care for the Nation's most vulnerable children: students with disabilities and students in poverty.

MAY 2, 2017.

Re The American Health Care Act Vote

Hon. MITCH MCCONNELL,
Majority Leader, U.S. Senate,
Washington, DC.
Hon. PAUL RYAN,
Speaker, House of Representatives,
Washington, DC.
Hon. CHUCK SCHUMER,
Minority Leader, U.S. Senate,
Washington, DC.
Hon. NANCY PELOSI,
Minority Leader, House of Representatives,
Washington, DC.

DEAR MAJORITY LEADER MCCONNELL, SPEAKER RYAN, MINORITY LEADER SCHUMER, AND MINORITY LEADER PELOSI: The undersigned member organizations of the Save Medicaid in the Schools Coalition are concerned that the American Health Care Act (AHCA) jeopardizes healthcare for the nation's most vulnerable children: students with disabilities and students in poverty. Specifically, the AHCA reneges on Medicaid's 50+ year commitment to provide America's children with access to vital healthcare services that ensure they have adequate educational opportunities and can contribute to society by imposing a per-capita cap and shifting current and future costs to taxpayers in every state and Congressional district. While children currently comprise almost half of all Medicaid beneficiaries, less than one in five dollars is spent by Medicaid on children. Accordingly, a per-capita cap, even one that is based on different groups of beneficiaries, will disproportionally harm children's access to care, including services received at school. Considering these unintended consequences, we urge a 'no'' vote on The American Health Care Act (AHCA).

Medicaid is a cost-effective and efficient provider of essential health care services for children. School-based Medicaid programs serve as a lifeline to children who can't access critical health care and health services outside of their school. Under this bill, the bulk of the mandated costs of providing health care coverage would be shifted to the States even though health needs and costs of care for children will remain the same or increase. Most analyses of the AHCA project that the Medicaid funding shortfall in support of these mandated services will increase, placing states at greater risk year after year. The federal disinvestment in Medicaid imposed by the AHCA will force States and local communities to increase taxes and reduce or eliminate various programs and services, including other non-Medicaid services. The unintended consequences of the AHCA will force states to cut eligibility, services, and benefits for children.

The projected loss of $880 billion in federal Medicaid dollars will compel States to ration health care for children. Under the per-capita caps included in the AHCA, health care will be rationed and schools will be forced to compete with other critical health care providers—hospitals, physicians, and clinics—that serve Medicaid-eligible children. School-based health services are mandated on the States and those mandates do not cease simply because Medicaid funds are capped by the AHCA. As with many other unfunded mandates, capping Medicaid merely shifts the financial burden of providing services to the States.

MEDICAID ENABLES SCHOOLS TO PROVIDE CRITICAL HEALTH CARE FOR STUDENTS

A school's primary responsibility is to provide students with a high-quality education. However, children cannot learn to their fullest potential with unmet health needs. As such, school district personnel regularly provide critical health services to ensure that all children are ready to learn and able to thrive alongside their peers. Schools deliver health services effectively and efficiently since school is where children spend most of their days. Increasing access to health care services through Medicaid improves health care and educational outcomes for students. Providing health and wellness services for students in poverty and services that benefit students with disabilities ultimately enables more children to become employable and attend higher-education.

Since 1988, Medicaid has permitted payment to schools for certain medically-necessary services provided to children under the Individuals with Disabilities Education Act (IDEA) through an individualized education program (IEP) or individualized family service program (IFSP). Schools are thus eligible to be reimbursed for direct medical services to Medicaid-eligible students with an IEP or IFSP. In addition, districts can receive Medicaid reimbursements for providing Early Periodic Screening Diagnostic and Treatment Benefits (EPSDT), which provide Medicaid-eligible children under age 21 with a broad array of diagnosis and treatment services. The goal of EPSDT is to assure that health problems are diagnosed and treated as early as possible before the problems become complex and treatment is more expensive.

School districts use their Medicaid reimbursement funds in a variety of ways to help support the learning and development of the children they serve. In a 2017 survey of school districts, district officials reported that two-thirds of Medicaid dollars are used to support the work of health professionals and other specialized instructional support personnel (e.g., speech-language pathologists, audiologists, occupational therapists, school psychologists, school social workers, and school nurses) who provide comprehensive health and mental health services to students. Districts also use these funds to expand the availability of a wide range of health and mental health services available to students in poverty, who are more likely to lack consistent access to healthcare professionals. Further, some districts depend on Medicaid reimbursements to purchase and update specialized equipment (e.g., walkers, wheelchairs, exercise equipment, special playground equipment, and equipment to assist with hearing and seeing) as well as assistive technology for students with disabilities to help them learn alongside their peers.

School districts would stand to lose much of their funding for Medicaid under the AHCA. Schools currently receive roughly $4 billion in Medicaid reimbursements each year. Yet under this proposal, states would no longer have to consider schools as eligible Medicaid providers, which would mean that districts would have the same obligation to provide services for students with disabilities under IDEA, but no Medicaid dollars to provide medically-necessary services. Schools would be unable to provide EPSDT to students, which would mean screenings and treatment that take place in school settings would have to be moved to physician offices or hospital emergency rooms, where some families may not visit regularly or where costs are much higher.

In addition, basic health screenings for vision, hearing, and mental health problems for students would no longer be possible, making these problems more difficult to address and expensive to treat. Moving health screenings out of schools also reduces access to early identification and treatment, which also leads to more costly treatment down the road. Efforts by schools to enroll eligible students in Medicaid, as required, would also decline.

THE CONSEQUENCES OF MEDICAID PER CAPITA CAPS WILL POTENTIALLY BE DEVASTATING FOR CHILDREN

Significant reductions to Medicaid spending could have devastating effects on our nation's children, especially those with disabilities. Due to the underfunding of IDEA, districts rely on Medicaid reimbursements to ensure students with disabilities have access to the supports and services they need to access a Free and Appropriate Public Education (FAPE) and Early Intervention services. Potential consequences of this critical loss of funds include:

Fewer health services: Providing comprehensive physical and mental health services in schools improves accessibility for many children and youth, particularly in high-needs and hard-to-serve areas, such as rural and urban communities. In a 2017 survey of school district leaders, half of them indicated they recently took steps to increase Medicaid enrollment in their districts. Reduced funding for Medicaid would result in decreased access to critical health care for many children.

Cuts to general education: Cuts in Medicaid funding would require districts to divert funds from other educational programs to provide the services as mandated under IDEA. These funding reductions could result in an elimination of program cuts of equivalent cost in ''non-mandated'' areas of regular education.

Higher taxes: Many districts rely on Medicaid reimbursements to cover personnel costs for their special education programs. A loss in Medicaid dollars could lead to deficits in districts that require increases in property taxes or new levies to cover the costs of the special education programs.

Job loss: Districts use Medicaid reimbursement to support the salaries and benefits of the staff performing eligible services. Sixty-eight percent of districts use Medicaid funding to pay for direct salaries for health professionals who provide services for students. Cuts to Medicaid funding would impact districts' ability to maintain employment for school nurses, physical and occupational therapists, speech-language pathologists, school social workers, school psychologists, and many other critical school personnel who ensure students with disabilities and those with a variety of educational needs are able to learn.

Fewer critical supplies: Districts use Medicaid reimbursement for critical supplies such as wheelchairs, therapeutic bicycles, hydraulic changing tables, walkers, weighted vests, lifts, and student-specific items that are necessary for each child to access curriculum as closely as possible to their non-disabled peers. Replacing this equipment would be difficult if not impossible without Medicaid reimbursements.

Fewer mental health supports: Seven out of ten students receiving mental health services receive these services at school. Cuts to Medicaid would further marginalize these critical services and leave students without access to care.

Noncompliance with IDEA: Given the failure to commit federal resources to fully fund IDEA, Medicaid reimbursements serve as a critical funding stream to help schools provide the specialized instructional supports that students with disabilities need to be educated alongside their peers.

We urge you to carefully consider the important benefits that Medicaid provides to our nation's most vulnerable children. Schools are often the hub of the community, and converting Medicaid's financing structure to per-capita caps threatens to significantly reduce access to comprehensive health and mental and behavioral health care for children with disabilities and those living in poverty. We look forward to working with you to avert the harmful and unnecessary impacts the AHCA would impose on Medicaid, which has proven to benefit children in a highly effective and cost-effective manner.

If you have questions about the letter or wish to meet to discuss this issue further, please do not hesitate to reach out to the coalition co-chairs: John Hill, Sasha Pudelski and Kelly Vaillancourt Strobach.

Sincerely,

AASA, The School Superintendents Association, Accelify, American Civil Liberties Union, American Dance Therapy Association, American Federation of Teachers, American Foundation for the Blind, American Occupational Therapy Association, American Psychological Association, Association of Assistive Technology Act Programs, Association of Educational Service Agencies, Association of School Business Officials International (ASBO), Association of University Centers on Disabilities, Autistic Self Advocacy Network, Center for American Progress, Center for Public Representation, Clearinghouse on Women's Issues, Colorado School Medicaid Consortium, Conference of Educational Administrators of Schools and Programs for the Deaf, Council for Exceptional Children, Council of Administrators of Special Education, Council of Parent Attorneys and Advocates, Disability Rights Education & Defense Fund.

Division for Early Childhood of the Council for Exceptional Children (DEC), Health and Education Alliance of Louisiana, Healthy Schools Campaign, Healthmaster Holdings LLC, Higher Education Consortium for Special Education, Judge David L. Bazelon Center for Mental Health Law, LEAnet, a national coalition of local education agencies,

Learning Disabilities Association of America, Lutheran Services in America Disability Network, Michigan Association of Intermediate School Administrators, Michigan Association of School Administrators, National Association of Pediatric Nurse Practitioners, National Association of School Nurses, National Association of School Psychologists, National Association of Social Workers, National Association of State Directors of Special Education (NASDSE), National Association of State Head Injury Administrators.

National Black Justice Coalition, National Black Justice Coalition, National Center for Learning Disabilities, National Association of Councils on Developmental Disabilities, National Disability Rights Network, National Down Syndrome Congress, National Education Association, National Health Law Program, National Respite Coalition, National Rural Education Advocacy Collaborative, National Rural Education Association, National School Boards Association, Paradigm Healthcare Services, School Social Work Association of America, School-Based Health Alliance, Share Our Strength, Society for Public Health Education, Teacher Education Division of the Council for Exceptional Children, The Arc of the United States, United Way Worldwide.

Ms. HANABUSA. Mr. Speaker, I rise in strong opposition to the TrumpCare Act. I am fortunate to have been born and raised in Hawaii where we are taught to never forget our seniors, our kupuna.

AARP, with a national membership of 38 million and over 150,000 in Hawaii, remains steadfastly opposed to TrumpCare. The amendment proposed today makes the bill worse. And for our kupuna in Hawaii and nationally, they will have no relief from the age tax.

This chart shows how much more at age 64 a person will pay in premiums, almost $6,800 in Hawaii where we have one of the best health cares. A 55-year-old will see a premium increase of almost $3,600 a year. Why? What did the seniors do that TrumpCare wants to penalize them and pay such a premium when they are moving towards retirement? TrumpCare is out to get those 50 to 64 with this terrible age tax.

Vote against H.R. 1628. These numbers will not be different in your districts.

Mrs. BLACK. I continue to reserve the balance of my time.

Mr. SCOTT of Virginia. Mr. Speaker, could you advise us how much time is remaining on both sides?

The SPEAKER pro tempore. The gentleman from Virginia has 5½ minutes remaining, and the gentlewoman from Tennessee has 2½ minutes remaining.

Mr. SCOTT of Virginia. Mr. Speaker, I yield 1 minute to the gentlewoman from Illinois (Mrs. BUSTOS).

(Mrs. BUSTOS asked and was given permission to revise and extend her remarks.)

□ 1315

Mrs. BUSTOS. Mr. Speaker, I include in the RECORD letters from the United Steelworkers, the AFL–CIO, and the International Brotherhood of Teamsters in relation to this bill.

UNITED STEELWORKERS,
May 3, 2017.

HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the members of the United Steelworkers union (USW), I continue to urge you to oppose the American Health Care Act (AHCA), despite proposed amendments. This legislation will adversely affect every American's health insurance benefits including workplace plans, Medicare, Medicaid, and the individual market.

This harmful and partisan legislation will cause tens of millions to lose insurance coverage over the next decade. Deductibles and premiums are expected to rise. In short, rather than reducing costs of health care, this bill will simply shift costs to working Americans and their families while cutting taxes for the wealthy and corporations.

The MacArthur Amendment allows states to opt out of certain protections under the Affordable Care Act such as the requirements that insurers provide plans with a minimum package of services and don't discriminate against people with pre-existing conditions. The amendment also lets states allow insurance companies to charge older people up to five times what they charge younger people. This amendment will allow for an uneven patchwork of insurance coverage across the country and will make insurance cost prohibitive for many working and retired Americans. Although lawmakers are working to address the treatment of individuals with pre-existing conditions, none of the proposals have adequately addressed the costs associated with removal of the Affordable Care Act's protections for those individuals.

Overall, the AHCA is a transfer of wealth from working Americans to the very wealthy and to corporations including the pharmaceutical industry, insurance companies, and medical device manufacturers. It removes taxes on the very wealthy and on corporations, giving the wealthiest 400 household an average tax cut of about $7 million each. Meanwhile, the bill retains the ''Cadillac Tax'' which puts the burden of the cost of this legislation squarely on the backs of middle class working families.

Most of our members are covered under employer-negotiated insurance plans. However, the AHCA removes the employer-mandate included in the Affordable Care Act. This dramatically changes the incentive and landscape for employer-sponsored insurance, which threatens the system that provides insurance for millions of hard-working Americans. CBO estimated that 7 million people will lost their workplace coverage as a result of this bill.

The AHCA also undoes protections and assistance for older Americans and our members who are retirees with dramatically increased out-of-pocket costs to Americans who are older but not yet eligible for Medicare. For those who will or currently rely on Medicare this bill reduces the solvency of the program by three years by repealing taxes on the wealthy and on corporations.

Additionally, this bill makes perilous cuts to Medicaid which provides health care to low-income Americans who have been laid off, work at low-paying jobs, are disabled, or are elderly. This will strain already limited state budgets, restrict the needy Americans who are eligible for assistance, and eliminate needed services.

Our members who work in the health care industry may also be affected by job losses and strained budgets caused by the passage of this bill. Providers (our employers) may be subjected to lower reimbursement rates from state Medicaid programs as a result of the federal cuts. Also, the costs of uncompensated care will rise as millions of Americans lose health insurance but still need health care treatment for illnesses and injuries. Once again, hard-working middle class health care workers will have to bear the costs of this harmful legislation.

The amendments to the bill do not change the fundamental flaws in the legislation enough to make it worthy of your support. Harmful tax cuts are retained, and the bill would not do anything to reduce costs or to prevent Americans from losing health insurance—in fact, this bill would make those problems worse.

The American Health Care Act is a harmful piece of legislation that does not solve the problems in our current health insurance system. Despite amendments, the costs of this bill would still be borne by working families, making health care less affordable and less accessible. The United Steelworkers strongly opposes the AHCA and we urge you to vote against it.

Sincerely,

LEO W. GERARD,
International President.

AFL–CFO,
May 4, 2017.

HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the 12.5 million working people represented by the AFL–CFO, I urge you to oppose the American Health Care Act (AHCA, H.R. 1628). In a stunning fashion, this bill takes health coverage away from about 24 million people while providing massive tax cuts for the wealthy and large corporations. No one in good conscience can support this legislation.

It is important to understand what is driving Republicans to pursue a massive roll back in health coverage. While it is packaged as health care reform, a straightforward look at this legislation shows that it is fundamentally designed to pare back public commitments to health coverage in order to benefit the wealthy.

House Speaker Paul Ryan publically boasted that the AHCA is a ''trillion dollar tax cut'' that will benefit corporations and pave the way for further tax ''reform.'' He made clear that repealing the Affordable Care Act (ACA) taxes is a major aim of the bill. The tax cuts, however, largely go to higher earners and corporations. The one ACA tax left intact is the only one that predominantly impacts working people—the so-called ''Cadillac'' tax on workplace health benefits.

There are terrible human costs to this upward redistribution of wealth. Millions of individuals will again face the dilemma of choosing between getting life-saving medical treatment and meeting their families' basic financial needs.

The AHCA replaces ACA subsidies that support a minimum level of coverage with tax credits so small that at least 3 million people will be unable to afford coverage in the individual market, according to the Congressional Budget Office (CBO). Millions more will find that they can only afford skimpy coverage that will leave them exposed to substantial costs should they face major sickness, undoubtedly increasing the number of medical bankruptcies. The bill allows insurers to require that seniors in the individual market pay five times as much in premiums as younger adults, imposing an ''age tax.''

The bill also decimates Medicaid, ending the program as we know it—placing seniors, people with disabilities, and children in jeopardy of losing access to care. The AHCA slashes the program by $839 billion dollars over ten years, and CBO estimates that these cuts will result in 14 million people losing their coverage. In using the program as a

piggy bank, without efforts to improve the services it provides, the AHCA manages to shift resources away from many of the nation's most vulnerable people as part of its redistribution project.

Medicare is not spared either. The bill pulls approximately $77 billion from the Medicare Hospital Insurance Trust Fund to provide a tax cut to the wealthy, shortening the lifespan of the fund. An additional $28 billion is extracted from Medicare's trust fund for outpatient medical services, to provide a tax break for pharmaceutical companies.

Employer-based health insurance, the nation's major source of coverage, also gets hit. The AHCA preserves the so-called ''Cadillac'' tax on workplace health coverage that will impact more than 42 percent of large employer plans when it goes into effect. Economists predict the tax will cause employers to hollow-out the coverage provided in their plans, exposing workers to higher out-of-pocket costs, such as deductibles and copays. In some cases, employers are expected to drop coverage altogether. The bill also eliminates the penalty that employers face when they do not comply with the ACA's employer shared responsibility requirements. 030 estimates that seven million people will lose employer-based coverage under the AHCA.

These sacrifices in health coverage finance stunning tax cuts for the very wealthy and corporations. The legislation provides the 400 highest-income households with an average annual tax cut of $7 million each. Large corporations see impressive windfalls. The AHCA gives insurance companies alone $145 billion in tax relief, while medical device makers get $20 billion, and pharmaceutical companies benefit by paying less into Medicare.

The reasons for opposing this legislation, which sacrifices health coverage for millions to support tax cuts for the few, are clear. We hope you stand with working people when you make your choice.

Sincerely,

WILLIAM SAMUEL,
Director,
Government Affairs Department.

INTERNATIONAL BROTHERHOOD
OF TEAMSTERS,
May 4, 2017.

House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the 1.4 million members of the International Brotherhood of Teamsters and their families, I urge you to vote no on the American Health Care Act (AHCA) today. The Teamsters have long opposed proposals to tax worker health benefits and this legislation retains the 40 percent excise tax on high quality health care plans which would ultimately reduce the health benefits that hard working Americans receive and increase their out of pocket costs. The amendments added to the bill do nothing to allay Teamster concerns nor address the fundamental flaws of the underlying bill. The amendments make the bill worse than before by opening the door to the erosion or elimination of minimum coverage and pre-existing condition protections and by allowing insurers to charge older adults much higher premiums. It does not change the fact that the millions of American families will lose health insurance.

Congress should be looking for ways to strengthen the middle class instead of promoting policies that will ultimately take money from their hard earned paychecks and reduce, and make more costly, the health care benefits they receive.

The American Health Care Act remains fatally flawed Accordingly, I call on you to oppose and vote no on the American Health Care Act when it comes to the floor today.

Sincerely,

JAMES P. HOFFA,
General President.

Mrs. BUSTOS. Mr. Speaker, this is not how Washington is supposed to work. We are supposed to improve the lives of hardworking people. Instead, this reckless and dangerous TrumpCare bill would undermine both the health and the economic security of millions of Americans, people like Emily Carlson.

Emily is a small-business owner and mother of two from rural Abingdon, Illinois. She lives with MS, a lifelong and very expensive preexisting condition. Before healthcare reform, Emily and her husband, Kevin, a farmer, often had to sit around the table at night, go over their bills, and decide between sickness or debt from one month to the next. If this bill passes, that is a choice they are going to have to face once again.

For families like the Carlsons, TrumpCare means higher costs, fewer choices, and worse coverage.

TrumpCare is a bad deal for Americans, but it is devastating for rural Americans. Right now, there are nearly 700 rural hospitals at risk of closure. This bill will pull the plug on far too many of them, killing thousands of jobs and ripping the economic heart out of small towns across our Nation.

It is time to put hardworking families first. Do the right thing, and vote against this bill.

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

Mr. SCOTT of Virginia. Mr. Speaker, I yield 1 minute to the gentlewoman from New Hampshire (Ms. SHEA-PORTER).

(Ms. SHEA-PORTER asked and was given permission to revise and extend her remarks.)

Ms. SHEA-PORTER. Mr. Speaker, I include in the RECORD a letter from the American Cancer Society, which states cancer patients and survivors need affordable, accessible insurance coverage with no preexisting condition exclusions or annual and lifetime caps and that high-risk pools have failed to meet these basic needs.

AMERICAN CANCER SOCIETY
CANCER ACTION NETWORK,
Washington, DC, May 3, 2017.

Hon. PAUL RYAN,
Speaker of the House, House of Representatives, Washington, DC.
Hon. NANCY PELOSI,
Minority Leader, House of Representatives, Washington, DC.

DEAR SPEAKER RYAN AND MINORITY LEADER PELOSI: The American Cancer Society Cancer Action Network (ACS CAN) is deeply concerned about the reports of additional amendments to the American Health Care Act (AHCA), including one that would allegedly add $8 billion in new spending for state high-risk pools. This amendment is particularly egregious because it would further incent states to apply for waivers from current-law market rules that protect patients with pre-existing conditions.

Historically, state high-risk pools have fallen short of providing coverage of prevention, treatment and follow-up care for cancer patients and survivors. Segmenting people with cancer and other serious illnesses away from the private marketplace and into high-risk pools absent an adequate and permanent source of public funding has never been an adequate solution.

Between 1976 and 2010, 35 states created high-risk pools to cover individuals who could not otherwise purchase insurance in the private market, usually because of a pre-existing condition. Every one of those risk pools experienced net operating losses year after year. Furthermore, high-risk pools did not result in lower premiums. All of them set premiums above the non-group market average or standard rate in the state, usually by 150–200 percent. Only a few states provided additional premium assistance for low-income individuals, leaving many who could not afford premiums priced out of the program. Most states also imposed waiting periods before covering pre-existing conditions. An individual with a prior cancer diagnosis often had to wait 6–12 months before the high-risk pool would cover the costs associated with cancer treatment or follow-up survivorship care. Most states imposed limitations on coverage with either lifetime or annual limits. And most plans offered deductibles of $1,000 or higher. Neither AHCA, nor the new amendment would fully protect patients from any of those conditions.

Cancer patients and survivors need insurance coverage that is affordable, readily accessible, and protects them from pre-existing condition exclusions, annual and lifetime caps on coverage and extraordinary out-of-pocket costs. Past experience has shown that high-risk pools failed to meet these basic needs, yet still were a drain on state budgets.

As we have indicated in our earlier letters, there are reasonable fixes that could be made to the current law. We stand ready to work with you to develop policies that improve the law and encourage a robust health insurance market that provides affordable and comprehensive coverage options.

Sincerely,

CHRISTOPHER W. HANSEN,
President.

Ms. SHEA-PORTER. Mr. Speaker, I oppose this cruel bill on behalf of my constituents, especially those it would hurt the most: people with preexisting conditions, older Americans, veterans, and lower income people.

If this bill passes, we will go back to the days when people with preexisting conditions could be denied coverage or charged more, when insurers could decide whether or not to cover basic care like hospitalization, and when sick babies might hit their insurer's lifetime coverage limit before they could even walk.

Under this bill, older Americans will pay more. In fact, Americans aged 50 to 64 would pay premiums five times higher than others. Veterans will lose access to tax credits that make private coverage affordable, and lower income people will be hurt.

Taking away Medicaid expansion would put affordable coverage out of reach for millions and set us back in the fight against the heroin, fentanyl, and opioid crisis.

Instead of this cruel bill, let's come together to improve health care, not take health insurance away from millions just to give tax credits to the wealthiest. We are better than that.

Mrs. BLACK. Mr. Speaker, I yield 30 seconds to myself.

The American Health Care Act has gone through many fits and starts over the last few months. This bill begins to fulfill our promise to the American people by reducing costs for American families. It eliminates ObamaCare's burdens on small businesses and families and protects those with preexisting conditions. We must continue to work to build on this.

I yield 1 minute to the gentleman from California (Mr. MCCARTHY), our majority leader.

Mr. MCCARTHY. Mr. Speaker, I thank the gentlewoman from Tennessee for yielding, but, more importantly, I thank Congresswoman DIANE BLACK for more than four decades as a nurse, for caring for the sick, for her passion for the unborn, and for her work on this legislation.

Now, Mr. Speaker, Americans are a practical people. We know that we can have fair health care that helps those who need it without trapping everyone in a government-run system dreamed up by Washington's central planners.

Now, contrary to our freedom, ObamaCare forced the American people to purchase insurance. Contrary to our well-being, ObamaCare imposed taxes we cannot bear. Contrary to what is responsible and right, ObamaCare made Medicaid unsustainable for the people most in need. And contrary to common sense, ObamaCare regulations continued to drive up the cost of insurance beyond what people can afford.

You want to know how ObamaCare is working? Just read this week's papers. Now, let me take you all the way back to yesterday. This is the headline: ''Medica, the last insurer selling individual health policies in most of Iowa, likely to exit.''

Now, 94 of the 99 counties will have no insurer in Iowa. Ninety-four of the 94 counties in Iowa will have no insurer.

Here is another headline from yesterday: ''Aetna will exit ObamaCare markets in Virginia in 2018.''

Humana left the ObamaCare exchanges. Blue Cross left Nebraska. United Healthcare left all but a handful of markets this year.

Mr. Speaker, we have roughly 3,000 counties in all of America. One-third, 1,022, only have one provider. Soon, more counties will have none.

So do you know what doesn't cover preexisting conditions? A healthcare system that doesn't have coverage. No options means no coverage. That is the road ObamaCare is leading us down, and doing nothing leaves too many Americans out in the cold.

Now, Mr. Speaker, we will not stand for that. We tried the ObamaCare way. It is failing remarkably, and the American people are demanding a change.

Now we have a chance to do something great. We could have care without control, stability without centralization, and support without mandates. We have a chance to listen to the American people and repeal and replace ObamaCare.

The American Health Care Act will repeal the individual and employer mandates. It will repeal ObamaCare taxes. It will repeal ObamaCare rules. It will repeal ObamaCare subsidies. And it will do what is right by stopping taxpayer funding for abortion providers and by refocusing Medicaid on those who most need it. We replace all of that with a system that protects those with preexisting conditions.

Mr. Speaker, I heard a lot about this bill, and this bill is not 2,000 pages. It is less than 130. But, Mr. Speaker, I have heard things on this floor that are not true.

So let me state it one more time. We will replace all that with a system that protects those with preexisting conditions and then reduces premiums through the tried-and-true process of fair competition.

As the price of insurance decreases, we give those who still can't quite afford it a step up through tax credits and expanded health savings accounts. This is fundamental and structural reform.

Now, Mr. Speaker, since I have had the honor to stand on this floor and serve in this House, this body has done many good things. We have stood time and again for what was best for our country, struggling against other branches for so long. Many times that required us to dig in our heels and stop something terrible. It is good to stop bad things from happening, but it is great to make good things happen. Finally, after years of waiting, we have the chance to do something good today.

This bill is not perfect. No bill could be. The question is not: Why can't it be made perfect? The question is: Do we retreat or do we act? Do we take this great leap to repeal and replace ObamaCare, extend a hand to our fellow citizens most in need and break free from Washington control, or do we continue to wait for a day that is already here in the hope of a better day that may never come?

We were not sent here to wait. We are called to action. This is our opportunity. Mr. Speaker, I do not want to read another day of headlines of more people going without insurance, without insurance without preexisting conditions, without coverage.

Today we will do something good. That is why today we will act.

Mr. SCOTT of Virginia. Mr. Speaker, I remind my colleague that his vote for this bill could take away protections for preexisting conditions from almost 6 million people in California who would have access to coverage. Those with diabetes could see their premiums go up by $5,000 a year.

Mr. Speaker, I yield to the gentleman from Florida (Mr. CRIST) for the purpose of a unanimous consent request.

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

Mr. CRIST. Mr. Speaker, this is a terrible bill. This bill will cut 24 million Americans out of health insurance. This bill will gut Planned Parenthood in the first year, affecting women across the country. And it will cut $850 billion out of Medicaid hurting the poor and the disabled in our country. It is unconscionable.

The SPEAKER pro tempore. Is the gentleman from Virginia yielding for the purpose of debate?

Mr. SCOTT of Virginia. No. Just for the purpose of a unanimous consent request.

The SPEAKER pro tempore. The gentleman is engaging in debate. The time of the gentleman will be deducted.

Mr. SCOTT of Virginia. Would the Speaker advise how much time is remaining?

The SPEAKER pro tempore. The gentleman has 3¼ minutes remaining.

Mr. SCOTT of Virginia. Mr. Speaker, I yield to the gentleman from New York (Mr. ENGEL) for the purpose of a unanimous consent request.

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

Mr. ENGEL. Mr. Speaker, I rise in strong opposition to this bill, and I include in the RECORD a statement of the American Hospital Association against the bill.

I just want to say this bill can have a very simple slogan: American people are going to pay more and get less. That is what this bill does.

STATEMENT ON THE AMERICAN HEALTH CARE ACT

(By Rick Pollack, President and CEO, American Hospital Association, April 27, 2017)

The latest version of the AHCA continues to put health coverage in jeopardy for many Americans. Our top concern is what this change could mean for older and sicker patients, including those with preexisting conditions, such as cancer patients and those with chronic conditions. For these reasons, along with our previously stated concerns about the AHCA, we cannot support the bill. However, we urge Congress to continue to work with stakeholders on a solution that provides meaningful coverage.

The amendment proposed this week would dramatically worsen the bill. The changes included put consumer protections at greater risk by allowing states to waive the essential health benefit standards, which could leave patients without access to critical health services and increase out-of-pocket spending. This could allow plans to set premium prices based on individual risk for some consumers, which could significantly raise costs for those with pre-existing conditions.

Additionally, the Congressional Budget Office has not yet scored the amendment. However, CBO previously projected that the AHCA would result in 24 million fewer people covered in 2026. It is unlikely this amendment would improve these coverage estimates.

As the backbone of America's health safety-net, hospitals and health systems must protect access to care for those who need it and ensure that the most vulnerable patients are not left behind. The AHCA continues to fall far short of that goal.

Mr. SCOTT of Virginia. Mr. Speaker, I yield to the gentleman from Georgia (Mr. DAVID SCOTT) for the purpose of a unanimous consent request.

Mr. DAVID SCOTT of Georgia. Mr. Speaker, I ask unanimous consent to make one point: It is most shameful to take $882 billion out of Medicaid to help the poor—

The SPEAKER pro tempore. The gentleman is not making a unanimous consent request.

Mr. DAVID SCOTT of Georgia.—and give it to the wealthy. That is the wrong thing to do.

The SPEAKER pro tempore. The gentleman is not recognized.

Mr. SCOTT of Virginia. Mr. Speaker, would the Speaker advise again how much time is remaining?

The SPEAKER pro tempore. The gentleman has 3¼ minutes remaining.

Mr. SCOTT of Virginia. Mr. Speaker, I yield 2¼ minutes to the gentleman from South Carolina (Mr. CLYBURN).

Mr. CLYBURN. Mr. Speaker, I rise in strong opposition to the Republican's pay-more-for-less healthcare plan.

I often repeat the 1966 observation of Martin Luther King, Jr., that, of all the inequalities that exist, the injustice in health care is the most egregious and inhumane.

On the day it was passed, I observed that the Affordable Care Act is the Civil Rights Act of the 21st century. Repealing the Affordable Care Act would be inhumane and put egregious forms of discrimination back into our healthcare delivery system.

My Republican colleagues and President Trump have promised more coverage and less cost for everyone. However, this plan would allow all States to eliminate essential health benefits, such as maternity and newborn coverage, prescription drugs, hospitalization, emergency coverage, and mental health services. It would also allow States to tax older Americans five times more than younger Americans.

Republicans are reneging on their promise to protect Americans with preexisting conditions. Without essential health benefits standards, protections for those with preexisting conditions will exist in name only.

Repeal of the essential health benefits would drive a race to the bottom, with insurers dropping coverage for everything from chemotherapy to high-cost drugs.

It would precipitate a proliferation of junk policies that have historically plagued unsuspecting low-income communities for years. People with preexisting conditions who need these and other costly services would not be able to find the coverage they need at any price, much less an affordable one. We took a giant step away from this with the ACA, but this Republican bill takes us back to that era where people with preexisting conditions are left in the cold.

Adding money to a State slush fund is not a solution. Repealing the ACA would, once again, institutionalize inhumanity and egregiousness.

□ 1330

Mrs. BLACK. Mr. Speaker, I am prepared to close, and I reserve the balance of my time.

Mr. SCOTT of Virginia. Mr. Speaker, I yield the balance of my time to the gentlewoman from California (Ms. PELOSI), the Democratic leader, for our closing statement.

Ms. PELOSI. Mr. Speaker, I thank the gentleman for yielding. I thank him, Congressman SCOTT, I thank FRANK PALLONE, JOHN YARMUTH, RITCHIE NEAL, our ranking members, who have done such excellent work on this debate on the values of our country.

Mr. Speaker, our colleague, Mr. CLYBURN, began his remarks quoting Reverend Dr. Martin Luther King, and I want to join him. I think those words bear repeating. Over 50 years ago, Dr. King said: ''Of all of the forms of inequality, injustice in health care is the most shocking and the most inhumane because it often results in physical death.''

We come to the floor with the moral force of Dr. Martin Luther King's words in our hearts: Affordable health care is a civil right, a fundamental right for every person in our country, not just the privileged few.

And so, in the spirit of Mr. CLYBURN and Dr. King, let us be prayerful about how we go forward on this very personal issue about the well-being of every person in our country.

Speaker RYAN once called this bill an act of mercy. There is no mercy here. Indeed, inequality and inhumanity is exactly what TrumpCare has in store for the American people. But when he said it is an act of mercy, here is what others said.

From the beginning, TrumpCare was a moral monstrosity that will devastate seniors, children, and hard-working Americans. That was from me. But don't take it from me.

Sister Simone Campbell said: This is not the faithful way forward and must be rejected.

The Catholic Health Association wrote: We strongly encourage the full House to reject this replacement bill.

And the United Methodist Church, opposing TrumpCare, this is what they said: People will die because of efforts like this to roll back health care.

Lutheran Services in America said: TrumpCare will jeopardize the health care and long-term services and supports of millions of Americans.

The Episcopal Church said: TrumpCare falls woefully short of our spiritual calling to care for the least of these, as well as the noble values upon which our great Nation was founded.

And all that was said before the Republicans decided to destroy the protections of Americans with preexisting conditions.

I grant our Republican friends their position. I respect them and their constituents who sent them here. But I reject the wrong priorities in TrumpCare—tax cuts for the rich at the expense of the health insurance for tens of millions of working families across America.

TrumpCare very clearly spotlights the differences in priorities between Democrats and Republicans in Congress. It has stepped forward in the longstanding Republican belief that Medicare should wither on the vine, that Medicaid should be shrunken, and that Social Security should be privatized.

If you believe in the health and well-being of the American people, you must reject this bill before us now. It is what TrumpCare—here is what it means to the American people. You know, much has been said about policy here today and over time. Much has been said about politics, what are the politics of this.

What is really important is what this means to the American people. And they know they are listening. They know what it means to them.

It means, TrumpCare does, it forces families to pay higher premiums and deductibles, increasing out-of-pocket costs. Higher costs.

Less coverage. TrumpCare will take away health care from more than 24 million hardworking Americans.

A crushing age tax. TrumpCare forces Americans aged 50 to 64 to pay premiums five times higher than what others pay for health coverage, no matter how healthy they are.

It steals from Medicare. TrumpCare shortens the life of the Medicare trust fund and ransacks funds that seniors depend on to get long-term care they need. That is why it is consistent with their wither on the vine for Medicare philosophy.

And then, if that were not bad enough, and they couldn't pass their bill because it was that bad, they moved further away from the American people by gutting key protections. TrumpCare eviscerates essential health benefits such as maternity care, prescription drugs, emergency coverage, prenatal care, and guts protections for Americans with preexisting medical conditions.

As bad as TrumpCare was the first time around, you know, it was dead. It died. It died right here on the floor. Now it has come back to life like a zombie, even more scary than before, and it is even worse.

If Republicans had their way, Americans with preexisting conditions will be pushed off their insurance and segregated into high-risk pools, where they will face soaring costs, worse coverage, and restricted care.

TrumpCare means huge premium increases. It is a frightening future for families who need affordable, dependable care the most.

Now, on the floor, the Republicans have recklessly, and some would say fraudulently, claimed that TrumpCare covers Americans with preexisting conditions. It does not.

As Robert Graboyes at the conservative Mercatus Center said about the Upton amendment: ''. . . the $8 billion amount is a pittance. Spread over 5 years, it is a fifth of a pittance.''

As Karen Pollitz from the Kaiser Family Foundation said, the Upton

amendment will cover the costs for only 1 percent of the individual market. Others have given it up to 5 percent; 1 to 5 percent. Does that mean covering? No.

Forcing a vote without a CBO score shows that the Republicans are afraid of the facts. They are afraid of learning the full consequences of their plan to push Americans with preexisting conditions into the cold or, as my colleague from New York said, off the sidewalk.

If Republicans thought they were really protecting people, they wouldn't be afraid of the facts. But they are also afraid of the truth, and the truth that would come forth if we knew the facts. And they are afraid that the American people would find out that this is not a healthcare bill, this is a tax bill disguised as a health bill.

This is a bill that is one of the biggest transfers of wealth from the middle class to the richest people and corporations in America. This is a tax bill not a healthcare bill. That is why they have to do it now so they can get on with their tax bill.

But the suffering TrumpCare will inflict on the sick is all too clear. That is why this disastrous bill has been condemned by the American Medical Association, the American Cancer Society, the American Diabetes Association, the American Heart Association, the American Lung Association, the American Society of Clinical Oncology, the Cystic Fibrosis Foundation, AIDS United, the Children's Hospital Association, AARP, the March of Dimes. The list goes on and on—the American Cancer Society.

Instead of reading all of these pages, I include them for the RECORD.

Trumpcare—pulled from the House Floor by Speaker Paul Ryan on March 24—already meant higher health costs, more than 24 million Americans losing their health coverage, gutting key protections, a crushing Age Tax, and stealing from Medicare.

Amazingly, Republicans have managed to make Trumpcare even worse. The MacArthur Amendment would completely gut the protections for people with pre-existing conditions by allowing states to waive essential health benefits and community rating rules, which prevent insurers from charging people with pre-existing conditions more. This will make it all but impossible for millions of Americans fighting illness to afford the coverage they desperately need.

As seen below, over the last few days, the number of health care, consumer, seniors, children, disability and other groups that are speaking out against Trumpcare continues to grow.

A Coalition of Patient Advocacy Groups, Including American Cancer Society, American Heart Association, American Lung Association, American Diabetes Association, and March of Dimes: ''In March, our patient advocacy organizations collectively urged Congress to ensure that any changes made to the Patient Protection and Affordable Care Act (ACA) provide affordable, accessible and adequate coverage and do not result in a loss of coverage for any Americans. The AHCA would do the opposite, causing at least 24 million Americans to lose health insurance, according to the non-partisan Congressional Budget Office. . . . We are alarmed by recent harmful changes to AHCA . . . These changes include allowing states to waive the requirement for essential health benefits . . . Another change allows states to waive protections against health status rating. Weakening these rules would enable insurers to charge higher prices to people with pre-existing conditions, possibly making insurance unaffordable for those who need it most. . . . The individuals and families we represent cannot go back to a time when people with pre-existing conditions could be denied coverage or forced to choose between purchasing basic necessities and affording their health care coverage. Given these factors, we oppose the latest draft of the AHCA. We urge Members of Congress to reject this legislation.'' [5/1/17]

American Academy of Pediatrics, American College of Physicians, American Congress of Obstetricians and Gynecologists, National Association of Nurse Practitioners in Women's Health, National Partnership for Women & Families: ''Rather than support recent gains in women's access to healthcare and coverage, the MacArthur Amendment and AHCA turn back the clock and reverse hard-won progress. . . . The MacArthur Amendment would enable states to waive EHBs including those for maternity and newborn care, preventive services, and services for mental health and substance use disorders; [and] to waive community rating rules. . . . Supporters of the bill claim this bill maintains protections for those with preexisting conditions, but allowing states to waive coverage of EHB and charge people more based on their health status renders the promise of coverage for preexisting conditions to be meaningless. . . . Women and families must not be made to suffer, lose access to care and coverage, and pay higher healthcare costs. . . . The AHCA and the MacArthur Amendment turn the clock back on women's health and should not move forward.'' [5/1/17]

Association of American Medical Colleges: ''This week, the House could vote on a new version of the American Health Care Act that includes the MacArthur amendment. . . . The [MacArthur] amendment's treatment of essential health benefits and health status underwriting dilutes protections for many Americans and would leave individuals with preexisting conditions facing higher premiums and reduced access to care. The shortcomings in the underlying bill remain the same. The original analysis from the Congressional Budget Office indicated that 14 million Americans would lose their health insurance coverage as early as next year, and as many as 24 million by 2024. Nothing in the bill has changed that alters the fact that this legislation would lead to fewer Americans with quality insurance, less affordable coverage for those who have it, and the destabilization of the current Medicaid program.'' [5/2/17]

Children's Hospital Association: ''On behalf of our nation's children's hospitals and the patients and families they serve, Children's Hospital Association (CHA) continues to oppose the newly modified American Health Care Act (AHCA) and strongly urges the House of Representatives to reject the bill. Recently adopted changes only worsen the AHCA by putting children with preexisting conditions at increased risk of losing health care coverage and failing to correct the Medicaid cuts that would impact over 30 million kids. . . . The block grant option in particular would be devastating to children as it eliminates Medicaid's EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) benefit which ensures children receive immunizations, mental health assessments and vision, eye and hearing exams as well as other medical services they might need. CHA urgently asks members of Congress to vote against the AHCA.'' [4/27/17]

Children's Leadership Council: ''The Children's Leadership Council opposes the American Health Care Act (AHCA) because it would jeopardize health care for millions of babies, children, youth and families. We urge you to vote NO on this legislation. . . . The ACHA's changes to Medicaid would radically restructure a program that has worked for more than 50 years to support children's health. The Medicaid cap would shift $839 billion to states, forcing them to cut eligibility, benefits, or provider rates that could have disastrous health consequences. There is no question that the massive cuts to Medicaid, increased premiums likely for millions of families, and eliminating the Essential Health Benefits requirements under current law will seriously harm children and families. . . . This legislation is a dangerous step backward.'' [5/1/17]

Consortium for Citizens with Disabilities: ''The Consortium for Citizens with Disabilities (CCD) is strongly opposed to the amended American Health Care Act. The amended American Health Care Act retains the original bill's proposals to dramatically cut Medicaid services that are vital to people with disabilities and seniors through per capita caps, which CCD has opposed. . . . The newest amendments to the American Health Care Act make the bill even more harmful to people with disabilities. The new amendments would allow states to easily obtain waivers that would allow them to charge higher premiums to people with pre-existing conditions, including people with disabilities. They would also allow states to seek waivers from the Affordable Care Act's requirement to provide essential health benefits, including services for people with disabilities . . . We urge you to oppose the bill should it come to a vote.'' [4/28/17]

National Education Association: ''Apparently, snatching health care coverage from children and families was not enough for House Republican leaders and the Trump administration. To make a terrible bill even worse, a new amendment to the American Health Care Act (AHCA) would allow states to jettison existing essential health benefit requirements and permit insurance companies to charge people with pre-existing conditions more than they charge healthy people. . . . If the AHCA and new amendment are enacted, millions of kids and families would effectively lose the health care coverage they need. The new amendment also threatens to make insurance for people with pre-existing conditions prohibitively expensive.'' [4/27/17]

American Society of Clinical Oncology: ''On behalf of the American Society of Clinical Oncology (ASCO), I write to express our strong opposition to the American Health Care Act (AHCA), as currently amended. . . . Studies show that when cancer patients do not have adequate insurance they receive less care, receive it later, and have worse outcomes than those with better insurance coverage. . . . The AHCA as currently constructed will create or worsen barriers to care. It will add costs to the system, decrease access to appropriate treatment and increase existing disparities of care. We are especially concerned with provisions allowing state waivers that could erode important protections for people with cancer, including pre-existing condition safeguards, coverage of essential services, and access to affordable health insurance. . . . ASCO strongly opposes passage of the AHCA in its current form.'' [4/27/17]

American Thoracic Society: ''On behalf of the 16,000 members of the American Thoracic Society (ATS), I want to voice my grave concerns with the latest legislative proposal developed to repeal and replace the Affordable Care Act (ACA). . . . The ATS opposes any

legislation that does not ensure affordable health insurance coverage for Americans currently insured under the ACA. We are concerned that allowing states to waive important insurance reforms in the Affordable Care Act will lead to reduced coverage for many Americans and significant price increases for patients with preexisting conditions. Further, we are concerned that reliance on ''high risk pools'' will not adequately meet the health insurance needs of many Americans with pre-existing conditions. We note that previous attempts at implementing state-based high risk pools have been largely unsuccessful. Members of the ATS serve a large and diverse patient population, including patients with respiratory diseases, critical illnesses and sleep disorders such as asthma, COPD, pneumonia, sepsis and obstructive sleep apnea. Our patients cannot afford to lose affordable health insurance coverage for any period of time.'' [4/27/17]

Lutheran Services in America: ''Lutheran Services in America continues to oppose the drastic and unnecessary restructure of the Medicaid guarantee to a per capita cap system as proposed in the American Health Care Act (AHCA). Furthermore, we oppose the bill's new provisions that eliminate protections for people with pre-existing conditions as these provisions would be devastating to people with chronic diseases and disabilities. . . . In addition, the modified bill maintains the AHCA's drastic cuts and fundamental restructuring of the Medicaid program, shifting significant risks and costs to states, and to the people who need and provide Medicaid services. . . . Lutheran Services in America respectfully urges members of Congress to reject this or any legislation that would erode Medicaid, increase the number of uninsured and/or decrease protections for preexisting conditions.'' [4/28/17]

Planned Parenthood Federation of America: ''The latest Republican proposal to repeal the Affordable Care Act is the worst legislation for women's health in a lifetime. It eliminates the community rating provision, allowing insurers to charge people with preexisting conditions an exorbitant amount for coverage. Despite the fact that the proposal claims to maintain the current prohibition on gender rating, it still allows insurers to once again discriminate against women and charge more for being a woman. Eliminating the community rating provision disproportionately affects women, since insurers can claim having given birth, having had a C-section, or having been a survivor of domestic violence is a so-called pre-existing condition. For example, a woman who had breast cancer could be charged more than $28,000 per year for coverage and a woman who was previously pregnant could be charged more than $17,000 per year for . . . They took a bad bill that would result in 24 million people losing their insurance and higher premiums and actually made it worse. [4/27/17]

Federal AIDS Policy Partnership: ''The undersigned 77 organizations are writing to strongly urge you to oppose the amended American Health Care Act (AHCA) on behalf of the 24 million or more Americans estimated to lose coverage, including tens of thousands of people with HIV. . . . Healthcare coverage can be a life or death issue for people living with HIV, and in the three years that the Patient Protection and Affordable Care Act (ACA) coverage has been available it has made a critical difference. . . . We cannot afford to go back to the pre-ACA sick care system that focused on treating disability and disease rather than preventing it. Please support access to healthcare coverage for the more than 52 million Americans living with pre-existing conditions, including 1.1 million living with HIV. We hope we can count on you to oppose the amended American Health Care Act.'' [5/1/17]

AIDS United: ''AIDS United seeks a health care system that will eventually enable the end of HIV in the United States. AHCA makes major changes to the U.S. health care system that would, if passed, worsen the provision of HIV prevention services for people at risk for HIV and the treatment and care for people living with HIV. . . . AIDS United is especially concerned that the [MacArthur] amendment, far from improving the situation, will make it easier for insurance companies to raise rates on people living with HIV, people with other chronic conditions and the elderly. . . . AIDS United notes that thanks to Congress's strong response over many years, the U.S. has made substantial progress in responding to the HIV epidemic. However, doing so requires a strong health care system that can ensure that people living with HIV are able to access care and treatment . . . H.R. 1628 will reverse some of the gains that we have made in ensuring coverage for both prevention and treatment. AIDS United urges you to decide to vote no and publicly state your position prior to any vote.'' [4/28/17]

American College of Nurse-Midwives: ''On behalf of the American College of Nurse-Midwives, . . . we strongly urge the House of Representatives to vote NO on the revised American Health Care Act (ACHA). The legislation, in its current form, would further impeded access to healthcare and coverage for millions of women and newborns. Midwives stand for improving access to quality care and coverage for women and newborns . . . including, but not limited to, coverage and access to a full range of preventative, reproductive and sexual health services under state Medicaid programs and coverage and access to essential health benefits (EHBs), including maternity and newborn care. The newly-revised AHCA language will end this guarantee and radically turn back the clock on the progress made in women's health. Specifically, the ''MacArthur Amendment'' would enable states to apply for the ability to waive EHBs, including those for maternity and newborn care, to waive community rating rules, and to shift patient with preexisting conditions or illnesses into high-risk pools. These provisions, if adopted, could have dire consequences for women's health and health coverage.'' [4/27/17]

AARP: ''This harmful legislation still puts an Age Tax on older Americans and puts vulnerable populations at risk through a series of backdoor deals that attempt to shift responsibility to states. Older Americans need affordable health care services and prescriptions. This legislation still goes in the opposite direction, increasing insurance premiums for older Americans and not doing anything to lower drug costs. AARP continues to oppose legislation that would impose an Age Tax, eliminate protections for pre-existing conditions, weaken Medicare, erode seniors' ability to live independently because of billions of dollars in Medicaid cuts, and give sweetheart deals to drug and insurance companies while doing nothing to lower the cost of health care or prescription drugs. We intend to let all 38 million of our members know exactly how their Representative votes on this bill in newsletters, in our publications, on social media and in other formats.'' [4/26/17]

American Medical Association: ''After reviewing the MacArthur Amendment to H.R. 1628, the American Health Care Act (AHCA), the American Medical Association (AMA) remains opposed to passage of this legislation. As we have previously stated, we are deeply concerned that the AHCA would result in millions of Americans losing their current health insurance coverage. Nothing in the MacArthur amendment remedies the shortcomings of the underlying bill. The MacArthur Amendment would allow states to apply for waivers for critical consumer protections provided in the Affordable Care Act (ACA), including . . . . the requirements that health insurers must cover certain essential health benefits, and the ban on health status underwriting. The current ban on health status underwriting protects individuals from being discriminated against by virtue of their medical conditions. Prior to the passage of the ACA, such individuals were routinely denied coverage and/or priced out of affordable coverage. We are particularly concerned about allowing states to waive this requirement because it will likely lead to patients losing their coverage.'' [4/27/17]

American College of Physicians: ''The College strongly believes in the first, do no harm principle. Therefore, we continue to urge that Congress move away from the fundamentally flawed and harmful policies that would result from the American Health Care Act and from the changes under consideration—including the proposed ''Limited Waiver'' amendment—that would make the bill even worse for patients.'' [4/24/17]

American Hospital Association: ''The latest version of the AHCA continues to put health coverage in jeopardy for many Americans. Our top concern is what this change could mean for older and sicker patients, including those with pre-existing conditions, such as cancer patients and those with chronic conditions. For these reasons, along with our previously stated concerns about the AHCA, we cannot support the bill. . . . The amendment proposed this week would dramatically worsen the bill. The changes included put consumer protections at greater risk by allowing states to waive the essential health benefit standards, which could leave patients without access to critical health services and increase out-of-pocket spending. This could allow plans to set premium prices based on individual risk for some consumers, which could significantly raise costs for those with pre-existing conditions.'' [4/27/17]

America's Essential Hospitals: ''This latest version of the AHCA is not an improvement. It's simply bad policy that will cut a lifeline of health care for millions of Americans. The legislation also would leave unchanged more than $800 billion in Medicaid cuts over the next decade, breaking the nation's safety net and saddling state, local governments, and taxpayers with new costs for indigent care. The nation has spoken on the AHCA: only 17 percent of the public support it and their elected representatives have rejected it once already.'' [4/26/17]

Catholic Health Association: ''It is critically important to look at this bill for what it is. It is not in any way a health care bill. Rather, it is legislation whose aim is to take significant funding allocated by Congress for health care for very low income people and use that money for tax cuts for some of our wealthiest citizens. This is contrary to the spirit of who we are as a nation, a giant step backward that should be resisted.'' [4/27/17]

U.S. Conference of Catholic Bishops: ''It is deeply disappointing to many Americans that, in modifying the American Health Care Act to again attempt a vote, proponents of the bill left in place its serious flaws, including unacceptable modifications to Medicaid that will endanger coverage and affordability for millions of people, according to reports,'' said Bishop Dewane. ''Sadly, some of the recently proposed amendments—especially those designed to give states flexibility—lack apparent safeguards to ensure quality of care. These additions could severely impact many people with pre-existing

conditions while risking for others the loss of access to various essential coverages.'' [4/27/17]

American Nurses Association: ''The new bill is an even further departure from our principles; endangers consumer protections put into place by the ACA. [4/26/17]

American Cancer Society Cancer Action Network: ''The American Cancer Society Cancer Action Network (ACS CAN) is deeply concerned about a proposed amendment to the American Health Care Act (AHCA) that would create an option for states to obtain waivers from the Essential Health Benefits (EHB) and the community rating rule. These two rules work together to guarantee access to comprehensive and affordable insurance that covers cancer prevention and treatment for patients and survivors with pre-existing conditions. . . . In short, the proposal could lead to bare bones coverage plans that push significant costs onto patients who access care.'' [4/20/17]

American Lung Association: ''The American Lung Association requests that Representatives oppose the American Health Care Act (AHCA) with the new amendment by Rep. MacArthur. The American Lung Association opposes the MacArthur amendment because would allow states to opt-out of the Essential Health Benefits (EHB)—resulting in millions of Americans having inadequate care. . . . All Americans—regardless of the state in which they live—need adequate coverage for the range of essential health services and treatments including life-saving cancer screening.'' [4/26/17]

March of Dimes: ''Women and children need quality, affordable insurance coverage to be born healthy and lead healthy, productive lives. Unfortunately, in its current form, the MacArthur amendment to American Health Care Act will deny millions of pregnant women, babies, and their families the affordable coverage and quality services they need. . . . The MacArthur amendment will offer states and health plans numerous opportunities to charge people with pre-existing conditions higher rates, design plans that explicitly exclude the services they are most likely to need, and erect barriers to care.'' [4/26/17]

Families USA: ''America's families must be heard. By now, it should be clear to House Republicans and the Trump Administration from all the town halls, letters, phone calls and tweets that this is not what people want. They do not want to return to the dark days when insurers were free to charge the sick and old more for coverage and offered policies that covered very little, often leaving people to cope with staggering medical bills. It's time for President Trump and the GOP to drop this harmful effort to undermine the nation's health care system. It's time to move on.'' [4/26/17]

American Psychological Association: ''We are writing on behalf of the American Psychological Association and the American Psychological Association Practice Organization to express our opposition to the American Health Care Act, as recently revised and proposed for floor consideration. Our organizations comprise nearly 115,700 members and affiliates, who are clinicians, researchers, educators, consultants, and students.'' [4/26/17]

Arc of the United States: ''The Arc of the United States is strongly opposed to the amended American Health Care Act. The amended American Health Care Act retains the original bill's proposals to dramatically cut Medicaid services that are vital to people with disabilities and seniors through per capita caps. The new amendments make the AHCA even more harmful to people with disabilities.'' [4/26/17]

Chronic Illness and Disability Partnership: ''On behalf of the Chronic Illness and Disability Partnership as well as allied organizations, we are writing to strongly urge you to oppose the American Health Care Act (AHCA), with or without the amendment to allow states to waive community rating and Essential Health Benefits protections (the MacArthur Amendment). If enacted, the amended bill will only increase the 24 million Americans estimated to lose coverage under the AHCA, including millions of individuals living with chronic conditions and disabilities. The MacArthur Amendment seeks to deliver cheaper insurance to healthy Americans by undercutting crucial Essential Health Benefits requirements and excluding the most vulnerable Americans from the private insurance market by allowing states to remove crucial consumer protections.'' [4/27/17]

Democratic Governors Association: ''This new proposal is nothing more than the reheated leftovers of the failed Trumpcare bill. Just like last month's bill, this one would slash Medicaid funding, throw millions out of health coverage and leave states holding the bag. The only fresh idea in this proposal is a new way to raise insurance rates on sick people. States are happy to work with the federal government on strengthening health care, but we never asked for the flexibility to jack up premiums on people with pre-existing conditions. Congress should again reject this disastrous proposal that would wreck state budgets and cut millions off of health coverage.'' [4/27/17]

National Nurse United: ''The original version of the American Health Care Act posed a mortal threat to the health and well-being of our patients, and to the health security of our country. The new version, which incorporates changes negotiated between the House Freedom Caucus and Congressman Tom MacArthur, will be even worse for our patients. This new version has not yet received a score from the Congressional Budget Office, and it should not be considered by the House until a CBO score has been made public.'' [4/26/17]

Leadership Council of Aging Organizations: ''While LCAO is made up of organizations that often have different perspectives on public policies, as a coalition LCAO strongly opposes the American Health Care Act (AHCA) of 2017, which would cause at least 24 million Americans to lose their health care insurance. We strongly oppose the Medicaid cuts and caps that remain the core of the American Health Care Act. Over six million older adults rely on Medicaid. Among the non-Medicare population, Americans aged 50–64 are the most likely to face health challenges and have pre-existing conditions. The AHCA will expose these older Americans to significantly higher premiums and health care costs, if they can afford to purchase coverage at all. We are also deeply disappointed that there is a push to vote on the bill without a revised estimate from the Congressional Budget Office on how it will impact Americans. We fear and expect that the proposed changes will increase the number of uninsured beyond the current estimate of 24 million. For these reasons, as well as other harms that would result for older Americans and their families, LCAO opposes AHCA and urges members to vote against it.''

Common Sense Kids Action: ''On behalf of the millions of American kids and families who rely on comprehensive, dependable health insurance to stay healthy and to get medical treatment when they need it, we are writing to respectfully express our strong opposition to your bill, H.R. 1628, the American Health Care Act (AHCA). Thanks to current law, including the Affordable Care Act, Medicaid, and the Children's Health Insurance Program (CHIP), 95% of young children in the U.S. today have health insurance. That's a remarkable achievement. However, the AHCA will result in 24 million fewer Americans having coverage, including millions of children. Even with changes recently suggested to your bill, America's kids will be best served by strengthening the Affordable Care Act and preserving Medicaid and CHIP, not by repealing the Affordable Care Act and block granting or establishing a per capita cap on Medicaid. We urge you to keep our children's future foremost in your thinking, withdraw your bill, and work on a bipartisan basis to support measures that protect and strengthen children's health care.''

American Hospital Association: ''The latest version of the AHCA continues to put health coverage in jeopardy for many Americans. Our top concern is what this change could mean for older and sicker patients, including those with pre-existing conditions, such as cancer patients and those with chronic conditions. For these reasons, along with our previously stated concerns about the AHCA, we cannot support the bill. The amendment proposed this week would dramatically worsen the bill. The changes included put consumer protections at greater risk by allowing states to waive the essential health benefit standards, which could leave patients without access to critical health services and increase out-of-pocket spending. Additionally, the Congressional Budget Office has not yet scored the amendment. However, CBO previously projected that the AHCA would result in 24 million fewer people covered in 2026. As the backbone of America's health safety-net, hospitals and health systems must protect access to care for those who need it and ensure that the most vulnerable patients are not left behind. The AHCA continues to fall far short of that goal.''

Ms. PELOSI. Mr. Speaker, under TrumpCare, families, seniors, vulnerable children, Americans with disabilities, people struggling to overcome addiction, and the sick will lose their health care. Rural hospitals will be closed. Nearly 2 million jobs will be destroyed across America. Seven million veterans will lose access to tax credits for health care.

And all of this, to give a massive tax cut to the richest in America. TrumpCare is a billionaire's tax cut, again, disguised as a healthcare bill. It is Robin Hood in reverse, one of the largest, again, transfers of wealth from working families to the rich in our country.

Today, we honor the visions of our Founders, we can, who risked everything. They risked everything, their lives, their liberty, their sacred honor, to advance the right to life, liberty, and the pursuit of happiness; the life, a healthier life, the freedom to pursue your happiness, the freedom from being job-locked or policy-locked because of what the Republicans want to do today.

Today, we fight to preserve affordable health care as the right of every American, again, not the privileged few.

Today, we fight for children like Zoe Madison Lihn. Zoe was born with a congenital heart defect in May of 2010. She faced her first of three heart surgeries at 15 hours old. By 6 months old, Zoe was halfway to her lifetime limit her insurer had placed on her. She

faced a grim future, not only using up her lifetime limit by preschool but by carrying a preexisting condition that will require attention and care for the rest of her life.

Under the Affordable Care Act, Zoe is protected, but TrumpCare puts her future in danger.

I wish that our Members who vote for this bill, I hope you make time to sit down with the parents of a newborn with a heart condition, or a young woman who just learned she had breast cancer, the family of loved ones struggling with a disease or a chronic condition, any of the tens of millions of Americans who are rightfully terrified of what TrumpCare will mean in their lives.

Mr. Speaker, we have, with this bill, a right, a wonderful opportunity. This is one of the best civics lessons we can engage in. Because of what happened following the election, the American people are engaged. They are paying attention. I am not saying in a political way, I am saying in a personal way.

A former Speaker said: All politics is local. In the case of health care, all politics is personal when it comes to health care. And so, this civics lesson will teach the American people a number of things.

As special as we think we are when we come to the floor here, most Americans don't know who their Member of Congress is. But they will now, when they find out that you voted to take away their health care. They will know when you put an age tax on them, or undermine Medicare and Medicaid and the rest.

Oh, yeah, they are paying attention because it is really personal with them and their families. So I think we have to get ready for that.

I have Members, I have colleagues who have the mantle of being a moderate. You vote for this bill, you have walked the plank from moderate to radical. And you are walking the plank for what? A bill that will not be accepted by the United States Senate. Why are you doing this?

Do you believe in what is in this bill?

Some of you have said: Well, they will fix it in the Senate. But you have every provision of this bill tattooed on your forehead. You will glow in the dark on this one. You will glow in the dark. So don't walk the plank, especially unnecessarily.

Our responsibility to the sick and the hurt is Biblical. It is fundamental to who we are.

As Pope Francis said: ''Health is not a consumer good but a universal right, so access to health services cannot be a privilege.''

Today, let us declare, once again, that affordable health care must be the right of every American, not the privileged few.

So I ask you, my colleagues, does TrumpCare lower health costs?

Does TrumpCare provide better health care?

Does TrumpCare protect seniors and families?

Is TrumpCare good for our veterans?

Is there any caring in TrumpCare at all?

For the sake of our values, to honor our responsibilities to our Founders, life, liberty, and the pursuit of happiness, to our veterans who protect us, and to our children whose aspirations are our guide, I urge my colleagues to vote ''no'' on this disastrous TrumpCare bill.

The SPEAKER pro tempore. Members are reminded to address their remarks to the Chair.

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

Mrs. BLACK. Mr. Speaker, it really is my privilege now to yield 1 minute to the distinguished gentleman from Wisconsin (Mr. RYAN), the Speaker of the House.

Mr. RYAN of Wisconsin. First off, there are a few people I would like to thank. I would like to thank the committee chairs. I would like to thank Chairman WALDEN, Chairman BRADY, Chairman BLACK, Chairman SESSIONS.

I want to thank the members of those committees: Energy and Commerce, Ways and Means, Budget, and Rules.

I want to thank all the Members who made constructive contributions throughout this entire deliberative, bottom-up organic process.

I want to thank the President of the United States for his steadfast leadership.

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Mr. Speaker, in his address in this Chamber, he called on Congress to act; and today we take the next step to repeal and replace ObamaCare.

I want to thank Vice President PENCE, Secretary Price, Director Mulvaney, and all of their teams.

Mr. Speaker, there is a fundamental and urgent choice at the heart of this debate. We can continue with the status quo under ObamaCare, and we know what this looks like. It means even higher premiums, even fewer choices, even more insurance companies pulling out, even more uncertainty, and even more chaos.

Look at what has happened in Iowa this week. As is the case in so many areas in this country, Iowa is down to one insurer. That, of course, is not a choice. But now that one insurer is saying that it will have to pull out of 94 of the 99 counties in Iowa. This is happening right now. So tens of thousands of Iowans will go from having one option to no options. That is not a choice. This is a crisis, and it is happening right now.

What protection is ObamaCare if there is no healthcare plan to purchase in your State?

This is the direction ObamaCare is rapidly heading. So we can continue with this status quo or we can put this collapsing law behind us and end this failed experiment. Let's make it easier for people to afford their health insurance. Let's give people more choices and more control over their care. Let's make insurance companies come in and compete for your business. Let's return power from Washington to the States. Let's help give people peace of mind. Let's put the patient, not bureaucrats, at the center of this system. This bill does all of those things. This bill delivers the promises that we have made to the American people.

A lot of us have been waiting 7 years to cast this vote. Many of us are here because we pledged to cast this very vote to repeal and replace ObamaCare, to rescue people from this collapsing law.

Are we going to meet this test? Are we going to be men and women of our word? Are we going to keep the promises that we made? Or are we going to falter?

No. After all of this—after seeing what is happening in Iowa and around the country, after seeing this law collapsing while we witness it across the country and knowing all this turmoil that is coming, we will not falter. We will replace; and today is the day that we are going to do this.

Today this House has the opportunity to do more than just fulfill a promise. We have the opportunity to raise our gaze and set a bold course for our country. We have the opportunity to show that we have got the resolve to tackle the big challenges in this country before they tackle us; to stop the drift of arrogant, Big Government policies in our lives, and to begin a new era of reform based on liberty and self-determination, giving people choices and letting them control their own destinies.

That is the day that is before us right here. So let us pass this bill to take the next step to put ObamaCare behind us; let us pass this bill to build a better healthcare system for American families; and let us pass this bill to leave this country better than we found it because that is why we are here.

That is what is at stake today. That is why I am going to be so proud to cast my vote for this legislation, and I urge all of my colleagues to do the same.

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

Mrs. BEATTY. Mr. Speaker, I rise today in strong opposition to the Republicans' latest version of Trumpcare.

Trumpcare will cover fewer people, provide weaker protections, and result in higher costs.

Trumpcare will eviscerate essential health benefits and protections for pre-existing conditions and make it all but impossible for millions of Americans fighting illness to afford the health coverage they desperately need.

Trumpcare will mean higher costs for less coverage.

It will result in 24 million hard-working Americans losing health coverage.

It will destroy protections for Americans with pre-existing conditions and gut Essential Health Benefits, such as maternity, prescription drug coverage, and emergency coverage.

Trumpcare will create a crushing age tax—it will force Americans aged 50–64 to pay premiums five times higher than what others pay for health coverage, no matter how healthy they are.

Mr. Speaker, healthcare should be a right for all, not just the privileged few. I will vote against Trumpcare and urge all my colleagues to vote no.

Ms. LEE. Mr. Speaker, I rise once again in strong opposition to H.R. 1628, which is a bill to take away health care from 24 million Americans.

Whether you believe it or not, health care is a basic right.

This shameful bill steals from the most vulnerable among us, including seniors, veterans, people living with HIV, children, and the disabled. And this new bill is even more dangerous and destructive than when they brought it to the Floor last time.

It would, yes, rip away health care from 24 million people. It would reduce benefits, make families pay more for less, and transfer $600 billion in tax cuts to the very wealthy.

This is outrageous.

Access to women's health is denied by defunding Planned Parenthood. Medicaid, as we know it, will end. Healthcare costs for working families and seniors will skyrocket.

It allows states to eliminate essential health benefits like maternity care, cancer screenings, and emergency care.

Mr. Speaker, this is not a health bill at all. This is a massive tax giveaway to the wealthy.

Let me tell you, as a woman of faith, I am appalled and I am saddened by the hypocrisy displayed in this bill by people who say they are religious.

I want to remind you—in the Scriptures, the Book of Mark, chapter 12:31, we are reminded to love your neighbor as yourself.

I hope Republicans remember to love their neighbor as themselves today and vote ''no'' on this mean-spirited, evil and morally bankrupt bill.

This is a matter of life and death, and the American people deserve better.

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, first of all, the Affordable Healthcare Act is the best thing that has happened to healthcare in the U.S. since the mid 1960's when Congress passed Medicare and Medicaid. More than twenty million people in our country have health insurance coverage now who never had it before.

In Illinois, 36 percent of children receive coverage through Medicaid with approximately 3.1 million people covered overall.

There are 649,000 Illinoisans enrolled under the Affordable Care Act, this bill AHCA would repeal and replace the ACA.

Implementation of the AHCA will lead to a loss of coverage for 24 million people nationwide.

Overall 44,296 Illinoisans covered under the ACA and 252,612 covered under Medicaid expansion will be in danger of curtailed coverage.

Healthcare professionals and activists have worked hard over the past fifty years to improve healthcare access and delivery and it would be a shame to have us go backwards.

Passage of the AHCA would probably cause real estate taxes in Cook County to go up in order to keep Stroger Hospital and its other health services adequately funded to meet the health needs of the medically indigent in Cook County.

Practically every professional healthcare group in America is opposed to the AHCA.

It will spell disaster for residents of Illinois.

Mr. NADLER. Mr. Speaker, the Republicans have rushed this bill to the floor before they even had a chance to print the text, let alone get a CBO score. They are pushing this bill through without any analysis so that the American people won't know how terrible this bill really is—how many millions of people will lose their health insurance, how much premiums will skyrocket for those with pre-existing conditions, how little money they will actually save. And all to score empty political points or to impress Donald Trump, a man who has demonstrated again and again that he does not know or care what is in this bill, and just wants to ''win.''

This bill is the same terrible legislation the Republicans failed to pass in March, but with amendments to make it even more cruel to the American people. The bill will kick 24 million people off their health insurance and eliminate employer-provided coverage for seven million people. The bill creates an ''age tax'' that would allow insurers to charge older Americans five times as much as a younger person for the same plan. The bill raises premiums 30 percent for people who allow their insurance to lapse for any reason. The bill cuts $880 billion out of Medicad and forces states to ration care to the millions of families and children who rely on it, in clear violation of Donald Trump's campaign pledge. The bill gives the wealthiest Americans a trillion dollar tax cut and cuts taxes on drug companies and health insurance companies that pay their CEOs more than $500,000.

But that bill wasn't terrible enough to get the votes of the right wing of the Republicans in the House, so the Republicans made it even crueler. The amendments the Republicans will add today allow states to waive the essential health benefits requirements for insurance plans, meaning you could lose coverage for services as basic as hospital stays, prescription drugs, or doctor visits. States will also be able to waive the guarantee against discrimination against people with pre-existing conditions. Of course, the Republicans are saying that insurance companies cannot deny people coverage, but insurers will be able to charge people whatever they want. The Center for American Progress estimates that premiums could increase by over $36,000 per year for people diagnosed with breast cancer. Pregnancy will result in a $17,000 increase in premiums. Asthma, a $4,000 increase. The high risk pools Republicans are touting will do nothing to protect people by sequestering the sickest Americans in pools and then drastically underfunding them. The Republicans are hiding from these numbers behind the so-called Upton Amendment, which provides a paltry $8 billion to cover some extra costs for those with pre-existing conditions. But even the conservative Mercatus Foundation found that to be less than a pittance compared with the skyrocketing costs for those who need it.

Every day, we are finding new egregious consequences of this legislation. Last night, the New York Times reported that passing this bill will cut special education programs to over 2500 students with disabilities. Yesterday, the Center for Budget and Policy Priorities reported that the tax credits Republicans are proposing in this bill will be totally unusable in states like California and New York because of state laws that require coverage of abortion. Reports have come out that sexual assault and domestic violence would, once again, be considered a pre-existing condition, making insurance unaffordable for survivors. The Wall Street Journal reported that the bill could allow employers to reinstate lifetime caps and eliminate out-of-pocket caps for their employees' insurance plans, leaving the 159 million Americans who get insurance through their employer with no insurance coverage when they need it most. That's right—if you think that because you don't buy insurance on the exchange and therefore don't have to worry about this bill, you're wrong. I have no doubt that in the time it takes to read this statement another round of articles and reports will come out finding even more abhorrent consequences of this contemptible piece of legislation.

So I ask my Republican colleagues—who are you passing this bill for? Are you so out of touch with the lives of real Americans that you no longer understand what it means to struggle to pay your medical bills? Have you traveled so far from the values you claim to uphold that you are willing to force parents to watch their children die of curable diseases because they have reached the lifetime cap on covered costs that your bill reinstates, and they can no longer afford to pay for treatment? Are you willing to gamble away their lives and the lives of their children just to say you passed a bill to repeal the Affordable Care Act?

Shame on any member who votes for this cowardly, cruel bill and tries to sell this bill to their constituents as a win for the American people. Shame on this House for even considering a bill that could leave the most vulnerable in our country—children born with disabilities, women fleeing domestic violence, older Americans too sick to buy insurance but too young to enroll in Medicare—at the mercy of insurance companies and fate. Shame on you for playing political games with people's lives.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise in opposition to the American Care Act. After seven years, the Republicans have released a plan that works to kick people off health insurance very quickly, increases out-of-pocket costs, and punishes older and sicker Americans. This is not the package that I envisioned.

Some of the key features of the Affordable Care Act that millions of people relied on would be gone under this proposal. Under the Affordable Care Act, states could expand Medicaid, but this proposal would freeze enrollment to expanded Medicaid at January 1, 2020. On that date, enrollees who drop off of Medicaid due to income changes would not be able to return to Medicaid coverage if they dropped on for one full month. The proposal also changes Medicaid funding to a per capita cap system which will lead to deep cuts to Medicaid in my home state of Texas. This punishes low-income Americans who would otherwise have no access to health insurance.

This piece of legislation forces Americans to pay more and get less. The average subsidy under the American Health Care Act will likely be about 60 percent of the average subsidy under current law. Deductibles and out-of-pocket spending in the individual market will have to increase due to the elimination of requirements that insurance plans cover a certain value. Americans will pay more for their

premiums, more for their care, more on out-of-pocket expenses and deductibles; all the while giving tax breaks to the wealthy and the tanning industry.

One amendment to this bill would repeal the Essential Health Benefits, the ten coverage rules set up by the Affordable Care Act. The Affordable Care Act required insurers to cover ten ''Essential Health Benefits'' from maternity care, mental health, and prescription drugs, to hospitalization and outpatient care. If this is repealed, comprehensive health insurance will become virtually unavailable in the individual market. This means that individuals with pre-existing conditions would not be protected. Younger and healthier people benefit, older and sicker people suffer.

Another amendment would allow states to waive out of the Affordable Care Act's ban on pre-existing conditions. However, Members of Congress and their staff would be protected from this provision and would be guaranteed coverage of pre-existing conditions.

Mr. Speaker, the public has spoken about this so-called ''replacement'' bill. People will live or die as a result of this legislation. The Republican leadership has rushed this bill to the floor without any consideration and I urge you all to consider its harmful effects. Your constituents are asking you to work with us to repair the Affordable Care Act. Work with us.

Ms. ESHOO. Mr. Speaker, include in for the RECORD a letter from common sense kids action:

COMMON SENSE KIDS ACTION,
April 25, 2017.

Re H.R. 1628—OPPOSE

Hon. DIANE BLACK,
Chairwoman, House Budget Committee, House of Representatives, Washington, DC.

DEAR REPRESENTATIVE BLACK: On behalf of the millions of American kids and families who rely on comprehensive, dependable health insurance to stay healthy and to get medical treatment when they need it, we are writing to respectfully express our strong opposition to your bill, H.R. 1628, the American Health Care Act (AHCA). We have added this bill to our Common Sense Legislative Ratings Tool as an ''Against Kids'' bill and will communicate our position to our parent and teacher members.

Common Sense is the nation's leading independent nonprofit organization dedicated to helping kids thrive in a rapidly changing world. We empower parents, teachers, and policymakers by providing unbiased information, trusted advice, and innovative tools to help them harness the power of media and technology as a positive force in all kids' lives. The policy arm, Common Sense Kids Action, is building a movement of parents, teachers, business leaders, and others dedicated to making kids our nation's top priority by supporting policies at the state and federal level that contribute to the building blocks of opportunity for kids. Access to affordable and quality medical care for kids is certainly one of those key building blocks.

Thanks to current law, including the Affordable Care Act, Medicaid, and the Children's Health Insurance Program (CHIP), 95% of young children in the U.S. today have health insurance. That's a remarkable achievement. With health insurance, parents are more likely to seek medical care for themselves and for their children, helping to prevent illnesses from developing and shortening their duration when they occur. However, the AHCA will result in 24 million fewer Americans having coverage, including millions of children. This jeopardizes the health and well-being of America's kids and will alarm any parent who understands the importance of health insurance for their children and family. The Affordable Care Act certainly needs to be fixed, but if Congress has the goal of making sure that all families and businesses have access to affordable and comprehensive health insurance, it could improve the law for everyone without forcing millions of kids and their parents to lose access to critical medical care.

As Congress continues to grapple with this issue, health insurance programs, we think these facts about children's health insurance from the Congressional Budget Office and the Georgetown University Center for Children and Families are important to keep in mind:

Ninety-five percent of children age 0–5 are insured today.

Forty-five million of those children access health care through two programs: about 37 million through Medicaid (a federal-state program) and 8 million through CHIP, the Children's Health Insurance Program.

Children are the single-largest group of persons covered under Medicaid.

Under the Affordable Care Act, as you know, many states expanded Medicaid with help from the federal government, increasing coverage for kids and families, including coverage for mental health care.

Changes being considered, including under the AHCA, would cut funding to Medicaid by as much as $880 billion over the next 10 years.

The AHCA, when compared with current law, would result in 24 million fewer Americans with health insurance by the year 2026.

Even with changes recently suggested to your bill, America's kids will be best served by strengthening the Affordable Care Act and preserving Medicaid and CHIP, not by repealing the Affordable Care Act and block granting or establishing a per capita cap on Medicaid. We urge you to keep our children's future foremost in your thinking, withdraw your bill, and work on a bipartisan basis to support measures that protect and strengthen children's health care. Thank you for your consideration of our views and we would be happy to talk with you at any time about this and other issues that matter to America's children and families.

Sincerely,

DANNY WEISS,
Vice President, Federal Policy.

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

Pursuant to House Resolution 228, 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. SCOTT of Virginia. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

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

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed.

Votes will be taken in the following order:

The question on passage of H.R. 2192;

The question on passage of H.R. 1628; and

The motion to suspend the rules and pass H.R. 1644.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minutes votes.

PUBLIC HEALTH SERVICE ACT AMENDMENT

The SPEAKER pro tempore. The unfinished business is the vote on passage of the bill (H.R. 2192) to amend the Public Health Service Act to eliminate the non-application of certain State waiver provisions to Members of Congress and congressional staff, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

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

The vote was taken by electronic device, and there were—yeas 429, nays 0, not voting 2, as follows:

[Roll No. 255]

YEAS—429

Abraham
Adams
Aderholt
Aguilar
Allen
Amash
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barragán
Barton
Bass
Beatty
Bera
Bergman
Beyer
Biggs
Bilirakis
Bishop (GA)
Bishop (MI)
Bishop (UT)
Black
Blackburn
Blum
Blumenauer
Blunt Rochester
Bonamici
Bost
Boyle, Brendan F.
Brady (PA)
Brady (TX)
Brat
Bridenstine
Brooks (AL)
Brooks (IN)
Brown (MD)
Brownley (CA)
Buchanan
Buck
Bucshon
Budd
Burgess
Bustos
Butterfield
Byrne
Calvert
Capuano
Carbajal
Cárdenas
Carson (IN)
Carter (GA)
Carter (TX)
Cartwright
Castor (FL)
Castro (TX)
Chabot
Chaffetz
Cheney
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Coffman
Cohen
Cole
Collins (GA)
Collins (NY)
Comer
Comstock
Conaway
Connolly
Conyers
Cook
Cooper
Correa
Costa
Costello (PA)
Courtney
Cramer
Crawford
Crist
Crowley
Cuellar
Culberson
Cummings
Curbelo (FL)
Davidson
Davis (CA)
Davis, Danny
Davis, Rodney
DeFazio
DeGette
Delaney
DeLauro
DelBene
Demings
Denham
Dent
DeSantis
DeSaulnier
DesJarlais
Deutch
Diaz-Balart
Dingell
Doggett
Donovan
Doyle, Michael F.
Duffy
Duncan (SC)
Duncan (TN)
Dunn
Ellison
Emmer
Engel
Eshoo
Espaillat
Estes (KS)
Esty (CT)
Evans
Farenthold
Faso
Ferguson
Fitzpatrick
Fleischmann
Flores
Fortenberry
Foster
Foxx
Frankel (FL)
Franks (AZ)
Frelinghuysen
Fudge
Gabbard
Gaetz
Gallagher
Gallego
Garamendi
Garrett
Gibbs
Gohmert
Gonzalez (TX)
Goodlatte
Gosar
Gottheimer
Gowdy
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Green, Al
Green, Gene
Griffith
Grijalva
Grothman
Guthrie
Gutiérrez
Hanabusa
Harper
Harris

Hartzler
Hastings
Heck
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins (LA)
Higgins (NY)
Hill
Himes
Holding
Hollingsworth
Hudson
Huffman
Huizenga
Hultgren
Hunter
Hurd
Issa
Jackson Lee
Jayapal
Jeffries
Jenkins (KS)
Jenkins (WV)
Johnson (GA)
Johnson (LA)
Johnson (OH)
Johnson, E. B.
Johnson, Sam
Jones
Jordan
Joyce (OH)
Kaptur
Katko
Keating
Kelly (IL)
Kelly (MS)
Kelly (PA)
Kennedy
Khanna
Kihuen
Kildee
Kilmer
Kind
King (IA)
King (NY)
Kinzinger
Knight
Krishnamoorthi
Kuster (NH)
Kustoff (TN)
Labrador
LaHood
LaMalfa
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latta
Lawrence
Lawson (FL)
Lee
Levin
Lewis (GA)
Lewis (MN)
Lieu, Ted
Lipinski
LoBiondo
Loebsack
Lofgren
Long
Loudermilk
Love
Lowenthal
Lowey
Lucas
Luetkemeyer
Lujan Grisham, M.
Luján, Ben Ray
Lynch
MacArthur
Maloney, Carolyn B.
Maloney, Sean
Marchant
Marino
Marshall
Massie
Mast
Matsui
McCarthy
McCaul
McClintock
McCollum
McEachin
McGovern
McHenry
McKinley
McMorris Rodgers
McNerney
McSally
Meadows
Meehan
Meeks
Meng
Messer
Mitchell
Moolenaar
Mooney (WV)
Moore
Moulton
Mullin
Murphy (FL)
Murphy (PA)
Nadler
Napolitano
Neal
Noem
Nolan
Norcross
Nunes
O'Halleran
O'Rourke
Olson
Palazzo
Pallone
Palmer
Panetta
Pascrell
Paulsen
Payne
Pearce
Pelosi
Perlmutter
Perry
Peters
Peterson
Pingree
Pittenger
Pocan
Poe (TX)
Poliquin
Polis
Posey
Price (NC)
Quigley
Raskin
Ratcliffe
Reed
Reichert
Renacci
Rice (NY)
Rice (SC)
Richmond
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas J.
Ros-Lehtinen
Rosen
Roskam
Ross
Rothfus
Rouzer
Roybal-Allard
Royce (CA)
Ruiz
Ruppersberger
Rush
Russell
Rutherford
Ryan (OH)
Ryan (WI)
Sánchez
Sanford
Sarbanes
Scalise
Schakowsky
Schiff
Schneider
Schrader
Schweikert
Scott (VA)
Scott, Austin
Scott, David
Sensenbrenner
Serrano
Sessions
Sewell (AL)
Shea-Porter
Sherman
Shimkus
Shuster
Simpson
Sinema
Sires
Slaughter
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Smucker
Soto
Speier
Stefanik
Stewart
Stivers
Suozzi
Swalwell (CA)
Takano
Taylor
Tenney
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiberi
Tipton
Titus
Tonko
Torres
Trott
Tsongas
Turner
Upton
Valadao
Vargas
Veasey
Vela
Velázquez
Visclosky
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Walz
Wasserman Schultz
Waters, Maxine
Watson Coleman
Weber (TX)
Webster (FL)
Welch
Wenstrup
Westerman
Williams
Wilson (FL)
Wilson (SC)
Wittman
Womack
Woodall
Yarmuth
Yoder
Yoho
Young (AK)
Young (IA)
Zeldin

NOT VOTING—2

Hoyer
Newhouse

□ 1410

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

AMERICAN HEALTH CARE ACT OF 2017

The SPEAKER pro tempore (Mr. SIMPSON). The unfinished business is the vote on passage of the bill (H.R. 1628) to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, on which a recorded vote was ordered.

The Clerk read the title of the bill.

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

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 217, noes 213, not voting 1, as follows:

[Roll No. 256]

AYES—217

Abraham
Aderholt
Allen
Amash
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barton
Bergman
Bilirakis
Bishop (MI)
Bishop (UT)
Black
Blackburn
Blum
Bost
Brady (TX)
Brat
Bridenstine
Brooks (AL)
Brooks (IN)
Buchanan
Buck
Bucshon
Budd
Burgess
Byrne
Calvert
Carter (GA)
Carter (TX)
Chabot
Chaffetz
Cheney
Cole
Collins (GA)
Collins (NY)
Comer
Conaway
Cook
Cramer
Crawford
Culberson
Curbelo (FL)
Davidson
Davis, Rodney
Denham
DeSantis
DesJarlais
Diaz-Balart
Duffy
Duncan (SC)
Duncan (TN)
Dunn
Emmer
Estes (KS)
Farenthold
Faso
Ferguson
Fleischmann
Flores
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gaetz
Gallagher
Garrett
Gibbs
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Griffith
Grothman
Guthrie
Harper
Harris
Hartzler
Hensarling
Hice, Jody B.
Higgins (LA)
Hill
Holding
Hollingsworth
Hudson
Huizenga
Hultgren
Hunter
Issa
Jenkins (KS)
Jenkins (WV)
Johnson (LA)
Johnson (OH)
Johnson, Sam
Jordan
Kelly (MS)
Kelly (PA)
King (IA)
King (NY)
Kinzinger
Knight
Kustoff (TN)
Labrador
LaHood
LaMalfa
Lamborn
Latta
Lewis (MN)
Long
Loudermilk
Love
Lucas
Luetkemeyer
MacArthur
Marchant
Marino
Marshall
Mast
McCarthy
McCaul
McClintock
McHenry
McKinley
McMorris Rodgers
McSally
Meadows
Messer
Mitchell
Moolenaar
Mooney (WV)
Mullin
Murphy (PA)
Noem
Nunes
Olson
Palazzo
Palmer
Paulsen
Pearce
Perry
Pittenger
Poe (TX)
Poliquin
Posey
Ratcliffe
Reed
Renacci
Rice (SC)
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas J.
Roskam
Ross
Rothfus
Rouzer
Royce (CA)
Russell
Rutherford
Ryan (WI)
Sanford
Scalise
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (MO)
Smith (NE)
Smith (TX)
Smucker
Stefanik
Stewart
Stivers
Taylor
Tenney
Thompson (PA)
Thornberry
Tiberi
Tipton
Trott
Upton
Valadao
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Williams
Wilson (SC)
Wittman
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IA)
Zeldin

NOES—213

Adams
Aguilar
Barragán
Bass
Beatty
Bera
Beyer
Biggs
Bishop (GA)
Blumenauer
Blunt Rochester
Bonamici
Boyle, Brendan F.
Brady (PA)
Brown (MD)
Brownley (CA)
Bustos
Butterfield
Capuano
Carbajal
Cárdenas
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Coffman
Cohen
Comstock
Connolly
Conyers
Cooper
Correa
Costa
Costello (PA)
Courtney
Crist
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
Demings
Dent
DeSaulnier
Deutch
Dingell
Doggett
Donovan
Doyle, Michael F.
Ellison
Engel
Eshoo
Espaillat
Esty (CT)
Evans
Fitzpatrick
Foster
Frankel (FL)
Fudge
Gabbard
Gallego
Garamendi
Gonzalez (TX)
Gottheimer
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hanabusa
Hastings
Heck
Herrera Beutler
Higgins (NY)
Himes
Hoyer
Huffman
Hurd
Jackson Lee
Jayapal
Jeffries
Johnson (GA)
Johnson, E. B.
Jones
Joyce (OH)
Kaptur
Katko
Keating
Kelly (IL)
Kennedy
Khanna
Kihuen
Kildee
Kilmer
Kind
Krishnamoorthi
Kuster (NH)
Lance
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lawson (FL)
Lee
Levin
Lewis (GA)
Lieu, Ted
Lipinski
LoBiondo
Loebsack
Lofgren
Lowenthal
Lowey
Lujan Grisham, M.
Luján, Ben Ray
Lynch
Maloney, Carolyn B.
Maloney, Sean
Massie
Matsui
McCollum
McEachin
McGovern
McNerney
Meehan
Meeks
Meng
Moore
Moulton
Murphy (FL)
Nadler
Napolitano
Neal
Nolan
Norcross
O'Halleran
O'Rourke
Pallone
Panetta
Pascrell
Payne
Pelosi
Perlmutter
Peters
Peterson
Pingree
Pocan
Polis
Price (NC)
Quigley
Raskin
Reichert
Rice (NY)
Richmond
Ros-Lehtinen
Rosen
Roybal-Allard
Ruiz
Ruppersberger
Rush
Ryan (OH)
Sánchez
Sarbanes
Schakowsky
Schiff
Schneider
Schrader
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sinema
Sires
Slaughter
Smith (NJ)
Smith (WA)
Soto
Speier
Suozzi
Swalwell (CA)
Takano
Thompson (CA)
Thompson (MS)
Titus
Tonko
Torres
Tsongas
Turner
Vargas
Veasey
Vela
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters, Maxine
Watson Coleman
Welch
Wilson (FL)
Yarmuth

NOT VOTING—1

Newhouse

□ 1418

Mr. CLEAVER changed his vote from ''aye'' to ''no.''

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

KOREAN INTERDICTION AND MODERNIZATION OF SANCTIONS ACT

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 1644) to enhance sanctions with respect to transactions relating to North Korea, and for other purposes, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

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

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 419, nays 1, not voting 10, as follows:

[Roll No. 257]

YEAS—419

Abraham
Adams
Aguilar
Allen
Amash
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barragán
Barton
Bass
Beatty
Bera
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Beyer
Biggs
Bilirakis
Bishop (GA)
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Black
Blackburn
Blum
Blumenauer
Blunt Rochester
Bonamici
Bost
Boyle, Brendan F.
Brady (PA)
Brady (TX)
Brat
Bridenstine
Brooks (AL)
Brooks (IN)
Brown (MD)
Brownley (CA)
Buchanan
Buck
Bucshon
Budd
Burgess
Bustos
Byrne
Calvert
Capuano
Carbajal
Cárdenas
Carson (IN)
Carter (GA)
Carter (TX)
Cartwright
Castro (TX)
Chabot
Chaffetz
Cheney
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Coffman
Cohen
Cole
Collins (GA)
Collins (NY)
Comer
Comstock
Conaway
Connolly
Conyers
Cook
Cooper
Correa
Costa
Costello (PA)
Courtney
Cramer
Crawford
Crist
Crowley
Cuellar
Culberson
Cummings
Curbelo (FL)
Davidson
Davis (CA)
Davis, Danny
Davis, Rodney
DeFazio
DeGette
Delaney
DeLauro
DelBene
Demings
Denham
Dent
DeSantis
DeSaulnier
DesJarlais
Deutch
Diaz-Balart
Dingell
Doggett
Donovan
Doyle, Michael F.
Duffy
Duncan (SC)
Duncan (TN)
Dunn
Ellison
Emmer
Engel
Eshoo
Espaillat
Estes (KS)
Esty (CT)
Evans
Farenthold
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Ferguson
Fitzpatrick
Fleischmann
Flores
Fortenberry
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Foxx
Franks (AZ)
Frelinghuysen
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Gohmert
Gonzalez (TX)
Goodlatte
Gosar
Gottheimer
Gowdy
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Green, Al
Green, Gene
Griffith
Grijalva
Grothman
Guthrie
Gutiérrez
Hanabusa
Harper
Harris
Hartzler
Hastings
Heck
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins (LA)
Hill
Himes
Holding
Hollingsworth
Hoyer
Hudson
Huffman
Huizenga
Hultgren
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Hurd
Issa
Jackson Lee
Jayapal
Jeffries
Jenkins (KS)
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Johnson (GA)
Johnson (LA)
Johnson (OH)
Johnson, E. B.
Johnson, Sam
Jones
Jordan
Joyce (OH)
Kaptur
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Kelly (IL)
Kelly (MS)
Kelly (PA)
Kennedy
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Kihuen
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King (IA)
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Labrador
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Lance
Langevin
Larsen (WA)
Larson (CT)
Latta
Lawrence
Lawson (FL)
Lee
Levin
Lewis (GA)
Lewis (MN)
Lieu, Ted
Lipinski
LoBiondo
Loebsack
Lofgren
Long
Loudermilk
Love
Lowenthal
Lowey
Lucas
Luetkemeyer
Lujan Grisham, M.
Luján, Ben Ray
Lynch
MacArthur
Maloney, Carolyn B.
Maloney, Sean
Marchant
Marino
Marshall
Mast
Matsui
McCarthy
McCaul
McClintock
McCollum
McEachin
McGovern
McHenry
McKinley
McMorris Rodgers
McNerney
McSally
Meadows
Meehan
Meeks
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Messer
Mitchell
Moolenaar
Mooney (WV)
Moore
Moulton
Mullin
Murphy (FL)
Murphy (PA)
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O'Halleran
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Palazzo
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Paulsen
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Pelosi
Perlmutter
Perry
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Pingree
Pittenger
Pocan
Poe (TX)
Poliquin
Polis
Posey
Price (NC)
Quigley
Ratcliffe
Reed
Reichert
Renacci
Rice (NY)
Rice (SC)
Richmond
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas J.
Ros-Lehtinen
Rosen
Roskam
Ross
Rothfus
Rouzer
Roybal-Allard
Royce (CA)
Ruiz
Ruppersberger
Rush
Russell
Rutherford
Ryan (OH)
Sánchez
Sanford
Sarbanes
Scalise
Schakowsky
Schiff
Schneider
Schrader
Schweikert
Scott (VA)
Scott, Austin
Scott, David
Sensenbrenner
Serrano
Sessions
Sewell (AL)
Shea-Porter
Sherman
Shimkus
Shuster
Simpson
Sinema
Sires
Slaughter
Smith (MO)
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Speier
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Stivers
Suozzi
Swalwell (CA)
Takano
Taylor
Thompson (CA)
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Thornberry
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Tipton
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Trott
Tsongas
Turner
Upton
Valadao
Vargas
Veasey
Vela
Velázquez
Visclosky
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Walz
Wasserman Schultz
Waters, Maxine
Watson Coleman
Weber (TX)
Webster (FL)
Welch
Wenstrup
Westerman
Williams
Wilson (FL)
Wilson (SC)
Wittman
Womack
Woodall
Yarmuth
Yoder
Yoho
Young (AK)
Young (IA)
Zeldin

NAYS—1

Massie

NOT VOTING—10

Aderholt
Bishop (MI)
Butterfield
Castor (FL)
Frankel (FL)
Higgins (NY)
Newhouse
Raskin
Tenney
Torres

□ 1429

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

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Ms. FRANKEL of Florida. Mr. Speaker, on rollcall vote 257, I was not present because I was unavoidably detained. Had I been present, I would have voted "aye."

U.S. WANTS TO COMPETE FOR A WORLD EXPO ACT

Mr. EMMER. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the bill (H.R. 534) to require the Secretary of State to take such actions as may be necessary for the United States to rejoin the Bureau of International Expositions, and for other purposes, with the Senate amendment thereto, and concur in the Senate amendment.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. KUSTOFF of Tennessee). The Clerk will report the Senate amendment.

The Clerk read as follows:

Senate amendment:

Strike out all after the enacting clause and insert:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''U.S. Wants to Compete for a World Expo Act''.

SEC. 2. FINDINGS.

Congress finds the following:

(1) The Bureau of International Expositions (BIE) is the organization responsible for governing World Fairs and International Expositions.

(2) Section 1(a) of Public Law 91–269 (22 U.S.C. 2801(a)) found that ''international expositions . . . have a significant impact on the economic growth of the region surrounding the exposition and . . . are important instruments of national policy''.

(3) The United States has not been an active member of the BIE since 2001.

(4) State and local governments and private entities in the United States have continued to participate in international expositions held in foreign countries as a means of promoting United States exports and creating jobs, but face significantly higher costs for such participation because the United States is not an active member.

(5) State and local governments and private entities in the United States have expressed interest in an international exposition being hosted in the United States, but the bid of a United States city, region, or State to host an international exposition is unlikely to be successful if the United States is not a member of the BIE.

SEC. 3. SENSE OF CONGRESS.

It is the sense of Congress that—

(1) the United States should rejoin the BIE immediately to promote domestic job creation, global branding, and tourism to the United States; and

(2) the Secretary of State, in partnership with the Secretary of Commerce, State and local governments, and private and non-profit entities, should take all necessary steps to facilitate the timely submission of a request to rejoin the BIE.

SEC. 4. AUTHORIZATION.

(a) IN GENERAL.—The Secretary of State is authorized to take such actions as the Secretary determines necessary for the United States to rejoin and maintain membership in the BIE.

(b) AUTHORIZATION TO ACCEPT PRIVATE CONTRIBUTIONS.—In addition to funds otherwise available to the Secretary to carry out this section, the Secretary is authorized to accept contributions for such purpose.

(c) NOTIFICATION.—The Secretary of State shall notify the Committees on Foreign Affairs and Appropriations of the House of Representatives and the Committees on Foreign Relations and Appropriations of the Senate upon taking any action under subsection (a).

SEC. 5. CONTINUATION OF PROHIBITION ON USE OF FEDERAL FUNDS FOR WORLD'S FAIR PAVILIONS AND EXHIBITS.

(a) CONTINUATION OF PROHIBITION.—Nothing in this Act may be construed to authorize any

obligation or expenditure prohibited by section 204 of the Admiral James W. Nance and Meg Donovan Foreign Relations Authorization Act, Fiscal Years 2000 and 2001 (22 U.S.C. 2452b) (relating to limitations on the obligation or expenditure of funds by the Department of State for a United States pavilion or exhibit at an international exposition or world's fair registered by the BIE).

(b) PROHIBITION ON SOLICITATION OF FUNDS.—Section 204(b)(1)(C) of the Admiral James W. Nance and Meg Donovan Foreign Relations Authorization Act, Fiscal Years 2000 and 2001 (22 U.S.C. 2452b(b)(1)(C)) is amended by inserting after ''expositions'' the following: '', except that no employees of the Department of State may, in their official capacity, solicit funds to pay expenses for a United States pavilion or other major exhibit at any international exposition or world's fair registered by the Bureau of International Expositions''.

Mr. EMMER (during the reading). Mr. Speaker, I ask unanimous consent to dispense with the reading of the amendment.

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

There was no objection.

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

There was no objection.

A motion to reconsider was laid on the table.

ADJOURNMENT FROM THURSDAY, MAY 4, 2017, TO MONDAY, MAY 8, 2017

Mr. EMMER. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 9 a.m. on Monday, May 8, 2017.

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

There was no objection.

JOHNSON AMENDMENT REPEAL

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

Mr. BANKS of Indiana. Mr. Speaker, in light of this morning's long overdue executive order on religious freedom and free speech, I rise today to thank my colleagues in Congress on their support for a thorough reform of the Johnson amendment, which has hindered the ability of faith-based nonprofits and churches from engaging in free speech and exercising freedom of religion.

Since 1954, the Johnson amendment has given the IRS the broad authority to censor the free speech of pastors, churches, and other tax-exempt organizations across America.

The IRS' vague interpretation of prohibited forms of speech under this law has led to uncertainty about what speech constitutes a formal violation.

Furthermore, when the Johnson amendment was originally adopted, it was passed without debate, committee hearings, or any other procedure we use in Congress today.

We need to allow America's churches, pastors, and other faith leaders to speak freely on all spheres of life, including relevant political candidates and elections. We need to return free speech back to our spiritual leaders and faith-based organizations without fear of government censorship.

Thank you, Mr. President, for acting to ensure that America's churches will again be a safe place to discuss all important matters in life. While today's actions are a strong start, there is more work to be done to protect religious freedom in the United States of America.

WE ARE NOT GOING FORWARD IN HEALTH CARE, WE ARE GOING BACKWARDS

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

Mr. COHEN. Mr. Speaker, in 2010, I was here and voted for the Affordable Care Act. It passed. It was one of the most proudest moments I have had in Congress.

My father was a doctor who provided health care. I know what health care is like. I suffered from polio at age 5, and have been a constant recipient of health care. Every American should have had that right.

What happened today was cruel, mean, and heartless. It gave $1 billion in tax breaks to the richest people in this country. It took health care from 24 million people. It made the insurance policies that will be available to people less fulsome if they can waive essential benefits, and that includes parts of insurance that were essential under the Affordable Care Act.

The policies will be nearly worthless. They will have high deductibles, and they will cost people more and more because the credits are not as much as the subsidies.

The poor were hurt, the middle class were hurt, and seniors were hurt. It is a sad day when that was cheered, and a day that will go down as one of the worst days in the history of this House. We are not going forward and providing people with the care they need in health care; we are going backwards. I rue this day.

HEALTH CARE IS A RIGHT, NOT A PRIVILEGE

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

Mr. CUMMINGS. Mr. Speaker, 2 weeks ago at a townhall in Baltimore, a young lady came forward. She was 28 years old. She said: I have stage IV cancer. I got married just a few years ago. My husband and I were considering having a baby, but now I have discovered that that won't happen. The Affordable Care Act saved my life.

The last thing she said—and she begged—was: You have got to act now because, if you don't, I will be dead.

Mr. Speaker, the last thing I said to her was that I will give it everything I have got.

Just a few moments ago, when I heard the other side of the aisle cheer as the bill was passed, it gave me great pain.

But I want to say to her and to the American people: I will fight until my death to make sure that we get you the care that you need.

Health care is a right, not a privilege.

TRIBUTE TO FATHER GEORGE CLEMENTS

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

Mr. RUSH. Mr. Speaker, I rise today to pay tribute to a true hero in my heart and the hearts of so many in my hometown of Chicago, Illinois: Father George H. Clements.

Father Clements, yesterday, celebrated the 60th anniversary of his ordination into the Roman Catholic Church. His path towards divinity began early in life when he became the first Black graduate of Chicago's Quigley Academy Seminary in 1945. From there, he went on to pursue his education and earned a bachelor of arts degree in sacred theology and a master of arts degree in philosophy from St. Mary of the Lake Seminary.

Mr. Speaker, after ordination, Father Clements continued his role as a trailblazer when, in June of 1969, he became the first Black priest of Holy Angels Catholic Church, which we in the First District of Illinois are proud to claim.

Mr. Speaker, from that position, Father Clements has had a tremendous impact on lives all across the city of Chicago and all across our great Nation. One such incident of tremendous significance to me personally are his actions that he undertook in the aftermath of the assassination of my dear friend and deputy chairman of the Illinois Chapter of the Black Panther Party, Fred Hampton.

On December 4, 1969, Fred Hampton was assassinated. December 4, 1969, is a dark day in the history of the civil rights movement and in the struggle for social justice here in our great Nation. Mr. Speaker, that is the day that Fred Hampton, as I said before, was assassinated by members of the Cook County State's Attorney's Office, who worked in conjunction with the Chicago Police Department and the Federal Bureau of Investigation.

Mr. Speaker, it is only by the grace of God that I escaped that same fate. Knowing that I was being pursued as a target of the FBI, the Cook County State's Attorney's Office, and the Chicago Police Department, this same extraordinary priest, Father George Clements, offered me protection under the very old ecclesiastical right of sanctuary that has been honored throughout many centuries here and all across the world in a church not

only in America, but in Europe, Asia, and Africa.

Mr. Speaker, if not for the heroic actions of Father Clements on that day, I would not be standing here in the well of the House on this very day.

Father Clements just didn't stop on that infamous day of December 4, 1969. Throughout the years, countless others have also benefited from Father George Clements' boundless love for humanity. In 1980, he started the Catholic church's first One Church One Child program, an effort to increase the adoption race of African-American orphans. He took this noble, gigantic step so to heart that, in 1981 he himself adopted a child; something that had been unheard of in the history of the Catholic church: a Catholic priest adopting a child.

□ 1445

He did not stop there, Father Clements. He has taken personal responsibility for and adopted other children. He has been an excellent father to four wonderful children: Joey, Friday, Stewart, and Saint Anthony.

Father Clements' selfless devotion to humanity did not stop there. After retiring from the Holy Angels Catholic Church in 1994, Father Clements made his way to our Nation's Capital. He came here to Washington, D.C., to establish the One Church-One Addict program beginning here in our Nation's Capital.

Mr. Speaker, as some of us more seasoned folks in this Chamber may recall, this was a time when our Nation's Capital was known as the ''murder capital'' of America. This fact did not deter Father Clements from seeking to help those in need, from trying to be a solution to a highly recognized problem. Father Clements' unboundless love was in full effect once again. Even after all of his years of selfless, sacrificial, hard work, Father Clements still had more to give.

In 1999, he established the One Church-One Inmate program, which was a shared effort to help prison inmates and their families by helping inmates transition from incarceration to a life as productive and ''spiritually healed,'' law-abiding citizens.

What a remarkable man Father George C. Clements was, and what a remarkable man he is this very day.

The Nation, Hollywood has recognized this glorious man. They made a movie after him, called, ''The Father Clements Story,'' where the award-winning actor Lou Gossett starred as Father Clements.

In short, Mr. Speaker, Father Clements has been a beacon of light during the dark days of our Nation. He has been a community leader, a selfless advocate for the downtrodden, and above all, he has been a true and loyal friend to those who are in need. He is a religious man who walks the walk just as he talks the talk.

I can speak no better words for this great American hero, Father George C. Clements, no better words than those that are taken from the Bible, from Holy Scriptures. Let me close, Mr. Speaker, with these very words taken from the Book of Proverbs at 22:9. The Bible says: ''He who has a generous eye will be blessed, for he gives of his bread to the poor.'' This is the manner, the mind of the man, Father George C. Clements.

Mr. Speaker, I honor, I love, I am grateful for, and I am indebted to the remarkable love and work, commitment and dedication of my friend Father George C. Clements.

Mr. Speaker, I yield to the gentleman from Illinois (Mr. DANNY K. DAVIS), my colleague, my comrade, my cohort, my coconspirator, my friend from the Seventh District of Illinois.

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, I know that Congressman RUSH has extolled the virtues of Father Clements sufficiently, and I certainly won't need 45 or 46 additional minutes to do that; but I can tell you that Father George Clements is an exemplary, extraordinary, unordinary man, a priest of the highest order, but a man who adopted four sons, and he has just been tributed not only here, but certainly back in our hometown of Chicago, Illinois.

The thing about his four sons that he adopted, being a single priest, that was not the easiest thing in the world to do. But all four of them have become outstanding individuals everyplace they have been throughout America.

Father Clements not only saved my colleague at a time of great peril, at a time of great need, which demonstrated tremendous courage, but down through the years, he has continued to provide creative leadership and great initiatives, especially as related to children and the needs that they had—One Church-One Child, One Church-One Family, one church helping individuals who were in need of help.

Mr. Speaker, I join with Congressman RUSH in paying tribute to this outstanding humanitarian, Father George Clements.

TRIBUTE TO MS. RUTH LIFE, EDUCATOR, FRIEND, AND COMMUNITY ACTIVIST

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, I also come to the floor to give tribute to a lady, Ms. Ruth Life, an educator, friend, and community activist.

I have been fortunate, Mr. Speaker, to have known many outstanding individuals during my lifetime, but never have I known anyone more outstanding, more passionate, more consistent, more reliable, or more giving of herself than Ms. Ruth Life, whom I met in the 1960s.

I met Ms. Life during the time when community activism was at a serious, high level, especially in the city of Chicago, Illinois, where I come from. Ms. Life, like many of our generation, was involved, actively engaged in efforts to make life for people who lived in the communities where we lived and worked better.

Both of us worked for the Chicago Public Schools system at that time. We were working in District 10, where Mr. Joseph Rosen was superintendent of schools and Ms. Ida Mae ''Ma'' Fletcher, as we called her, was the leading school activist.

As time went on, I left the teaching profession but continued to run into Ms. Life at meetings and church activities. When it came to teaching, there were none better.

As she became the assistant principal at the Roswell B. Mason Elementary School, she was creative, encouraging, and imaginative. When you walked into Roswell B. Mason Elementary School, you knew that teachers were teaching and students were learning.

Thirty-eight years is a long time to teach and educate, but Ms. Life spent a lifetime of service to humanity, especially through her church, the People's Church of the Harvest Church of God in Christ, where Michael Eaddy is the pastor and visionary. Their church has just recently developed a $13 million housing project through their community development association, of which Ms. Life was secretary.

As she passes away and moves to another level of being, I can almost hear the Master speaking to her, saying: ''Well done, my good, and faithful servant. You have done exceptionally well here on Earth. Now I invite you to come on up to the bosom of Abraham, where you can rest in peace and spend eternity.''

Mr. Speaker, I am so delighted to have had this opportunity to exemplify the life of this outstanding woman, Ms. Ruth life.

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

FURTHER MESSAGE FROM THE SENATE

A further message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate concur in the House amendment to the Senate amendment to the bill (H.R. 244) ''An Act to encourage effective, voluntary investments to recruit, employ, and retain men and women who have served in the United States military with annual Federal awards to employers recognizing such efforts, and for other purposes.''.

The message also announced that the Senate has agreed to without amendment a concurrent resolution of the House of the following title:

H. Con. Res. 53. Concurrent resolution providing for a correction in the enrollment of H.R. 244.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. NEWHOUSE (at the request of Mr. MCCARTHY) for May 3 and the balance of the week on account of a family illness.

ENROLLED BILL SIGNED

Karen L. Haas, Clerk of the House, reported and found truly enrolled a bill of the House of the following title, which was thereupon signed by the Speaker:

H.R. 274. An act to provide for reimbursement for the use of modern travel services by Federal employees traveling on official Government business, and for other purposes.

ADJOURNMENT

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

The motion was agreed to; accordingly (at 2 o'clock and 58 minutes p.m.), under its previous order, the House adjourned until Monday, May 8, 2017, at 9 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

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

1254. A letter from the Chief Counsel, FEMA, Department of Homeland Security, transmitting the Department's final rule — Suspension of Community Eligibility (Roseau County, MN, et al.) [Docket ID: FEMA-2017-0002; Internal Agency Docket No.: FEMA-8475] received May 3, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Financial Services.

1255. A letter from the Chief Justice, Supreme Court of the United States, transmitting an amendment to the Federal Rules of Civil Procedure that have been adopted by the Supreme Court, pursuant to 28 U.S.C. 2074(a); Public Law 100-702, Sec. 401(a); (102 Stat. 4649) (H. Doc. No. 115—33); to the Committee on the Judiciary and ordered to be printed.

1256. A letter from the Chief Justice, Supreme Court of the United States, transmitting amendments to the Federal Rules of Evidence that have been adopted by the Supreme Court, pursuant to 28 U.S.C. 2074(a); Public Law 100-702, Sec. 401(a); (102 Stat. 4649) (H. Doc. No. 115—34); to the Committee on the Judiciary and ordered to be printed.

1257. A letter from the Chief Justice, Supreme Court of the United States, transmitting an amendment to the Federal Rules of Appellate Procedure that have been adopted by the Supreme Court, pursuant to 28 U.S.C. 2074(a); Public Law 100-702, Sec. 401(a); (102 Stat. 4649) (H. Doc. No. 115—35); to the Committee on the Judiciary and ordered to be printed.

1258. A letter from the Chief Justice, Supreme Court of the United States, transmitting amendments to the Federal Rules of Bankruptcy Procedure that have been adopted by the Supreme Court, pursuant to 28 U.S.C. 2075; Public Law 88-623, Sec. 1 (as amended by Public Law 103-394, Sec. 104(f)); (108 Stat. 4110) (H. Doc. No. 115—36); to the Committee on the Judiciary and ordered to be printed.

1259. A letter from the Chief Counsel, Saint Lawrence Seaway Development Corporation, Department of Transportation, transmitting the Department's final rule — Civil Penalties (RIN: 2135-AA40) received May 3, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on the Judiciary.

1260. A letter from the Assistant Chief Counsel for Regulatory Affairs, Office of Pipeline Safety, Pipeline and Hazardous Materials Safety Administration, Department of Transportation, transmitting the Department's final rule — Pipeline Safety: Inflation Adjustment of Maximum Civil Penalties [Docket No.: PHMSA-2016-0010] (RIN: 2137-AF16) received May 3, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on the Judiciary.

1261. A letter from the Assistant Chief Counsel for Regulatory Affairs, Office of Hazardous Materials Safety, Pipeline and Hazardous Materials Safety Administration, Department of Transportation, transmitting the Department's final rule — Hazardous Materials: Revision of Maximum and Minimum Civil Penalties [Docket No.: PHMSA-2016-0041 (HM-258D)] (RIN: 2137-AF23) received May 3, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on the Judiciary.

1262. A letter from the Chief Counsel, Saint Lawrence Seaway Development Corporation, Department of Transportation, transmitting the Department's final rule — Tariff of Tolls [Docket No.: SLSDC-2016-0005](RIN: 2135-AA41) received May 3, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

1263. A letter from the Chief Counsel, Saint Lawrence Seaway Development Corporation, Department of Transportation, transmitting the Department's final rule — Seaway Regulations and Rules: Periodic Update, Various Categories [Docket No.: SLSDC-2016-0006] (RIN: 2135-AA42) received May 3, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

1264. A letter from the Management and Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Rolls-Royce plc Turbofan Engines [Docket No.: FAA-2010-0755; Directorate Identifier 2010-NE-12-AD; Amendment 39-18860; AD 2017-08-11] (RIN: 2120-AA64) received May 3, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

1265. A letter from the Management and Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Bombardier, Inc., Airplanes [Docket No.: FAA-2017-0252; Directorate Identifier 2016-NM-187-AD; Amendment 39-18863; AD 2017-09-01] (RIN: 2120-AA64) received May 3, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

1266. A letter from the Management and Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Airbus Helicopters Deutschland GmbH Helicopters [Docket No.: FAA-2016-6928; Directorate Identifier 2016-SW-018-AD; Amendment 39-18864; AD 2017-09-02] (RIN: 2120-AA64) received May 3, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

1267. A letter from the Management and Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; GROB Aircraft AG Gliders [Docket No.: FAA-2017-0019; Directorate Identifier 2016-CE-038-AD; Amendment 39-18861; AD 2017-08-12] (RIN: 2120-AA64) received May 3, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

1268. A letter from the Management and Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Rolls-Royce plc Turbofan Engines [Docket No.: FAA-2013-1015; Directorate Identifier 2013-NE-37-AD; Amendment 39-18859; AD 2017-08-10] (RIN: 2120-AA64) received May 3, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

1269. A letter from the Management and Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; CFE Company Turbofan Engines [Docket No.: FAA-2016-9380; Directorate Identifier 2016-NE-21-AD; Amendment 39-18857; AD 2017-08-08] (RIN: 2120-AA64) received May 3, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

1270. A letter from the Management and Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Airbus Airplanes [Docket No.: FAA-2016-7269; Directorate Identifier 2015-NM-198-AD; Amendment 39-18862; AD 2017-08-13] (RIN: 2120-AA64) received May 3, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

1271. A letter from the Management and Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; DG Flugzeugbau GmbH [Docket No.: FAA-2017-0051; Directorate Identifier 2016-CE-043-AD; Amendment 39-18858; AD 2017-08-09] (RIN: 2120-AA64) received May 3, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

1272. A letter from the Management and Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Airbus Helicopters [Docket No.: FAA-2016-4674; Directorate Identifier 2016-SW-001-AD; Amendment 39-18835; AD 2017-06-11] (RIN: 2120-AA64) received May 3, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

1273. A letter from the Management and Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Learjet Inc., Airplanes [Docket No.: FAA-2016-9505; Directorate Identifier 2016-NM-155-AD; Amendment 39-18856; AD 2017-08-07] (RIN: 2120-AA64) received May 3, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

1274. A letter from the Management and Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; General Electric Company Turbofan Engines [Docket No.: FAA-2016-9167; Directorate Identifier 2016-NE-20-AD; Amendment 39-18855; AD 2017-08-06] (RIN: 2120-AA64) received May 3, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

1275. A letter from the Management and Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; General Electric Company Turbofan Engines [Docket No.: FAA-2015-7491; Directorate Identifier 2015-NE-39-AD; Amendment 39-18854; AD 2017-08-05] (RIN: 2120-AA64) received May 3, 2017, pursuant to 5 U.S.C.

801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

1276. A letter from the Management and Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; GROB Aircraft AG Gliders [Docket No.: FAA-2017-0019; Directorate Identifier 2016-CE-038-AD; Amendment 39-18861; AD 2017-08-12] (RIN: 2120-AA64) received May 3, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

1277. A letter from the Management and Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Amendment of Class D and Class E Airspace for the following Idaho towns; Lewiston, ID; Pocatello, ID; and Twin Falls, ID [Docket No.: FAA-2017-0216; Airspace Docket No.: 17-ANM-7] received May 3, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

1278. A letter from the Management and Program Analyst, FAA, Department of Transportation, transmitting the Department's final rule — Amendment of Class E Airspace; Moses Lake, WA; Olympia, WA [Docket No.: FAA-2017-0217; Airspace Docket No.: 17-ANM-8] received May 3, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Ms. FOXX: Committee on Education and the Workforce. H.R. 1808. A bill to amend and improve the Missing Children's Assistance Act, and for other purposes; with an amendment (Rept. 115–110). Referred to the Committee of the Whole House on the state of the Union.

Ms. FOXX: Committee on Education and the Workforce. H.R. 1809. A bill to reauthorize and improve the Juvenile Justice and Delinquency Prevention Act of 1974, and for other purposes; with an amendment (Rept. 115–111). Referred to the Committee of the Whole House on the state of the Union.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. BACON:

H.R. 2350. A bill to amend the Small Business Act to foster greater transparency in and establish standards relating to the administration of construction contracts, to provide prospective construction contractors with information about an agency's policies on the administration of change orders to allow such contractors to make informed business decisions regarding the pricing of bids or proposals, and for other purposes; to the Committee on Small Business.

By Ms. MAXINE WATERS of California (for herself, Ms. CLARKE of New York, Mr. CONYERS, Mr. GRIJALVA, Mr. SERRANO, Ms. BORDALLO, Mr. TAKANO, Ms. ROYBAL-ALLARD, Mr. EVANS, Mr. LAWSON of Florida, Ms. WILSON of Florida, Ms. NORTON, Mr. BEN RAY LUJÁN of New Mexico, Mr. CÁRDENAS, Mr. PAYNE, Ms. HANABUSA, Mr. BRADY of Pennsylvania, Mr. CUMMINGS, Ms. ADAMS, Mr. GALLEGO, Mr. COHEN, Ms. BARRAGÁN, Mrs. BEATTY, Ms. LEE, Ms. JACKSON LEE, Ms. SEWELL of Alabama, Mr. KHANNA, Mr. BISHOP of Georgia, Ms. KELLY of Illinois, Mrs. WATSON COLEMAN, Mr. CARSON of Indiana, Mr. MCGOVERN, Ms. SÁNCHEZ, Mr. SMITH of Washington, Mr. DAVID SCOTT of Georgia, Mrs. LAWRENCE, Mr. ELLISON, Mr. HASTINGS, Mr. CLAY, Mr. ESPAILLAT, Mrs. NAPOLITANO, Ms. VELÁZQUEZ, Mr. CORREA, Mr. VELA, Mr. GUTIÉRREZ, Mr. SCOTT of Virginia, Mr. MCEACHIN, Ms. JUDY CHU of California, and Mr. SOTO):

H.R. 2351. A bill to amend the Public Health Service Act to authorize grants to provide treatment for diabetes in minority communities; to the Committee on Energy and Commerce.

By Mr. PITTENGER:

H.R. 2352. A bill to provide for the recognition of the Lumbee Tribe of North Carolina, and for other purposes; to the Committee on Natural Resources.

By Mr. THOMPSON of Pennsylvania (for himself, Mr. BYRNE, Mr. SMUCKER, Mr. FERGUSON, Mr. KRISHNAMOORTHI, Ms. CLARK of Massachusetts, Mr. LANGEVIN, and Mr. NOLAN):

H.R. 2353. A bill to reauthorize the Carl D. Perkins Career and Technical Education Act of 2006; to the Committee on Education and the Workforce.

By Mr. BYRNE (for himself, Mr. HUNTER, Mr. GROTHMAN, Mr. FRANCIS ROONEY of Florida, Mr. MITCHELL, Ms. ROS-LEHTINEN, Mr. DIAZ-BALART, Mr. DEUTCH, and Ms. FRANKEL of Florida):

H.R. 2354. A bill to amend the Longshore and Harbor Workers' Compensation Act to provide a definition of recreational vessel for purposes of such Act; to the Committee on Education and the Workforce.

By Mr. LATTA (for himself, Mr. JOYCE of Ohio, Mrs. NAPOLITANO, Mrs. BUSTOS, Mr. SMUCKER, and Ms. FUDGE):

H.R. 2355. A bill to provide for integrated plan permits, to establish an Office of the Municipal Ombudsman, to promote green infrastructure, and to require the revision of financial capability guidance; to the Committee on Transportation and Infrastructure, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. MCNERNEY (for himself, Ms. DEGETTE, Mr. ENGEL, Mr. RUSH, Mr. KHANNA, and Mr. TAKANO):

H.R. 2356. A bill to protect broadband users from unfair or deceptive practices relating to privacy or data security, and for other purposes; to the Committee on Energy and Commerce.

By Mr. DEFAZIO:

H.R. 2357. A bill to provide for the establishment of the United States Employee Ownership Bank, and for other purposes; to the Committee on Financial Services, and in addition to the Committee on Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. ROYCE of California (for himself, Mr. TED LIEU of California, Mr. ABRAHAM, Mr. CÁRDENAS, Mr. CHABOT, Ms. JUDY CHU of California, Mrs. RADEWAGEN, Mr. FLEISCHMANN, Ms. GABBARD, Mr. AL GREEN of Texas, Mr. GRIJALVA, Mr. ISSA, Mr. KINZINGER, Ms. LEE, Mr. LOWENTHAL, Ms. MENG, Mr. RASKIN, Mr. ROHRABACHER, Ms. VELÁZQUEZ, Mrs. WAGNER, Mrs. MIMI WALTERS of California, and Mr. WILSON of South Carolina):

H.R. 2358. A bill to award a Congressional Gold Medal, collectively, to the Chinese American Veterans of World War II, in recognition of their dedicated service during World War II; to the Committee on Financial Services, and in addition to the Committee on House Administration, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. LOUDERMILK (for himself, Mr. ROYCE of California, Mr. BUDD, Mr. KING of New York, and Mrs. WAGNER):

H.R. 2359. A bill to amend the civil liability requirements under the Fair Credit Reporting Act to include requirements relating to class actions, and for other purposes; to the Committee on Financial Services, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mrs. BEATTY (for herself, Mrs. WAGNER, Mr. MEEKS, Mr. CONYERS, Ms. KELLY of Illinois, Mr. EVANS, Mr. GRIFFITH, Ms. JACKSON LEE, Mr. PAYNE, Ms. SEWELL of Alabama, Mr. CARBAJAL, Ms. ROS-LEHTINEN, Mr. CÁRDENAS, Mr. RICHMOND, Mrs. DINGELL, Mr. BISHOP of Georgia, Mr. HASTINGS, Mr. BRADY of Pennsylvania, Ms. MOORE, Mr. SWALWELL of California, and Mr. CLAY):

H.R. 2360. A bill to provide for systemic research, treatment, prevention, awareness, and dissemination of information with respect to sports-related and other concussions; to the Committee on Energy and Commerce.

By Mrs. BLACKBURN (for herself and Mr. SCHRADER):

H.R. 2361. A bill to promote energy savings in residential and commercial buildings and industry, and for other purposes; to the Committee on Energy and Commerce.

By Ms. BONAMICI (for herself, Mrs. RADEWAGEN, Mr. BLUMENAUER, Mr. RYAN of Ohio, and Ms. MOORE):

H.R. 2362. A bill to assure equity in contracting between the Federal Government and small business concerns, and for other purposes; to the Committee on Small Business.

By Mr. CARSON of Indiana:

H.R. 2363. A bill to amend the Robert T. Stafford Disaster Relief and Emergency Assistance Act to reauthorize the predisaster hazard mitigation program; to the Committee on Transportation and Infrastructure.

By Ms. JUDY CHU of California (for herself, Ms. MENG, and Mr. KNIGHT):

H.R. 2364. A bill to amend the Small Business Investment Act of 1958 to increase the amount that certain banks and savings associations may invest in small business investment companies, subject to the approval of the appropriate Federal banking agency, and for other purposes; to the Committee on Small Business.

By Mr. COOK:

H.R. 2365. A bill to convey certain Federal land in California to Apple Valley, California, Twentynine Palms, California, Barstow, California, and Victorville, California; to the Committee on Natural Resources.

By Mr. DELANEY (for himself, Mr. KATKO, Mr. PERLMUTTER, Mr. LOWENTHAL, Ms. CASTOR of Florida, Mr. VEASEY, Mr. TONKO, Mrs. DINGELL, Ms. SINEMA, and Ms. LOFGREN):

H.R. 2366. A bill to amend title 11 of the United States Code to make student loans dischargeable; to the Committee on the Judiciary.

By Mr. DESAULNIER:

H.R. 2367. A bill to limit the amount of authorization of appropriations for the Department of Defense unless the Secretary of Defense implements cost-saving recommendations contained in a certain study by the Defense Business Board, and for other purposes; to the Committee on Armed Services.

By Mr. FITZPATRICK (for himself, Ms. SINEMA, and Mr. BIGGS):

H.R. 2368. A bill to authorize the use of experimental drugs, biological products, and devices by patients diagnosed with a terminal illness in accordance with State law, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. FRANKEL of Florida (for herself, Mr. YOHO, Mr. FRANCIS ROONEY of Florida, Mr. DEUTCH, Mr. DIAZ-BALART, Mr. HASTINGS, Mr. DESANTIS, Mr. THOMAS J. ROONEY of Florida, and Mr. MAST):

H.R. 2369. A bill to amend the Tariff Act of 1930 to provide for a deferral of the payment of a duty upon the sale of certain used yachts, and for other purposes; to the Committee on Ways and Means.

By Mr. GAETZ:

H.R. 2370. A bill to authorize Escambia County, Florida, to convey certain property that was formerly part of Santa Rosa Island National Monument and that was conveyed to Escambia County subject to restrictions on use and reconveyance; to the Committee on Natural Resources.

By Mr. GOSAR (for himself, Ms. SINEMA, Mr. BIGGS, Mr. FRANKS of Arizona, Mr. HUFFMAN, Mr. LAMALFA, Ms. MCSALLY, Mrs. NOEM, Mr. O'HALLERAN, Mr. SCHWEIKERT, and Mr. MCCLINTOCK):

H.R. 2371. A bill to require the Administrator of the Western Area Power Administration to establish a pilot project to provide increased transparency for customers, and for other purposes; to the Committee on Natural Resources.

By Mr. SAM JOHNSON of Texas (for himself, Mr. ROE of Tennessee, Mr. KNIGHT, Mr. LAMBORN, Mr. SCHWEIKERT, Mr. BILIRAKIS, Mrs. NOEM, Mr. PAULSEN, Mr. MARCHANT, Mr. BISHOP of Michigan, and Ms. JENKINS of Kansas):

H.R. 2372. A bill to amend the Internal Revenue Code of 1986 to clarify the rules relating to veteran health insurance and eligibility for the premium tax credit; to the Committee on Ways and Means.

By Mr. KELLY of Pennsylvania (for himself and Mr. BUCHANAN):

H.R. 2373. A bill to amend title XVIII of the Social Security Act with respect to the accreditation of osteopathic residency training programs for purposes of graduate medical education payments under the Medicare program; to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. KIHUEN (for himself, Mr. AMODEI, Ms. ROSEN, and Ms. TITUS):

H.R. 2374. A bill to facilitate certain pinyon-juniper related projects in Lincoln County, Nevada, to modify the boundaries of certain wilderness areas in the State of Nevada, and to fully implement the White Pine County Conservation, Recreation, and Development Act; to the Committee on Natural Resources.

By Mr. KNIGHT (for himself, Ms. HERRERA BEUTLER, Mrs. COMSTOCK, Mrs. BROOKS of Indiana, Mrs. BUSTOS, Mr. LIPINSKI, and Mrs. TORRES):

H.R. 2375. A bill to amend title 49, United States Code, to provide for private lactation areas in the terminals of large and medium hub airports, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. LANCE (for himself, Mrs. DINGELL, Mr. BURGESS, and Mr. GENE GREEN of Texas):

H.R. 2376. A bill to amend the Federal Food, Drug, and Cosmetic Act to protect and strengthen the drug supply chain in the United States by closing several statutory gaps in the penalty provisions of such Act that apply to drug diversion and counterfeiting; to the Committee on Energy and Commerce.

By Mr. LIPINSKI:

H.R. 2377. A bill to amend the Workforce Innovation and Opportunity Act to include individuals participating in pre-apprenticeship programs offered by employers and provide that such employers may be reimbursed under such Act; to the Committee on Education and the Workforce.

By Mr. BEN RAY LUJÁN of New Mexico (for himself, Mrs. DINGELL, Ms. MICHELLE LUJAN GRISHAM of New Mexico, Ms. JAYAPAL, and Ms. NORTON):

H.R. 2378. A bill to amend the Internal Revenue Code of 1986 to reform the American opportunity tax credit to support college savings; to the Committee on Ways and Means, and in addition to the Committee on Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mrs. CAROLYN B. MALONEY of New York:

H.R. 2379. A bill to amend the Public Health Service Act to establish a program of research regarding the risks posed by the presence of dioxin, synthetic fibers, chemical fragrances, and other components of feminine hygiene products; to the Committee on Energy and Commerce.

By Mrs. CAROLYN B. MALONEY of New York (for herself, Mr. DESAULNIER, Ms. TSONGAS, Mr. MEEKS, Ms. CLARK of Massachusetts, and Mr. GRIJALVA):

H.R. 2380. A bill to provide for the development and use of technology for personalized handguns, to require that all handguns manufactured or sold in, or imported into, the United States incorporate such technology, and for other purposes; to the Committee on the Judiciary, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. MOOLENAAR (for himself, Ms. SINEMA, Mr. BISHOP of Michigan, and Mr. HUIZENGA):

H.R. 2381. A bill to amend title 49, United States Code, to prescribe safety standards for autocycles and related equipment, and for other purposes; to the Committee on Energy and Commerce.

By Mrs. NOEM:

H.R. 2382. A bill to amend the Richard B. Russell National School Lunch Act and the Child Nutrition Act of 1966 to eliminate certain Federal nutrition requirements, and for other purposes; to the Committee on Education and the Workforce.

By Mrs. NOEM (for herself, Mr. LOEBSACK, and Mr. PASCRELL):

H.R. 2383. A bill to amend the Internal Revenue Code of 1986 to reform and extend the incentives for biodiesel; to the Committee on Ways and Means.

By Mr. NOLAN:

H.R. 2384. A bill to amend the Employee Retirement Income Security Act of 1974 and the Internal Revenue Code of 1986 to modify certain provisions relating to multiemployer pensions, and for other purposes; to the Committee on Education and the Workforce, and in addition to the Committees on Ways and Means, and the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. PAULSEN:

H.R. 2385. A bill to address tariff inversions that create an incentive for United States companies to move production out of the United States, to eliminate the tariff inversion on certain television components, and for other purposes; to the Committee on Ways and Means.

By Mr. PAULSEN (for himself, Mr. DANNY K. DAVIS of Illinois, Mr. TIBERI, Mr. HOLDING, and Mr. NOLAN):

H.R. 2386. A bill to amend the Internal Revenue Code of 1986 to modify the tax rate for excise tax on investment income of private foundations; to the Committee on Ways and Means, and in addition to the Committee on the Budget, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. POLIS (for himself, Mr. POCAN, and Mr. DELANEY):

H.R. 2387. A bill to establish an Employee Ownership and Participation Initiative, and for other purposes; to the Committee on Education and the Workforce.

By Mr. QUIGLEY (for himself, Ms. KAPTUR, and Mr. LIPINSKI):

H.R. 2388. A bill to provide that Poland may be designated as a program country under the Visa Waiver Program, and for other purposes; to the Committee on the Judiciary.

By Mr. REED (for himself, Mr. NADLER, Mr. HIGGINS of New York, and Ms. SLAUGHTER):

H.R. 2389. A bill to reauthorize the West Valley demonstration project, and for other purposes; to the Committee on Energy and Commerce.

By Ms. ROS-LEHTINEN (for herself, Mr. WILSON of South Carolina, and Mr. MEADOWS):

H.R. 2390. A bill to strengthen prohibitions regarding the Palestine Liberation Organization, and for other purposes; to the Committee on Foreign Affairs.

By Mr. SANFORD (for himself, Mr. MEADOWS, and Mr. RICE of South Carolina):

H.R. 2391. A bill to amend the Internal Revenue Code of 1986 to phaseout the Mass Transit Account; to the Committee on Ways and Means.

By Ms. SCHAKOWSKY:

H.R. 2392. A bill to amend the Public Health Service Act to establish direct care registered nurse-to-patient staffing ratio requirements in hospitals, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as

fall within the jurisdiction of the committee concerned.

By Mr. SCHNEIDER:

H.R. 2393. A bill to create a grant program for governmental and other nonprofit organizations that support startup businesses in formation and early growth stages by providing entrepreneurs with resources and services to produce viable businesses, and for other purposes; to the Committee on Small Business.

By Mr. STIVERS (for himself, Ms. SPEIER, and Mr. REED):

H.R. 2394. A bill to amend the Internal Revenue Code of 1986 to include fuel cells using electromechanical processes for purposes of the energy tax credit; to the Committee on Ways and Means.

By Mrs. TORRES (for herself, Mr. GUTIÉRREZ, and Ms. JAYAPAL):

H.R. 2395. A bill to direct the Federal Trade Commission to issue regulations to prohibit any bail bond agent or person who underwrites or insures the provision of a bail bond who require a bonded individual to wear an ankle monitor or other homing device as a condition on issuing such a bond from charging any fee associated with such monitor or device that exceeds the cost to the bail bond agent or person who underwrites or insures the provision of a bail bond of maintaining and operating such monitor or device; to the Committee on Energy and Commerce.

By Mr. TROTT (for himself and Mr. CLAY):

H.R. 2396. A bill to amend the Gramm-Leach-Bliley Act to update the exception for certain annual notices provided by financial institutions; to the Committee on Financial Services.

By Mr. YOHO (for himself, Mr. ROYCE of California, Mr. ENGEL, and Mr. SHERMAN):

H.R. 2397. A bill to amend the North Korean Human Rights Act of 2004 to authorize further actions to promote freedom of information and democracy in North Korea, and for other purposes; to the Committee on Foreign Affairs.

By Ms. BASS (for herself, Mr. LANGEVIN, Mrs. BLACK, Mrs. LAWRENCE, Mr. MARINO, Mr. FRANKS of Arizona, Mr. CLAY, Mr. PAYNE, Mr. POCAN, Ms. CLARKE of New York, Mr. SEAN PATRICK MALONEY of New York, Ms. LEE, Mr. RUSH, Ms. NORTON, Mr. DANNY K. DAVIS of Illinois, Mr. SMITH of Washington, Mr. COHEN, Mr. RICHMOND, Mr. DAVID SCOTT of Georgia, Mr. MULLIN, Mr. TED LIEU of California, Ms. FRANKEL of Florida, Mr. CONYERS, Ms. KAPTUR, Mr. TONKO, Mr. TIPTON, Mrs. DINGELL, Mr. KILDEE, Mr. CÁRDENAS, Mr. EVANS, Mr. YARMUTH, Mrs. BEATTY, Mr. JOHNSON of Georgia, Ms. DELBENE, Mrs. WATSON COLEMAN, Ms. BROWNLEY of California, Mr. CORREA, Mr. CROWLEY, Mrs. TORRES, Mrs. DEMINGS, Mr. DESAULNIER, Mr. THOMPSON of Pennsylvania, Mr. LOWENTHAL, Mr. MITCHELL, Ms. MICHELLE LUJAN GRISHAM of New Mexico, Ms. ADAMS, Mr. THOMPSON of California, Mr. CLYBURN, Mr. MCEACHIN, Mr. EMMER, Ms. JAYAPAL, Mr. LEWIS of Georgia, Mr. TAYLOR, Ms. HANABUSA, Ms. BONAMICI, Mrs. BUSTOS, Ms. GRANGER, Mr. BLUM, Ms. WASSERMAN SCHULTZ, Mr. TIBERI, Mr. GALLEGO, Mr. CASTRO of Texas, Mr. HILL, Ms. KELLY of Illinois, Ms. BARRAGÁN, Mr. BROWN of Maryland, Mr. TAKANO, Mr. GRIJALVA, Mr. BACON, Mr. VEASEY, Mr. KILMER, Mr. COOPER, Mr. VARGAS, Mr. ESPAILLAT, Mr. KELLY of Pennsylvania, Mr. CRAMER, Ms. CASTOR of Florida, Mr. WITTMAN, Mr. BUTTERFIELD, Ms. ROYBAL-ALLARD, Mr. PRICE of North Carolina, Mr. NADLER, Ms. DEGETTE, Ms. SEWELL of Alabama, Mr. LUETKEMEYER, Mrs. HARTZLER, Mr. CICILLINE, Mr. MCNERNEY, Ms. FUDGE, Mr. AL GREEN of Texas, Mr. SERRANO, Mr. BISHOP of Georgia, Ms. DELAURO, Ms. JUDY CHU of California, Ms. TITUS, Ms. PLASKETT, Mr. HECK, Mr. MCGOVERN, Mr. BANKS of Indiana, Mr. LEVIN, Mr. SUOZZI, Mr. PALLONE, Mr. RASKIN, Mr. KIND, Mr. CURBELO of Florida, Mr. STIVERS, Mr. HASTINGS, Mr. GUTIÉRREZ, Mr. HIGGINS of New York, Mr. DENHAM, Mr. BEYER, Mr. LAWSON of Florida, Ms. MATSUI, Ms. SPEIER, Mr. CARTWRIGHT, Mr. SCOTT of Virginia, Mrs. DAVIS of California, Mr. MESSER, Mrs. MCMORRIS RODGERS, Ms. CLARK of Massachusetts, Mr. LOEBSACK, Mr. POLIS, Mr. RYAN of Ohio, Mr. BARLETTA, Mr. DEFAZIO, Ms. JACKSON LEE, Mr. MEEKS, Ms. MCCOLLUM, Ms. SÁNCHEZ, Ms. SCHAKOWSKY, Mr. LAMBORN, Mr. REED, Mr. DEUTCH, Ms. SLAUGHTER, Mr. THOMPSON of Mississippi, Mr. SCHIFF, and Mrs. LOWEY):

H. Res. 314. A resolution recognizing National Foster Care Month as an opportunity to raise awareness about the challenges of children in the foster care system, and encouraging Congress to implement policy to improve the lives of children in the foster care system; to the Committee on Ways and Means.

By Ms. EDDIE BERNICE JOHNSON of Texas (for herself, Mr. MCKINLEY, Mr. JOYCE of Ohio, Ms. BONAMICI, Mr. CLAY, Mrs. COMSTOCK, Ms. SEWELL of Alabama, Ms. SCHAKOWSKY, Ms. GABBARD, Mr. RODNEY DAVIS of Illinois, and Ms. LOFGREN):

H. Res. 315. A resolution expressing support for the designation of the week of May 6 through May 12, 2017, as National Nurses Week; to the Committee on Energy and Commerce.

By Mr. ROHRABACHER (for himself and Mr. MEEKS):

H. Res. 316. A resolution celebrating the success of the Marshall Plan in fostering peace and prosperity in the seven decades since its conception and affirming the continued relevance of the Marshall Plan for the United States and its global allies and the values for which it stood; to the Committee on Foreign Affairs.

By Ms. ROS-LEHTINEN (for herself, Mrs. LOWEY, Mr. POE of Texas, and Mr. DEUTCH):

H. Res. 317. A resolution calling for the unconditional release of United States citizens and legal permanent resident aliens being held for political purposes by the Government of Iran; to the Committee on Foreign Affairs.

MEMORIALS

Under clause 3 of rule XII,

34. The SPEAKER presented a memorial of the Senate of the State of California, relative to Senate Resolution No. 29, stating the Senate of the state of California herby designates the year of 2017 as ''State of California Year of Commemoration of the Anniversary of the Armenian Genocide of 1915-1923'' and in doing so, intends, through the enactment of legislation, that the Armenian Genocide is properly commemorated and taught to its citizens and visitors; which was referred jointly to the Committees on Foreign Affairs and Education and the Workforce.

PRIVATE BILLS AND RESOLUTIONS

Under clause 3 of rule XII,

Mr. LOWENTHAL introduced a bill (H.R. 2398) for the relief of Gurmukh Singh; which was referred to the Committee on the Judiciary.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 7 of rule XII of the Rules of the House of Representatives, the following statements are submitted regarding the specific powers granted to Congress in the Constitution to enact the accompanying bill or joint resolution.

By Mr. BACON:

H.R. 2350.

Congress has the power to enact this legislation pursuant to the following:

Clause 1 of Section 8 of Article 1

By Ms. MAXINE WATERS of California:

H.R. 2351.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, clause 1 of the U.S. Constitution and

Article 1, Section 8, clause 3 of the U.S. Constitution.

By Mr. PITTENGER:

H.R. 2352.

Congress has the power to enact this legislation pursuant to the following:

Article 1 Section 8 Clause 3 states: ''To regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes. . . To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.''

By Mr. THOMPSON of Pennsylvania:

H.R. 2353.

Congress has the power to enact this legislation pursuant to the following:

Article I, section 8 of the Constitution of the United States

By Mr. BYRNE:

H.R. 2354.

Congress has the power to enact this legislation pursuant to the following:

Article I, section 8 of the Constitution of the United States

By Mr. LATTA:

H.R. 2355.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3

The Congress shall have Power to regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes

By Mr. MCNERNEY:

H.R. 2356.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 of the Constitution of hte United States grants Congress the authority to enact this bill.

By Mr. DEFAZIO:

H.R. 2357.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 18 (relating to the power to make all laws necessary and proper for carrying out the powers vested in Congress)

By Mr. ROYCE of California:

H.R. 2358.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 of the Constitution of the United States.

By Mr. LOUDERMILK:

H.R. 2359.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3 of the Constitution, which gives Congress the power ''To regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes;''

By Mrs. BEATTY:

H.R. 2360.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3 of the U.S. Constitution.

By Mrs. BLACKBURN:

H.R. 2361.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 18: The Necessary and Proper Clause

By Ms. BONAMICI:

H.R. 2362.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8

By Mr. CARSON of Indiana:

H.R. 2363.

Congress has the power to enact this legislation pursuant to the following:

Clause 18 of section 8 of Article I of the Constitution.

By Ms. JUDY CHU of California:

H.R. 2364.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8—''The Congress shall have the power to lay and collect taxes, duties, imposts, and excises, to pay the debts and provide for the common defense and welfare of the United States.''

By Mr. COOK:

H.R. 2365.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8

By Mr. DELANEY:

H.R. 2366.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 of the United States Constitution

By Mr. DESAULNIER:

H.R. 2367.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8.

By Mr. FITZPATRICK:

H.R. 2368.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3

By Ms. FRANKEL of Florida:

H.R. 2369.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clauses 1, 3, and 18 of the United States Constitution, which respectively grants Congress the power to lay and collect duties and imposts, to regulate commerce with foreign nations, and to make all laws which shall be necessary and proper for the execution of those powers.

By Mr. GAETZ:

H.R. 2370.

Congress has the power to enact this legislation pursuant to the following:

Article IV, Section III, Clause II

By Mr. GOSAR:

H.R. 2371.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 3. (Commerce Clause) The Commerce Clause give Congress the power to ''regulate commerce . . . among the several States.'' If the matter in question is not purely a local matter or if it has an impact on inter-state commerce, then it falls within the power of Congress. National Federal of Independent Business v. Sebilius, (2012).

By Mr. SAM JOHNSON of Texas:

H.R. 2372.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1

By Mr. KELLY of Pennsylvania:

H.R. 2373.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 of the U.S. Constitution

By Mr. KIHUEN:

H.R. 2374.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the powers granted to the Congress by Article I, Section 8, Clause 18 of the United States Constitution.

By Mr. KNIGHT:

H.R. 2375.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section I

''All legislative Powers herin granted shall be vested in a Congress of the United States, which shall consist of a Senate and House of Representatives.''

By Mr. LANCE:

H.R. 2376.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 18, which states that the Congress has the power to make all laws which shall be necessary and proper for carrying into execution the foregoing powers, and all other powers vested by this Constitution in the government of the United States or in any department or officer thereof.

By Mr. LIPINSKI:

H.R. 2377.

Congress has the power to enact this legislation pursuant to the following:

Clause 1 of Section 8 of Article I of the Constitution of the United States grants the Congress the power to enact this law.

By Mr. BEN RAY LUJÁN of New Mexico:

H.R. 2378.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 1

By Mrs. CAROLYN B. MALONEY of New York:

H.R. 2379.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8. Clause 3, to regulate Commerce with foreign Nations, and among the several States, and within Indian Tribes.

By Mrs. CAROLYN B. MALONEY of New York:

H.R. 2380.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8

By Mr. MOOLENAAR:

H.R. 2381.

Congress has the power to enact this legislation pursuant to the following:

Under, Article 1, Section 8, Clause 3 of the United States Constitution, which gives Congress the power ''to regulate commerce with foreign nations, and among the several states, and with the Indian tribes.''

By Mrs. NOEM:

H.R. 2382.

Congress has the power to enact this legislation pursuant to the following:

Section 8, Article 1 of the United States Constitution

By Mrs. NOEM:

H.R. 2383.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1: The Congress shall have Power To lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defence and general Welfare of the United States; but all Duties, Imposts, and Excises shall be uniform throughout the United States

By Mr. NOLAN:

H.R. 2384.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 1, which provides that the Congress shall have the power to lay and collect taxes, duties, imposts and excises, to pay the debts and provide for the common defense and general welfare of the United States.

By Mr. PAULSEN:

H.R. 2385.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1 of the United States Constitution.

By Mr. PAULSEN:

H.R. 2386.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1 of the United States Constitution.

By Mr. POLIS:

H.R. 2387.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8

By Mr. QUIGLEY:

H.R. 2388.

Congress has the power to enact this legislation pursuant to the following:

The constitutional authority on which this bill rests is the power of Congress to regulate commerce; as enumerated in Article I, Section 8, Clause 3 of the United States Constitution.

By Mr. REED:

H.R. 2389.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 1 of the United States Constitution, to ''provide for the common Defense and general Welfare of the United States.''

By Ms. ROS-LEHTINEN:

H.R. 2390.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 of the Constitution

By Mr. SANFORD:

H.R. 2391.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 of the U.S. Constitution

By Ms. SCHAKOWSKY:

H.R. 2392.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8: ''The Congress shall have Power To lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defence and general Welfare of the United States; but all Duties, Imposts and Excises shall be uniform throughout the United States;''

By Mr. SCHNEIDER:

H.R. 2393.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8

By Mr. STIVERS:

H.R. 2394.

Congress has the power to enact this legislation pursuant to the following:

The Congress shall have the Power to lay and collect Taxes, Duties, Imposts and Excises, to pay the Debt and provide for the common Defense and general Welfare of the

United States; but all Duties, Imposts and Excises shall be uniform throughout the United States.

By Mrs. TORRES:

H.R. 2395.

Congress has the power to enact this legislation pursuant to the following:

Article 1: Section 8: Clause 18: To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.

By Mr. TROTT:

H.R. 2396.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8

By Mr. YOHO:

H.R. 2397.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8 of the United States Constitution

By Mr. LOWENTHAL:

H.R. 2398.

Congress has the power to enact this legislation pursuant to the following:

Article I, section 8, clause 4 of the Constitution provides that Congress shall have power to ''establish an uniform Rule of Naturalization''. The Supreme Court has long found that this provision of the Constitution grants Congress plenary power over immigration policy. As the Court found in Galvan v. Press, 347 U.S. 522, 531 (1954), ''that the formulation of policies [pertaining to the entry of aliens and their right to remain here] is entrusted exclusively to Congress has become about as firmly imbedded in the legislative and judicial tissues of our body politic as any aspect of our government.'' And, as the Court found in Kleindienst v. Mandel, 408 U.S. 753, 766 (1972) (quoting Boutilier v. INS, 387 U.S. 118, 123 (1967)), ''[t]he Court without exception has sustained Congress' 'plenary power to make rules for the admission of aliens and to exclude those who possess those characteristics which Congress has forbidden.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions, as follows:

H.R. 19: Mr. DONOVAN, Mr. COLLINS of New York, Mr. MAST, and Ms. GRANGER.

H.R. 24: Mr. PALAZZO and Mr. BISHOP of Michigan.

H.R. 36: Mr. BERGMAN and Mr. HUDSON.

H.R. 60: Mr. KHANNA, Mr. BRADY of Pennsylvania, Ms. JENKINS of Kansas, Mr. BISHOP of Utah, Mr. MURPHY of Pennsylvania, Mr. ESTES of Kansas, Mr. KEATING, Ms. TITUS, Mr. O'ROURKE, Mr. LEWIS of Minnesota, Mr. THOMPSON of Pennsylvania, Mr. JODY B. HICE of Georgia, and Mr. BANKS of Indiana.

H.R. 154: Mr. COURTNEY.

H.R. 179: Mr. KINZINGER, Mr. EVANS, and Mr. AL GREEN of Texas.

H.R. 247: Mr. RATCLIFFE.

H.R. 305: Mr. AGUILAR, Ms. ESTY of Connecticut, and Mr. HIGGINS of New York.

H.R. 392: Ms. SHEA-PORTER, Mr. WOMACK, Mr. HULTGREN, Mr. TIPTON, Mr. THOMPSON of California, Mr. BRENDAN F. BOYLE of Pennsylvania, Mr. MAST, Mr. MCEACHIN, Mr. MESSER, Mrs. MURPHY of Florida, Mrs. WALORSKI, and Ms. VELÁZQUEZ.

H.R. 490: Mrs. HARTZLER, Mr. ROSKAM, Mr. BISHOP of Utah, Mrs. BLACKBURN, Mr. LAMALFA, Mr. POE of Texas, and Mr. WEBER of Texas.

H.R. 502: Mr. ROUZER, Mrs. DAVIS of California, Mr. MURPHY of Pennsylvania, Ms. MAXINE WATERS of California, Mr. PANETTA, Mr. MCEACHIN, Ms. MENG, Mrs. WATSON COLEMAN, and Mr. PASCRELL.

H.R. 544: Mr. CORREA, Mr. VEASEY, and Mr. PEARCE.

H.R. 606: Mr. KHANNA and Ms. MAXINE WATERS of California.

H.R. 611: Mr. TROTT.

H.R. 622: Mr. SMITH of Texas.

H.R. 747: Mr. ROSS.

H.R. 750: Mr. KIND.

H.R. 777: Mr. ROSS.

H.R. 785: Mr. SMITH of Texas and Mr. POE of Texas.

H.R. 790: Ms. ROYBAL-ALLARD, Mr. COFFMAN, Mr. RASKIN, Mr. NOLAN, and Mr. NADLER.

H.R. 807: Mr. CRAMER, Mr. AMODEI, and Mr. RODNEY DAVIS of Illinois.

H.R. 822: Mr. KHANNA.

H.R. 828: Mr. CLEAVER.

H.R. 843: Mr. SENSENBRENNER.

H.R. 846: Mr. YARMUTH, Mr. REICHERT; Ms. SPEIER, Ms. BONAMICI, Mr. PALAZZO, Mr. MITCHELL, Mrs. ROBY, Mr. POLIS, Mr. WOMACK, and Mrs. LOVE.

H.R. 849: Mr. KING of New York.

H.R. 851: Mr. BISHOP of Georgia, Mr. BUTTERFIELD, Ms. CLARKE of New York, Mr. CLAY, Ms. KELLY of Illinois, Mr. LAWSON of Florida, Mr. VEASEY, Mrs. WATSON COLEMAN, and Mr. CONYERS.

H.R. 880: Mr. NORCROSS.

H.R. 881: Mr. MCGOVERN.

H.R. 972: Ms. BROWNLEY of California, Ms. DELAURO, Mr. AL GREEN of Texas, and Mr. KHANNA.

H.R. 1057: Mr. MEEHAN, Mr. WALKER, and Mr. ADERHOLT,

H.R. 1083: Ms. MOORE.

H.R. 1095: Mr. EVANS, Mr. CARBAJAL, Ms. NORTON, Ms. MCCOLLUM, and Mr. CICILLINE.

H.R. 1102: Mr. BLUMENAUER, Ms. BARRAGÁN, and Mr. LOEBSACK.

H.R. 1164: Mr. BUCHANAN, Mr. TIBERI, Mr. HILL, Mr. ROSS, Ms. TENNEY, and Mr. KINZINGER.

H.R. 1179: Mr. TROTT.

H.R. 1226: Mr. DEUTCH, Mr. MCGOVERN, Ms. MENG, Mr. NADLER, Mr. JEFFRIES, and Mr. CICILLINE.

H.R. 1235: Ms. LOFGREN, Ms. BASS, Mr. VELA, Mr. FOSTER, Mr. COSTA, Ms. KAPTUR, and Mr. KIHUEN.

H.R. 1240: Mr. NOLAN.

H.R. 1243: Mr. CORREA and Mr. LOWENTHAL.

H.R. 1267: Mr. VEASEY.

H.R. 1290: Mr. NOLAN.

H.R. 1354: Mrs. COMSTOCK.

H.R. 1406: Mr. BISHOP of Michigan, Ms. ESTY of Connecticut, Mr. DEFAZIO, Mr. POLIS, Mr. TAKANO, and Mrs. NAPOLITANO.

H.R. 1414: Mr. AL GREEN of Texas.

H.R. 1415: Mr. BISHOP of Georgia and Ms. NORTON.

H.R. 1438: Ms. BONAMICI.

H.R. 1478: Mrs. DAVIS of California and Ms. ROSEN.

H.R. 1491: Mr. DENHAM, Mr. RUIZ, Mr. VARGAS, and Mr. CÁRDENAS.

H.R. 1528: Mr. PETERSON, Mr. PERLMUTTER, and Mr. KIND.

H.R. 1566: Mr. DEUTCH.

H.R. 1582: Mr. RYAN of Ohio.

H.R. 1584: Mr. BLUMENAUER.

H.R. 1664: Mr. WELCH, Mr. EVANS, Mr. CLAY, Mr. BLUMENAUER, Mr. BRENDAN F. BOYLE of Pennsylvania, and Mr. POCAN.

H.R. 1677: Mr. CARSON of Indiana and Mr. HASTINGS.

H.R. 1697: Mr. CONAWAY, Mrs. CAROLYN B. MALONEY of New York, and Mr. BROWN of Maryland.

H.R. 1699: Mr. HARPER.

H.R. 1706: Mr. CAPUANO.

H.R. 1707: Mr. CAPUANO.

H.R. 1719: Mr. THOMPSON of California.

H.R. 1863: Mr. CONNOLLY and Mr. MEADOWS.

H.R. 1881: Mr. GRAVES of Georgia.

H.R. 1889: Mr. TED LIEU of California, Mr. LIPINSKI, Ms. BONAMICI, Mr. ELLISON, Mr. SCOTT of Virginia, Ms. LEE, Ms. JACKSON LEE, Ms. BARRAGÁN,, Mr. BLUMENAUER, Mr. SCHIFF, Ms. JAYAPAL, Mr. KIND, Mr. SIRES, Mr. SARBANES, Ms. TSONGAS, Mr. BEYER, Mr. KEATING, Mr. CONYERS, Ms. NORTON, Ms. SPEIER, Mr. KILMER, Mr. LANGEVIN, Ms. MOORE, Mr. DELANEY, Mr. GRIJALVA, Mr. POCAN, Mr. NADLER, Ms. MICHELLE LUJAN GRISHAM of New Mexico, Mr. GARAMENDI, Mr. PALLONE, Ms. DEGETTE, Mr. GUTIÉRREZ, Mr. DEFAZIO, Mr. WELCH, Mr. HASTINGS, Mr. DEUTCH, Mr. LOWENTHAL, Ms. LOFGREN, Mr. MICHAEL F. DOYLE of Pennsylvania, Ms. DELBENE, Mr. FOSTER, Mr. RUSH, Mr. DOGGETT, Mr. RASKIN, Mr. CONNOLLY, Mr. QUIGLEY, Mr. TONKO, Mr. PETERS, Mr. BRENDAN F. BOYLE of Pennsylvania, Ms. MCCOLLUM, Ms. KAPTUR, Mrs. BUSTOS, Mrs. CAROLYN B. MALONEY of New York, Mr. YARMUTH, Ms. ESHOO, Mr. LOEBSACK, Mr. SWALWELL of California, Mr. MOULTON, Mr. PAYNE, Ms. CLARK of Massachusetts, Mr. BROWN of Maryland, Ms. JUDY CHU of California, Mrs. DAVIS of California, Mr. CARTWRIGHT, Ms. SLAUGHTER, Ms. SCHAKOWSKY, Mr. TAKANO, Mr. POLIS, Mr. MCGOVERN, Mr. WALZ, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. MAXINE WATERS of California, Mrs. BEATTY, Mr. RICHMOND, Ms. BLUNT ROCHESTER, Mr. PASCRELL, Mr. PERLMUTTER, Mr. CROWLEY, Mr. MCNERNEY, Ms. CASTOR of Florida, Ms. DELAURO, Mr. O'ROURKE, Mr. CLAY, Mr. EVANS, Mr. HIGGINS of New York, Mr. REICHERT, Ms. PINGREE, Mr. CUMMINGS, Ms. BROWNLEY of California, Mr. SMITH of Washington, Mrs. NAPOLITANO, Mr. DESAULNIER, Mr. RYAN of Ohio, Ms. VELÁZQUEZ, Ms. SHEA-PORTER, Mr. SERRANO, Mr. CARBAJAL, Mr. AGUILAR, and Mr. SOTO.

H.R. 1893: Mr. GIBBS.

H.R. 1895: Mr. PALMER.

H.R. 1911: Mr. POE of Texas and Mr. SCHWEIKERT.

H.R. 1953: Mr. JENKINS of West Virginia and Mr. MURPHY of Pennsylvania.

H.R. 1988: Ms. BROWNLEY of California, Mr. LAMALFA, and Mr. SCHIFF.

H.R. 2044: Ms. SLAUGHTER, Mr. HIMES, Ms. CLARK of Massachusetts, and Ms. JAYAPAL.

H.R. 2061: Mrs. MURPHY of Florida.

H.R. 2062: Mr. POE of Texas.

H.R. 2091: Mrs. NAPOLITANO.

H.R. 2108: Mr. POLIS.

H.R. 2119: Mr. CARTWRIGHT, Mr. LEVIN, and Mr. RUPPERSBERGER.

H.R. 2133: Mr. FASO, Mr. RODNEY DAVIS of Illinois, Mr. CRAMER, and Mr. CRAWFORD.

H.R. 2147: Miss GONZÁLEZ-COLÓN of Puerto Rico.

H.R. 2176: Mr. SWALWELL of California.

H.R. 2192: Ms. TENNEY, Mr. RATCLIFFE, and Mr. GROTHMAN.

H.R. 2215: Mr. HUFFMAN.

H.R. 2220: Mr. GOTTHEIMER.

H.R. 2228: Mr. MEEHAN, Mr. GRAVES of Missouri, Mr. LAMBORN, Mr. COOK, and Mr. SWALWELL of California.

H.R. 2272: Mrs. CAROLYN B. MALONEY of New York, and Ms. LOFGREN.

H.R. 2273: Mr. YARMUTH and Mr. POLIS.

H.R. 2286: Ms. BONAMICI, Mr. OLSON, Mr. TAYLOR, and Ms. NORTON.

H.R. 2292: Mrs. CAROLYN B. MALONEY of New York.

H.R. 2295: Mr. PASCRELL, Mr. GRIJALVA, and Mr. GARAMENDI.

H.R. 2309: Mrs. WATSON COLEMAN, Mr. SWALWELL of California, Miss RICE of New York, Mr. PAYNE, Mr. LANGEVIN, Ms. BARRAGÁN, Mr. KEATING, Mrs. DEMINGS, Mr. PALLONE, Mr. SMITH of Washington, Ms. BROWNLEY of California, and Mr. PERLMUTTER.

H.R. 2327: Mr. RATCLIFFE and Mr. CORREA.

H.J. Res. 1: Mr. BABIN.

H.J. Res. 29: Mr. MESSER.
H.J. Res. 51: Mr. KING of New York.
H. Con. Res. 44: Ms. BORDALLO, Mr. JOHNSON of Georgia, Mr. LARSEN of Washington, and Mr. VARGAS.
H. Con. Res. 47: Mrs. NAPOLITANO and Mr. BLUMENAUER.
H. Res. 30: Mr. DOGGETT.
H. Res. 31: Mr. DESAULNIER.
H. Res. 128: Mr. MEEKS, Mr. PITTENGER, Mr. POLIS, and Mr. CAPUANO.
H. Res. 136: Mr. BRENDAN F. BOYLE of Pennsylvania and Mr. PALLONE.
H. Res. 239: Mr. GRIJALVA.
H. Res. 268: Mrs. COMSTOCK.
H. Res. 283: Mr. O'ROURKE, Mr. COHEN, Mr. COOPER, Mr. GRIJALVA, and Ms. BROWNLEY of California.
H. Res. 307: Mr. BLUM, Mr. LUETKEMEYER, and Mr. DUNN.

PETITIONS, ETC.

Under clause 3 of rule XII,

43. The SPEAKER presented a petition of the Borough of Little Ferry, NJ, relative to Resolution No. 152, strongly supporting programs and full funding of the Community Development Block Grant program; which was referred to the Committee on Financial Services.

DISCHARAGE PETITIONS—ADDITIONS AND WITHDRAWALS

The following Members added their names to the following discharge petition:

Petition 1 by Ms. ESHOO on H.R. 305: Ms. Slaughter and Mr. McEachin.

United States of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 115th CONGRESS, FIRST SESSION

Vol. 163 WASHINGTON, THURSDAY, MAY 4, 2017 No. 77

Senate

The Senate met at 9:30 a.m. and was called to order by the Honorable DEAN HELLER, a Senator from the State of Nevada.

PRAYER

The PRESIDING OFFICER. Today's prayer will be offered by our guest Chaplain, Father Patrick J. Conroy, the Chaplain of the U.S. House of Representatives.

The guest Chaplain offered the following prayer:

Let us pray.

Eternal Lord God, we are astounded by the bountiful flow of Your blessings. We thank You for the gift of this day that we receive from Your generous bounty.

Inspire our lawmakers to use these precious hours and minutes for Your glory. Help them to understand that when they have an awareness of the brevity of their days on Earth, it will provide them with hearts of wisdom.

Bless also and strengthen the many staffers who provide the wind beneath the wings of our leaders.

We pray in Your Holy Name.

PLEDGE OF ALLEGIANCE

The Presiding Officer led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. HATCH).

The legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, May 4, 2017.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable DEAN HELLER, a Senator from the State of Nevada, to perform the duties of the Chair.

ORRIN G. HATCH,
President pro tempore.

Mr. HELLER thereupon assumed the Chair as Acting President pro tempore.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

CONCLUSION OF MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Morning business is closed.

HIRE VETS ACT

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of the House message to accompany H.R. 244, which the clerk will report.

The legislative clerk read as follows:

House message to accompany H.R. 244, a bill to encourage effective, voluntary investments to recruit, employ, and retain men and women who have served in the United States military with annual Federal awards to employers recognizing such efforts, and for other purposes.

Pending:

McConnell motion to concur in the amendment of the House to the amendment of the Senate to the bill.

McConnell motion to concur in the amendment of the House to the amendment of the Senate to the bill, with McConnell amendment No. 210 (to the House amendment to the Senate amendment), to change the enactment date.

McConnell amendment No. 211 (to amendment No. 210), of a perfecting nature.

McConnell motion to refer the message of the House on the bill to the Committee on Health, Education, Labor, and Pensions, with instructions, McConnell amendment No. 212, to change the enactment date.

McConnell amendment No. 213 (to (the instructions) amendment No. 212), of a perfecting nature.

McConnell amendment No. 214 (to amendment No. 213), of a perfecting nature.

The ACTING PRESIDENT pro tempore. The Senator from Missouri.

RELIGIOUS FREEDOM

Mr. BLUNT. Mr. President, I will speak in a few minutes about the business before the Senate today, but first I wish to speak about what is happening at the White House today.

President Trump is expected to sign an Executive order to protect religious freedom. Many times during the last year, the President has talked about his commitment and our commitment as a nation to religious freedom, but I expect that today he will lay down, specifically, by Executive order the policy of this administration to protect and to vigorously promote religious liberty—not to vigorously promote religion but to vigorously promote religious liberty.

Reports are that the President will tell the IRS that we can't challenge churches and what they say, as well as challenge their not-for-profit status, simply because of what that pastor or that rabbi or that imam believes in the place where they deliver their message and how they live out their faith. It also tells Federal agencies to stop forcing religious organizations to pay fines if they don't want to cover certain healthcare items that conflict with their faith views.

In fact, just this week, Senator STRANGE and I sent a letter to the Attorney General after we saw that in the Fifth Circuit the Attorney General's office had said that they want 60 more days for all of these pending cases on this very matter. In the letter that Senator STRANGE and I sent to our former colleague, the Attorney General, we just pointed out to him that the President repeatedly said, as a candidate for President, that this sort of

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

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continued action of taking religious organizations to court that simply want the ability to practice their faith is going to stop, and we hope it stops and we hope it stops now.

Lastly, I think this order has the potential to be either more specific or to really instruct the Attorney General to look throughout the agencies of government and issue guidance, so that in all of those agencies, as they go about the work that they do, one of the things they want to be sure they are doing is promoting religious liberty; so that religious organizations that have traditionally or are hoping in the future to be delivery services for adoption, delivery services for addiction, delivery services for other problems that people face, would continue to have the ability to be competing to provide those services.

We know this hasn't happened over the last several months. Religious groups that have had contracts for a long time and the availability to provide those services, even when they scored the highest on the scoring of the competitive bids for these contracts, were not given the contracts because they were faith-based.

Well, if there is any country in the world that has understood the importance of religious liberty, it has been the United States. Religious freedom is the first freedom in the First Amendment to the Constitution, the first right in the Bill of Rights, and I don't believe that is by accident. No other country in the history of the world ever committed itself to religious freedom as our country did from the very first weeks of the government under the Constitution. No country ever held this as a principled tenet of what they would stand for as a country prior to the United States doing that.

We might recall how we come to the place today where the President has to issue an Executive order protecting religious freedom. In 1993, President Clinton signed into law the Religious Freedom Restoration Act. That act really affirmed that the Federal Government shouldn't infringe on individual religious beliefs unless there was an overriding public purpose to do so. If, in fact, it was found to be necessary to infringe on somebody's religious beliefs because of that overriding public purpose—if there was justification that there was one—then we should really only interfere with it in the least intrusive way and we should do the minimum necessary to meet whatever that greater public need might be.

It is unbelievable to me that in recent years, groups like the Little Sisters of the Poor, Christian colleges, or other groups that are traditionally providing services are suddenly finding themselves in court defending who they are and who they hope to be. The order issued today would finally provide that relief in a case like the Little Sisters of the Poor. I looked a few months ago at their stated purpose and it is, for the Little Sisters of the Poor, to receive older people without means, regardless of their faith, and treat them like they were Jesus Christ. Now, that doesn't sound like a group that the Federal Government would have to crack down on. But the Federal Government, in recent years, decided that, in fact, they should force this group to do things that violate its faith principles. There is no possible greater good to be accomplished by that. Hopefully, this Executive order makes it clear today that harassment of religious groups is going to stop and that the Religious Freedom Restoration Act principles are still principles in our country and, more importantly, that the First Amendment is still a founding principle in our country.

There is no question in the mind of any American, I think, that the U.S. Government should do everything in its power to defend and protect religious freedom. Whether you are a person of faith or a person of no faith at all, you should be able to pursue those beliefs.

When Jefferson was asked in the last year of his Presidency which freedom is most important, he said that the right of conscience is the freedom that we should most vigorously defend—the right to believe what we believe and pursue what we believe. That has been further defined over the years by this: If there are times when that creates a true hazard to others, others have a right to come in and explain that, and the government has a right to see what can be done about that and still maintain in every way possible the essence of belief that people have.

So I commend the President for the action that he is reported to be taking later today. I continue to be not only supportive of the President's view that religious freedom is a critical tenet of who we are, but also I look forward to working with his administration as they further put this Executive order into place throughout the agencies of government.

Mr. President, I also wish to speak for a few minutes while I am here about the bill before the Senate today. I think the fact that we are moving forward with an update on how we spend our money and a prioritization of how we spend our money is incredibly important. I would have been and would be, if somehow we failed to do our job today, very disappointed if we think that the priorities of a year ago have to be the exact same priorities today.

Now, many of them will be the same, but many of them will not. So all of these appropriating committees have worked together, House and Senate, and have come to a process where we will have 12 bills—not debated on the floor as intensively as I would have liked to have seen them debated—that should be our goal for this year—but 12 bills where House Members and Senate Members, Republicans and Democrats, came together and decided what our priorities should be.

The subcommittee that I chair—the Labor, Health and Human Services, Education, and Related Agencies Subcommittee—dollar-wise, after we take Defense off the table, that is the biggest of the committees and, in some ways, it has the most challenging debates as to where we wind up in these areas, but I think we have made good choices that hopefully can be improved on next year, but I am absolutely confident they are better than last year.

It is really important for the people we work for to understand that we had to make choices. There is very little difference in the money that will be spent this year and the money that was spent last year, but there is a difference in priorities. I think in the Labor, Health and Human Services, Education, and Related Agencies Subcommittee, we have either eliminated or consolidated in a dramatic way 28 programs so that we could find that money and use it for what we now believe to be a better purpose.

One of those better purposes would be an increase for the second year in a row, and the second year in the last 14 years, in health research at the National Institutes of Health. There were 12 years with no increase at all, and now, for 2 back-to-back years, we are trying to get us back to the research buying power we were at 12 years ago. Again, as to the programs that weren't performing, many of them wound up with zero appropriations in both of these last 2 years so that the NIH appropriation could increase.

At a time when we are looking at precision medicine, when we are looking at immunotherapy, when we no longer look at cancer as just cancer and throw everything at it we want to throw at it, in fact, we look at the individual cancer, and we are at that moment because we understand now what we didn't understand a decade ago. We can look at the individual cancer and the individual patient and figure out how that patient has a unique potential to fight that cancer in their body. We looked at things that may not be required for people with cancer and other diseases, and if we can figure out which people need this procedure and which people don't, not only do you not pay for the procedure for people who don't need it, but also people don't go through the physical challenge of procedures they don't need.

As to Alzheimer's, one of the growing concerns in American families today—right up there now with cancer as one of the things that people worry about most as they look to the future—if we could reduce the onset of Alzheimer's by an average of 5 years, we would be spending almost 50 percent less in 2050 than we will be otherwise. In 2050, spending of tax dollars on Alzheimer's care will overwhelm the budget, but research commitments can do something about that.

The Labor, Health and Human Services, Education, and Related Agencies Subcommittee bill puts us back, for

the school year that begins next fall, where we will be back to year-round Pell. What does that mean? What is year-round Pell as opposed to what we have now? Right now, we have two semesters where you can qualify for the Pell grant. A Pell grant is given based on income and need. If you qualify for a full Pell—I believe, in the Acting President pro tempore's State and, I know, in my State—there is no community college where full Pell doesn't pay for all tuition, all books, all fees. If you are at the level of need where you qualify for the full Pell grant, you have other things you have to worry about to sustain yourself, but paying for school is not one of them. As an adult going back to school and someone paying for your own school with your own effort, if you are the first person in your family to hope to graduate from school, anything that disrupts whatever pattern you are in minimizes the chances to achieve your goal. So if you have things working in the fall and the spring and you can also stay in a summer term, not only do you get done quicker, but you don't disrupt the pattern you found yourself in.

For 8 years now we haven't had year-round Pell. This vote we will take today allows that to happen, and it will make a big difference. It will also make a difference when you are in a program where you are being prepared to do a job that is uniquely available or available in your community. It is pretty hard to explain why we can do this and we have ways to pay for it through the fall and spring, but by the summer we just have to take a break. That is not a very easy thing to explain to an employer who has come to the community because you have that training potential in your community.

The third major allocation of money that had to come from somewhere else is opioid abuse. This bill will increase by 430 percent our commitment on this issue. It is not because we had 650 million new dollars to spend on opioid abuse. It is because in many places in our country today and in many States in our country, more people die from opioid overdoses than die from car accidents. It is because many families are destroyed by addiction to prescription drugs that leads to other drugs when those prescription drugs can't be available and, frankly, the abuse of prescription drugs, in some cases, where they are available. So we are looking at new ways to deal with pain and looking at new ways to deal with this growing problem.

In 2014 and 2015, each year more than 1,000 people in Missouri died of drug overdoses. In my State and most States, a fire department that also has a first responders unit is three times more likely to respond to a drug overdose than the average fire department to a fire. So there is a third area where this bill prioritizes what needs to be done.

In the Individuals with Disabilities Education Act, title I, charter schools, all those things have a new focus as this bill passes. The mental health initiatives, rural healthcare, and Head Start are all benefited by a reprioritization of what happens here, as are veterans workforce issues and Job Corps issues.

I think this bill is far from perfect, but it is better than the way we are spending our money today and better than we were spending our money a year and a half ago. Hopefully, it will not be quite as good as the way we spend our money starting October 1.

So we need to get this work done and get started immediately doing the business of setting priorities, making difficult choices, and spending people's money in a way that has a long-term plan to benefit them, their families, and our growing economy. I look forward to that vote later today, and then to have, I would hope—as I know the majority leader hopes—a greater effort this year than ever before to get these bills on the floor and to have them fully debated. The best possible thing would be to pass them one at a time and put them on the President's desk one at a time. But the next best thing is to look at the bills and reach individual conclusions about these individual bills. That is what the bill before us today does, and I urge its passage.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Ms. KLOBUCHAR. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

U.S. WANTS TO COMPETE FOR A WORLD EXPO ACT

Ms. KLOBUCHAR. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 48, H.R. 534.

The ACTING PRESIDENT pro tempore. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (H.R. 534) to require the Secretary of State to take such actions as may be necessary for the United States to rejoin the Bureau of International Expositions, and for other purposes.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Foreign Relations, with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''U.S. Wants to Compete for a World Expo Act''.

SEC. 2. FINDINGS.

Congress finds the following:

(1) The Bureau of International Expositions (BIE) is the organization responsible for governing World Fairs and International Expositions.

(2) Section 1(a) of Public Law 91–269 (22 U.S.C. 2801(a)) found that ''international expositions . . . have a significant impact on the economic growth of the region surrounding the exposition and . . . are important instruments of national policy''.

(3) The United States has not been an active member of the BIE since 2001.

(4) State and local governments and private entities in the United States have continued to participate in international expositions held in foreign countries as a means of promoting United States exports and creating jobs, but face significantly higher costs for such participation because the United States is not an active member.

(5) State and local governments and private entities in the United States have expressed interest in an international exposition being hosted in the United States, but the bid of a United States city, region, or State to host an international exposition is unlikely to be successful if the United States is not a member of the BIE.

SEC. 3. SENSE OF CONGRESS.

It is the sense of Congress that—

(1) the United States should rejoin the BIE immediately to promote domestic job creation, global branding, and tourism to the United States; and

(2) the Secretary of State, in partnership with the Secretary of Commerce, State and local governments, and private and non-profit entities, should take all necessary steps to facilitate the timely submission of a request to rejoin the BIE.

SEC. 4. AUTHORIZATION.

(a) IN GENERAL.—The Secretary of State is authorized to take such actions as the Secretary determines necessary for the United States to rejoin and maintain membership in the BIE.

(b) AUTHORIZATION TO ACCEPT PRIVATE CONTRIBUTIONS.—In addition to funds otherwise available to the Secretary to carry out this section, the Secretary is authorized to accept contributions for such purpose.

(c) NOTIFICATION.—The Secretary of State shall notify the Committees on Foreign Affairs and Appropriations of the House of Representatives and the Committees on Foreign Relations and Appropriations of the Senate upon taking any action under subsection (a).

SEC. 5. CONTINUATION OF PROHIBITION ON USE OF FEDERAL FUNDS FOR WORLD'S FAIR PAVILIONS AND EXHIBITS.

(a) CONTINUATION OF PROHIBITION.—Nothing in this Act may be construed to authorize any obligation or expenditure prohibited by section 204 of the Admiral James W. Nance and Meg Donovan Foreign Relations Authorization Act, Fiscal Years 2000 and 2001 (22 U.S.C. 2452b) (relating to limitations on the obligation or expenditure of funds by the Department of State for a United States pavilion or exhibit at an international exposition or world's fair registered by the BIE).

(b) PROHIBITION ON SOLICITATION OF FUNDS.—Section 204(b)(1)(C) of the Admiral James W. Nance and Meg Donovan Foreign Relations Authorization Act, Fiscal Years 2000 and 2001 (22 U.S.C. 2452b(b)(1)(C)) is amended by inserting after ''expositions'' the following: '', except that no employees of the Department of State may, in their official capacity, solicit funds to pay expenses for a United States pavilion or other major exhibit at any international exposition or world's fair registered by the Bureau of International Expositions''.

Ms. KLOBUCHAR. Mr. President, I further ask unanimous consent that the committee-reported amendment be agreed to; the bill, as amended, be read a third time and passed; and the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The committee-reported amendment in the nature of a substitute was agreed to.

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

The bill was read the third time.

The bill (H.R. 534), as amended, was passed.

The ACTING PRESIDENT pro tempore. The majority whip.

Mr. CORNYN. Mr. President, I thank my friend and colleague from Minnesota for working with us on this piece of legislation. People sometimes say nothing ever gets done around here on a bipartisan basis, and this proves that is wrong. While that isn't one of the biggest pieces of legislation to come down the pike, it is important because of the importance of the State Department's rejoining the Bureau of International Expositions in order to preserve the possibility, in my case, for Houston's world fair bid to be considered. I know the Senator from Minnesota has a similar interest in her State. So it was a pleasure to work with her on it, and I am happy we are able to see this accomplished today.

HIRE VETS ACT—Continued

Mr. CORNYN. Mr. President, if I may speak on the bill before the Senate, yesterday the House of Representatives passed the Omnibus appropriations bill. Of course, this is the legislation that keeps the Congress and the government up and running through the end of the fiscal year, the end of September. It actually represents the first demonstration of Republicans and Democrats in both Houses of Congress working with the White House in order to pass an important piece of legislation and keep the government up and running through the end of the fiscal year.

Over the last few weeks, we have had many productive conversations and debates about how best to establish our priorities, how much we should spend—particularly my concern about underfunding our military and our national security funding but also to update our priorities because that is one of the things that happens in an appropriations bill. When programs are obsolete or ineffective, there is no way to eliminate them while operating under a continuing resolution. It takes a positive piece of legislation like an appropriations bill—like this appropriations bill—to eliminate those obsolete or no longer effective programs.

I am hopeful that once we pass this bill and after the President signs it, we will continue to plot a course toward a long-term strategic budget that reflects the priorities of the American people. I firmly believe we were elected to govern, not to shut down the government. In my view, that is an abdication of our responsibilities. I hope we will continue to follow on now after we have been able to accomplish this bipartisan, bicameral negotiation with the White House, and we will continue to govern and to demonstrate our sense of responsibility to the American people for doing just that.

This omnibus package includes a good blueprint for how we can order our priorities and take care of our country.

Yesterday I mentioned the increases in resources to better shore up border security. This is the largest increase in border security funding in 10 years. That is a significant accomplishment. This funding will help the Department of Homeland Security hire more Border Patrol agents and Customs officials to improve the infrastructure at our ports of entry and checkpoints and hire more immigration judges to process more immigration cases.

It also creates funding for our troops fighting abroad and for our military in general and includes a pay raise for our men and women in the military, which is very important as well, particularly in an All-Volunteer military and one that has been stressed by 15 years of continuous conflict around the world.

This bill also takes a more strategic look at the threats we are facing, including resources to shore up technology and equipment that will help our military stay No. 1. After years of putting military improvements and readiness on the back burner, actually cutting defense spending by 20 percent during the two terms of President Obama, this bill is a solid first step toward regaining our readiness and maintaining a capable and modern military.

While I never will doubt the American people responding or our military responding to the needs or the threats to our security, we don't want to be roused out of our complacency by a crisis occurring somewhere in the world, whether it is North Korea, Syria, Ukraine, Crimea, or elsewhere. We want to be ready on day one. Some of that readiness has seriously been called into question by some of our lack of prioritizing defense spending and military readiness generally.

In addition to those two important topics, many across the country have been impacted by severe weather, including violent storms and tornadoes. Of course, Texas has been a part of that sad story. Several in Texas have lost their lives due to these storms and the flooding caused by them. Of course we mourn for those who have lost loved ones and those who have been injured, but we have to do more than just grieve for them—we have to help them as well. This omnibus bill includes funding for previously approved disaster relief, which will help communities in Texas and throughout the country rebuild and recover following a natural disaster.

This legislation also includes money to help reduce the rape kit backlog. This is a topic which most people are not all that familiar with, but years ago we passed something called the Debbie Smith DNA Backlog Reduction Act, named for a heroic woman, Debbie Smith, who championed the use of forensic evidence and the tracing of DNA samples in order to solve sexual assault cases.

The amazing thing about this great technology and DNA testing is that it is enormously powerful. Even as long as 20 years later, we have had rape kits taken out of evidence lockers at law enforcement agencies and tested and come up with a hit on the FBI's database, which is the purpose of the testing. It also has the power to exonerate people who are perhaps falsely accused by excluding them scientifically from the possibility of being the assailant in a given case.

It is very important for us to fund important programs like the Debbie Smith DNA Backlog Reduction Act. I know at one point there was an estimate that there were 400,000 untested rape kits in America. The problem was that we didn't really know how many there were because some of them were sitting, as I indicated earlier, in police evidence lockers, and others were sitting in the laboratory and not tested.

The question arose, when the identity of the assailant was known, what purpose could be served by testing the rape kit, which is not inexpensive? What we found is that the assailant, even if identified in the present case, is very likely to have been engaged in a course of conduct or serial assaults, and it helps us solve not only the present case but also other cases as well. Some of them are very old. That is important so that criminals can be brought to justice.

This bill also funds the National Aeronautics and Space Administration, NASA. It funds a Federal study for a Gulf Coast protection project and active-shooter training for first responders—all priorities important to my home State of Texas.

This legislation also represents changes in Washington since November. It is the first major piece of bipartisan legislation negotiated with the new Trump administration. Instead of pushing more regulations and rules that cripple our economy and disregarding the needs of our military and the stark realities of the border, this legislation begins to steer our country in a better direction.

I know that no piece of legislation is perfect, and perhaps the best definition of a negotiation is that both sides are dissatisfied because nobody gets everything they want. I look forward to voting for this legislation because I believe we were elected last November 8 to govern, not to abdicate those responsibilities or somehow engage in a shutdown narrative, which I don't think serves anyone well, certainly not the American people. I look forward to voting on this legislation and encourage all of our colleagues to do the same.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. STRANGE). The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. FLAKE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

(The remarks of Mr. FLAKE pertaining to the introduction of S. 1039 are printed in today's RECORD under ''Statements on Introduced Bills and Joint Resolutions.'')

Mr. FLAKE. Mr. President, I yield back the remainder of my time.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

Mr. YOUNG. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Under the previous order, the Senator from Indiana will be recognized for up to 20 minutes.

WORKING FOR THE COMMON GOOD

Mr. YOUNG. Today, Mr. President, I rise to speak from the floor of this proud Chamber for the first time. My message today is, at once, a warning and an invitation.

Dear colleagues, as our Senate increasingly grows more partisan, we move further and further away from the practical governance our Founding Fathers espoused, and so today I would like to talk about the principle of the common good in the hopes that this body might be reminded that is our unifying purpose for serving.

Two Hoosiers exemplify the principle of working for the common good that I believe our Founding Fathers envisioned.

Governor Ed Whitcomb was the 43rd Governor of Indiana. A hero from World War II, he twice escaped capture from the Japanese, making it to safety by swimming through shark-infested waters all night to get to safety. Whitcomb pursued the common good in the midst of a rift in his own Republican Party. He successfully led Indiana in improving our State's highways, mental health services, and creating our State's Higher Education Commission. He bucked his own party's interests frequently to do what he thought was right for Hoosiers. Governor Whitcomb has been described as Indiana's most amazing Governor. He passed away this past year and in tribute Republicans and Democrats alike acknowledged that he served all Hoosiers well.

Coach John Wooden was born and raised in Indiana, and he learned to coach basketball there before heading to UCLA where he became one of the most successful college basketball coaches of all time. Wooden understood the importance of working together as a team, that working together as a team was better than working as individuals. Wooden acknowledged this principle in saying, ''Ten field horses couldn't pull an empty baby carriage if they worked independently of one another.'' He also said, ''If you want to go fast, go alone. But if you want to go far, you need a team.''

These two Hoosiers remind us that we are here not to work for ourselves or our parties, but the interest of all Americans for the common good of the American people.

Can we perpetuate our Founders' brilliant system to safeguard our liberties by vesting power in the American people themselves?

Our charge is simple, but it will not be easy: for our republican system to endure, we must breathe life back into the notion of the ''common good'' through the relentless application of common sense.

Now, I don't profess that Hoosiers have a monopoly on the common good, but rather than allowing ideological labels to guide policymaking decisions, we should instead be guided by what we in Indiana call Hoosier common sense. It is the notion that we should be guided by the facts, and that we are open to change or new ideas, regardless of ideology, when presented with results.

The common good—I happen to know from personal experience that any young boy or girl who grows up in Indiana already has a keen sense of the thing.

I was raised in a place where neighbor cared for neighbor. This is the common good in practice.

I lived among people of character who made others' concerns their own concerns. This is the common good.

I benefited from the selfless contributions of Americans who invested their own time, their own attention, their own resources and talents into helping their fellow Americans. This is the common good.

I came to know rank-and-file citizens who quietly took the initiative to care for the forgotten Hoosiers who needed a hand up. This is the common good.

With respect, my colleagues, I note that this outline of the common good would fully satisfy any ordinary rank-and-file Hoosier, and most ordinary Americans, but sadly, in our modern politics sometimes our most stubborn partisans resist even the most self-evident truths. Forgive me as I must demonstrate that what works in practice also works in theory.

I will borrow from 18th century political theorist and English statesman Edmund Burke, for he brightly illuminated this notion of a common good. Burke argued that the common good could only exist where rule of law exists. Rule of law, properly understood, requires a shared allegiance by which people entrust their collective destiny to others who can speak and decide in their name. This, said Burke, is a partnership between the living, the unborn, and the dead.

The common good requires individual cooperation and compromise.

Burke noted that individuals are not simply a compendium of human wants and individual happiness is not realized by merely satisfying those wants. Our own happiness is linked to one another's happiness.

Our purpose, then—our duty—in both our private and public capacities, is to preserve a social order which addresses the needs of generations past, present, and future. This is our duty.

In the Marine Corps, I learned something about duty and practice. Marine leaders of every rank teach through the power of their example that every marine has a duty to serve a cause greater than themselves. Marines learn to venerate sacrifice for the greater good. We are trained to refrain from self-indulgent behavior, to check our egos at the door, and to never let ambition interfere with judgment.

For marines, our comrades' lives and our country's future depends on embracing uncomfortable facts and then improvising, adapting, and overcoming those facts together.

Of course, in the marines, there was no red State or blue State. Every marine fights for red, white, and blue. Marines don't have the luxury of stubbornly clinging to false doctrines or failed practices, and neither do we. Every day our men and women who wear the uniform from every branch take up arms ''to provide for the common defense''—come what may.

Colleagues, if we are to keep the Republic, we too must remain open to fact-based conversations, to new information, and to new, better approaches.

Now look, I understand that this is not the United States Marine Corps. We have been issued a pen and a microphone, not rifles, but like the marines, we should be working to advance a common mission, common goals. We are the trustees of the common good.

Now, please don't misunderstand me. As a marine, I like a good fight as much as the next guy, but let's resolve whenever possible to fight together because I know most assuredly we are fighting for the same people—and, in most cases, we are fighting for the same ends.

I am fighting for Steve, a self-employed laborer from Indianapolis. Steve's in his fifties, but he hasn't seen his takehome pay increase in decades. Colleagues, you are fighting for Steve, too.

I am fighting for Whitney, a high school student from Gary. Whitney doesn't come from money, and she worries about the future. She is a hard-working student who helps her family how she can through a part-time job, but Whitney doesn't know if she can afford a college education. Colleagues, you are fighting for Whitney, too.

I am fighting for David, an Army helicopter mechanic from Evansville who spent nearly 15 years in uniform. David is exhausted by his countless overseas deployments, and he prays that his family will find relief from the stresses and strains of an overstretched force.

Colleagues, you are fighting for David, too.

I am fighting for Carrie, a single mother of three young children from Paoli. Carrie is addicted to opioids. Her aging mother tries to make a bad situation better, but she is fearful the family will not find a way out of the crisis. Colleagues, you are fighting for Carrie, too.

I am fighting for Sherman, a trucker from Fort Wayne. Sherman is quickly approaching retirement. Sherman has put a small nest egg away for retirement, but in a few years, he and his wife will depend on Social Security and Medicare to make ends meet. Colleagues, you are fighting for Sherman, too.

I am fighting for Bob, a single father of two boys from South Bend. Bob's been able to pull together care for himself and his children by piecing together various forms of public assistance. Bob wants a better life for himself and his boys. I hope we are all fighting for Bob—I hope we are fighting for every single American.

Let's resolve to fight for these people. Let's renew our vow to fight for them more than we fight with one other.

Let's come together to grow our economy by simplifying our Tax Code and reducing the burden of Federal regulations. I ask you, colleagues, to join me in supporting the REINS Act, which I championed in the House of Representatives. Let every proposed major regulation come before this body for a vote before it can take effect, then let the American people hold us accountable when those regulations kill jobs and constrain household incomes.

Let's come together to help Americans acquire the skills to meaningfully participate in this 21st century economy. If we cooperate, we can develop new solutions for financing higher education that liberate students from avoidable student debt, like income share agreements. ISAs keep score with outcomes, so people aren't punished if they are unemployed or have low incomes.

Let's come together to better serve the poor, the vulnerable, those on the margins of society. My social impact partnership bill passed unanimously out of the House last Congress.

This Congress, the Senate should come together to allow private investors to provide operating capital to those social service providers with the proven capacity to achieve measurable improvements in chronic social problems like homelessness and long-term unemployment.

If targeted improvements are achieved, government saves money and repays the project's initial investors, plus a modest return on investment.

Let's come together to restore confidence in our foreign policy and protect our men and women in uniform. While we rebuild our military, let's ensure we are optimizing every instrument of national power. The American people won't tolerate wasteful or ineffective foreign aid expenditures, but they will continue to support investments in smart, effective diplomacy.

Let's work with this administration to reform the State Department and foreign bodies like the United Nations.

Earlier, colleagues, I spoke of a former Republican Governor of Indiana, Ed Whitcomb—but there was another Whitcomb who was Governor, James Whitcomb, a Democrat, who also went on to serve in this body before passing. He also made his mark as Governor, saving the State from insolvency, establishing institutions for the physically and mentally handicapped, and advancing the first system of free public education.

But even more impressive is his dedication to those Hoosiers who fought from Indiana in the Mexican-American War. With Indiana's budget broke and our credit in shambles, Whitcomb took out personal loans to purchase arms and send these Hoosiers out in service of our Nation. Two Whitcombs, one Republican and one Democrat, who served our State and Nation for the common good.

In closing, colleagues, allow me to acknowledge that folks in your States probably feel a lot like those in Indiana: they are frustrated by our failure, and the Federal Government's failure to live up to the high expectations Americans have for other pillars of our public life—our churches, our State governments, and so on. Where good old Hoosier common sense seems to inform work in those areas, in Washington, our common sense is too often crowded out by stale partisan battles and unyielding ideological biases.

Colleagues, our charge, our duty, is to advance the common good by identifying common goals and then using common sense to further advance those goals.

In spite of our principled disagreements, let us disagree without questioning each other's motives; let us work through tough problems. Let us be principled in our beliefs but pragmatic in advancing those beliefs. Let us adapt to new realities. Let us have the courage to change our minds. Let us put results over rhetoric. Let us find practical solutions to pressing challenges. Let us, first and foremost, never forget that we are custodians of the common good.

My fellow Americans, let us rededicate ourselves to remain one nation, under God, indivisible, with liberty and justice for all.

Thank you.

RECOGNITION OF THE MAJORITY LEADER

The PRESIDING OFFICER. The majority leader is recognized.

CONGRATULATING SENATOR YOUNG

Mr. MCCONNELL. Mr. President, I congratulate Senator YOUNG on his first major speech in the Senate. It was truly inspirational. Our colleagues who are here on the floor have had an opportunity to listen to a very important speech.

I also acknowledge a former Senator who is with us in the Chamber, Richard Lugar of Indiana, who also was an extraordinary representative of the people of Indiana.

I congratulate Senator YOUNG.

The PRESIDING OFFICER. The Senator from Indiana.

Mr. DONNELLY. Mr. President, I also congratulate my colleague from Indiana. He is a terrific partner. The theme of his speech of working together and building on Hoosier common sense couldn't be more important, couldn't be more timely, and couldn't have been presented any better.

I am fortunate to work with such a good partner for our State and for our Nation. Both of us have benefited from the wisdom, the advice, and the counsel of Senator Lugar, who, in our State, has set a benchmark for all of us to aspire to in terms of decency, intelligence, ability, craftsmanship, and leadership.

For a maiden speech, it was an extraordinary effort, a terrific job, and I am proud to be his partner from Indiana.

I yield the floor.

The PRESIDING OFFICER. The majority leader.

Mr. MCCONNELL. Mr. President, the Senate will soon vote on the government funding bill the House passed yesterday, and with it, critical resources to address a number of issues facing our country.

As I have noted over the course of this week, the bill includes a number of provisions that are important to our country, and today I would like to take a closer look at the positive impact they can make in the lives of the men and women we represent.

Our country is suffering from a terrible epidemic. Heroin and prescription opioid abuse is destroying families and communities all across our Nation. On average, overdoses from these drugs claim 91 lives every day—91 lives every day. Drug addiction can even devastate the lives of babies before they are born.

States like mine have been hit particularly hard by this epidemic. I have heard countless stories from Kentuckians who have experienced the heartbreak of addiction firsthand.

Here is one story that a grandmother from Independence, KY, shared with my office: ''[M]y granddaughter is growing up without a father due to this evil drug,'' she wrote. ''Our children are the future of this country and deserve all the help and support we can give them.''

Unfortunately, her story is similar to thousands more all across the land. Grandparents and other family members are increasingly taking care of children when parents fall into addiction. As too many families have experienced, addiction can have long-lasting and damaging effects on children and can be financially challenging for the caregivers.

A mom in Florence, KY, contacted my office about her son who is battling

addiction and frequently runs into trouble with the law. ''There are so many lives lost and so many more headed in that direction,'' she said. ''It's an epidemic, not a crime spree.''

We took decisive action against heroin and opioid abuse last year with the passage of the Comprehensive Addiction and Recovery Act and the 21st Century Cures Act. This bill before us, when we pass it, will provide significant new resources to combat this crisis as well.

These critical funds will go to prevention, treatment, and enforcement programs that can help our communities heal from this scourge and help keep more families from ever knowing the suffering associated with this epidemic.

Look, there is still more work to do to get the opioid crisis under control, but this funding legislation will take another critical step in the right direction. That is why substance abuse treatment organizations support it, including one local group that recently contacted my office in support of the bill. This legislation, in their words, will help ''[enhance] the ability of front lines providers to more effectively deploy resources and tackle this epidemic within our communities.''

That is making a positive and meaningful impact in the lives of the men and women we represent.

Healthcare benefits for thousands of retired coal miners were set to expire across the country at the end of this week. Men and women who dedicated their lives to providing an affordable and reliable source of energy to this Nation would have lost their healthcare, many of them when they needed it most.

I have met with retired coal miners numerous times in my office about this issue, including one retiree from Georgetown, KY, who worked as an underground miner for 10 years. He suffers from diabetes and heart disease, and his wife is a breast cancer survivor. ''There is no question whether or not we need our health insurance to continue,'' he said. ''Without it, we would probably lose our home, [which] would be catastrophic not to mention what might happen to our health because we could not afford to get coverage or our medicine.''

These coal miner retirees clearly needed our help, which is why I have been fighting for their healthcare at every step of the way. Today I am proud that this funding legislation includes my proposal to permanently extend healthcare benefits for thousands of retirees across the Nation and in Kentucky. These coal miners and their families can live with the peace of mind they have been looking for. That is making a positive and meaningful impact in the lives of the men and women we represent.

For too long, Federal bureaucrats in Washington imposed one-size-fits-all education policies on our children. Distant bureaucrats dictated nationwide policies, even though the needs of a student in Kentucky are different from of a student in Maine or California. For this reason, we enacted the Every Student Succeeds Act education reform law last Congress, which sends power back to the States, parents, and teachers, and this funding bill will support its implementation, giving our schools the resources they need to prepare our students.

This funding legislation also supports school choice through reauthorization of the DC Opportunity Scholarship Program and through increased Federal funding for charter schools. Both of these school choice provisions will help expand opportunities for parents to send their children to the school that best meets their needs.

In my home State of Kentucky, the increased support for charter schools will be very important, as the new Republican majority in Frankfort recently passed a charter schools law.

Yesterday I met with State Representative Carney and charter school advocates who were key to shepherding this legislation into law down in Kentucky. I thank them for their efforts on behalf of Kentucky's students and families, and I look forward to working with them to support charter schools in Kentucky going forward.

By funding the implementation of the Every Student Succeeds Act and supporting school choice across the country, this legislation will help parents and students achieve strong educational outcomes. That is making a positive and meaningful impact in the lives of the men and women we represent.

Of course, this bill contains other important wins for the country as well. It includes the largest border security funding increase in a decade, allowing our country to better support border security agents, enhance technology, and update critical infrastructure down at the border. It includes important resources to help us begin rebuilding our military, allowing our country to give servicemembers more of the tools that they need, and fund a much needed raise for our men and women in uniform.

On military funding, we broke out of the years-long insistence by our colleagues on the other side that every increase in defense had to be met by an increase on the domestic side. That is no longer the law.

As I have outlined several times this week, this legislation includes other conservative priorities as well. Importantly, it achieves these things while conforming to spending caps and reducing bureaucracy, even consolidating, eliminating, or rescinding funds for over 150 government programs and initiatives.

Because of hard work from both Chambers and both sides of the aisle, we have a funding bill before us that can make many important and positive impacts in the lives of the people we represent. I know I will be supporting it, and I urge colleagues to do the same.

I look forward to its passage so we can send the agreement to President Trump for his signature.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. SULLIVAN). Without objection, it is so ordered.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the time until 1:45 p.m. today be equally divided in the usual form and that at 1:45 p.m., the motion to refer with amendment be withdrawn, the motion to concur with amendment be withdrawn, and the Senate vote on the motion to concur in the House amendment to the Senate amendment to H.R. 244.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER. The Democratic leader is recognized.

Mr. SCHUMER. Mr. President, yesterday afternoon the House approved the Omnibus appropriations bill that will fund the government through September. The bill is the result of weeks and weeks of bipartisan, bicameral negotiations, and the final product reflects the give-and-take of those negotiations. Again, I want to thank the majority leader for all of his hard work and his desire to come to a good agreement, as well as the House leaders and the leadership of the Appropriations Committees. It has proved to many that Washington can work when we work together.

In my view, this is a very good bill for the American people. Not only does it explicitly preclude funding for an unnecessary and ineffective border wall, it excludes over 160 poison pill riders, it increases investments in programs that the middle class relies on, such as medical research, education, and infrastructure.

The National Institutes of Health will get an additional $2 billion—part of the Cancer Moonshot. Pell grants will be restored for over 1 million students. Infrastructure programs like CDBG and TIGER will get an increase. Programs to combat the terrible scourge of opioid abuse will receive an increase. Clean energy research will receive an increase. Ninety-nine percent of the EPA's budget was protected.

In addition, there is a permanent extension of miners' health benefits, thanks to the hard work of JOE MANCHIN and so many others; funding to shore up Puerto Rico's Medicaid Program and a mechanism to allow the island to restructure its debt; and funding to help States like California, West Virginia, Louisiana, and North Carolina recover from natural disasters. It

has a very good increase for NASA, which I will talk about at the end of my remarks before my colleague from Florida speaks about the hard and successful work he has done on the NASA budget.

Of course, the bill doesn't include all of the things we wanted. It doesn't include all of the things our Republican colleagues wanted. That is the nature of compromise. But at the end of the day, this is an agreement which reflects our basic principles, and it is something both Democrats and Republicans should support.

The bill shows how bipartisanship in Congress should work—both parties negotiating in good faith in order to find consensus. It passed in the House with an overwhelming bipartisan majority of 309 votes, and I expect it will receive the Senate's approval later today.

More broadly, I hope this deal provides a blueprint for future budget negotiations between our two parties here in Congress. If the four corners—the Senate and House Democrats and Republicans—work as well on the 2018 budget as we did on the 2017 budget, we will have a product we can be proud of, with no worries about any kind of government shutdown.

TRUMPCARE

Mr. President, on healthcare, as the House plans to vote on their new vision and version of TrumpCare later today, I just want to remind the American people of a few things.

We are now on the second major attempt to pass TrumpCare. While all the focus in the media has been on the changes to the bill, we shouldn't forget the bad things that stay in the underlying bill and what they would mean for millions of Americans.

Under the new bill, as under the old, TrumpCare would mean that premiums go up 20 percent in the first few years. Average costs go up by over $1,500 a year on the middle class.

It would mean that if you are struggling to make it into the middle class with an income, say, around $30,000 a year, your costs could go up by $3 or $4,000.

It would mean insurers could charge older Americans five times or more the amount charged to younger folks. Even the 1-to-5 ratio, as bad as it was, as much as it raised the hackles of the members of the AARP and senior citizens, the 54- through 64-year-olds throughout America—this bill makes that worse.

It would devastate Medicaid, a program that covers 68 million Americans. That would affect poor people in the inner cities, but it would also affect people in nursing homes, and the young men and women aged 45 to 50 who have parents in nursing homes are going to have to face an awful choice—more money out of their pockets or their parents having to find another place to live.

It would still mean, worst of all, that 24 million fewer Americans will have health insurance.

All those things stay the same. This minor change made by the House at the last minute doesn't change any of those things.

For the same reasons TrumpCare 1 only got the support of 17 percent of the American people, TrumpCare 2 will probably have even less support.

All the while, these cuts end up giving a massive tax break to the wealthiest Americans—those making over $250,000 a year, multimillionaires, billionaires. Even insurance executives who make over $500,000 a year will get a tax break, while middle class and older Americans get the short end of the stick. Here we are telling average Americans they are going to get less coverage, they are going to pay more, so we can give the multimillionaires a huge tax break. Who would be for that?

As more and more Americans find out, the vote over there is going to be much less popular even than it is today, and it is very unpopular today, with only 17 percent of Americans liking the bill. It is hard to get lower than that, but I think, as people learn more about this bill, it will get even lower.

The House Republicans have added an amendment that makes the bill even more cruel. It would allow States to opt out of the requirement to cover folks with preexisting conditions for the services they need. God forbid you have a preexisting condition and live in a State that doesn't keep the requirement. Your only option might be a poorly subsidized high-risk pool where you might be forced to wait in line for virtually unaffordable coverage. Remember the death panels scare tactic used against ObamaCare? They didn't actually exist in ObamaCare, but they might in TrumpCare. These high-risk pools, with long lines and unaffordable coverage, are the real death panels.

That same amendment means an insurance company can charge an older American even more than five times the amount they are charged under the base bill. It would take us back to the days when insurance companies could price sick people out of insurance and drive older Americans to bankruptcy by charging outlandish rates. That is what House Republicans did with the bill to win more votes. It is unfathomable.

We don't even know how large the negative impact of these changes will be because we don't have a CBO score. Does anyone imagine this amendment will result in even more Americans being insured? Does anyone imagine it will provide better coverage for Americans with preexisting conditions? I don't think so.

That explains why Republican colleagues in the House are rushing it through with hardly any debate, no hearings, and no CBO score. They don't want the American people to see this bill. The leaders of the House were panicked that if they didn't pass the bill today, their Members would go home for 2 weeks—they are on recess over in the House—get beaten up by their constituents who hate this bill, and they would back off.

Only 17 percent of Americans approved of TrumpCare. The rest of them packed townhall meetings and public forums to demand that their House Members reject it. They wrote and called, emailed, and contacted Members on social media. Those were the voices of average Americans who stopped the first TrumpCare proposal from even receiving a vote.

Now Republicans are trying to sneak through their second, even worse version of TrumpCare without debate or any analysis of what it would mean for our country. Maybe it raises costs on working Americans even more. Maybe it doubles the amount of uninsured Americans. The House won't know before voting on the bill.

I sincerely hope that if this bill passes—I pray it doesn't—the Senate won't mimic the House and try to rush a bill through without hearings or debate or analysis.

Mr. President, regardless of the process, TrumpCare is a breathtakingly irresponsible piece of legislation that would endanger the health of tens of millions of Americans and break the bank for millions more. I don't know what my friends in the House would say to their constituents if they vote for this bill.

What would you say to a 56-year-old in your district, who is already struggling to balance the cost of medicine and rent and groceries, when she has to pay more than five times as much in healthcare as someone who is 35 and healthy?

What would you say to the mother in your district whose daughter has cancer and who is worried that if she ever lapses in coverage, the insurance company can raise the rates so high on her family that she couldn't afford to get health insurance for her daughter and would have to watch her suffer? The agony a parent would go through. What do you say to that mother?

I don't know how any of my Republican colleagues here in the Senate when we get this bill and now in the House can explain why they voted to rip away people's healthcare.

If there were a Hippocratic Oath for Congress, ''Do no harm,'' TrumpCare would never come up for a vote. It harms the American people in so many ways. It doesn't have to be this way. Republicans could drop these efforts for repeal, drop these attempts that are undermining our healthcare system and causing insurers to flee the marketplace, and come work with Democrats on improving the healthcare system. Our door is open.

So I would just make one final plea to my Republican friends in the House. I know they rarely listen to Senate leaders, especially Democratic ones, but this is an issue where so much is at stake that I hope they forget party labels at the moment. I ask them to do what representatives should do, something very simple: Think about your

constituents. Consult your conscience before you vote for this bill.

I believe if they truly do and consider what every independent expert and medical association is saying about this bill and what it would mean for our healthcare system, they will come to the right conclusion and vote no today.

On one final issue, Mr. President, I see my friend from Florida about to take the floor. I would like to yield to him for a moment, but before I do, I would like to recognize his outstanding efforts in securing additional funding in the appropriations bill for NASA.

NASA had actually been targeted for certain cuts by the Trump administration in their budget that would nix the program to send a mission to Europa, a Moon of Jupiter. Thanks to the advocacy of Senator NELSON, NASA will get an overall increase of $368 million in the appropriations bill—enough to fund that mission.

I know this issue is near and dear to BILL's heart. As a young Congressman, he was the second sitting Member of Congress and the first Member in the House to serve on a NASA mission, aboard the space shuttle *Columbia*. He has a passion for and a deep knowledge of our space program. There is no one in the Senate who has done more for it than BILL NELSON. He has worked hard ever since he got to the Senate, and he has had great success.

Once again, he has had a success here today. His constituents in Florida and all Americans should be grateful that BILL is a real leader on both of these issues in our caucus and in the whole Senate.

I yield to my friend, the Senator from Florida.

The PRESIDING OFFICER. The Senator from Florida.

Mr. NELSON. Mr. President, many, many thanks to the leader for his kind remarks.

The final bill was negotiated by the big four—the two leaders in the Senate and the two leaders in the House. It was not going to happen this way unless the leaders all agreed, so my profound thanks on behalf of the explorers and the adventurers of the United States—the ''can do'' little agency, NASA, that is now on its way to Mars.

On behalf of all of the NASA family, I thank the leaders and especially the Democratic leader. A personal thanks for his very kind comments.

Mr. President, we have approached the NASA bill in a bipartisan way. As a matter of fact, I give great credit to both the chairs and the ranking members on the House Science, Space, and Technology Committee, as well as on the subcommittee on appropriations in the House that handles NASA appropriations. All of those leaders were absolutely key.

Of course, the same thing is true here in the Senate. As the ranking member, I have the privilege of sharing the leadership with our chairman, JOHN THUNE, on the Commerce, Science, and Transportation Committee. It is that subcommittee's chairman and ranking member, as well as the chairman and ranking member from the subcommittee on the Appropriations Committee, from whom we will hear momentarily—to all of them, I am very grateful.

What it says is that NASA—America's civilian space program—should not be a partisan subject. What it says is that the leaders of NASA should not be partisans. As a matter of fact, they should even be more than bipartisans—they should be nonpartisans. That has been the tradition of NASA's, so like that of the Secretary of Defense. One considers that appointment to be a nonpartisan. So, too, we consider the Administrator of NASA to be a nonpartisan. I think, in this interim, with the Acting Administrator of NASA, that they are conducting themselves in a very significant way in keeping all of the advancements that they have done but that are now to be accelerated with this appropriations bill.

I congratulate the whole NASA team. It has been my argument to the Vice President and to the President that in the selection of the next leader of NASA, they need to do it in a nonpartisan way so that we can keep going for this human mission that is going to the planet Mars in the decade of the 2030s.

With the increase in NASA funding, we now stand on the precipice of a new golden age of exploration and discovery. In March of this year, several of us were at the White House when the President signed the NASA authorization bill. What we have worked on for the better part of 2 years keeps NASA on a steady course, with a balanced and ambitious mix of science, technology, and exploration initiatives. Let's not forget that the first ''A'' in ''NASA'' is ''aeronautics.'' It keeps all of that moving forward.

This additional $368 million of funding for NASA gives that little agency the ability to build off of the momentum that is already there. For example, in the White House, the Vice President—and I have commended him both privately and publicly—is bringing about the reestablishment of the National Space Council. I shared with him that all of us look forward to working with him and the Council to develop and carry out the ambitious civil, commercial, and national security space agenda for this country.

The $19.65 billion appropriation for NASA, coupled with the NASA authorization bill that we already passed a month or two ago, demonstrates our firm commitment to one day putting humans on Mars and permanently expanding our civilization out into the cosmos. We will soon have a regular cadence of missions that will be launching into deep space using the Space Launch System—the largest rocket ever, a third more powerful than the Saturn V rocket that took us to the Moon. Its spacecraft—the *Orion*—and other systems will be assembled and launched, and a lot of that is being done at Florida's Space Coast. The first rockets and spacecraft that will start the journey are being assembled right now at various sites across the country. Right now, the Space Launch System—the SLS rocket, the *Orion* spacecraft that sits on top of it—and the launch infrastructure at Cape Canaveral or, more specifically, the Kennedy Space Center, are all in the most challenging stages of their development.

These complex systems are all very intertwined, and it is vital that we make sure that NASA has the funding flexibility that it needs to address issues as they come up so that they can bring these systems together for the launch in early 2019 of the largest rocket ever.

We have asked NASA to look for new ways to expand commercial space activities in Earth's orbit, and we are providing NASA with the tools and the direction it needs to expand our commercial space activity. We are right on track to begin launching astronauts to the International Space Station on American rockets, commercially made, and that is going to start next year.

People do not realize—they thought the space shuttle was being shut down in 2011. They thought that was the end of the space program. No. No. All of this is being developed aside from the robotic missions that there have been with the rovers on Mars and all of the pictures of the cosmos. I mean, it is just unbelievable. Next year we are going to replace the Hubble Space Telescope, which has peered back into the beginning of time. We are going to look back almost to the beginning of time with the James Webb Space Telescope.

All of this is strengthening a flourishing U.S. space industry, especially in the areas in which NASA centers are located around the country. What is happening at the Kennedy Space Center is that it is being transformed into a commercial as well as a government spaceport—into a busy civil, military, and commercial spaceport.

This appropriations budget allows us to continue all of this going on at the same time. We are going to put up gee-whiz things like the Wide Field Infrared Survey Telescope, as well as additional Mars rovers. The rovers that are up there show that Mars, at one point, was warm and wet. We are going to find out whether there was life there. If there were, was it developed? If there were, was it civilized? If there were, what happened? These are lingering questions as we peer up into the night sky. The funding included in this budget deal moves us ever closer to answering that burning question: Are we alone in the universe? This budget helps us better understand our own planet by funding NASA's Earth Science Program, as well as funding aeronautics and education programs for our youth.

The investments that we as a country make in our space program pay immediate dividends to our quality of life

right here on Earth. Of course, the space program creates thousands and thousands of jobs for skilled workers to build machines that help us explore the heavens and jobs for the researchers to understand and interpret what we discover and jobs for the engineers and the entrepreneurs to develop new technologies. These public investments also stimulate complementary investments of private capital and the thousands of jobs that follow from that, and those are companies that will partner with NASA.

Again, I thank our colleagues in both the House and the Senate for their continued support of our space program. In this time when we find ourselves far too divided in our politics, the exploration of space continues to be a powerful force that brings us together into our search as we explore the universe.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. MERKLEY. Mr. President, I compliment our colleague from Florida on his articulating this powerful vision for humankind, which is the ability to look into the night sky and ponder the mysteries of the universe, the mysteries of life, in the most complete way. America has led this scientific adventure, this scientific journey, and we must continue to be at the lead of this journey for all of the reasons he has laid out today.

I thank my colleague from Florida for leading Congress in pursuing and advocating for this vision and for developing the instruments on the ground and the instruments in space that will advance our knowledge.

EQUALITY ACT

Mr. President, I rise to speak about a different vision, the vision articulated in our Constitution, those first three words of our Constitution, ''We the People.''

It is this vision of a nation founded on the principle of a government that would serve not the privileged, not the powerful, not the few, not the elite, but serve the entire set of citizenry. Those powerful words were put in supersized font in our Constitution. So from across the room, you might not be able to read the details, but you can read the mission: ''We the People''—a government of, by, and for the people, as President Lincoln so eloquently said.

But this vision in the Constitution followed up on the principles articulated in the Declaration of Independence. In 1776, 56 of our Nation's best minds, our best leaders, gathered together in Philadelphia to debate, to work out a document unlike any other in history—a document that changed the course of world history—the Declaration of Independence. It said: ''We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness.''

Together, the Declaration of Independence and the Constitution laid out the vision for our grand experiment in democracy, our grand experiment in establishing a democratic republic—a nation, of, by, and for the people, where each and every person is equal, each and every person has the ability to pursue their happiness, to pursue opportunity. We may not have always succeeded, but for centuries, the story of our Nation—the American story—has been one of striving to live up to that promise of a more perfect union, where every citizen is equal, every citizen has opportunity, and every citizen can pursue happiness.

Martin Luther King said in the midst of the civil rights struggle:

> Human progress is neither automatic nor inevitable. . . . Every step toward the goal of justice requires sacrifice, suffering, struggle; the tireless exertions and passionate concern of dedicated individuals.

And it is with that type of tireless exertion and passionate concern that we have been on this path toward equality and opportunity for all.

We have made a lot of strides. We have broken down a lot of barriers in overcoming discrimination and in advancing opportunity for one group of Americans after another. For women, for African Americans, for indigenous peoples, for immigrants, for Americans with disabilities, the journey goes on and on. But regardless of how far we have come, it is clear we still have a long way to go.

There are still too many of our friends, too many of our neighbors, too many of our coworkers, our brothers and sisters who don't enjoy the same rights and protections as everyone else. They are members of the LGBTQ community, and they continue to go through every single day confronting discrimination simply because of who they are or whom they love. That is simply not right. There should be no room for that kind of hate, for that kind of discrimination here in the United States of America.

That is why this week I have reintroduced the Equality Act. I have reintroduced it with powerful support from Senator TAMMY BALDWIN and Senator CORY BOOKER, who have really been the leaders who have driven this forward here in the Senate. We have been joined now by 43 additional colleagues, so that is 46 Senators, original cosponsors, in support of this vision of equality. That is a powerful stride from where we were just a few years ago, when we didn't even have an Equality Act to be presented here in the halls of Congress.

We launched this act in partnership with the House, where Congressman DAVID CICILLINE has been the leader, and he has been joined by 194 of his colleagues as original cosponsors.

JOHN LEWIS said during the civil rights struggle: ''If not us, then who? If not now, when?'' All of us should be called to action in this fight for the fundamental principle of equality, for us to stand up together and declare once and for all that discrimination based on sexuality and gender identity is not welcome in this country. We must make nondiscrimination the law of the land here in the United States of America.

It is certainly true that we have made some progress in recent years. We passed the Matthew Shepard and James Byrd, Jr., Hate Crimes Prevention Act, which expanded the definition of a Federal hate crime to include assaults based on sexual identity or gender orientation. We repealed don't ask, don't tell, a policy that banned LGBTQ soldiers from serving openly in our military for 17 years and that forced more than 13,000 servicemembers out of the military with dishonorable discharges.

What we did was undermine the effectiveness of our military by taking away the enormous talents and skills of those individuals. And 6 years after repealing that policy, our military is stronger for it.

In the Affordable Care Act, we make sure that no one can be denied healthcare because of their sexual orientation or gender identity. Then, in 2013, the Supreme Court ruled that the Defense of Marriage Act, which defined marriage as a union between a man and a woman, was unconstitutional, it was discriminatory, it was in fundamental violation of the vision of our Constitution.

Then, in 2015, the Supreme Court found, in Obergefell v. Hodges, that love is love, regardless of gender or sexual orientation, and required all States to recognize same-sex marriages and issue marriage licenses to same-sex couples.

One barrier after another—one barrier after another of discrimination, one barrier after another that presented an obstruction to opportunity has fallen in a relatively short period of time, and that is something all of us should celebrate in the vision of equality and opportunity embedded in the vision of our Nation. But we cannot allow ourselves to lose sight of the fact that as much as these have been steps forward, we are still far from ending discrimination to the LGBTQ community here in America.

Today, every State is required to recognize same-sex marriages and issue wedding licenses to same-sex couples. But 30 of those States still do not have a legal framework that ends discrimination. In 30 of those States, the legal framework of the State does not prevent someone from being fired from their job for being gay or lesbian or transitioning; those States do not have a structure which prohibits a same-sex couple to be refused services, to be evicted from an apartment, to be banned from a restaurant, to be denied opportunities to serve on a jury, to be turned away at the door in pursuit of a mortgage.

We hear these stories from individuals. Ask the science teacher who was fired after telling her principal that she and her wife were planning to get

pregnant or the same-sex couple that was forced to leave a park after kissing in public or how about the woman who was fired from her job as a security guard in a Savannah hospital, and when she took the hospital to court, she lost under the framework of law in that State.

Or ask the LGBTQ community in Orlando. What we see is that when we have discriminatory laws, a discriminatory legal structure, that engenders discrimination, and the discrimination facilitates and engenders hate, and hate leads to violence. So we saw in Orlando when last summer a crazed gunman attacked those who were at the Pulse Nightclub and took the lives of 49 innocent people.

The States that have no framework are many. They cross our country—Idaho and Montana and Wyoming, North and South Dakota, Nebraska, Kansas and Oklahoma, Arizona, Alaska and Texas, Missouri, Arkansas, Louisiana, Mississippi, Tennessee, Kentucky, Indiana, Michigan, Ohio, West Virginia, Pennsylvania, Virginia, North and South Carolina, Georgia, Alabama and Florida—no legal structure to end this sort of discrimination.

At some point in their lives, approximately two-thirds of all LGBTQ Americans face discrimination because of their sexuality or gender identification. Roughly a quarter of lesbian and gay and bisexual working Americans have lost a promotion because of nothing more than who they are or whom they love. And nearly—in fact, more than a quarter of transgender, working Americans report that in just a single year, they have been fired or not hired or denied advancement.

There is no Federal framework to end discrimination. Today, only 20 States and the District of Columbia have passed laws banning discrimination based on sexual orientation and gender identity in the workplace, in housing, in public accommodations. Another three States have a partial set of protections. But instead of seeing the remaining States that still have a framework that provides for discrimination, we have seen more and more discriminatory legislation—laws like North Carolina's HB2, the so-called bathroom bill, which said that transgender individuals had to use a bathroom that matches their birth certificate and which blocked local jurisdictions from passing antidiscrimination measures to protect LGBTQ citizens; or Senate bill 149 out of South Dakota, signed into law in March, saying that LGBTQ people who want to adopt or foster children can be rejected by State-funded agencies based on the religious beliefs of the agency.

Already this year, there have been more than 100 discriminatory pieces of draft legislation offered in State legislatures across our country.

As long as people in our Nation are afraid to put their spouse's photo on their desk at work, as long as citizens are worried about being evicted from their apartment, as long as Americans can be denied service at a restaurant or a hotel room or kicked out of a public park or denied the right to use a bathroom just for being who they are or for whom they love, we need to keep fighting. We need to keep pushing to end discrimination.

Imagine, if you will, when you open a business in America, the principle, since the 1964 Civil Rights Act, has been that you open the door to all. You don't let in a person with one color of skin and slam the door on the next who has darker skin. You don't let in one gender and slam the door on the other gender. You don't let in one ethnicity and slam the door on the other ethnicity.

These fundamental provisions of equality, where the door is open to each citizen by those who provide services to the public—that is the foundation for each individual to be able to live their life fully, to be able to fully pursue their potential, to fully pursue their opportunity, to fully pursue happiness as envisioned in the Declaration of Independence.

A former Senator of this body, who served here when I was an intern in 1974, who served here in 2009 when I came to the U.S. Senate, Ted Kennedy said: ''The promise of America will never be fulfilled as long as justice is denied to even one among us.'' Yet justice is denied every day—every day—in 30 States across our Nation where the door of discrimination is slammed shut on lesbian, gay, bisexual, and transgender individuals.

We the people in America understand that it is time to stop slamming the door of discrimination shut and open the door to full opportunity and full equality as envisioned in our founding documents. Sixty percent of Americans support same-sex marriages. More than half oppose North Carolina's bathroom bill and other similar bills that discriminate against transgender individuals.

According to one study by the Public Religion Research Institute, more than 70 percent of Americans support comprehensive Federal legislation. Public opinion is in support of moving forward—moving forward to keep the door of opportunity open and to stop slamming the door of discrimination in the face of our citizens. It is time for us to stand up for our fellow citizens, time for us to speak out against this discrimination, time for us to declare once and for all that every American, no matter who they are or whom they love, deserves to live free from fear, free from violence, and free from discrimination. It is time for us to stand with our friends, our neighbors, our coworkers, and our brothers and sisters in the LGBTQ community. It is time for us to move forward and create nondiscrimination legislation based on the same sound foundation that has served so well in regards to addressing discrimination in other parts of our society, and that is the 1964 Civil Rights Act. It is time to consider the Equality Act in the Senate of the United States.

At a time when so much discrimination, so many daily assaults occur on our fellow citizens, shouldn't we be holding a hearing to have these citizens speak up and share their stories? Shouldn't we be holding a vote to determine whether or not we truly believe in our constitutional vision? Shouldn't we have to confront the fact that we still have discrimination in housing, in employment, in schools, in restaurants, and in theaters? In fact, in every walk of life in America, in 30 States, we still have this discrimination without a legal framework in those States to provide protection.

Under the Equality Act, sexual orientation and gender identity receive the same clear level of protection that race, religion, gender, and ethnicity already enjoy, thanks to the 1964 Civil Rights Act. The Equality Act will help us fulfill the promise of America, as Ted Kennedy presented it, that justice under the law is not complete when it is denied to even one among us.

I am a steadfast believer in our Nation's founding principle that all of us were created equal, that we are ''endowed by our Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness.'' But you don't have liberty if the door of discrimination is slammed in your face when you seek an apartment. You don't have liberty when the ugly face of discrimination blocks you from an opportunity to serve in a job. You don't have pursuit of happiness when you face a discriminatory framework in 30 of our 50 States.

We all ought to have the same freedom to be who we are, to love whom we love, to pursue our lives and careers free of discrimination. I will not rest until that is true for everyone in our country. I say to my colleagues: Let us all not rest until we complete this vision of opportunity and equality for all.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Ms. CANTWELL. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

REPUBLICAN HEALTHCARE BILL

Ms. CANTWELL. Mr. President, I come this morning to talk about the impending passage of a very failed healthcare bill in the House of Representatives and to remind my colleagues that this legislation moving through the House of Representatives is the first time in the 50-plus years of the Medicaid Program that they are going to pass legislation to cap and cost-shift Medicaid costs to States.

This is an $839 billion cost shift from the Federal government to States and a one-quarter cut to the Federal Medicaid investment over a period of ten

years. Some 14 million Americans will lose Medicaid coverage. These draconian and arbitrary budget caps will leave States with impossible choices to cut people from care, cut provider reimbursements, or reduce benefits. Overall, 24 million Americans will lose their health insurance. That is according to a recent Congressional Budget Office analysis.

Why do I say this is a broken promise? Because it was very clear that, when President Trump was a candidate, he said he was not going to cut Social Security, Medicare, or Medicaid.

Why is that important? Because these are trusted programs that have worked cost effectively for so many Americans in giving them access to care. Now is not the time, as we have seen a Medicaid expansion, to now cost-shift Medicaid to the States by breaking this promise and putting in it, for the first time in 50 years, a substantial change to the way Medicaid works. It does represent, in my opinion, a war on Medicaid—one that we cannot afford to wage.

Communities that have benefited from Medicaid expansion have seen the value of coverage and a healthy population. All you have to do is to talk to healthcare providers, hospitals, chambers of commerce, and others to get them to say that, yes, having more people with healthcare coverage in our community has helped us in raising the standard of living.

Why is that? First of all, uncompensated care is no longer put at the hospital's doorstep. Secondly, the population with healthcare coverage is healthier, getting treatment in advance as opposed to waiting for a crisis. It represents an investment in the community that allows a community to stabilize.

These are important issues for us to discuss. I hope my colleagues in the Senate will not fall for this ploy or that they will not go back on promises made by this administration not to cut Medicaid.

There are other aspects of the bill coming over from the House of Representatives, obviously, dealing with preexisting conditions, and we know from our own experience in the State of Washington that high-risk pools have covered only a tiny portion of people with preexisting conditions and are inadequate unless properly funded. As an article from the Seattle Times, from 2009, entitled ''Dozens of patients cut from state's high-risk insurance pool'' stated: ''with premiums that can top $20,000 a year, patients don't exactly clamor to join the state's high-risk health-insurance pool—a public insurer of last resort for patients with cancer, AIDS and other serious diseases . . . ,'' and ''the premiums cover only about 30 percent of the patients' medical and prescription expenses.''

There are many things that are working in the Affordable Care Act. We have done great things on rebalancing; that is, to rebalance people from nursing home care to community-based care.

This chart shows how many States in the United States of America are doing this. This is in the Affordable Care Act. We wrote a provision encouraging States to try to rebalance their population, not encouraging so much nursing home care because it is so expensive, and instead, trying to deliver the long-term care people need in their individual communities.

The great success of this is that many States in the Affordable Care Act took us up on it—States like Nevada, Iowa, Missouri, Texas, Arkansas, Mississippi, Georgia, Kentucky, Ohio, Pennsylvania, New York, and Maine. I saw in our own State, over a 15-year period of time, that we saved roughly $2.7 billion. That is $2.7 billion of cost. Instead of paying for a Medicaid population in expensive nursing home settings, we instead innovated and put them into what was a cost-effective delivery system in which people love to stay in their home as they age as opposed to the notion of expensive nursing home care.

I mention that because that $2.7 billion could be the kind of savings we would see in these States. So I tell my colleagues from the House: Innovate; don't capitate. Don't try to say that you have an ingenious idea on how to take care of healthcare costs by simply capitating, for the first time in 50-plus years, the Medicaid Program and then leaving the States to pick up the bill.

It won't work. Follow the ideas and strategies that are much better in helping us cut costs for an aging population that is living longer, and look for fixes that are already there in the Affordable Care Act to do so.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Ms. CANTWELL. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Ms. CANTWELL. Mr. President, I note, too, that we are going to be moving today, before we leave here, to what is the Omnibus resolution to keep the government open.

I wanted to mention an important aspect of the legislation we are going to be voting on. Pursuant to provisions in the Customs bill, we are now going to put funding into trade enforcement—a very important aspect of our trade agenda.

We know that more than 96 percent of the world's customers live outside the United States. By some estimates, at least 70 percent of the world's purchasing power is outside the United States. That means that we need to keep working hard to reach these new markets and these customers. The growing middle class has great purchasing power.

In 2015, the global middle class spent $33 trillion. By some estimates, the middle class could surpass 4 billion people by the year 2021, making it a majority of the world's population.

Approximately one in three jobs in the State of Washington are tied to international trade. Washington State exported approximately $80 billion in goods in 2016—from airplanes and coffee to apples and software. I know this about our State: we understand that we are in a global economy and that we have great products to sell in international markets.

Agriculture exports are very important to our State. Agriculture adds about $51 billion a year to our State's GDP, and the agricultural sector makes up more than 13 percent of our State's economy. In 2016, Washington exported $15 billion worth of food and agriculture products with $7 billion being of Washington origin. We are No. 1 in the nation in production of apples, hops, spearmint oil, wrinkled seed peas, concord grapes, sweet cherries, pears, green peas, raspberries for processing, blueberries and aquaculture. We are No. 2 in production of potatoes, certain kinds of grapes, nectarines, apricots, prunes, plums, sweet corn for processing, and a variety of other things.

This is to say that in the State of Washington, we grow a lot for overseas markets. Why am I talking about this important aspect of this bill that is passing to keep our government open today? Because in our State and across our country, we need to encourage more small businesses to export. And we need to make sure we have enforcement of a level playing field so that U.S. companies of all sizes and U.S. workers are protected as they compete in that global economy.

That is why, in the previously passed Customs bill, I created a Trade Enforcement Trust Fund at the Office of U.S. Trade Representative. Now, with this legislation passing today, we are putting $15 million toward that trust fund to be spent exclusively on enforcing trade agreements. We need to enforce the agreements and make sure Washington and businesses around the country get a fair deal as we work on trade. And $15 million in the fund would help us fight trade issues we have seen all over the globe.

For example, sometimes people try to sell their products by taking the great labels we have on Washington apples and putting them on foreign apples making them seem like Washington apples, when in reality they are not. This bill gives us money for trade enforcement to address these challenges.

Sometimes we have intellectual property that is hijacked or stolen from companies in our State. This bill puts more enforcement in place to fight those crimes and to make sure we are enforcing our trade agreements. The trust fund gives the framework and workforce to enforce trade laws governing exports to that burgeoning,

as I said, growing middle class outside the United States. We must make sure our products are sold and sold correctly and any disputes that are happening are resolved and resolved quickly so our trade with those countries can be cost-effective to our growers, to our manufacturers, and to the workforce within our State.

I am sure every Member here who has companies that have done trade in this global economy can tell you stories of how the lack of trade enforcement has cost them business. This fund is a very positive shot in the arm to our U.S. trade office, so they have the resources to do more enforcement and make sure our products are winning in the overseas markets.

I yield the floor.

BUDGETARY REVISIONS

Mr. ENZI. Mr. President, section 251 of the Balanced Budget and Emergency Deficit Control Act of 1985, BBEDCA, establishes statutory limits on discretionary spending and allows for various adjustments to those limits, while sections 302 and 314(a) of the Congressional Budget Act of 1974 allow the chairman of the Budget Committee to establish and make revisions to allocations, aggregates, and levels consistent with those adjustments. The Senate is considering H.R. 244, the Consolidated Appropriations Act, 2017. This measure provides full-year appropriations for Federal Government agencies and contains spending that qualifies for cap adjustments under current statute.

This measure includes $93,470 million in budget authority that is designated as being for overseas contingency operations/global war on terrorism pursuant to section 251(b)(2)(A)(ii) of BBEDCA. Of that amount, $76,985 million is for spending in the security category, and $16,485 million is for nonsecurity spending. CBO estimates that this budget authority will result in $41,444 million in outlays in fiscal year 2017.

Division F includes $6,713 million in nonsecurity discretionary budget authority that is designated as being for disaster relief pursuant to section 251(b)(2)(D) of BBEDCA. This designation makes the spending associated with this provision and its associated outlays of $336 million eligible for an adjustment.

This legislation includes language that increases nonsecurity discretionary budget authority by $1,444 million this year and designates it as emergency funding pursuant to section 251(b)(2)(A)(i) of BBEDCA. CBO estimates this budget authority will result in $497 million in outlays in fiscal year 2017.

Finally, division H provides $1,960 in nonsecurity discretionary budget authority for program integrity efforts. This funding is designated pursuant to section 251(b)(2)(C) and section 251(b)(2)(B) of BBEDCA. CBO estimates that this budget authority will result in $1,635 million in outlays this year.

As a result of the aforementioned designations, I am revising the budget authority and outlay allocations to the Committee on Appropriations by increasing revised security budget authority by $76,985 million, revised nonsecurity budget authority by $26,602 million, and increasing outlays by $43,912 million in fiscal year 2017. Further, I am increasing the budgetary aggregate for fiscal year 2017 by $103,161 million in budget authority and outlays by $43,541 million.

I ask unanimous consent that the accompanying tables, which provide details about the adjustment, be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

REVISION TO BUDGETARY AGGREGATES

(Pursuant to Sections 311 and 314(a) of the Congressional Budget Act of 1974)

$s in millions	2017
Current Spending Aggregates:	
Budget Authority	3,226,128
Outlays	3,224,630
Adjustments:	
Budget Authority	103,161
Outlays	43,541
Revised Spending Aggregates:	
Budget Authority	3,329,289
Outlays	3,268,171

REVISION TO SPENDING ALLOCATION TO THE COMMITTEE ON APPROPRIATIONS FOR FISCAL YEAR 2017

(Pursuant to Sections 302 and 314(a) of the Congressional Budget Act of 1974)

$s in millions	2017
Current Allocation:	
Revised Security Discretionary Budget Authority	557,015
Revised Nonsecurity Category Discretionary Budget Authority	526,951
General Purpose Outlays	1,187,014
Adjustments:	
Revised Security Discretionary Budget Authority	76,985
Revised Nonsecurity Category Discretionary Budget Authority	26,602
General Purpose Outlays	43,912
Revised Allocation:	
Revised Security Discretionary Budget Authority	634,000
Revised Nonsecurity Category Discretionary Budget Authority	553,553
General Purpose Outlays	1,230,926

Memorandum: Detail of Adjustments Made Above	OCO	Program Integrity	Disaster Relief	Emergency	Total
Revised Security Discretionary Budget Authority	76,985	0	0	0	76,985
Revised Nonsecurity Category Discretionary Budget Authority	16,485	1,960	6,713	1,444	26,602
General Purpose Outlays	41,444	1,635	336	497	43,912

JOINT EXPLANATORY STATEMENT FOR THE INTELLIGENCE AUTHORIZATION ACT FOR FISCAL YEAR 2017

Mr. BURR. Mr. President, this explanation reflects the status of negotiations and disposition of issues reached between the House Permanent Select Committee on Intelligence and the Senate Select Committee on Intelligence.

The explanation shall have the same effect with respect to the implementation of this act as if it were a joint explanatory statement of a conference committee. The explanation comprises three parts: an overview of the application of the annex to accompany this statement, unclassified congressional direction, and a section-by-section analysis of the legislative text.

I ask unanimous consent that the joint explanatory statement for the Intelligence Authorization Act for fiscal year 2017 be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

DIVISION N—INTELLIGENCE AUTHORIZATION ACT FOR FISCAL YEAR 2017

The following is the explanation of the Intelligence Authorization Act for Fiscal Year 2017.

This explanation reflects the status of negotiations and disposition of issues reached between the House Permanent Select Committee on Intelligence and the Senate Select Committee on Intelligence (hereinafter, ''the Agreement''). The explanation shall have the same effect with respect to the implementation of this Act as if it were a joint explanatory statement of a conference committee.

The explanation comprises three parts: an overview of the application of the annex to accompany this statement; unclassified congressional direction; and a section-by-section analysis of the legislative text.

PART I: APPLICATION OF THE CLASSIFIED ANNEX

The classified nature of U.S. intelligence activities prevents the congressional intelligence committees from publicly disclosing many details concerning the conclusions and recommendations of the Agreement. Therefore, a classified Schedule of Authorizations and a classified annex have been prepared to describe in detail the scope and intent of the congressional intelligence committees' actions. The Agreement authorizes the Intelligence Community (IC) to obligate and expend funds not altered or modified by the classified Schedule of Authorizations as requested in the President's budget, subject to modification under applicable reprogramming procedures.

The classified annex is the result of negotiations between the House Permanent Select Committee on Intelligence and the Senate Select Committee on Intelligence. It reconciles the differences between the committees' respective versions of the bill for the National Intelligence Program (NIP) and the

Homeland Security Intelligence Program (HSIP) for Fiscal Year 2017. The Agreement also makes recommendations for the Military Intelligence Program (MIP), and the Information Systems Security Program (ISSP), consistent with the National Defense Authorization Act for Fiscal Year 2017, and provides certain direction for these two programs.

The Agreement supersedes the classified annexes to the reports accompanying: H.R. 5077, as passed by the House on May 24, 2016; H.R. 6393, as passed by the House on November 20, 2016; H.R. 6480, as passed by the House on December 8, 2016; S. 3017, as reported by the Senate Select Committee on Intelligence on June 6, 2016; and S. 133, as reported by the Senate Select Committee on Intelligence on January 20, 2017. All references to the House-passed and Senate-reported annexes are solely to identify the heritage of specific provisions.

The classified Schedule of Authorizations is incorporated into the bill pursuant to Section 102. It has the status of law. The classified annex supplements and adds detail to clarify the authorization levels found in the bill and the classified Schedule of Authorizations. The classified annex shall have the same legal force as the report to accompany the bill.

PART II: SELECT UNCLASSIFIED CONGRESSIONAL DIRECTION

Managing intelligence community personnel

This Agreement by the congressional intelligence committees accepts the Senate's recommendations that IC elements should build, develop, and maintain a workforce appropriately balanced among its civilian, military and contractor workforce sectors to meet the missions assigned to it in law and by the president. The Agreement recognizes that the size and shape of the IC's multi-sector workforce should be based on mission needs, and encourages the IC to adjust its reliance on contractors when appropriate, both as a matter of general policy and as a way to conserve resources. The flexibility afforded in this provision should support this position. In addition, section 103 provides an increase in the number of civilian personnel authorized in the Schedule of Authorizations for the purposes of such contractor conversions in the interim for the remainder of fiscal year 2017. Nothing precludes the Congress from addressing the end strength for any element or office of the IC in the annual authorization bills.

Therefore, the committees direct that the ODNI provide the congressional intelligence committees briefings on the workforce initiative as directed in section 306, beginning July 1, 2017, and each 120 days thereafter until July 1, 2018, with benchmarks and milestones, for IC elements to manage a multi-sector workforce without personnel ceilings starting in fiscal year 2019. The ODNI, in coordination with the IC elements, shall establish a common methodology for collecting and reporting data, and include new exhibits in the annual congressional budget justification books that display full-time equivalents (government civilians, core contractors, non-core contractors, and military personnel), by program, expenditure center and project.

In the absence of authorized position ceiling levels, agencies will be bound to authorized and appropriated personal services funding levels.

Further, the transfer of non-personal services funding in below-threshold reprogramming is a concern to the committees. Therefore, the committees direct agencies to provide a written notification to the committees of any realignment and/or reprogramming of funding between personal services and non-personal services.

Commercial Geospatial Intelligence Strategy

The congressional intelligence committees applaud the National Geospatial-Intelligence Agency (NGA) for issuing its October 2015 Commercial Geospatial Intelligence (GEOINT) Strategy, which states a goal of fostering a ''more diverse, resilient, agile, and responsive GEOINT program that provides seamless user access to the best mix of commercial GEOINT . . . to fulfill National System for Geospatial-Intelligence (NSG) and Allied System for Geospatial-Intelligence (ASG) mission needs.'' The committees also find merit in the NGA's ''GEOINT Pathfinder'' project, which seeks to maximize the use of unclassified and commercially available data sources that can be easily and rapidly shared with a variety of military, United States and allied government, and non-government customers, and supports the project's continuation and expansion.

The committees further commend the NGA for pursuing new methods of intelligence collection and analysis to inform, complement, and add to its support of warfighter requirements by looking to emerging commercial technology providers, including small satellite companies, which hold the promise of rapid technological innovation and potentially significant future cost savings to the U.S. taxpayer. The committees further encourage the Director of the NGA to ensure sufficient funding is available to acquire new, unclassified sources, including commercial satellite imagery providing unprecedented global persistence, as well as products and services that provide information and context about changes relevant to geospatial intelligence. The committees also encourage the NGA to pursue new business models, including commercial acquisition practices, to enable the NGA's access to data, products, and services in ways consistent with best commercial practices.

The committees fully support the NGA's course of action in partnering with the commercial GEOINT industry to meet future warfighter intelligence requirements, while recognizing the need to take appropriate steps to protect national security, and encourage the Director of the NGA and the Under Secretary of Defense for Intelligence to keep the committees informed of their progress in implementing this strategy. Therefore, this Agreement directs the Department of Defense (DoD), in building future-year budgets, to ensure continued funding is provided for implementation, through at least Fiscal Year 2021, of the Commercial Geospatial Intelligence Strategy issued by the NGA in October 2015.

Space Launch Facilities

The congressional intelligence committees continue to believe it is critical to preserve a variety of launch range capabilities to support national security space missions. Spaceports or launch and range complexes may provide capabilities to reach mid-to-low or polar-to-high inclination orbits. The committees believe an important component of this effort may be state-owned and operated spaceports that are commercially licensed by the Federal Aviation Administration, which leverage non-federal public and private investments to bolster U.S. launch capabilities. Additionally, the committees believe that these facilities may be able to provide additional flexibility and resilience to the Nation's launch infrastructure, especially as the nation considers concepts such as the reconstitution of satellites to address the growing foreign counterspace threat. The committees note recent testimony by the Chief of Staff of the U.S. Air Force, General Mark Welsh, who stated,

As we look at this space enterprise and how we do it differently in the future, as we look more at disaggregation, microsats, cube sats, small sats, things that don't have to go from a large launch complex all the time, I think proliferating launch complexes is probably going to be a natural outshoot of this. I think it's commercially viable, it may be a way for companies to get into the launch business who could not afford to get into it or don't see a future in it and for large national security space launches, but I think this has got to be part of the strategy that this whole national team puts together as we look to the future.

Therefore, the Agreement directs the IC, in partnership with the U.S. Air Force, to consider the role and contribution of spaceports or launch and range complexes to our national security space launch capacity, and directs the Office of the Director of National Intelligence, in consultation with the Department of Defense and the U.S. Air Force, to brief the congressional intelligence committees on their plans to utilize such facilities within 90 days of enactment of this Act.

National Reconnaissance Office Workforce Optimization Strategy

The congressional intelligence committees have had longstanding interest in, and support for, a permanent government cadre to provide the National Reconnaissance Office (NRO) with a stable, expert acquisition workforce. The committees applaud the substantial progress that the NRO has made in the past year in this regard. The committees have parallel interests in providing the IC with flexibility to manage a multi-sector workforce and in continuing the reduction in the reliance on contractors.

Therefore, the Agreement directs the NRO to conduct a workforce review to optimize the mix between government civilians and contractors and report to the committees with a strategy within 90 days of enactment of this Act.

Guidance and reporting requirement regarding interactions between the intelligence community and entertainment industry.

The congressional intelligence committees believe that there are important, valid reasons for elements of the IC to engage with the entertainment industry, among other things to ensure the correction of inaccuracies, demonstrate the IC's commitment to transparency, and to ensure that the IC recruits and retains highly qualified personnel to the fullest extent possible. The committees further believe that IC engagement with the entertainment industry should be conducted in the most cost effective and deliberate fashion possible, while ensuring that classified information is protected from unauthorized disclosure.

These engagements—some of which have been described in partially-declassified inspector general reports—cost taxpayer dollars, raise potential ethics concerns, increase the risk of disclosure of classified information, and consume the time and attention of IC personnel responsible for United States national security. Neither the production of entertainment nor the self-promotion of IC entities are legitimate purposes for these engagements.

Review of the National Intelligence University

The National Intelligence University (NIU) has made significant progress in recent years in its transition from a defense intelligence college to a national intelligence university that provides advanced education in a classified format. Such advanced education is integral to making intelligence a profession with recognized standards for performance and ethics and fostering an integrated IC workforce. While progress has been significant since the Director of National Intelligence (DNI) and Secretary of Defense

agreed to redesignate Defense Intelligence Agency's (DIA) National Defense Intelligence College as NIU in 2011, the institution must continue to adapt to functioning as a university with a robust research agenda, and to serving the entire IC, not just elements of DoD.

Fiscal years 2017 and 2018 are of great significance for NIU, as it moves its principal facility to the IC Campus at Bethesda, completes activities associated with its 2018 decennial regional accreditation reaffirmation, and receives a new president. The congressional intelligence committees believe that these developments position NIU to make further progress in its vision to become the center of academic life for the IC.

To guide these next steps, the Agreement directs DIA, in coordination with ODNI and the Office of the Under Secretary of Defense for Intelligence, to, no later than 30 days after enactment of this Act, select a five member, external, and independent panel to conduct a review of NIU. The panel shall submit a report detailing the results of such review to the congressional intelligence and defense committees within 180 days of enactment of this Act. The panel should be composed of recognized academics, personnel from other DoD joint professional military education institutions, national security experts, and at least one member of NIU's Board of Visitors.

This review and the resulting report shall, among other things, assess:

(1) Methods for ensuring a student body that is more representative of all IC elements;

(2) Incentives for IC elements to send personnel to NIU to earn a degree or certificate, to include designating attendance at NIU as positions reimbursable by ODNI and requiring IC elements to employ the workforce concept of ''float'' for personnel enrolled in higher-education programs;

(3) How certificate programs align with NIU's unique value as an institution of advanced intelligence education;

(4) Methods to enhance NIU's research program, to include publication of a journal, hosting of conferences and other collaborative fora, and more formalized relationships with intelligence studies scholars;

(5) Whether and how educational components of other IC elements could provide educational offerings as part of the NIU curriculum;

(6) Potential advantages and risks associated with alternative governance models for NIU, to include moving it under the auspices of ODNI; and

(7) The feasibility and resource constraints of NIU tailoring degree offerings to meet the needs of IC personnel at different stages in their careers, similar to DoD's joint professional military education model.

Cost of living consideration

The congressional intelligence committees are concerned with the high cost of living for military, civilian, and contractor personnel at overseas Combatant Command intelligence centers. Although the committees recognize the benefits of co-locating intelligence analysts with the operational commander, the intelligence centers for both U.S. European Command (USEUCOM) and U.S Africa Command (USAFRICOM) are located over 600 miles from their Combatant Command headquarters. Combatant Commanders based in the United States regularly communicate with forward deployed units, and the USEUCOM and USAFRICOM intelligence centers have developed mechanisms to effectively employ various teleconferencing and virtual communication tools to ensure collaboration across large distances.

The congressional intelligence committees are concerned that despite the utility of these virtual collaboration tools, DoD has not taken action to reduce the number of intelligence personnel stationed in high cost of living areas. These costs can exceed $65,000 per person, per year in annual cost of living allowances compared to the continental United States (CONUS) expenses. The additional costs associated with stationing intelligence personnel in high-cost overseas locations detract from other critical intelligence priorities. The committees are further concerned that DoD does not adequately account for the long-run expense of high costs of living when selecting locations for intelligence facilities.

Therefore, the Agreement directs the DIA to evaluate alternate mechanisms for staffing overseas Combatant Command intelligence centers, particularly those that are not co-located with Combatant Command headquarters, and to identify cost-savings opportunities by shifting personnel to lower cost locations, including in the continental United States.

Defense Intelligence Agency education opportunities

DIA presently allows DIA employees to receive pay for a single year only while attending certain graduate degree programs on a full-time basis. Employees may pursue such opportunities at the National Intelligence University and similar institutions; and, in certain circumstances, also at public and private civilian universities. However, the one-year limit discourages DIA personnel from pursuing multi-year graduate degree programs. Expanding DIA's program to allow highly qualified DIA employees to pursue multi-year graduate degree programs from accredited civilian universities would further improve retention, recruitment, and foster diversity of thought at DIA.

Therefore, the Agreement directs DIA, no later than 180 days after the enactment of this Act, to:

(1) Provide for and fund a program that allows for DIA employees to attend civilian graduate degree programs for up to two years each, based on the standard length of the relevant program, provided that:

(a) Where DIA deems appropriate, employees may pursue academic programs extending beyond two years. Consistent with current practices, the program should be made available to at least five employees each year, with each employee receiving a full-time salary while participating in the program; and

(b) Each DIA participant shall be subject to any program approvals, service obligations, repayment obligations, and other requirements pertaining to academic programs, as prescribed by applicable laws and policies.

(2) Brief the congressional intelligence committees on the status of the program's implementation.

Mental health prevalence

The congressional intelligence committees are committed to supporting the men and women of the IC, who bravely risk their lives serving their country as civilians in conflict zones and other dangerous locations around the world. These individuals often serve next to their military counterparts in areas of active hostilities. As such, they are often exposed to many of the emotional stresses generally associated with a tour of duty abroad. The committees believe there are deficiencies and inconsistencies in the pre- and post-deployment mental health and wellness services available to civilian employees.

Therefore, the Agreement directs the National Security Agency (NSA), NGA, the Central Intelligence Agency (CIA), and DIA, no later than 180 days after the enactment of this Act, to provide a joint briefing to the congressional intelligence committees on the mental health screenings and related services that these agencies offer employees, both before and after they deploy to combat zones. Such briefing shall include a description of:

(1) Existing services available;

(2) Agency resources for and analysis of these services, including the frequency of use by employees compared to the total number returning from deployment; and

(3) How agencies with deployed civilian employees are sharing best practices and leveraging services or resources outside their agencies.

Review of the Office of the Director of National Intelligence

It has been more than ten years since the Congress established the position of the Director of National Intelligence (DNI) in the Intelligence Reform and Terrorism Prevention Act of 2004, building on its predecessor, the Director of Central Intelligence. Given this experience and the evolving security environment, the committees believe it appropriate to review the DNI's roles, missions and functions and adapt its authorities, organization and resources as needed.

Therefore, the Agreement directs the President to form an independent, external panel of at least five individuals with significant intelligence and national security expertise to review ODNI's roles, missions and functions and make recommendations, as needed, regarding its authorities, organization and resources. The panel shall:

(1) Evaluate ODNI's ability to fulfill the responsibilities assigned to it in law given its current scope and structure;

(2) Assess whether any roles and responsibilities currently assigned to the DNI could be more effectively or efficiently executed by other IC components or government agencies outside the IC;

(3) Analyze the personnel, funding, and authorities required for each component of ODNI to perform each of its assigned responsibilities;

(4) Evaluate the organizational structure of ODNI;

(5) Review the size, role, purpose and function of ODNI's mission centers;

(6) Assess the value of the national intelligence manager construct;

(7) Review the size and mix of the ODNI workforce—to include the ratio between cadre and detailees, the balance between government and contractors, and grade structure—to perform its roles, missions and functions; and

(8) Make recommendations regarding the above.

The Agreement directs the President, no later than 30 days after the enactment of this Act, to select the individuals who will serve on the external panel and notify the congressional intelligence committees of such selection.

In addition, the Agreement directs the panel, no later than 180 days after the enactment of this Act, to provide a report on this review to the congressional intelligence committees. This report shall be unclassified, but may contain a classified annex. The Agreement further directs ODNI to reimburse the Executive Office of the President for any costs associated with the review.

Improving pre-publication review

The congressional intelligence committees are concerned that current and former IC personnel have published written material without completing mandatory pre-publication review procedures or have rejected changes required by the review process, resulting in the publication of classified information. The committees are particularly

troubled by press reports suggesting that officials are unaware of the existence or scope of pre-publication review requirements.

The committees are also aware of the perception that the pre-publication review process can be unfair, untimely, and unduly onerous—and that these burdens may be at least partially responsible for some individuals ''opting out'' of the mandatory review process. The committees further understand that IC agencies' pre-publication review mechanisms vary, and that there is no binding, IC-wide guidance on the subject.

The committees believe that all IC personnel must be made aware of pre-publication review requirements and that the review process must yield timely, reasoned, and impartial decisions that are subject to appeal. The committees also believe that efficiencies can be identified by limiting the information subject to pre-publication review, to the fullest extent possible, to only those materials that might reasonably contain or be derived from classified information obtained during the course of an individual's association with the IC. In short, the pre-publication review process should be improved to better incentivize compliance and to ensure that personnel fulfill their commitments.

Therefore, the Agreement directs that, no later than 180 days after the enactment of this Act, the DNI shall issue an IC-wide policy regarding pre-publication review. The DNI shall transmit this policy to the congressional intelligence committees concurrently with its issuance. The policy should require each IC agency to develop and maintain a pre-publication policy that contains, at a minimum, the following elements:

(1) Identification of the individuals subject to pre-publication review requirements (''covered individuals'');

(2) Guidance on the types of information that must be submitted for pre-publication review, including works (a) unrelated to an individual's IC employment; or (b) published in cooperation with a third party, e.g.—

(a) Authored jointly by covered individuals and third parties;

(b) Authored by covered individuals but published under the name of a third party; or

(c) Authored by a third party but with substantial input from covered individuals.

(3) Guidance on a process by which covered individuals can participate in pre-publication reviews, and communicate openly and frequently with reviewers;

(4) Requirements for timely responses, as well as reasoned edits and decisions by reviewers;

(5) Requirements for a prompt and transparent appeal process;

(6) Guidelines for the assertion of interagency equities in pre-publication review;

(7) A summary of the lawful measures each agency may take to enforce its policy, to include civil and criminal referrals; and

(8) A description of procedures for post-publication review of documents that are alleged or determined to reveal classified information but were not submitted for pre-publication review.

Additionally, the Agreement directs ODNI, no later than 180 days after the enactment of this Act, to provide to the congressional intelligence committees a report on the adequacy of IC information technology efforts to improve and expedite pre-publication review processes, and the resources needed to ensure that IC elements can meet this direction.

The Agreement further directs the DNI, no later than 270 days after the enactment of this Act, to certify to the congressional intelligence committees that IC elements' pre-publication review policies, non-disclosure agreements, and any other agreements imposing pre-publication review obligations reflect the policy described above.

Student loan debt report

IC components need to be able to recruit talented young professionals. However, the soaring cost of college and post-graduate education in the United States is causing many young people to forgo public service in favor of career opportunities with more competitive pay or loan forgiveness benefits.

Therefore, the Agreement directs ODNI, no later than 180 days after the enactment of this Act, to provide a report to the congressional intelligence committees on programs that seek to help IC personnel manage student loan debt. The report shall include details about each IC element's program, including loan forgiveness, loan repayment, and financial counseling programs; efforts to inform prospective and current employees about such programs; and the number of employees who use such programs. The report shall also include an analysis of the benefits and drawbacks of creating new programs and expanding existing programs, and shall identify any barriers to the establishment of IC-wide programs.

Workforce development partnership

The congressional intelligence committees have long promoted novel recruiting, hiring, and retention practices, especially with respect to highly expert, highly sought-after Science, Technology, Engineering, and Math (STEM) students and professionals. Despite these efforts, the IC continues to struggle with meeting STEM recruitment, hiring, and retention goals inside the IC.

The committees are therefore encouraged to learn that the IC is considering new and creative practices in this regard. For example, the committees were intrigued by the Pacific Northwest National Laboratory's (PNNL) budding Workforce Development Partnership with the CIA. Partnerships like this may allow IC agencies to leverage PNNL's robust employee recruiting network and seek out STEM students who might not otherwise consider IC employment.

Similarly, to address concerns that potential hires will accept other job offers while awaiting clearances, NGA has a program to allow interim hires to work on unclassified projects until clearances are adjudicated. In addition, several IC agencies have instituted a unique pay scale for their junior STEM workforce. The committees recognize the benefits of these initiatives, and believes that such efforts could have wider applicability across the IC.

Therefore, the Agreement directs the DNI Chief Human Capital Officer, no later than 180 days after the enactment of this Act, to provide to the congressional intelligence committees an interagency briefing on new approaches, including outreach and advertising, the IC is considering or conducting to attract a diverse, robust Science, Technology, Engineering, and Math and information technology workforce to meet the increasing demands in the IC.

Distributed Common Ground/Surface System-Army

The congressional intelligence committees believe the Distributed Common Ground/Surface System-Army (DCGS–A) provides operational and tactical commanders with enhanced, state-of-the-art intelligence, surveillance, and reconnaissance (ISR) tasking, processing, exploitation, and dissemination capabilities and connectivity to the defense intelligence information enterprise. DCGS–A is a critical tool for enabling military intelligence warfighters to process, fuse, and exploit data. In the past, the Army has struggled to keep pace for pre-deployment and in-theater training for DCGS–A. However, training for military intelligence analysts must be prioritized in the pre-deployment readiness cycle to ensure that those using this intelligence tool can effectively utilize its capabilities.

The Army has fielded over 95 percent of DCGS-A Increment 1 systems, with mixed results and often negative feedback from the users. The Army is in the process of fielding Increment 1, Release 2, which will address many of the initial concerns and deficiencies of Increment 1. The committees remain concerned that the Army has not sufficiently planned for user training in support of the release of Increment 1, Release 2 to operational users.

Therefore, the congressional intelligence committees request that the Army, no later than 90 days after the enactment of this Act, submit a plan to the congressional intelligence and defense committees on how the Army will fully incorporate Distributed Common Ground/Surface System-Army (DCGS-A) training into the readiness cycle for Army personnel. The plan should specifically address any lessons learned from the fielding of DCGS-A Increment 1 and any ongoing corrective actions to improve the rollout of Increment 1, Release 2.

Common controller for unmanned aircraft systems

The congressional intelligence committees support the Army's efforts to develop a common controller for the RQ–7A/B Shadow and the RQ–11B Raven tactical unmanned aerial vehicles. However, the committees are concerned that the Army is not collaborating with the Marine Corps on similar efforts to develop a ground controller for the Marine Corps family of tactical unmanned aerial systems (UAS), including the RQ–11B Raven, the RQ–12A Wasp, and the RQ–20A Puma.

Therefore, the Agreement requests that the Army and the Marine Corps Intelligence Activity (MCIA), no later than 90 days after the enactment of this Act, jointly submit a report to the congressional intelligence and defense committees on the feasibility of developing a common controller for all Brigade and Below unmanned aircraft systems (UAS) airframes, as well as U.S. Marine Corps small unit UAS. The report should address the potential performance and operational benefits of a common controller, anticipated development costs, and anticipated life-cycle cost savings of a common controller.

Review of dual-hatting relationship

The congressional intelligence committees support further evaluation of the dual-hatting of a single individual as both Commander of U.S. Cyber Command (USCYBERCOM) and Director of the National Security Agency (DIRNSA).

Therefore, the Agreement directs the Secretary of Defense, no later than 90 days after the enactment of this Act, to provide to the congressional intelligence and defense committees a briefing that reviews and provides an assessment of the dual-hatting of DIRNSA and Commander, USCYBERCOM. This briefing should address:

(1) Roles and responsibilities, including intelligence authorities, of USCYBERCOM and NSA;

(2) Assessment of the current impact of the dual-hatting relationship, including advantages and disadvantages;

(3) Plans and recommendations on courses of action that would be necessary to end the dual-hatting of DIRNSA and Commander, USCYBERCOM, which satisfy Section 1642 of the conference report accompanying S. 2943, the National Defense Authorization Act for Fiscal Year 2017;

(4) Suggested timelines for carrying out such courses of action;

(5) Recommendations for any changes in law that would be required by the end of dual-batting; and

(6) Any additional topics as identified by the intelligence and defense committees.

The congressional intelligence committees further believe that a larger organizational review of NSA should be conducted with respect to the eventual termination of the dual-hatting relationship. The congressional intelligence committees seek to promote the efficient and effective execution of NSA's national intelligence mission. Specifically, the congressional intelligence committees believe that the organization of NSA should be examined to account for the evolution of its mission since its establishment, the current structure of the intelligence community, and the fact that the NSA is predominantly funded through the NIP.

Therefore, the Agreement further directs the DNI, no later than 120 days after the enactment of this Act, to conduct an assessment and provide a briefing to the congressional intelligence committees on options to better align the structure, budgetary procedures, and oversight of NSA with its national intelligence mission in the event of a termination of the dual-batting relationship. This briefing should include:

(1) An assessment of the feasibility of transitioning NSA to civilian leadership appointed by the DNI in lieu of military leadership appointed by the Secretary of Defense;

(2) How NSA could be organizationally separated from DoD if USCYBERCOM were elevated to become a unified combatant command; and

(3) Any challenges, such as those requiring changes in law, associated with such a separation.

Acquisition security improvement

The congressional intelligence committees remain concerned about supply chain and cybersecurity vulnerabilities in the IC. The committees believe the IC should implement a more comprehensive approach to address these vulnerabilities, particularly during the acquisition process. However, ICD 801, the IC guideline governing the acquisition process, is outdated and must be revised to reflect current risks. In particular, despite issuance of ICD 731, *Supply Chain Risk Management*, in 2013, ICD 801 has not been updated to reflect this policy nor does it include consideration of cybersecurity vulnerabilities and mitigation.

Therefore, the Agreement directs ODNI, no later than 180 days after the enactment of this Act, to review and consider amendments to Intelligence Community Directive (ICD) 801 to better reflect and anticipate supply chain and cybersecurity risks and threats, as well as to outline policies to mitigate both risks and threats. In particular, the review should examine whether to:

(1) Expand risk management criteria in the acquisition process to include cyber and supply chain threats;

(2) Require counterintelligence and security assessments as part of the acquisition and procurement process;

(3) Propose and adopt new education requirements for acquisition professionals on cyber and supply chain threats; and

(4) Factor in the cost of cyber and supply chain security.

The Agreement further directs ODNI, no later than 210 days after the enactment of this Act, to provide to the congressional intelligence committees a report describing the review, including ODNI's process for considering amendments to ICD 801, and specifically addressing ODNI's analysis and conclusions with respect to paragraphs (1) through (4) above.

Cyber information sharing and customer feedback

The congressional intelligence committees commend NSA's new policies and procedures to facilitate greater information sharing of cyber threat indicators and defensive measures with the Department of Homeland Security (DHS) at the unclassified level.

With the recent enactment of the Cybersecurity Act of 2015, which encourages greater information sharing between private sector stakeholders, as well as with government entities, the committees believe the next step is to ensure the entire IC is working to disseminate timely, actionable information to private sector stakeholders so they can better protect their information technology networks. The vast majority of U.S. networks reside in the private sector, and it is good governance to ensure that those networks are safe and secure for the general public.

The committees appreciate that the IC has begun efforts to increase unclassified cyber threat sharing. Because an increase in the quantity of reporting does not necessarily indicate effectiveness or usefulness, this Committee continues to monitor the quality of the information distributed.

Therefore, the Agreement directs ODNI, no later than 120 days after the enactment of this Act, to brief the congressional intelligence committees on IC-wide efforts to share more information with the Department of Homeland Security (DHS) for further dissemination to the private sector. This briefing shall specifically address types of information shared, metrics on output, tabulation of low output producing agencies, recommendations on how low output agencies can increase sharing, timeliness of information shared, and average total time it takes for information to transit the system.

The Agreement also directs ODNI, in coordination with the DHS Office of Intelligence and Analysis (I&A), to conduct a survey of government and private sector participants of the National Cybersecurity and Communications Integration Center (NCCIC). The survey shall be anonymous, provide an accurate assessment of the usefulness and timeliness of the data received, and determine if customers are satisfied with intelligence briefings on threat actors impacting their specific industry. The Agreement further directs ODNI, no later than one year after the enactment of this Act, to provide to the congressional intelligence and homeland security committees an unclassified report detailing the results of this survey.

Department of Homeland Security utilization of National Labs expertise

The congressional intelligence committees believe that the Department of Energy (DOE) National Labs represent a unique and invaluable resource for the government and the IC in particular.

Therefore, the Agreement directs, no later than 180 days after the enactment of this Act, DHS I&A, in coordination with DOE Office of Intelligence and Counterintelligence (DOE–IN), to provide to the congressional intelligence committees a report on the current utilization of Department of Energy (DOE) National Labs expertise by DHS I&A. This report should address opportunities to increase DHS I&A's utilization of cybersecurity expertise of the National Labs as well as the budgetary implications of taking advantage of these potential opportunities.

Cybersecurity courses for Centers of Academic Excellence

The congressional intelligence committees are concerned by a recent analysis from a security firm, which determined that not one of the nation's leading undergraduate computer science programs requires students to take a cybersecurity course before graduating. Cybersecurity depends on IC professionals having a strong understanding of the cyber threat and how to mitigate it—which in turn requires a strong academic background. NSA and DHS cosponsor the Centers of Academic Excellence (CAE) in Cyber Defense program, which includes an emphasis on basic cybersecurity. Nevertheless, even some CAE-designated institutions lack cybersecurity course prerequisites in their computer science curricula.

Therefore, the Agreement directs ODNI, no later than 180 days after the enactment of this Act, to submit to the congressional intelligence committees a report on improving cybersecurity training within NIP-funded undergraduate and graduate computer science programs. The report should specifically address:

(1) The potential advantages and disadvantages of conditioning an institution's receipt of such funds on its computer science program's requiring cybersecurity as a precondition to graduation;

(2) How Centers of Academic Excellence programs might bolster cybersecurity educational requirements; and

(3) Recommendations to support the goal of ensuring that federally-funded computer science programs properly equip students to confront future cybersecurity challenges.

PART III: SECTION-BY-SECTION ANALYSIS AND EXPLANATION OF LEGISLATIVE TEXT

The following is a section-by-section analysis and explanation of the Intelligence Authorization Act for Fiscal Year 2017.

TITLE I—INTELLIGENCE ACTIVITIES

Section 101. Authorization of appropriations

Section 101 lists the United States Government departments, agencies, and other elements for which the Act authorizes appropriations for intelligence and intelligence-related activities for Fiscal Year 2017.

Section 102. Classified Schedule of Authorizations

Section 102 provides that the details of the amounts authorized to be appropriated for intelligence and intelligence-related activities and the applicable personnel levels by program for Fiscal Year 2017 are contained in the classified Schedule of Authorizations and that the classified Schedule of Authorizations shall be made available to the Committees on Appropriations of the Senate and House of Representatives and to the President.

Section 103. Personnel ceiling adjustments

Section 103 provides that the DNI may authorize employment of civilian personnel in Fiscal Year 2017 in excess of the number of authorized positions by an amount not exceeding three percent of the total limit applicable to each IC element under Section 102, and ten percent of the number of civilian personnel authorized under such schedule for the purposes of contractor conversions. The DNI may do so only if necessary to the performance of important intelligence functions.

Section 104. Intelligence Community Management Account

Section 104 authorizes appropriations for the Intelligence Community Management Account (ICMA) of the DNI and sets the authorized personnel levels for the elements within the ICMA for Fiscal Year 2017.

TITLE II—CENTRAL INTELLIGENCE AGENCY RETIREMENT AND DISABILITY SYSTEM

Section 201. Authorization of appropriations

Section 201 authorizes appropriations in the amount of $514,000,000 for Fiscal Year 2017 for the Central Intelligence Agency Retirement and Disability Fund.

TITLE III—GENERAL INTELLIGENCE COMMUNITY MATTERS

Section 301. Restriction on conduct of intelligence activities.

Section 301 provides that the authorization of appropriations by the Act shall not be deemed to constitute authority for the conduct of any intelligence activity that is not otherwise authorized by the Constitution or laws of the United States.

Section 302. Increase in employee compensation and benefits authorized by law.

Section 302 provides that funds authorized to be appropriated by the Act for salary, pay, retirement, and other benefits for federal employees may be increased by such additional or supplemental amounts as may be necessary for increases in compensation or benefits authorized by law.

Section 303. Support to nonprofit organizations assisting intelligence community employees.

Section 303 permits the DNI to engage in fundraising in an official capacity for the benefit of nonprofit organizations that provide support to surviving family members of a deceased employee of an element of the IC or otherwise provide support for the welfare, education, or recreation of IC employees, former employees, or their family members. Section 303 requires the DNI to issue regulations ensuring that the fundraising authority is exercised consistent with all relevant ethical limitations and principles. Section 303 further requires that the DNI and the Director of the CIA notify the congressional intelligence committees within seven days after they engage in such fundraising.

Section 304. Promotion of science, technology, engineering, and mathematics education in the intelligence community.

Section 304 requires the DNI to submit a five-year investment strategy for outreach and recruiting efforts in the fields of science, technology, engineering, and mathematics (STEM), to include cybersecurity and computer literacy. Section 304 further requires elements of the IC to submit STEM investment plans supporting this strategy for each of the fiscal years 2018 through 2022, along with the materials justifying the budget request of each element for these STEM recruiting and outreach activities.

Section 305. Retention of employees of the intelligence community who have science, technology, engineering, or mathematics expertise.

Section 305 authorizes a new payscale to permit salary increases for employees in the IC with STEM backgrounds. Section 305 also requires notifications to individual employees if a position is removed from this new payscale. Section 305 further requires the head of each IC element to submit to the congressional intelligence committees a report on the new rates of pay and number of positions authorized under this payscale.

Section 306. Management of intelligence community personnel

Section 306 prohibits the Congress's use of government personnel ceilings in the management of the IC workforce starting in Fiscal Year 2019. Section 306 requires the DNI to provide briefings on the IC's initiative to maintain both employees and contractors within the IC, as well as both a briefing and a report on the methodology, cost analysis tool, and implementation plans. Section 306 further requires the IC IG to provide a written report on the accuracy of IC workforce data. This section will align the IC's management of personnel consistent with the practices of the Department of Defense and other federal agencies.

Section 307. Modifications to certain requirements for construction of facilities

Section 307 clarifies that the requirement to notify the congressional intelligence committees of improvement projects with an estimated cost greater than $1,000,000 for facilities used primarily by IC personnel includes repairs and modifications.

Section 308. Guidance and reporting requirement regarding interactions between the intelligence community and entertainment industry.

Section 308 requires the DNI to issue public guidance regarding engagements by elements of the Intelligence Community with entertainment industry entities. The guidance will include DNI providing an annual report to the congressional intelligence committees detailing interactions between the IC and the entertainment industry. Section 308 also requires the report to include a description of the nature, duration, costs, benefits, and results of each engagement, as well as a determination that each engagement did not result in a disclosure of classified information and whether any information was declassified for the disclosure. Section 308 further requires that before an IC element may engage with the entertainment industry, the head of that element must approve the proposed engagement. Contractual relationships for professional services and technical expertise are exempt from these reporting requirements.

Section 309. Protections for independent inspectors general of elements of the intelligence community.

Section 309 requires the ODNI to develop and implement a uniform policy for each identified Inspector General (IG) office in the IC to better ensure their independence. The provision specifies elements to be incorporated in such a policy including (a) guidance regarding conflicts of interest, (b) standards to ensure independence, and (c) a waiver provision. Section 309 further prohibits the DNI from requiring an employee of an OIG to rotate to a position in the element for which such office conducts oversight.

Section 310. Congressional oversight of policy directives and guidance.

Section 310 requires the DNI to submit to the congressional intelligence committees notifications and copies of any classified or unclassified Presidential Policy Directive, Presidential Policy Guidance, or other similar policy document issued by the President which assigns tasks, roles, or responsibilities to the IC, within the specified timeframes. Section 310 further requires the Director to notify the congressional intelligence committees of guidance to implement such policies.

Section 311. Notification of memoranda of understanding.

Section 311 requires the head of each element of the IC to submit to the congressional intelligence committees copies of each memorandum of understanding or other agreement regarding significant operational activities or policy entered into between or among such element and any other entity or entities of the federal government within specified timeframes.

Section 311 does not require an IC element to submit to the congressional intelligence committees any memorandum or agreement that is solely administrative in nature, including a memorandum or agreement regarding joint duty or other routine personnel assignments. An IC element also may redact any personally identifiable information from a memorandum or agreement which must be submitted to the intelligence committees.

Section 312. Technical correction to Executive Schedule

Section 312 contains a technical correction regarding the annual rate of basic pay for the Director of the National Counter Proliferation Center.

Section 313. Maximum amount charged for declassification reviews

Section 313 prohibits the head of an element of the IC from charging reproduction fees for a mandatory declassification review in excess of reproduction fees that the head would charge for a request for information under the Freedom of Information Act (FOIA). It also permits agency heads to waive processing fees for declassification reviews in the same manner as for FOIA.

TITLE IV—MATTERS RELATING TO ELEMENTS OF THE INTELLIGENCE COMMUNITY

Subtitle A—Office of the Director of National Intelligence

Section 401. Designation of the Director of the National Counterintelligence and Security Center.

Section 401 renames the National Counterintelligence Executive as the ''National Counterintelligence and Security Center,'' with conforming amendments.

Section 402. Analyses and impact statements by Director of National Intelligence regarding proposed investment into the United States.

Section 402 directs the DNI to submit to the congressional intelligence committees, after the completion of a review or an investigation of any proposed investment into the United States, any analytic materials prepared by the DNI. This requirement includes, but is not limited to, national security threat assessments provided to the Committee on Foreign Investment in the United States (CFIUS) in connection with national security reviews and investigations conducted by CFIUS pursuant to Section 721(b) of the Defense Production Act of 1950 (50 U.S.C. §4565). This section is not intended to limit the ability of the DNI to transmit supplementary materials to the congressional intelligence committees along with the threat assessments.

Section 402 also directs the DNI to provide the committees with impact statements when the DNI determines a proposed investment into the United States will have an operational impact on the IC.

Section 403. Assistance for governmental entities and private entities in recognizing online violent extremist content

Section 403 requires the DNI to publish on a publicly available Internet website a list of all logos, symbols, insignia, and other markings commonly associated with, or adopted by, State Department-designated foreign terrorist organizations.

Subtitle B—Central Intelligence Agency

Section 411. Enhanced death benefits for personnel of the Central Intelligence Agency.

Section 411 authorizes the Director of the CIA to pay death benefits substantially similar to those authorized for members of the Foreign Service, and requires the Director to submit implementing regulations to the congressional intelligence committees.

Section 412. Pay and retirement authorities of the Inspector General of the Central Intelligence Agency.

Section 412 amends the Central Intelligence Agency Act of 1949 to authorize the IG of the CIA to consider certain positions as law enforcement officers for purposes of calculating retirement eligibility and entitlements under chapters 83 and 84 of title 5, United States Code, if such officer or employee is appointed to a position with responsibility for investigating suspected offenses against the criminal laws of the United States. Section 412 may not be construed to confer on the IG of the CIA, or any other officer or employee of the CIA, any police or law enforcement or internal security functions or authorities.

Subtitle C—Other Elements

Section 421. Enhancing the technical workforce for the Federal Bureau of Investigation.

Section 421 requires the Federal Bureau of Investigation (FBI) to produce a comprehensive strategic workforce report to demonstrate progress in expanding initiatives to effectively integrate information technology expertise in the investigative process. Section 421 further requires the report to include: (1) progress on training, recruitment, and retention of cyber-related personnel; (2) an assessment of whether FBI officers with these skill sets are fully integrated in the FBI's workforce; (3) the FBI's collaboration with the private sector on cyber issues; and (4) an assessment of the utility of reinstituting and leveraging the FBI Director's Advisory Board.

Section 422. Plan on assumption of certain weather missions by the National Reconnaissance Office

Section 422 requires the Director of the NRO to develop a plan to carry out certain space-based environmental monitoring missions currently performed by the Air Force. It also authorizes certain pre-acquisition activities and directs that an independent cost estimate be submitted to the congressional intelligence and defense committees. The Director of NRO may waive the requirement of Section 422 if the Under Secretary of Defense for Acquisition, Technology, and Logistics, and the Chairman of the Joint Chiefs of Staff, jointly submit a certification to the congressional intelligence and defense committees.

TITLE V—MATTERS RELATING TO FOREIGN COUNTRIES

Section 501. Committee to counter active measures by the Russian Federation to exert covert influence over peoples and governments.

Nothing in this section shall authorize the Committee to take action with regard to activities protected by the First Amendment. Section 501 requires the President to establish an interagency committee to counter active measures by the Russian Federation that constitute Russian actions to exert covert influence over peoples and governments.

Section 502. Limitation on travel of accredited diplomats of the Russian Federation in the United States from their diplomatic post.

Section 502 requires the Secretary of State, in coordination with the Director of the FBI and the DNI, to establish an advance notification regime governing all Russian Federation accredited diplomatic and consular personnel in the United States, as well as to take action to secure compliance and address noncompliance with the notification requirement. Section 502 also requires the Secretary of State, the Director of the FBI, and the DNI to develop written mechanisms to share such travel information and address noncompliance. Section 502 further requires written reporting to the specified committees detailing the number of notifications, and the number of known or suspected violations of such personnel requirements.

Section 503. Study and report on enhanced intelligence and information sharing with Open Skies Treaty member states.

Section 503 requires the DNI, with support of other federal agencies, to conduct a study to determine the feasibility of creating an intelligence sharing arrangement and database among parties to the Open Skies Treaty (OST) with higher frequency, quality, and efficiency than that currently provided by the parameters of the OST. Section 503 also requires the Director to issue a report that includes an intelligence assessment on Russian Federation warfighting doctrine, the extent to which Russian Federation flights under the Open Skies Treaty contribute to the warfighting doctrine, a counterintelligence analysis as to the Russian Federation's capabilities, and a list of the covered parties that have been updated with this information.

TITLE VI—REPORTS AND OTHER MATTERS

Section 601. Declassification review of information on Guantanamo detainees and mitigation measures taken to monitor the individuals and prevent future attacks.

Section 601 requires the DNI to complete a declassification review of intelligence reports prepared by the National Counterterrorism Center (NCTC) on the past terrorist activities of each Guantanamo detainee, for a detainee's Periodic Review Board (PRB) sessions, transfer, or release from Guantanamo. To the extent a transfer or release preceded the PRB's establishment, or the NCTC's preparation of intelligence reports, Section 601 requires the DNI to conduct a declassification review of intelligence reports containing the same or similar information as the intelligence reports prepared by the NCTC for PRB sessions, transfers, or releases.

Section 601 further requires the President to make any declassified intelligence reports publicly available, including unclassified summaries of measures being taken by the transferee countries to monitor the individual and prevent future terrorist activities. Section 601 requires the DNI to submit to the congressional intelligence committees a report setting forth the results of the declassification review, including a description of covered reports that were not declassified. Section 601 also sets the schedule for such reviews and further defines past terrorist activities to include terrorist organization affiliations, terrorist training, role in terrorist attacks, responsibility for the death of United States citizens or members of the Armed Forces, any admission thereof, and a description of the intelligence supporting the past terrorist activities, including corroboration, confidence level, and any dissent or reassessment by the IC.

Section 602. Cyber Center for Education and Innovation Home of the National Cryptologic Museum.

Section 602 amends 10 U.S.C. §449 to enable the establishment of a Cyber Center for Education and Innovation-Home of the National Cryptologic Museum (the ''Center''). Section 602 also establishes in the Treasury a fund for the benefit and operation of the Center.

Section 603. Report on national security systems.

Section 603 requires the Director of the National Security Agency, in coordination with the Secretary of Defense and Chairman of the Joint Chiefs of Staff to submit to the appropriate congressional committees a report on national security systems.

Section 604. Joint facilities certification.

Section 604 requires that before an element of the IC purchases, leases, or constructs a new facility that is 20,000 square feet or larger, the head of that element must first certify that all prospective joint facilities have been considered, that it is unable to identify a joint facility that meets its operational requirements, and it must list the reasons for not participating in joint facilities in that instance.

Section 605. Leadership and management of space activities.

Section 605 requires the DNI, in consultation with the Secretary of Defense and the Chairman of the Joint Chiefs of Staff, to issue an update to the strategy for a comprehensive review of the United States national security overhead satellite architecture required in the Intelligence Authorization Act for Fiscal Year 2016. Section 605 requires the DNI, in consultation with the Secretary of Defense, to submit a plan to functionally integrate the IC's governance, operations, analysis, collection, policy, and acquisition activities related to space and counterspace. The congressional intelligence committees believe the current fragmented arrangement across the IC does not provide sufficient coherence to meet the threat, fosters duplication, hinders integrated congressional oversight, and impedes effective alignment with the Department of Defense space activities. Section 605 also requires the DNI to submit a workforce plan for space and counterspace operations, policy, and acquisition. Section 605 further requires the Director of the NRO and the Commander of U.S. Strategic Command to submit a concept of operations and requirements documents for the Joint Interagency Combined Space Operations Center, and to conduct quarterly update briefings.

Section 606. Advances in life sciences and biotechnology.

The congressional intelligence committees recognize the rapid advancements in the life sciences and biotechnology and firmly believes that biology in the twenty-first century will transform the world as physics did in the twentieth century. The potential risks associated with these advancements are less clear. The posture of the IC to follow and predict this rapidly changing landscape is a matter of concern recognizing the global diffusion and dual-use nature of life sciences and biotechnology along with the dispersed responsibility of the life sciences related issues across several National Intelligence Officer portfolios.

Section 606 requires the DNI to brief the congressional intelligence committees and the congressional defense committees on a proposed plan and actions to monitor advances in life sciences and biotechnology to be carried out by the DNI. The Director's plan should include, first, a description of the IC's approach to leverage the organic life science and biotechnology expertise both within and outside the Intelligence Community; second, an assessment of the current life sciences and biotechnology portfolio, the risks of genetic editing technologies, and the implications of these advances on future biodefense requirements; and, third, an analysis of organizational requirements and responsibilities to include potentially creating new positions. Section 606 further requires the DNI to submit a written report and provide a briefing to the congressional intelligence committees and the congressional defense committees on the role of the IC in the event of a biological attack, including a technical capabilities assessment to address potential unknown pathogens.

Section 607. Reports on declassification proposals.

Section 607 requires the DNI to provide the congressional intelligence committees with a report and briefing on the IC's progress in producing four feasibility studies undertaken in the course of the IC's fundamental classification guidance review, as required under Executive Order 13526. Section 607 further requires the Director to provide the congressional intelligence committees with a briefing, interim report, and final report on the final feasibility studies produced by elements of the IC and an implementation plan for each initiative.

Section 608. Improvement in government classification and declassification.

Section 608 assesses government classification and declassification in a digital era by requiring the DNI to review the system by

which the Government classifies and declassifies national security information to improve the protection of such information, enable information sharing with allies and partners, and support appropriate declassification. Section 608 requires the DNI to submit a report with its findings and recommendations to the congressional intelligence committees. Section 608 further requires the DNI to provide an annual written notification to the congressional intelligence committees on the creation, validation, or substantial modification (to include termination) of existing and proposed controlled access programs, and the compartments and subcompartments within each. This certification shall include the rationale for each controlled access program, compartment, or subcompartment and how each controlled access program is being protected.

Section 609. Report on implementation of research and development recommendations.

Section 609 requires the DNI to conduct and provide to the congressional intelligence committees a current assessment of the IC's implementation of the recommendations issued in 2013 by the National Commission for the Review of the Research and Development (R&D) Programs of the IC.

Section 610. Report on Intelligence Community Research and Development Corps.

Section 610 requires the DNI to develop and brief the congressional intelligence committees on a plan, with milestones and benchmarks, to implement a R&D Reserve Corps, as recommended in 2013 by the bipartisan National Commission for the Review of the R&D Programs of the IC, including any funding and potential changes to existing authorities that may be needed to allow for the Corps' implementation.

Section 611. Report on information relating to academic programs, scholarships, fellowships, and internships sponsored, administered, or used by the intelligence community.

Section 611 requires the DNI to submit to congressional intelligence committees a report on information that the IC collects on certain academic programs, scholarships, and internships sponsored, administered, or used by the IC.

Section 612. Report on intelligence community employees detailed to National Security Council

Section 612 requires the DNI to submit to the congressional intelligence committees a classified written report listing, by year, the number of employees of an element of the IC who have been detailed to the National Security Council during each of the previous ten years.

Section 613. Intelligence community reporting to Congress on foreign fighter flows

Section 613 directs DNI to submit to the congressional intelligence committees a report on foreign fighter flows to and from terrorist safe havens abroad.

Section 614. Report on cybersecurity threats to seaports of the United States and maritime shipping

Section 614 directs the Under Secretary of Homeland Security for Intelligence and Analysis (I&A) to submit to the congressional intelligence committees a report on the cybersecurity threats to seaports of the United States and maritime shipping.

Section 615. Report on reprisals against contractors of the intelligence community

Section 615 directs the IC IG to submit to the congressional intelligence committees a report on known or claimed reprisals made against employees of contractors of elements of the IC during the preceding three-year period. Section 615 further requires the report to include an evaluation of the usefulness of establishing a prohibition on reprisals as a means of encouraging IC contractors to make protected disclosures, and any recommendations the IC IG deems appropriate.

Mr. VAN HOLLEN. Mr. President, I support the Omnibus appropriations bill before us today. While this bill is not perfect, it is a strong statement of priorities, especially in light of the misguided and dangerous cuts that President Trump proposed for fiscal year 2018.

As a new member of the Appropriations Committee, I thank the chairman and vice chairman and their staffs for their thoughtful work on this bill and their careful consideration of Senators' requests and priorities.

This bill contains many critical investments for my home State of Maryland, including maintenance for the Port of Baltimore, millions for the Chesapeake Bay Program and other programs that support Bay clean-up, a $6 million increase for the Appalachian Regional Commission, $125 million for the Purple Line, and full funding for the Washington Metropolitan Area Transit Authority. The bill also contains a critical down payment for the consolidation of the FBI headquarters and a commitment to full funding in fiscal year 2018. Prince George's County, MD, is home to two of the sites in contention to house the headquarters and the FBI's nearly 11,000 employees.

While President Trump as proposed cuts to medical research at the National Institutes of Health in Bethesda, MD, this omnibus bill increases funding by $2 billion to find new cures and treatments. The bill continues critical NASA missions that are being worked on in Maryland, including the PACE Program, earth science, and the James Webb Space Telescope, the successor to the Hubble Space Telescope. While the bill cuts the National Oceanic and Atmospheric Administration, it does so less than what the Trump administration has proposed, and it continues funding for the Joint Polar Satellite System weather satellite program and the Geostationary Operational Environmental Satellite Program, which will help improve weather forecasting and warn about natural disasters. There is also important funding for oceanic and atmospheric research and the Sea Grant program, which has been a partner in Chesapeake Bay restoration. The bill slightly increases National Science Foundation funding and supports critical energy research at the Department of Energy. While funding for the National Institute of Standards and Technology received a small cut, the final funding level is higher than what the House of Representatives initially proposed, and the bill includes support for the National Network for Manufacturing Innovation.

We were also able to preserve funding in this bill that communities across Maryland use to support economic development, affordable housing, and safety. That includes the Community Development Block Grant, TIGER transportation grants, housing vouchers and housing capital funds, the HOME Partnership Program, Community Oriented Policing grants, and SAFER and FIRE grants for firefighters. I am pleased that this bill includes investments to improve relationships between communities and police, which will be helpful as Baltimore works to implement its consent decree. We also included critical funding for afterschool programs and community schools, preserved funding for workforce training and Pell grants, and will finally allow students to access Pell year-round so that they can finish school more quickly.

As with any compromise, this bill is not perfect. As this is the first appropriations bill since the passage of the Every Student Succeeds Act, I would have liked it to include greater investments in funding for title I, special education, teacher professional development, and student support and academic enrichment grants. The bill also continues a few riders that interfere in the District of Columbia's ability to use its funds as it sees fit.

Finally, the bill is notable for the things that it does not include. Congress has rejected draconian cuts to the Environmental Protection Agency and the State Department. There is important funding for border security, but not for a wasteful and ineffective border wall. In addition, Democrats successfully blocked many poison-pill riders from the bill that would have harmed our environment, banned funding for Planned Parenthood and other women's health programs, and rolled back important consumer protections. With the passage of the omnibus bill, we will avoid a dangerous government shutdown. I urge my colleagues to support the bill.

Ms. CANTWELL. I suggest the absence of a quorum and ask unanimous consent that the time be equally divided.

The PRESIDING OFFICER (Mrs. FISCHER). Without objection, it is so ordered.

The clerk will call the roll.

The bill clerk proceeded to call the roll.

Ms. MURKOWSKI. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Ms. MURKOWSKI. Madam President, I ask unanimous consent that if the motion to concur in the House amendment to the Senate amendment to H.R. 244 is agreed to, the Senate proceed to the consideration of H. Con. Res. 53, an enrollment correction to H.R. 244, that the resolution be agreed to, and the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Ms. MURKOWSKI. Madam President, I have come to the floor this afternoon

to speak on the Omnibus appropriations bill that is now before the Senate. We will have an opportunity to vote on that very shortly here.

I would like to take a few moments to explain why I intend to support this legislative measure. I support this bill because I think it is good for the country, and I believe it is good for my State of Alaska.

I think what we have seen through this appropriations process is a negotiated bill going back and forth between both sides, between both bodies, and it is a bill that funds the Federal Government through the end of this fiscal year. It is far from perfect. I think we recognize that, but it is tough to find legislation anyplace where we are all going to be in agreement that it has everything each of us wants. I do believe it is a solid bill. It is a solid, bipartisan effort, and I would urge my colleagues to support this bill.

The first thing it does is it prevents the government from shutting down. Simply put, there are very few things in my mind that would warrant a government shutdown. The people of this country expect us to govern. They don't expect us to come to work and say we are going to shut it down. They expect us to figure out how we are going to fund it, to keep it open, and to do so in a responsible way that allows for the priorities to be reflected. I think we have done that.

I feel very strongly that those who would suggest that the way to deal with things is to shut it down is not the proper approach. That is why I have supported Senator PORTMAN's legislation to put an end to government shutdowns. We just don't need disruptions that ultimately hurt our economy and hurt our families.

I certainly would have preferred a process that would allow for funding the government by passing appropriations measures on an individual basis, one by one. My colleague from Vermont, who is on the floor, has been around for a few Congresses, and he knows that used to be the way we handled appropriations. We had an approps bill come to the floor. We debated it. We amended it. We moved it through. We worked through that process. It was somewhat tediously slow at times, but it was a very open and collaborative process that I think reflected, again, the priorities around the country.

What we have in front of us is a measure that did in fact go through the full appropriations process, all 12 appropriations bills. It made it through the committee. Sometimes not all of them do, but for fiscal year 2017, these appropriations bills did.

As we saw at the end of last year, there was an agreement that we would not move forward with the appropriations bills at that time—actually, it was probably less than an agreement, but a decision was made—and we are here, as of May 4, still working on fiscal year 17.

This is clearly not the best option, in my view, in terms of how we handle our appropriations bills, but it is where we are right now, and the option we have in front of us, in my view, is clearly the best option.

Continuing resolutions are just not a way to operate. I think they are poor policy. Keeping funding at previous levels doesn't allow for Congress to have any input on any new priorities. In some cases, programs receive more money than they may actually need at that time; thus, you have a situation where you are ending up wasting dollars, rather than being good and efficient stewards of the taxpayer dollars.

I think we saw that with this omnibus bill we have in front of us now, it gave our new President the opportunity to weigh in. Clearly, we heard President Trump's priorities expressed not only throughout the campaign but early in his new administration, his priorities on national security, making sure that from a defense perspective and border security, these issues were addressed. I think we have done so in a responsible way on the defense spending side but also with a comprehensive approach to border security and utilizing new surveillance and new technologies.

This bill consolidates or terminates dozens of existing programs and rejects unnecessary spending tax dollars. It reduces spending and wasteful programs, eliminates unnecessary, ineffective, and duplicative programs.

Again, I think what we have put together within this appropriations omnibus is a spending proposal that does apply the taxpayer dollars responsibly. Overall, the bill puts real dollars behind our Nation's priorities by enhancing our national security, investing in education infrastructure and innovation, as well as improving the health and well-being of all Americans.

I would like to take just a few moments to speak specifically to some of the provisions that will be helpful in my State of Alaska. The omnibus bill sustains Alaska's contributions to our national defense, helps to protect our fisheries, address high energy costs, helps our very struggling timber industry in Southeastern Alaska, and helps keep the Federal Government's commitment to Alaska Natives.

There are some programs that would appear to be pretty small, but in terms of consequence and impact on Alaska, they are quite significant.

Essential Air Service, we provide funding in this measure that helps maintain commercial air service to as many as 60 small communities in the State. The reason it is called Essential Air Service is because in most of these communities, there is no other way to get to these smaller communities. There is no road access. There is no other way. You might be able to run a riverboat out, but in terms of ability to access, this Essential Air Service is exactly that.

The bill provides for new investments in the Coast Guard that will help increase safety in Alaska's waters. There are infrastructure improvements in Kodiak to support homeporting Offshore Patrol Cutters in the Arctic region and funding for new cutters that we will see stationed throughout Alaska.

There is a lot going on in the news right now with regard to Russia and North Korea, and it certainly is front and foremost for Alaskans. We have our neighbors to the west of us there, in Russia, and of course we are within range of anything North Korea might consider. So there is a very keen interest and a desire to ensure that our Nation is investing in our Pacific and our Arctic defense.

This bill recognizes the issue, and it recognizes the strategic value that Alaska has. It provides $4.3 billion for the procurement of F–35s, including some of those that will be based in the interior part of the State. We saw the need for the next generation of fighter jets in Alaska when, just a few weeks ago, Russian planes were buzzing the coast for 4 days straight. Well, today's news reups that. F–22s intercepted two Russian Bear bombers 50 miles southwest of Alaska, according to the news this morning.

Again, when you are thinking about the investments we make to provide for our Nation's security, Alaska sits at the center up there in terms of strategic location.

There is also money for developing the long-range discrimination radar at Clear and funds for the ground-based missile defense at Fort Greely. Again, this is very significant at this time, given the geopolitics not too far from our State.

Another key part of our Arctic defense strategy is finally being realized, after years of me kind of pounding on this drum—funding for icebreakers. As of right now, we are woefully behind when it comes to our ability to maneuver in the Arctic regions in our waters. So there is $150 million in advance procurement funding for an icebreaker that is in the DOD budget and an additional $55 million in the Coast Guard budget. It is imperative that we move to fund a new icebreaker now.

We also recognize the role the Coast Guard plays in terms of national defense across the country, particularly in the Arctic. So the bill provides $1.3 billion in acquisition construction and improvement money. The Coast Guard needs to recapitalize its aging fleet, and we see this no more apparent than in Alaska. A ship that was built back in 1971 is still being used to patrol areas that are perhaps some of the roughest seas in the world. This is not smooth water sailing. Congress needs to recognize the role played by the Coast Guard, not only in national defense but in drug interdiction, fisheries patrol, and safety encroachment, and we must give it the assets it needs to do its job well.

On the education front, this bill provides funds for our public schools, including money for programs that were authorized in ESSA. It funds IDEA,

Carl Perkins, impact aid, and 21st Century Community Learning Centers. Especially important for us in Alaska are the programs like ANEEP, Alaska Native Education Equity Program, strengthening Alaska Native and Native Hawaiian-serving institutions, tribally controlled colleges and universities, and Indian education national activities.

We have all come to the floor over the course of these past few months this Congress to talk about the impact on our communities of the opioid epidemic in this country. This bill helps to get money where it is needed to help fight this epidemic.

Over $1 billion is provided to various programs and agencies to specifically address this problem. Over $600 million of that will go to SAMHSA, the Substance Abuse and Mental Health Services Administration, including $500 million for a new program that was created by the 21st Century Cures Act that we passed earlier last year. The CDC, the Department of Justice, and the VA will see increased funding to help deal with this scourge of addiction.

As chairman of the Interior, Environment, and Related Agencies Approps Subcommittee, the division G of the omnibus is of particular significance to me. The Interior appropriations section probably has more impact on the State of Alaska than most would realize. It controls funding levels for the Federal agencies and Departments that have a huge presence in my State: BLM, Forest Service, EPA, Fish and Wildlife Service, Indian Health Service, BIA, and National Park Service. These are all within the auspices of Interior.

I will give you some of the highlights within the Interior bill. This is the centennial year of the National Park Service so we were able to do more to help address the maintenance backlog within our park system.

The two agencies that deliver services for Indian communities, BIA and Indian Health Service, we did our best to support those programs which are critical to the Indian community. For those agencies, we have provided full contract support costs. We continue Tribal court funding for those Public Law 280 States. We have really worked to do what we can within IHS to address the issues of suicide, domestic violence, alcohol, and substance abuse programs. Making sure we are doing right by providing the support for our healthcare facilities is critically important.

We also have oversight of the EPA within our jurisdiction. I have heard some criticism from some that we didn't do enough to reduce EPA spending and then others are saying we took too much from the EPA, but what we really looked to try to do was to take a commonsense approach, focus resources on the programs that do the concrete things to improve the quality of the environment for the public when it comes to clean air and clean water. We need to effectively make sure that whether it is the WIFIA program, the State revolving funds for our water and our waste water programs, making sure we have the resources to do right by our communities, and making sure there is clean air and clean water, whether it is the Targeted Air Shed Grant Program, which helps communities deal with pollution issues and air issues—I think we did a fair job with the EPA budget.

Again, we have worked to reduce in areas where we are just staffing up for initiatives that quite honestly have been questioned and challenged, making sure we are focusing on the priorities that deliver on EPA's mission, which is clean air and clean water.

Madam President, the last thing I would like to add is what we were able to do with regard to wildfires because this is an issue for so many of us in the West. We were able to include funding for wildland fire management programs to fully fund the 10-year average of suppression costs, as well as to allow for emergency funding in the event that we have a catastrophic wildfire season. I think we all understand the challenges our agencies face when we have fire borrowing going back and forth. So this is an effort we have long sought to address, and we will continue to work on that.

It has been interesting to watch and to read the news about this omnibus. You have the President who said: This is good. This is what winning looks like. You have Democrats who have said: We won.

It is not about a win for the D's or a win for the R's; it is about making sure this is right for the country. I would suggest that if both sides are taking credit, we must have hit the sweet spot somewhere in the middle.

I think at this place where we are right now, with over 7 months into this fiscal year, it is well past time that Congress pass a bill that funds the government for the balance of this fiscal year. These are uncertain times for the country—uncertain times certainly in my State—and I think it deserves some certainty from us. It is a good bill, and I think we owe it to the American people not to create unnecessary and unwanted drama about whether the Federal Government remains open for business.

I urge my colleagues to support this measure.

With that, I yield the floor.

The PRESIDING OFFICER (Mr. SULLIVAN). The Senator from Arizona.

Mr. MCCAIN. Mr. President, I come to the floor once again to discuss the threats facing our country, the challenges confronting the brave men and women of our Armed Forces. I feel compelled to remind my colleagues about what is at stake because of our failure right here to provide them the resources and equipment they need and deserve, placing their lives at greater risk. That is not my opinion; it is the opinion of the uniformed leaders of our country who have stated time after time that because of our sequestration and our mindless meat ax, we are putting the lives of the men and women who are serving our Nation in uniform at greater risk.

Don't we have an obligation to try to stop that? Obviously, there is not a majority here in the Senate who believes we should, to our everlasting shame. Unless we change course, we will only continue that failure.

We are about to vote on yet another Omnibus appropriations bill. It is well over 1,000 pages. Look here; this is what we are about to vote on without a single amendment—without a single amendment. Is there any Member of the U.S. Senate who has read this? Is there any Member who has read this bill of over $1 trillion that we are about to vote on? Many of us are going to be compelled to vote for it because we don't want to shut down the government again. The American people don't want the government to shut down, no matter what some colleagues of mine say. But here it is.

I challenge any of my colleagues to come to the floor and tell me they have read this bill.

Is it any wonder that the American people are fed up with this way of doing business? There are 1,000 pages—1,000 pages. That is what we are going to vote on in a relatively short period of time—haven't read it—no amendments.

I am sure there may be some provisions in this 1,000-page document that Members would like to modify, like to add to. But what business are we doing? What is the world's greatest deliberative body doing here in a couple hours? We are going to vote yes or no on a 1,000-page document. Shame on us. Shame on us.

Not a single appropriations bill—we have an Appropriations Committee. They have their subcommittees. My friend and colleague from Vermont is here and wants to talk about it. They churn out individual bills. I believe there are 13 of them, one of them being Defense, by the way. But all of that is without amendment, without debate on the floor of the world's greatest deliberative body. Yet we are going to go ahead and vote yes or no.

Many of us are going to vote yes because we don't want to shut down the U.S. Government. We don't want to deprive our citizens of the goods, services, and provisions that a government is supposed to provide people. I don't want to shut down the Grand Canyon again, my friends. I don't want to deprive people from all over the world the ability to see the Grand Canyon. So what do we do? CRAs.

I am all in favor of repealing regulations that are onerous and bad for America and small businesses and large. Is that a rationale for what we are about to do?

I say to my friends on the other side of the aisle: You blocked many of these bills that we wanted to bring to the

floor. You blocked them. Why? For what purpose? Of course, on this side of the aisle, we have agreed to do something like that.

So I just say to my colleagues: You should not be curious when you see the approval ratings of the Congress of the United States in the teens.

Again, as I said, we will be blamed for putting our men and women in uniform at greater risk. That is not JOHN MCCAIN's view; that happens to be the opinion of our uniformed service Chiefs who are telling us that when we are not funding the military, we are putting the lives of the men and women serving at risk.

We passed the Budget Control Act 6 years ago as an attempt to address our spending problem. This legislation led to a $443 billion cut to defense. What has also happened? Deficits came down for a while, and we are on track to return to $1 trillion deficits again in a matter of years. The national debt is set at $20 trillion and has grown and will continue to grow.

We slashed our military, friends. We slashed it. Yeah, great job, we slashed the spending on the military. In fact, if you look, you will see the only portion where there has been a reduction in spending is where? Defense.

When you look at the past several years since sequestration, do you think the world has gotten safer? Do you think the men and women who are serving are better protected, better equipped?

We have 60 percent of our F–18s not flying. Why? No parts. We have two submarines tied up at the pier for a year because they cannot leave the pier. The Air Force is 1,000 pilots short.

What have we done? We have cut defense spending by 4 percent. Meanwhile, the interest on the debt has increased by 7 percent; nondefense, 19 percent; and the elephant in the room, the third rail that none of us want to touch is mandatory spending; that is Social Security and Medicare, primarily.

What have we done? We have shortchanged the men and women who are serving in the military, trying to defend this Nation while nondefense spending has gone up by 19 percent.

So the next time I hear one of my colleagues say: Well, we should continue to cut defense spending because of the debt, we have already done that. We have already shortchanged the men and women who are defending this Nation.

Over the past 10 years, as I mentioned, mandatory spending has grown by 56 percent, and defense has been cut by 4 percent.

The death spiral is occurring. We are in budget cuts with a high operational tempo, and the military is now in a vicious cycle. The death spiral works like this. This is the death spiral, OK? Constant and frequent deployments increase costs. To send our men and women overseas into harm's way increases costs. The more you fly the plane, the more it costs to maintain the plane. The more you deploy a soldier, the more you have to pay him or her to stay in the military.

When budget top lines are determined by politics and not requirements, the Department of Defense has to make tradeoffs. For example, the military may forgo buying military equipment to keep up with wartime costs, but this exacerbates the problem. Our equipment gets older as it is used more and the cost of maintaining aging equipment skyrockets. Here is the death spiral, why the state of our military is what it is today.

Three—count them—three of our Army brigades are at the highest level of readiness. Four of 64 Air Force squadrons are ready to fight tonight; that is four out of 64. Less than half of the Marine and Navy planes are ready for combat. The Air Force has a pilot shortfall of 1,500—1,000 of which are fighter pilots. The Navy has a maintenance backlog of 5.3 million days. The ship maintenance backlogs are so bad that some ships are like the submarine USS Boise, which is tied up in port and isn't qualified to dive and recently missed a deployment.

Look at this graphic. These are the aircraft—all of them that are fully mission capable. These are the Army units that are ready to fight tonight. This is the U.S. Air Force, and these depict the airplanes ready to fight; Marine Corps aircraft, the same way.

So here we are with this situation, and what are we doing? We aren't really addressing the issue because we are going to be faced in the next year or so with the same budget problem of sequestration.

While this is happening, our enemies aren't sitting still. Our adversaries are not waiting for this body to wake up to do its job and act. While we have forced our military to make tradeoffs between supporting immediate operational requirements and future modernization, China, Russia, and other adversaries have been singularly focused on developing military capabilities to target U.S. forces and take away our unique military advantages.

Our military has multiple missions. Our adversaries have one mission, and that is to undermine U.S. military superiority. I regret to inform my colleagues that they are succeeding much more than we anticipated.

The fact is, the U.S. military advantage is eroding. National Security Adviser GEN H.R. McMaster summed it up best when he testified that the U.S. Army is outgunned and outranged. The reality is not much different across the military services.

The President understands it. Rebuilding the military has been a major priority for this administration, but we have to face the simple fact that the military buildup proposed by this President is illegal because the Budget Control Act forbids it. Over the next 4 years, the Budget Control Act's caps on defense spending would leave President Trump $216 billion short. Even President Obama's budget was $113 billion above the BCA caps, and that budget barely slowed the deterioration of military readiness and capabilities.

I regret to say, Chairman THORNBERRY, the distinguished chairman of the House Armed Services Committee, and I fare even worse against the BCA. We believe that rebuilding our military will require a defense budget of $640 billion in fiscal year 2018. Sustaining that level of funding over the remaining years with the Budget Control Act would require an additional $433 billion.

Give our men and women in uniform a budget that will allow them to rise to meet the challenges of the 21st century. Congress must change the Budget Control Act, and the only way to do that is with a bipartisan budget agreement. As we stand here, there is no serious conversation that I am aware of in this body or anywhere else in Washington about what the agreement would look like or what it would achieve.

The next 4 years can't be like the last 4 years. We must find a way to provide the military with the resources they need and deserve to perform the missions we assign them. We must provide them with the timely authorization of appropriations bills. We must provide them with something they have not had for years—certainty—so they can properly plan and efficiently use taxpayers' dollars to defend the Nation.

What are we looking at right now?

We are going to pass this thing. It will pass. Then, in September—how many months is that now? It is about 5 months from now—we are going to be bumping up against the same ceiling and the threat of shutting down the government. Are we going to wait until the beginning of September before we start to address this or not? Is that the kind of fiscal cowardice we are going to perform? We are going to see this movie again and again and again and again unless we repeal the Budget Control Act and start providing for the men and women who are serving this Nation and the challenges we are facing, which any military expert will tell you are the greatest they have been in 70 years. We have to stop this.

We will paper over our failures with continuing resolutions. We will cut piecemeal deals in the midnight hour that fail to fix the serious challenges this country faces. We will accept these outcomes because they are better than yearlong continuing resolutions or shutdowns. We will clear the pitifully low bar of success we have set for ourselves, and all the while, challenges we will have been charged to address will only get worse. We have to break this cycle.

After several years of political gridlock, we know a bipartisan budget deal will be necessary to pass appropriations bills. Let's try a novel idea. Why don't we work on the deal now? Why

don't we sit down together, with all of us recognizing the challenges to our national security, and fix this problem instead of kicking the can down the road? My friends, if we do not, I guarantee you we will be doing this same thing again in September. What is that? We will be looking at another 1,000-page bill—1,000 pages that none of us has read. Oh, I take it back. There may be four or five Senators who know what is in it. Maybe 4, maybe 5, maybe as many as 8 out of 100 will know about it. If we do not stop this, this is exactly the movie we are going to see come September—not acceptable.

Don't we owe the men and women who are serving in uniform in harm's way today—several of whom have just been killed in the last few days—more than what we are giving them? Don't we owe them the best equipment and the best training we can possibly provide them with rather than their being dictated to by a meat-ax called sequestration? Don't we?

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. LEAHY. Mr. President, as one of the Senators who has read this bill, I would note that most of this bill has been here since November. We were prepared to go in November and vote on each part of it separately.

I would advise the distinguished senior Senator from Arizona, who is a friend of mine, that his party did not want to go forward in November. They were asked by the then-President-elect not to go forward with it, and his party said it would not go forward with it. We could have passed all of the bills separately in November.

I would also note, as the distinguished senior Senator from Alaska said on the floor a few minutes ago, that Republicans and Democrats have been working very closely on this appropriations bill. She expressed—and I absolutely join her in this—that we go back to the way it always has been. My party is not in control of the schedule in the Senate, but I would ask that all of us in both parties work together and start doing the appropriations bills one by one, as we always have. In fact, this bill is the product of many long weeks and days and nights and weekends. I know. A lot of times, I went to bed at midnight, and my staff kept on working.

I thank Republican Chairman THAD COCHRAN, of Mississippi, for his leadership in reaching this agreement of keeping the government open for business. It is how Congress can and should work.

Forget the rhetoric. Forget political brinkmanship. This agreement shows something we have worked on and that when we come together and work through our differences—both parties here and both parties in the other body—that we can do the work of the American people.

I think the package before us is a good deal for the American people, and I will vote for it, but we should not be celebrating this fact. On this, I agree with the distinguished Senator from Arizona in that we should not be finishing our work 7 months into the fiscal year. I wish his party had allowed us to do it last November. These bills could have been and should have been finished then. In fact, we were 98 percent done with our negotiations, both Republicans and Democrats, when then-President-elect Trump said: Pencils down, and put everything on hold. The Senator from Arizona and his party have been operating on a continuing resolution ever since. I am glad to hear him say this is not the way he wants to do it.

I, certainly, agree with the distinguished senior Senator from Alaska when she says this is not the way to do it. Those of us who have been here for a while know that does not work and it is no way to govern.

It is my goal—and I believe Chairman COCHRAN shares this goal—to return to regular order, which is when we consider each appropriations bill in committee, debate each one publicly on the floor, and then vote it up or down. That is the way we should operate. That is what the American people deserve. I look forward to working with Chairman COCHRAN to make this a reality when we return, in very short order, to the fiscal year 2018 bills.

I have been on the Appropriations Committee for decades, and I have served as either chairman or ranking member of different subcommittees there, just as I have served as chairman or ranking member on Agriculture and the Judiciary. Yet I decided this year to take on the vice chairmanship of the Appropriations Committee because I believe in the power of the purse, in the ability of this committee to make a real difference in people's lives, and because of the respect I have for Chairman COCHRAN.

Our national budget is a reflection of our Nation's priorities, and the appropriations bills are where our priorities become realities. I am pleased to report we have worked hard to reflect Americans' values in the fiscal year 2017 consolidated appropriations bill before us. I think we have reached a good deal.

I am pleased that on a bipartisan basis we have rejected President Trump's ill-considered proposal to slash domestic programs by $15 billion, including deep cuts in the NIH and low-income energy assistance. I am glad to see a $2 billion increase for the National Institutes of Health. I was proud to have brought then-Vice President Biden to the University of Vermont last October to discuss his Cancer Moonshot Initiative and to see and hear how Vermonters are contributing to research to better treat—and hopefully cure—cancer. NIH funding is central to this effort.

Last year, the NIH accounted for nearly $40 million in research funding for the University of Vermont. Everybody—Republicans and Democrats—agree they have spent it well. This research is leading to advancements in lung disease treatments, cancers, and to more effectively using genome testing to advance the emerging and promising field of precision medicine.

In this bill, we were able to protect funding for LIHEAP. As the distinguished Presiding Officer and I know, we are in States in which the temperatures can often plunge way below zero. LIHEAP is a vital lifeline—certainly in the State of Vermont—to prevent people from being forced to make the wrenching choice of putting food on their tables for their families or keeping them warm.

We have also put in $512 million—nearly double the resources available last year—to combat the opioid epidemic. This is a plague that grips every community in the country. It does not make any difference whether one is a Republican or a Democrat. It is hitting all of us. It is a problem that does not know the difference between rich or poor, urban or rural, Republican or Democrat. I think every Senator probably knows someone or a family with someone who has been in the grips of opioid addiction. My wife and I have sat down at kitchen tables with grieving parents who have lost their children. We have spoken to first responders who have seen so many people die. We have to confront this problem head-on in this country.

We are doing a number of other things. We are protecting funds for the EPA at the critical moment of confronting climate change. In that regard, I was pleased that Marcelle and I were able to host hundreds of Vermonters who had driven all night long in order to join the hundreds of thousands of people in the Nation's Capital for the Climate March.

I see that the distinguished chairman has come on the floor. I ask unanimous consent that I be able to yield to him, without losing my right to the floor, so I may finish my speech when he is finished.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The Senator from Mississippi.

Mr. COCHRAN. Mr. President, this afternoon, the Senate will consider the Consolidated Appropriations Act of 2017. The bill will fund the Federal Government for the remainder of this fiscal year. I urge the Senate to approve the bill.

It provides our Armed Forces with the money they need to safeguard our homeland and protect our interests around the world. The funding levels are within the limits of the Budget Control Act. In total, the bill will increase Department of Defense spending by $23.6 billion over President Obama's fiscal year 2017 request. These funds are badly needed to improve the readiness of our Armed Forces and to continue our campaign to defeat ISIL.

This bill includes the largest investment in border security in nearly a

decade. Additional funding is provided for fencing and other physical infrastructure, communications and surveillance technology, the hiring of additional agents, and additional detention beds to help stop the practice of catch and release. These funds will help reduce human trafficking and the flow of illegal drugs into our country.

While the additional funds for defense and border security have received much of the attention, there are many other important programs that are funded within the bill.

For the second year in a row, providing funding for research at the National Institutes of Health is increased by $2 billion. New funding is included to combat the opioid epidemic that has plagued communities across the country. The FBI receives additional funding to protect against terrorist threats and combat illegal cyber activity.

Throughout the bill, spending controls are placed on Federal agencies. There are more than 150 rescissions, consolidations, or program terminations within the bill. These savings have been reallocated to higher priorities.

The basis of this legislation is with regard to the 12 appropriations bills that were reported from the Appropriations Committee. This is the second year in a row that the committee has reported all 12 bills. This bill reflects a year's worth of concerted effort by the chairmen and ranking members of our 12 subcommittees. It also reflects a great deal of hard work by the committees' staffs, for which I am deeply grateful.

I urge Senators to support the bill.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. LEAHY. Mr. President, I note that the chairman and I are well aware of how well things go when we take each one of these bills. He certainly has led that effort, and that is the way we should do it.

I mentioned this when the Vermonters were here last weekend. Marcelle and I hosted them, so many of whom had driven through the night to join the hundreds of thousands of people in the Nation's Capital for the Climate March. Many of them asked: Why can't we do it the way we used to? I told them we were ready to go to all of the bills in November, and I am sorry that leadership said no.

There are things on which we have done a lot in this bill. Those of us on the Appropriations Committee have read this bill, and we have read most of it since last November.

The EPA provides funding to improve the environmental quality and ecological vibrancy of our small State's great Lake Champlain, the jewel of New England, as well as crucial funding for similar partnerships all over the country.

I am also pleased to report what is not in this bill. In a bipartisan way, we get rid of more than 160 poison pill riders—riders that would have undermined the health insurance of millions of Americans by attacking the protections they have under the Affordable Care Act and riders that would have slapped restrictions on women's access to healthcare, especially in rural areas, and riders that would have rolled back consumer financial protections of Dodd-Frank regulations and weaken environmental protections. Let's have votes up or down on those issues, anytime you want, but not in a must-pass spending bill.

I also particularly welcome the fact that not a single cent in the bill will go toward building President Trump's misguided wall on the southern border. When that issue came up in our debate, I said: Well let's have a vote, up or down, in the House and in the Senate, on the wall, where all Republicans and all Democrats vote. If it passes, then I will stop my objection. Nobody wants such a vote because not enough people support it. The American people should not, and they will not, be forced to pay tens of billions of dollars for a bumper-sticker solution to an incredibly complex problem—a wall that the President promised that Mexico, not American taxpayers, would pay for, even though all American taxpayers know that Americans, not Mexicans, would pay for it. His own department estimates that it would cost U.S. taxpayers $22 billion. Some said during the debate: Show me a 30-foot wall, and I will show you a 31-foot ladder. I can also show you pictures of small prop planes and boats and tunnels. A wall is nothing more than an illusion. It is a false promise of security. Instead of debating this boondoggle, which Democrats as well as Republicans and Independents oppose, let's consider real solutions with comprehensive immigration reform.

In 2013, the Senate passed the large effort of Republicans and Democrats working together on comprehensive immigration reforms. Let's resume that debate and not throw money at this expensive illusion, where we are cutting vital medical research at the National Institutes of Health and others to pay for it.

There are a lot of anti-science proposals and impulses in the proposals that came from the administration, and I am proud that both Republicans and Democrats rejected them.

So I support the bill before us. I am proud to join with Chairman COCHRAN. It is not a perfect bill, but no products we all come together on are perfect. But on balance, it is a good deal for the American people. It reflects values of both Republicans and Democrats. The bipartisan work that brought us to this point shows what is possible and it lays the groundwork for our negotiations on the fiscal year 2018 appropriations bills.

So I want to extend again my thanks to Chairman COCHRAN and to the subcommittee chairmen and ranking members. It takes a tremendous amount of work to draft each of the underlying bills contained in this consolidated appropriations bill. While we were negotiating, I remember being on the phone at 10, 11 o'clock at night, night after night, but I went to bed, and the staff would keep on working until 2 or 3 in the morning.

So I thank the staff of the Appropriations Committee and subcommittee clerks on both sides of the aisle, who have been here day in and day out for many weeks. I certainly thank my staff director, Charles ''Chuck'' Kieffer, deputy staff director Chanda Betourney, and Jessica Berry, Jay Tilton, JP Dowd, and Jean Kwon, as well as Senator SCHUMER and his staff, including Gerry Petrella, Meghan Taira, Mike Lynch, and Mike Kuiken for the assistance they provided. I want to recognize and thank Bruce Evans and Fitz Elder from Chairman COCHRAN's staff, the majority staff director, and deputy staff director. They worked very, very hard and in their usual professional and courteous manner. I want to thank Bob Putnam, Hong Nguyen, and George Castro for the support they provide to the committee every day. And finally, I want to thank the editorial and printing staff, without whom we could never have produced this bill. Valerie Hutton, Penny Myles, Elmer Barnes and Karinthia Thames were here day and night, week after week, editing the dozens of drafts that ultimately became this consolidated bill. They work in relatively obscurity, but their expertise and dedication is not lost on us. We depend on them and we greatly appreciate what they do.

Lastly, on a personal matter, I wish to take a moment for special recognition of Charles Kieffer. Chuck is well known to the Senate. He is a familiar figure here in this Chamber. He has served on the Appropriations Committee for many years, under numerous chairmen and vice chairmen. I was grateful that he was willing to take on and continue there when I took over as vice chairman.

What a lot of people don't know is that he has been working around the clock on this, and in March he lost his father Jerry. Just a few weeks ago, he lost his mother Fran.

If you know even a little bit about his parents, there is no doubt where Chuck gets his dedication to public service. His father Jerry served as the executive director of the National Cultural Center at the Kennedy Center. He held positions in the Truman, Eisenhower, Nixon, Ford, and Carter administrations.

Chuck's mother Fran was a longtime member of the League of Women Voters. She dedicated time to numerous civic institutions throughout her lifetime. At 93 and 89, respectively, Jerry and Fran lived a long and full life, including a marriage of 68 years.

Their loss will be profoundly felt by their family and friends. My and Marcelle's thoughts are with Chuck, his wife Meg, and their family. I thank him for his tireless dedication to this institution, even during a time of great

personal sorrow. I would like to think that his parents are looking down from their place of eternal reward with a great deal of pride in their son.

I yield the floor.

The PRESIDING OFFICER. The Senator from Arkansas.

Mr. COTTON. Mr. President, I am going to be voting no on this 1,700-page bill.

I am not blind to some of the good parts of the bill. It includes last year's Intelligence Authorization Act, and it includes some parts of the bill that I worked on that would counteract Russian activities in the United States and Europe—provisions that were blocked by the Obama administration since they refused to ever get tough on Russia.

It increases defense spending, although not to an adequate degree in relation to the threats we face.

For the first time in years, it recognizes that every dollar we spend on defense doesn't have to be matched by another dollar elsewhere in our budget.

Now, there are parts of this bill that got dropped that I would like to have seen, for instance, blocking Federal funding for sanctuary cities. We might as well call them ''outlaw cities'' because they refuse to comply with Federal immigration law and turn over illegal immigrants facing deportation to Federal authorities.

But I want to hone in on one particular provision that shows just how bad this process is. In a 1,700-page bill, they don't hide the good things in the bill. They only hide the bad things. So look to page 735, section 543, where you will find an increase in H–2B visas of almost 79,000—a 120-percent increase over the normal annual cap of a so-called seasonal visa program for temporary workers that can take up to 9 or 10 months.

It is not necessary. It has nothing to do with funding the government—nothing. It hasn't been vetted. It hasn't gone through the normal legislative process, which would be the Judiciary Committee, where the chairman and the senior Democrat both have written that they oppose this measure. I don't even know how it got in there. I don't know if it was the chairman or the ranking member. They may not know. It is 1,700 pages, after all. It takes hours to even figure out what it means because it is so complicated in language.

But this is what it does: It takes jobs away from American workers and abuses the immigrants that come into this country.

In the past 10 years, the Department of Labor has found 800 employers—800—that have abused 23,000 guest workers—everything from stealing their wages, demanding bribes for their visas, and even sexual abuse—and those are only the ones that have been caught. That is because unlike American workers, these immigrant workers cannot leave their job. If they are fired, they go back to their home country, where they often have huge families who are depending on them for their remittances. Their employers know that, and they take advantage of them. It is a newfangled form of indentured servitude.

Some people in this institution complain about the way Arab countries treat guest workers from South Asia and Southeast Asia. The conditions under which some of these H–2B workers operate are hardly much better. They live in filth and squalor. They are charged exorbitant fees for their housing and for their food. The employers largely get away with it because they know that these immigrant workers will not complain. They will not go to the authorities. They will not report it to the Department of Labor because if they do, they go back to their home country.

Those are just the immigrant workers. What about the American workers? There are a lot of reasons why unscrupulous American employers favor temporary guest workers. They don't have to pay payroll taxes on them, for instance. They don't have to pay unemployment taxes on them. But the real reason is that those guest workers have virtually no leverage to demand higher wages. As I said, they can be sent home because they are tied to a single employer. Americans have more bargaining power. If they can get a better wage down the road, then they will go down the road. If they get better benefits, they can go to a new job, but those guest workers cannot.

So the employers who abuse the H–2B program go to the greatest lengths to avoid hiring an American worker. The program says you have to advertise for the jobs in advance, and they do, hundreds of miles away in obscure newspapers that have nothing to do with the employer's local economy.

Many employers discourage Americans from applying in the first place. Remember, these are unskilled labor positions—unskilled. These are not high-tech jobs, but unskilled guest workers. They subject American workers to the most extreme, unreasonable, extraneous tests before they hire them—tests they do not give to those foreign guest workers because they can pay them lower wages. When they finally are forced to hire an American worker, because they face penalties from the Department of Labor if they don't, they try to make conditions as bad as possible for them so they can fire them and then replace them with a foreigner.

A lot of arguments for this kind of program boil down to this: No American will do that job. That is a lie. It is a lie. There is no job that Americans will not do. There is no industry in America where a majority of workers are not native born, American citizens, or first generation lawful immigrants—not landscapers, not construction workers, not ski instructors, not lifeguards, not resort workers—not a single one. If the wage is decent and the employer obeys the law, Americans will do the job. If it is not, then, they should pay higher wages. To say anything else is an insult to the work ethic of the American people who make this country run.

We just had an election in which the President distinguished himself more on immigration than on any other single issue. We all realize that, right? We all realize that uncontrolled mass migration is upending the politics and societies all across Europe. My colleagues realize that, right? What is it going to take for the people in Washington, DC, to realize just how out of touch they are when it comes to protecting the jobs and the wages of American workers?

I will vote no, and I will say that today is not the day when Washington realizes just how out of touch they are.

I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

Mr. TESTER. Mr. President, I ask unanimous consent for 3 minutes, and it will probably be less than that.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. TESTER. Mr. President, I would like to thank the body for this bill.

This is an omnibus, and I am going to vote for it. There are some things that are disturbing about it—there is no doubt about that—not to mention the fact that Congress took 7 months to take care of this plan for the long term, which created uncertainty out there on the ground. There were 7 months when Congress sat on their hands, which left towns, hospitals, airports, and our citizenry in the lurch.

But it does do some good things, and I think it does reflect the values of rural America, which I think is really important. I think it is a responsible budget for rural America in States like Montana.

One of the things it does that I think is entirely appropriate is that it pushes the Education Department to reconsider the Upward Bound grant applications that were denied because of ridiculous—and I do mean ridiculous—format requirements, which will allow first-generation college kids to be able to go to college.

What the Department of Education did with the Upward Bound Program is the worst of the bureaucracy that government can allow. This bill helps fix that. It gives the Department of Education a pair of glasses so they can apply a little common sense to their rules.

It also does some good things for our national parks, it does some good things for our bases, and it does some good things to help our natural resources. But since I am ranking member on the Appropriations Subcommittee on Homeland Security, I can tell you that overall, I think it really fits the needs of our homeland security, whether it is border security or cyber security. I think it is a responsible bill to help invest in our

economy moving forward while keeping this country secure.

With that, I would encourage a ''yes'' vote on this bill. I would just ask that next time around, which is going to start immediately, we let the subcommittees on appropriations do their work and bring these subcommittee bills to the floor.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. SCOTT). Under the previous order, the motion to refer with amendment is withdrawn and the motion to concur with amendment is withdrawn.

Under the previous order, the question occurs on agreeing to the motion to concur in the House amendment to the Senate amendment to H.R. 244.

Mr. WICKER. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The bill clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Georgia (Mr. ISAKSON) and the Senator from Nebraska (Mr. SASSE).

Further, if present and voting, the Senator from Georgia (Mr. ISAKSON) would have voted ''yea'' and the Senator from Nebraska (Mr. SASSE) would have voted ''nay.''

Mr. SCHUMER. I announce that the Senator from Illinois (Mr. DURBIN) is necessarily absent.

The PRESIDING OFFICER (Mr. PERDUE). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 79, nays 18, as follows:

[Rollcall Vote No. 121 Leg.]

YEAS—79

Alexander	Gillibrand	Perdue
Baldwin	Harris	Peters
Barrasso	Hassan	Portman
Bennet	Hatch	Reed
Blumenthal	Heinrich	Roberts
Blunt	Heitkamp	Rounds
Booker	Hirono	Rubio
Boozman	Hoeven	Sanders
Brown	Inhofe	Schatz
Burr	Johnson	Schumer
Cantwell	Kaine	Shaheen
Capito	King	Shelby
Cardin	Klobuchar	Stabenow
Carper	Lankford	Sullivan
Casey	Leahy	Tester
Cassidy	Manchin	Thune
Cochran	Markey	Tillis
Collins	McCain	Udall
Coons	McCaskill	Van Hollen
Cornyn	McConnell	Warner
Cortez Masto	Menendez	Warren
Donnelly	Merkley	Whitehouse
Duckworth	Moran	Wicker
Enzi	Murkowski	Wyden
Feinstein	Murphy	Young
Franken	Murray	
Gardner	Nelson	

NAYS—18

Corker	Fischer	Lee
Cotton	Flake	Paul
Crapo	Graham	Risch
Cruz	Grassley	Scott
Daines	Heller	Strange
Ernst	Kennedy	Toomey

NOT VOTING—3

Durbin	Isakson	Sasse

The motion was agreed to.

PROVIDING FOR A CORRECTION IN THE ENROLLMENT OF H.R. 244

The PRESIDING OFFICER. Under the previous order, the clerk will report the enrollment correction.

The senior assistant legislative clerk read as follows:

A concurrent resolution (H. Con. Res. 53) providing for a correction in the enrollment of H.R. 244.

The PRESIDING OFFICER. Under the previous order, the concurrent resolution, H. Con. Res. 53, is agreed to, and the motion to reconsider is considered made and laid upon the table.

The majority leader.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. MCCONNELL. Mr. President, I move to proceed to executive session to consider Calendar No. 53, Scott Gottlieb to be Commissioner of Food and Drugs, Department of Health and Human Services.

The PRESIDING OFFICER. The question is on agreeing to the motion.

The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the nomination.

The senior assistant legislative clerk read the nomination of Scott Gottlieb, of Connecticut, to be Commissioner of Food and Drugs, Department of Health and Human Services.

CLOTURE MOTION

Mr. MCCONNELL. I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The senior assistant legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Scott Gottlieb, of Connecticut, to be Commissioner of Food and Drugs, Department of Health and Human Services.

Mitch McConnell, John Cornyn, Tom Cotton, Dan Sullivan, Shelley Moore Capito, John Barrasso, Roger F. Wicker, Mike Rounds, Orrin G. Hatch, Bill Cassidy, Pat Roberts, Mike Crapo, Lamar Alexander, Richard Burr, John Thune, Jerry Moran, James E. Risch.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the mandatory quorum call with respect to the cloture motion be waived.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. MCCONNELL. I ask unanimous consent that notwithstanding rule XXII, the cloture vote on the Gottlieb nomination occur following disposition of the Wilson nomination on Monday, May 8.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The PRESIDING OFFICER. The Senator from Montana.

NATIONAL DAY OF AWARENESS FOR MISSING AND MURDERED NATIVE WOMEN AND GIRLS

Mr. DAINES. Mr. President, tomorrow, May 5, Hanna Harris should have been 25 years old. Instead of celebrating a birthday, we will be celebrating her memory. Hanna was a 21-year-old member of the Cheyenne Tribe. She lived in Lame Deer, MT, with her 10-month-old son. The last time she was seen alive was the Fourth of July of 2013. After that, she went missing, and 5 days later, her body was found. Hanna was found to have been raped and murdered.

For too long, the stories of missing and murdered American Indian and Alaska Native women have gone unheard. In fact, according to the Centers for Disease Control and Prevention, homicide was the third leading cause of death among American Indian and Alaska Native women between the ages of 10 and 24 years and the fifth leading cause of death for American Indian and Alaska Native women between 25 and 34 years of age.

According to a study commissioned by the Department of Justice, American Indian women face murder rates that are more than 10 times the national average. Let me repeat that. American Indian women face murder rates 10 times the national average. If this were the case in any other community outside of Native communities, there would be public outcry, but there hasn't been until now. In fact, yesterday the Senate approved my resolution to designate May 5, Hanna Harris's birthday, as a day of remembrance. It will be a day to join together to commemorate the lives of those we lost tragically, like Hanna. It is a day to validate the pain Tribal communities have felt and feel every day. It will mark a national day of awareness for Native women and girls who have gone missing or have been murdered.

I was joined by 12 of my colleagues in passing this resolution to declare that the tragic loss of Native women and girls is not just an issue, it is an epidemic, and I thank them for their support.

Tomorrow, on Hanna's birthday, I will walk with Melinda Limberhand Harris, Hanna's mother, and with Tribal leadership, as well as members in Lame Deer, MT, who have also lost a mother, a daughter, a sister, or a friend. On May 5, we will remember RoyLynn Rides Horse, we will remember Kenzley Olson, and we will remember the thousands of other American Indian and Alaska Native women who have been killed or have disappeared without a trace. And we will remember Hanna Harris on her birthday tomorrow as we walk together in Lame Deer, MT.

Mr. President, I yield my time.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. ALEXANDER. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

HEALTHCARE LEGISLATION

Mr. ALEXANDER. Mr. President, the House of Representatives has just passed a bill that would make major changes in the Affordable Care Act by a vote of 217 to 213. I congratulate the House. The Senate will carefully review the House bill, and we will go to work on a Senate bill.

Here are my goals for a Senate bill. I don't pretend to speak for every Member of the Senate or even every Republican, but these are my goals for a bill we will fashion here.

No. 1, rescue the thousands of Tennesseans and millions of Americans who, under the Affordable Care Act, will be trapped in ObamaCare exchanges with few or zero options for health insurance in the year 2018 unless Congress acts.

My second goal is to lower premium costs. Premium costs have increased and, in some States, are going through the roof under the Affordable Care Act.

No. 3, gradually transfer to the states more flexibility in administering the Medicaid program and do that in such a way as to not pull the rug out from under those who rely on the Medicaid program.

No. 4, make sure those who have preexisting health conditions have access to health insurance. This is one thing in the Affordable Care Act that has strong support from just about everybody, including the President, that if you have a preexisting condition, you must have access to healthcare. We need to make sure that is still true in any bill we create in the Senate.

There is some urgency here because of what is happening in the individual market. When we say ''individual market,'' here is what we are talking about. Most Americans get their insurance either from the government or on the job. About 18 percent of Americans get their insurance through Medicare. We are not talking about Medicare today. The bill in the House or the bill we will create in the Senate does not affect Medicare.

About 60 percent of Americans get their insurance on the job and about 20 percent or so through Medicaid, and that leaves about 6 percent who go into an Obamacare market to buy it. Many of these Americans buy their insurance on marketplaces or exchanges created by the Affordable Care Act. We call those the ObamaCare exchanges. About 85 percent of those who buy their insurance on the exchanges have a government subsidy to help them buy the insurance.

As every day goes by, we hear and we are going to continue to hear about insurance companies pulling out of counties and States. Yesterday we heard that the only insurer left in Iowa is now likely to leave. That means more than 70,000 people on the exchanges will have no insurance to buy. Most of them will have subsidies from the government. So it is like thousands of people in Iowa have bus tickets in a town where no buses run.

That is what is happening right now because of the 2010 law that we call the Affordable Care Act. I know this all too well because 34,000 people in Knoxville, TN, my home area, are going to have subsidies in 2018 but no insurance to buy with their subsidies unless Congress acts. That is because of the 2010 law that we seek to change. In 2016, last year, 7 percent of counties in the United States had just one insurer offering plans on their Affordable Care Act exchanges. This year, 2017, that number jumped to 32 percent. In one in three counties in the United States, if you have a subsidy to buy insurance on the ObamaCare exchange, you had only one insurance company offering you insurance. Five entire States have only one insurer offering ACA plans in their entire State this year: Alabama, Alaska, Oklahoma, South Carolina, and Wyoming. That is because of the Affordable Care Act passed in 2010.

Unfortunately, every day we are going to be hearing not just about insurers leaving counties and States, but about the ones that remain because they are going to be charging sky-high premiums.

Premiums went up by as much as 62 percent this year in Tennessee and by 116 percent in Arizona. As the new rate increases are proposed to the States over the next few weeks and months, our constituents are going to be saying: What are you going to do about that? So there is an urgency, but we want to get it right.

So, again, here are my goals for the Senate bill we will write in the next few weeks:

No. 1, rescue—and ''rescue'' is not too strong a word—the millions of Americans across this country who are going to have few or zero insurance options in the year 2018 because of collapsing ObamaCare exchanges, unless Congress acts.

No. 2, lower premium rates because, in many States, premiums are going through the roof under the Affordable Care Act.

No. 3, gradually transfer to States more flexibility in managing their Medicaid programs. About 18 percent of Americans get their insurance on Medicaid. We will do so in a way that does not pull the rug out from under those who are currently served by Medicaid.

Finally, preexisting conditions—make sure Americans who have insurance for preexisting conditions continue to have access to it. If you are on Medicaid or if you are on Medicare or, in almost every case, if you get insurance on the job, you have insurance for preexisting conditions. Under the Affordable Care Act in 2010, there had to be insurance for people with preexisting conditions. We want to make sure that those Americans continue to have access if they have a preexisting condition.

We will move ahead with deliberate speed. We are doing that because the exchanges are collapsing, people could be without insurance, and premiums will go up if we don't act, but we want to get it right. There will be no artificial deadlines. We will carefully consider the legislation passed by the House. We will work together carefully to write our own bill. We will make sure we know what our bill costs when we vote on it. In fact, by law, we have to do that. We will get it right, and then we will vote. And hopefully, Mr. President, the end result will be significant improvements for most Americans, giving them more choices of health insurance at a lower cost, and do that by gradually transferring more decisions from Washington, DC, to the states and to individuals.

I yield the floor.

The PRESIDING OFFICER. The Senator from Louisiana.

Mr. CASSIDY. Mr. President, I followed the remarks of the Senator from Tennessee. We speak to the American people in light of the House just voting 217 to 213 to repeal and replace ObamaCare. If there is somebody watching right now, quite likely she is concerned about her healthcare premiums.

On the campaign trail—I remember this so vividly—on the campaign trail when I was running for the Senate, I was in Jefferson Parish, on Veterans Boulevard, and a woman named Tina came up. I am going to paraphrase what she said a little bit because this is a G-rated program. She said: My name is Tina, and I am angry. I am paying $500 more a month, $6,000 more a year. My husband and I have no children and I have had a hysterectomy, and I am paying for pediatric dentistry and obstetrical benefits. I am angry.

If there is something right now that the average middle-class voter is saying about his or her insurance premiums, it is that they are angry. They feel they are being forced by Washington to buy things they do not need and sacrifice other parts of their budget because if they do not, they know the Federal Government will come after them with the force of law, penalizing their family, and they do not want that.

So what can we do? First, we acknowledge, as the House has, that ObamaCare is not working. Premiums are going up 20 to 40 percent per year. In Eleven States, so I am told, individual markets are in a death spiral.

I could go through that, which we already know. President Trump knew it. As Candidate Trump, President Trump pledged four major things:

No. 1, he pledged to eliminate mandates. The Senate is committed to working with the House and the President to eliminate those mandates. Washington, DC, should not tell you what to do.

No. 2, he pledged to care for those with preexisting reasons. As Senator ALEXANDER said, it is something that

touches every family. The President was particularly concerned about those whose preexisting condition was opioid addiction. We have to recognize that they will not get better unless they receive treatment. It is better to treat than it is to incarcerate or to bury. So we must honor the President's pledge there.

He also pledged to cover all and to lower premiums. It is this last I wish to focus on now.

How do we lower premiums? How do we say to Tina, who 2 years ago was paying $500 more a month, that her premium will be lower? Well, there are several ways. Let me focus first on lowering the cost of care.

Right now, healthcare is way too expensive. If you go in for an urgent care visit, you may pay $1,500 in one urgent care center and $50 in another. As a patient, you do not know. You would never buy a car that way. Can you imagine walking into a car dealership, picking your car, and then saying: Bill me 6 months from now, and I will pay whatever you ask. No one would do that. We shouldn't ask the average patient to do it because when we hide those costs from the patient, we do not allow her to be a informed consumer. Lacking information, she inevitably pays more.

So one thing I have proposed, along with Senator COLLINS and four other Senators—Senators from South Carolina, South Dakota, Georgia, and West Virginia—is price transparency, which is to say that when someone goes in to get their daughter's ear ache addressed, they know what it would cost at this urgent care center versus another.

A good example of exactly what I am talking about—there was an article in the Los Angeles Times a few years ago about the cash price of a CT scan in the Los Angeles Basin. It would vary from $250 to $2,500, and the person purchasing the service with cash would never know.

I envision a time when someone takes their smart phone and they scan a barcode, and the barcode says: You can go at midnight on Thursday and get a CT scan of your daughter for $250 or you can go right now and pay $2,500. You look at a quality code, and both have equal quality. I can see the mother turning to her daughter and saying ''Baby, we are staying up Thursday night'' because that mother knows she can take care of her family's financial health, as well as her daughter's health, just by being an informed consumer.

So one way we lower premiums is by lowering the cost of healthcare, and the way we lower the cost of healthcare is by empowering patients with the knowledge of price.

The second way we can manage to lower the cost of premiums is to take care of those who are sick. The Senator from Tennessee ended by speaking about our commitment to care for those with preexisting conditions. Of course it is in the interest of the patient that he or she who has cancer is able to get care for their cancer. Jimmy Kimmel just spoke about his son being born with a congential heart condition. He would have quickly died. Mr. Kimmel choked up as he spoke about it. Well, shouldn't every family have the reassurance that their child born in such a way would also have their needs addressed? I was struck that Nick Mulvaney, President Trump's OMB Director, agreed with Mr. Kimmel. This is not a Republican issue, not a Democratic issue; it is an American issue. But it is also in society's interest.

I am a physician. I worked in a public hospital for the uninsured for 30 years. I tell folks, as long as that emergency room door was open, no matter what time, day or night, in through that door came folks who had all kinds of healthcare conditions. Some of them would come every week. Some of them would come twice a week. We called them frequent fliers. They may have been addicted or mentally ill. They may have had terrible diabetes which was fully controlled or bad asthma, and they would come in with an exacerbation and could not breathe. Every time they came in, there was a $2,000 to $20,000 charge—every time. But if you manage that patient through a primary care office or an attached urgent care center, what you are charging $2,000 for here, you can manage for $150 there. Not only that, when you manage it for $150 there, if that person actually works, she is more likely to hold a job, more likely to support her family, less likely to go on dependence, more likely to pay taxes. Society wins as she wins. That should be our goal. So another way to lower premiums is to actively manage the cost of disease.

People always say: We want government to run like a business. Let me describe what happens in a large corporation. Take ExxonMobil. You will find that ExxonMobil has an insurance company, a third-party administrator. They look at someone who is a high-cost employee, and they actively engage in managing that patient's illness so that, one, they are better, but, two, they lower cost. We as a government should do that, which a responsible employer does as well.

The last thing I want to mention is that the way to lower premiums is by expanding coverage. When Candidate Trump said he wanted to lower premiums and preserve coverage, he understood that the two are linked. If you have a big risk pool—and a risk pool is just the folks who are insured. Everybody who has insurance—that is called the risk pool. If it is big, with lots of young folks who are in their twenties, others in their thirties and forties, and then a few folks like me in their fifties, if someone gets sick, you spread the expense of that one over the many. Particularly if the many include the younger and healthier, there is a subsidy for the older and sicker.

Go back to ExxonMobil. Let's imagine they have 50,000 employees. If they have 50,000 employees and 10 of them get cancer, have liver transplants, terrible car wrecks, or accidents, their premiums don't even blip. Because you spread the cost of these expensive illnesses over the many, all benefit, and cost is held down.

So when President Trump pledged to preserve coverage, he was recognizing that nexus between having a big risk pool and lowering that premium.

Let me finish by saying this: My commitment to Tina and my commitment to the voters of Louisiana and the people of the United States is to try to lower premiums. They cannot afford the un-Affordable Care Act. The way we can do that, which I have outlined today, includes empowering patients with the knowledge of price to lower the cost of healthcare; encouraging coverage that manages those who are sick so that those who are sick stay well and are less likely to consume expensive emergency room care, as an example, but are also more likely to live full, vibrant lives; and lastly, restoring what is called actuarial soundness, the law of big numbers, a risk poll in which if one of us gets cancer, that cost is spread over many.

Mr. President, if we manage to lower premiums, we will fulfill our promise to the American people, and I look forward to working with my colleagues to fulfill that promise.

Mr. President, I yield the floor.

Mr. ALEXANDER. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. GARDNER. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. CASSIDY). Without objection, it is so ordered.

NORTHEAST COLORADO FIRES

Mr. GARDNER. Mr. President, I come to the floor today to talk about the recent impact of prairie fires in northeastern Colorado. A lot of times when you turn on the national news in the spring, summer, or fall, you might see fires in Colorado, but most of the time those fires are located in western Colorado in the mountains.

We have had some horrible fires in recent years. The past decade has been littered with far too many fires of great consequence to our environment, to families, and to homes—and the damage they have caused. Oftentimes we don't see as much in the news about fires in other parts of the State, including the Eastern Plains of Colorado, the Great Plains and prairies.

At the end of March, Logan and Phillips Counties saw a blaze that burned 32,000 acres, destroying homes, harming cattle and farm operations, and shutting down a key interstate corridor. To put 32,000 acres into perspective, in 2016, the largest fire in Colorado was the Beaver Creek fire near

Walden, burning tens of thousands of acres over the course of 3 months. The fire burned about 38,000 acres. The fire burning 32,000 acres in northeastern Colorado took only about 24 hours of time. So we had 38,000 acres burn in 3 months, and 32,000 acres in northeastern Colorado burned in 24 hours. In both cases, these were incredibly dangerous situations to land, people, and those around them.

These images from the Denver Post paint a frightening picture of the devastation the area faced. We can look at these pictures here. You can see what happened with the dirt, debris, smoke, and weather that was created by the fire, and you can see the damage and what happened. You can see the damage to property here.

I want to go back to the earlier picture and talk about some of the other impacts we saw. You can see the firemen from eastern Colorado working to protect property, trying to stop the fire before it reached the homestead.

You can see someone with a tractor, and they are trying to disc up the ground, trying to create a firebreak. People from around eastern Colorado, northeastern Colorado were getting into their tractors, getting their tillage equipment, their chisels, discs, and sweeps to try to break up the ground to create a firebreak so that maybe they could stop the fire. I commend the first responders for containing this fire and preventing any loss of life while also preventing other fire hotspots from breaking out into larger, devastating blazes because of the work they did.

In the middle of these fires, I remember talking to a county commissioner from Logan County, and he described the situation where they had tried to create a firebreak with their road graders and the farmers in the field trying to disc up the ground to stop the fire from moving.

I remember vividly when the county commissioner told me that at a certain time of the day he had to make a phone call that he would never forget in his life. He called the county commissioners from the neighboring county and said that the fire was moving that way. He said: Hey, I want you to know, Logan County is unable to stop the fire. It is coming your way. I am sorry; it is in your hands now.

Imagine that phone call. This horrible thing that has happened in your county is also spreading to the next county, and you can't do anything about it, despite the incredible efforts and acts of heroism to try to stop it.

Fire departments from across Colorado came to northeastern Colorado in that part of the State to stand alongside local firefighters to get this fire under control. Dozens of agencies and departments responded.

Being from Yuma County, south of where this fire took place, I know how alarming and unforgiving these fast-moving prairie fires can be on the farmers, ranchers, and communities in their path. I fought prairie fires as well in northeastern Colorado and know how fast they move and how indiscriminate they are in their destruction.

I also know the challenges people now face in Phillips and Logan Counties as they try to recover in the spring, but I can confidently say that the community is recovering. According to local agronomist, Dave Gibson:

> Within six days of the fire, 85 percent of the cropland was planted with oats to prevent soil erosion with neighbors volunteering to help and donate. It was an amazing effort.

My office has been in communication with State and Federal officials, along with those impacted, to ensure we are doing everything possible to assist in this process.

Those from northeastern Colorado are dependent upon agriculture for their way of life. Two-thirds of Colorado's agricultural production comes from the South Platte River valley, those areas considered to be in northeastern Colorado. I have spoken on the Senate floor about the difficult times these farmers are facing outside of the context of national disasters. When times are already tough, seeing your land and cattle operation burned up in a prairie fire makes things even worse. It is during these challenging times in agriculture, whether it is the impact of fire or low commodity prices, that we are reminded of the need for effective leadership.

I was pleased this last week when the Chamber came together in a bipartisan fashion to confirm Governor Sonny Perdue of Georgia as our Secretary of Agriculture. Senators on both sides of the aisle recognized that supporting our Nation's farmers and ranchers is not a partisan issue.

It is my hope that we can support Secretary Perdue to expeditiously confirm the rest of his team at USDA because we need it in agriculture. Whether it is the FSA or a crop insurance issue as a result of a fire or a situation relating to trade and how we are going to address low commodity prices, the Secretary of Agriculture needs a team around him. Congress must work with Secretary Perdue to address this crisis in agriculture.

In Colorado, we have seen net farm incomes drop 80 percent since the record highs of 2011. If you look at this headline, this was in the Wall Street Journal some weeks ago. The headline says: ''The Next American Farm Bust Is Upon Us.'' That is because if you look at just the State of Colorado alone, there has been a drop of 80 percent in farm income from the record highs of 2011. That is net farm income down 80 percent.

I believe this Congress needs to act with a four-pronged approach.

First, we need a long-term farm policy in place. With the farm bill expiring in September of 2018, Congress must begin negotiating about how we are going to move forward in a responsible fashion. I commend the Senate and House Agriculture Committees for holding hearings on the next farm bill, and I look forward to conducting our own roundtables and listening sessions to talk about and to learn about and to listen to how we can make a difference. Federal policy certainty with a long-term farm policy is essential for farmers and ranchers.

The second thing we must do is to provide regulatory relief. We have already repealed about $85 billion worth of regulations over the last 3 months. That is an incredible feat to relieve the American economy from the harm and pressure of $85 billion worth of regulatory overreach. By relieving the American business community of that $85 billion worth of regulations and relieving the American family of that pressure as well, it also means we have been able to reduce paperwork by 54 million hours.

Imagine that: $85 billion worth of regulatory reductions means there is 54 million hours of paperwork that no longer has to be completed. Instead, that money, time, and effort can be invested in growing opportunities and following up on sales leads and making that money work for the business and family instead of just for the government.

When it comes to agriculture, the regulatory relief to address this next American farm crisis—some of that regulatory relief, the $85 billion, includes measures such as repealing the Bureau of Land Management 2.0 rule or finally getting the waters of the United States regulation out of the way. That is the kind of regulatory relief we have to continue to pursue.

To those who may not know what waters of the United States regulation did, let's take an example in Colorado. Under the EPA's own study, two-thirds of Colorado waterways are described or defined as intermittent flow. Intermittent flow means they don't have water in them year-round. But according to the government, they would be considered navigable waterways. I don't know how you get anything to float down a dry river, but apparently the EPA can. That $85 billion of regulatory relief includes stopping the waters of the United States rule. We have to continue to peel back the burdensome regulations on American agriculture.

The third thing we have to address is access to finance. Finance is critical to any farmer. There is an old joke, an old saying that if you go out to a farmer—and they may know this already—and ask: How do you make a small fortune in agriculture? The answer is that you start with a large one. I think it is time we fixed that.

Wouldn't it be nice if people weren't just relying on the bank, but they could actually produce enough money to help them into the future, to help them thrive, prosper, grow, and bring in new generations of family? During difficult economic times, when we are facing incredible challenges and low commodity prices, we do need to have

access to financing. Whether it is through the community bank or banks on Wall Street or the Farm Credit Union or farm credit system, farmers, ranchers, and those in agriculture need access to financing to get through this difficult time.

That production loan, that operating loan is how they make it from season to season, harvest to harvest, and planting to planting to make sure they have the ability to stay on the farm. Right now we have a system that I am worried about—a financial regulatory system in place that perhaps a farmer walks into a bank one day, a bank they have been doing business with for 100 years, and they have never missed a payment, but all of a sudden, based on some Washington, DC, formulary, they can no longer get the loan they need to keep them into the next year, even though that bank in their hometown on Main Street knows they will be able to make that payment.

What we have created is a system and financial regulations that are going to make it impossible for some of these farmers to work out the crisis that is upon them. I sent a letter 2 weeks ago to the Consumer Financial Protection Bureau, requesting a review of all regulations potentially inhibiting rural access to finance.

The fourth thing we have to get right is trade opportunity for American agriculture. With corn and wheat prices near 10-year lows, the most obvious solution is to open up more international markets for agriculture to continue to look for new opportunities to export American agricultural products overseas. The price of commodities for a bushel of corn is about the same price today as it was back when I was born in 1974. Opening up trade opportunities, opening new markets will give us the value-added opportunity to help get more for that bushel of corn.

Some of the greatest opportunities lie in Asia—50 percent of global population, 50 percent of GDP in the near future. Those are markets we have to open up in U.S. agriculture. Those are markets that already have access in many cases to U.S. markets, but if we want to sell products there, sometimes we are hit with tariffs. That is not fair. We have to make sure we are reducing the tariffs we face when we go into their markets because they seem to have unfettered access into ours much of the time.

Those are all measures we can address. The four things are long-term farm policies, regulatory relief, access to financing, trade opportunities that work for the American farmers and ranchers.

Those recent fires in northeast Colorado, as well as fires in past years in Colorado and across the West, are another reminder of the need to address wildfire borrowing. Wildfire borrowing is a process where the Department of Agriculture's Forest Service spends money that it has budgeted for the fires. It runs out of money because it didn't budget enough money to fight the fires, and it turns around and starts cannibalizing other areas of spending that could actually have been used to help reduce the next forest fire. We have to end the practice of fire borrowing, and we have to work with Secretary Perdue as head of the U.S. Forest Service within the Department of Agriculture to end wildfire borrowing and to improve forest and land management to prevent these uncontrollable fires that we have seen.

Supporting those impacted by fires, whether it is in the forest or around the prairie, is something we should all be able to get behind. In Logan and Phillips Counties, neighbors banded together. They worked to recover and rebuild from the devastation shown on these images. It has happened for generations in eastern Colorado and across this country. When there is a crisis, when there is a tragedy, neighbors help their neighbors. You can see it in these pictures. But we can also help our neighbors here in Washington, DC, and across our country's vast farmlands by doing what is right in addressing these challenges. Just as Logan County and Phillips County banded together, we should band together with American agriculture.

It is my hope that Congress can learn from the lessons taught in the aftermath of these difficult situations to come together, support rural communities, support agriculture, and make sure we support our fire response efforts, importantly, to prevent that next catastrophic fire.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mrs. CAPITO. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

GOVERNMENT FUNDING LEGISLATION

Mrs. CAPITO. Mr. President, earlier today, the Senate voted to pass the Omnibus appropriations bill for 2017.

This bill is a product of bipartisan negotiations and hard work on the part of our Appropriations Committee, of which I am proud to be a member, and the leadership of both of our parties.

I am encouraged by the overwhelming support for this important legislation that reflects our Nation's priorities and funds the government in a responsible way. I am very pleased—and I can't emphasize this enough; very pleased—that the bill includes a bipartisan provision that keeps the promise of lifetime healthcare benefits for 22,000 coal miners and their families, including 8,500 West Virginians—my home State.

Bankruptcies in the coal industry meant that these miners would have lost their critical health insurance coverage at the end of last year. We passed that little, short-term extension for 4 months, and it was set to expire this coming week.

This appropriations bill provides certainty to these coal mining families. Because of this bill, they will keep the healthcare they earned through their years of hard work.

I worked closely with my West Virginia colleague, Senator JOE MANCHIN, as well as our Representatives—Representatives DAVID MCKINLEY, EVAN JENKINS, and ALEX MOONEY—to get this permanent miners' healthcare fix included in the bill.

I also want to particularly thank our majority leader, Senator MITCH MCCONNELL, for his leadership on behalf of the miners in West Virginia and in his home State of Kentucky, and the rest of Appalachia. I would also like to thank my fellow Republican from the State of Ohio, Senator ROB PORTMAN, who was a champion for those miners as well.

But, most importantly, I would like to thank the miners from across coal country who came to Washington to advocate for their healthcare benefits. I met with dozens—probably hundreds, over the course of the years—of West Virginia miners in my office over the last several years.

Last September, miners came by the thousands to the west front of the Capitol and stood for hours in just excruciatingly hot conditions. These miners and their families put a human face on the issue. They are the reason—they are the reason—that we have a successful result today.

Many of these miners have shared their stories with me through letters and emails and personal stories and visits, and I want to share just a few of their thoughts.

Brenda, a coal miner's widow from West Virginia, wrote that continued healthcare coverage presented a life or death situation for her. She wrote:

> I have medical problems, which require monthly doctor visits and prescriptions and I will no longer be able to see my doctors—nor afford the prescriptions should our health insurance be taken away.

Alfred, a retired West Virginia coal miner wrote:

> We were not given our health benefits as a gift. We worked hard in the mines every day for a long time, and it was backbreaking, year-to-year.

Howard, another retiree, wrote that he worked in the West Virginia coal mines for 41 years to earn this promise of healthcare benefits.

William, also a retired West Virginia miner, wrote that he has had several surgeries, including one on New Year's Day, 2017. The possible expiration of health benefits and the thought of temporary benefit extensions left him worried about whether he would be able to access necessary followup medical care for his surgery.

After learning that permanent healthcare would be included in this bill, Gisele wrote:

> Tonight I will rest soundly knowing that we will be able to afford our medicines.

For Brenda, Alfred, William, Howard, Gisele, and thousands of other miners and widows across West Virginia, this bill keeps the promise of lifetime healthcare.

There is more work to be done to protect the pension benefits of our retired miners and to bring jobs back to coal country, to areas that have been hit hard by the previous administration's policies. But the permanent healthcare in this bill is a critical victory for our coal mining families and the communities where they live.

I would also like to quote a young man who sent me an email. I met him at a Chick-fil-A on a Saturday—not a Sunday, of course, on a Saturday. We struck up a little friendship, and the day he learned that this was in the bill, he texted me and said:

> Senator, I met you in the Chick-fil-A. Thank you, you have now secured the benefits for my Paw Paw.

I thought it was such a heartfelt message that he sent to me—a new friend of mine who had been struggling along trying to figure out a way to help his grandfather.

There are a number of other important priorities in this bill as well. Mining communities will also be helped by tens of millions of dollars across different agencies to help us retrain our miners who have lost their jobs.

This bill also includes a significant investment in new fossil energy research, including carbon capture and sequestration. These funds will help spur the development of new markets for coal to keep coal mining jobs for years to come.

The appropriations bill also includes funding increases for rural broadband deployment, something I have been very concerned about, as well as continued funding for the Appalachian Regional Commission. Access to broadband is absolutely critical for economic development and improved access to health and education opportunities in our rural communities, and we are sadly underserved. There is much work to be done to bring access to high-speed internet to many communities, but this bill is a positive step.

As chairman of the Financial Services and General Government Appropriations Subcommittee, I am glad that we included increased funding for the Drug-Free Communities Support Program and the High Intensity Drug Trafficking Area Program, or the HITDA Program. Unfortunately, cascading across this country is the devastating problem of prescription drug abuse, opioid abuse, and heroin addiction. The Labor, Health and Human Services, and Education portion of the bill includes an $800 million increase to combat opioid addiction. This includes the $500 million authorized for the 21st Century Cures Act to help States with their response to the crisis. It also includes an increase for medication-assisted treatment programs and for other programs outlined by the CARA bill that we passed last summer.

In addition to these important treatment resources, we have also funded important enforcement and prevention aspects of the problem as well, including $50 million for the Department of Veterans Affairs for opioid and substance abuse for the treatment of our veterans. This is a real problem for our returning veterans who have addiction issues. There are funds to implement the Jason Simcakoski act that Senator BALDWIN and I introduced.

Unfortunately, West Virginia is the epicenter of the opioid crisis that has struck communities across the country. Passage of this appropriations bill will make a difference—a big difference—for people who are struggling to overcome addiction and to help our States that are financially strapped and our local communities combat this terrible problem.

Another area of significance to a lot of people in my State and across the country is the increase in the funding for the National Institutes of Health. There is a $400 million increase for Alzheimer's research—something important to me, as I lost both of my parents who suffered from Alzheimer's, this terrible disease. We need to find not just treatments, but we need to find a cure, and I think NIH is where we are going to find it.

There are many other reasons to support this bill. It has additional flood relief for our devastated flood areas. I know the Presiding Officer has major floods in Louisiana, and we had them in West Virginia, and we have had them across the country.

Just to mention a few other things, this bill includes a pay increase for our troops, which is so important. They are on the frontlines.

The bill also works on scientific research for our educational institutions, something important to our universities in West Virginia.

But, most of all, I just want to voice my appreciation for the bipartisan work by the members of the appropriations committees, who worked hard to get this bill where we are. It is a responsible bill. It is a commonsense bill. It sets our priorities. Today, because of the fact that we passed it with support from both parties, I believe it will achieve a positive result for our country.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. LANKFORD. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

NATIONAL DAY OF PRAYER

Mr. LANKFORD. Mr. President, it is a busy day. There is a lot going on in Washington, DC. Quite frankly, at home there is a lot going on in homes, families, and lives. Today is also a unique day for America as well. It is the one day that we as a nation have something called the National Day of Prayer. It started in 1988. It was an official day on this day, the first Thursday of May. But in the 1950s, Harry Truman started this process of a national day of prayer. So it far precedes that.

Our Nation has a rich and beautiful history in prayer. Members of the House and Senate, as the Presiding Officer knows, open the day every day with a prayer. It has been that way from the very beginning. Even the first Continental Congress on September 7, 1774, opened in prayer.

Tonight, Americans will gather in Statuary Hall in the U.S. Capitol to celebrate the National Day of Prayer. Statuary Hall was once the House of Representatives, where the House gathered. It was also the largest gathering place in Washington, DC, and many churches for years met in Statuary Hall to be able to pray. It was the common meeting place. In fact, for a period of time in the early 1800s, four churches a Sunday used at that time the House of Representatives Chamber—what is now known as Statuary Hall—as their place for worship.

Thomas Jefferson worshipped there. In fact, every President from Thomas Jefferson all the way to Abraham Lincoln attended church on Sundays in Statuary Hall, what was at that time the House of Representatives Chamber.

That is an interesting fact. I have had folks talk about Thomas Jefferson's statement about the wall of separation between church and state. That was actually in a letter Thomas Jefferson wrote to the Danbury Baptist Association, saying they would not allow the State to take over churches—that there would be this wall of separation between church and state. Two days after President Jefferson wrote that statement, he attended church in the House of Representatives Chamber on a Sunday.

Even earlier, at our Constitutional Convention in 1787, Benjamin Franklin stated: ''In the beginning of the Contest with Great Britain, when we were sensible of danger, we had daily prayer in this room for Divine protection.''

Many U.S. Presidents have signed proclamations for national prayer since 1799, from George Washington all the way to the present.

The National Day of Prayer is a good day for us to be able to reflect as a Nation and to be able to remember well that there are many people of faith in our country that do believe there is a Creator God and that he has made a difference in our own personal lives and he has made a difference in our Nation.

We go back to President Truman's statement. He said in 1952: ''The President shall set aside and proclaim a suitable day each year, other than a Sunday, as a National Day of Prayer, on which the people of the United States may turn to God in prayer and meditation in churches, in groups, and as individuals.''

As I mentioned, in 1988, President Reagan even affirmed that.

I don't think I could find very many Americans who would say we are running out of things to pray for: debt; anger in the Nation; conversation about hard, difficult issues that we face; terrorism and threats of violence from around the world. We are not out of things to pray for. Far from it. But people of faith believe that, regardless of the obstacles we face, there is a God that we can call out to who hears us and who cares about our daily lives. He is not a God who just created and walked away. He is a God whom we can know, and we feel confident that God knows and loves us.

Philippians 4:6 says: ''Do not be anxious about anything, but in everything by prayer and supplication with thanksgiving let your requests be made known to God.''

I am always encouraged when I travel around Oklahoma and around the Nation. I even ran into some people this week who stopped me in the hallway and just said: ''I want you to know I'll pray for you.''

I encourage Americans to pray for the President, for the Vice President, for their Cabinet, for the Supreme Court, for Members of the Senate and of the House, for the staff who serve around us and with us and serve people around this country, for our military, and for first responders. The list could go on and on of people who set aside their time and their life to be able to serve. It is not an unreasonable request to be able to say: Pray for them; ask God to continue to protect them.

It is amazing to me how many Christians I bump into of my own faith who find it easier to complain about government than it is to pray for those in government. I think that is an issue we need to fix, and today is a good day to begin that, on this National Day of Prayer.

I remember well, personally, that I grew up around the church. My mom dragged me to church. I mean it. She made me go. But I remember extremely well sitting in the balcony of the church one Sunday and actually paying attention to our pastor as he would read through Scriptures. Probably for the first time in my life, I started actually thinking about this one simple truth: There is a God, and I don't know Him.

I couldn't shake that reality. Laying in bed late that Sunday night by myself, I remember praying—probably for me, for the first time in my life, actually praying. And I prayed a very simple 8-year-old prayer. My prayer was this: God, I don't know You, but I know I have done things wrong in my life and I need Your forgiveness. Would You come into my life and take control?

It was the beginning point for me—just the most simple of ways for me to begin a relationship with God, trusting in His forgiveness and His ability to forgive.

I have in my office two paintings that hang. One painting is the hands of a potter at a wheel, shaping the clay as they choose to. It reminds me of the sovereignty of God. Below it is a painting of those same hands sitting at that same bowl holding it, but this time the bowl is done. It is full of water. There is a towel in it, and there are feet around the bowl. It reminds me of the call to serve that we all have—to be able to serve people in the most humble of ways. It reminds me that there is a God, and that He has called us to a task. Part of that task is to pray.

The National Day of Prayer is not a mandate from the Federal Government that all people should pray—far from it. It is just a reminder. It is a reminder for people of faith who choose to pray that this is a good day when we can reset to be able to pray for our Nation and for our leaders. It is an acknowledgement, quite frankly, that millions of people of faith believe in God and that those individuals believe that God hears our prayers and responds. So thus we should pray.

Culturally, it is fascinating to me to be able to talk to people about prayer. I ran into some people that find it perfectly permissible in times of great struggle and anguish to pray, but in times of thanksgiving, it seems odd. Let me give a for instance.

A couple of years ago, a football coach in our country was fired from his job because at the end of a football game he would kneel down after the game was over and thank God for the safety of his players. For that, he was released from his job because, for some reason, Americans don't accept prayers of thanksgiving. But at those same football games, if a player was injured and the coaches and players were to kneel down, the crowd would see that as a good sign of respect—that we respect someone who is injured, and it is entirely reasonable to pray when there is an injury on the field but maybe not if it is just a prayer of thanksgiving.

It is an odd season for us as a nation, trying to figure out who we are and what we believe and if Americans of faith can live their faith. I would challenge us as a country, for those of us who have faith, to be able to live our faith with integrity and with consistency, and on a National Day of Prayer like this, to remind our Nation that there are millions of people of faith but that there are also millions of people that have no faith at all. They are also Americans, and they are also to be respected because many people are on a journey with God.

There are many people who don't practice faith at all today that consider simple things in their life. Their financial house may be in order. Their family life may be in order. But their spiritual life remains a vacuum, and they are, quite frankly, trying to figure that out.

I am always interested in the stories of Abraham Lincoln. Abraham Lincoln in his earliest political campaigns was chastised that he was anti-faith or that he was secretly an atheist because he never attended church everywhere. He said he had respect for the Bible and read the Bible and had respect for faith, but he just personally didn't practice it. In his earliest campaigns, he was really challenged by that and only narrowly won at times. In fact, he lost some of his campaigns, and he had attributed losing those campaigns to people having challenged him that he was anti-faith.

But then we read his words when he was President of the United States, and we find a person who was on a journey with God. It wasn't anti-faith. He just didn't practice faith.

But listen to these words in 1863 from President Lincoln. He proclaimed a National Day of Prayer, as every President before him has, and he wrote this:

> We have been the recipients of the choicest bounties of Heaven. We have been preserved, these many years, in peace and in prosperity. We have grown in numbers, wealth, and power, as no other nation has ever grown. But we have forgotten God. We have forgotten the gracious hand which preserved us in peace, and multiplied and enriched and strengthened us; and we have vainly imagined, in the deceitfulness of our hearts, that all these blessings were produced by some superior wisdom and virtue of our own. Intoxicated with unbroken success, we have become too self-sufficient to feel the necessity of redeeming and preserving grace, too proud to pray to the God that made us! It behooves us then, to humble ourselves before the offended Power, to confess our national sins, and to pray for clemency and forgiveness.

That is a man who was on a journey with God, who came to the Presidency as a person of no faith, who understood the responsibilities, and his heart dramatically changed.

It is a good day for us to reflect on this National Day of Prayer. I would encourage the Nation, if they choose, to be able to watch and join in or to just quietly be able to pray on their own, to remember again that those of us who pray for others should probably spend some time praying for ourselves as well. At times, as we criticize others, we should probably self-evaluate and ask the simple question: Do we live the values that we demand of others?

It is a good day to pray. Later tonight, I will stand in that historic Statuary Hall where Presidents and Members of Congress and individuals have prayed for a long time, and I will read Daniel, Chapter 9 to the group, which reads:

> Now, our God, hear the prayers and petitions of your servant. For your sake, Lord, look with favor on your desolate sanctuary. Give ear, our God, and hear us.

It is a similar prayer that many of us pray in gatherings all over this Capitol every week. Members of the House and the Senate and staff quietly find places in this building to pray. It is not a bad idea for the Nation to join us.

Hear, O God, our prayer. We need Your help.

Mr. President, I yield back.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

LEGISLATIVE SESSION

MORNING BUSINESS

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

(At the request of Mr. SCHUMER, the following statement was ordered to be printed in the RECORD.)

VOTE EXPLANATION

• Mr. DURBIN. Mr. President, I was necessarily absent for the vote on the motion to concur in the House message to accompany H.R. 244.

On vote No. 121, had I been present, I would have voted yea on the motion to concur in the House message to accompany H.R. 244.

I want to take a few minutes to acknowledge today's bipartisan passage of the Omnibus appropriations bill to fund the government through the end of the 2017 fiscal year. While I am disappointed that the bill's passage comes more than halfway through the fiscal year, the bill that was sent to the President today is the product of months of bipartisan work by the appropriations committees on both sides of Capitol Hill and represents how Congress should and can work together to provide the American people with critical investments that will create jobs and grow our Nation's economy. It is my hope that the bipartisan cooperation that made this bill possible will continue as Congress begins its work on appropriations for fiscal year 2018.

This bill includes critical investments in the middle class, our Nation's infrastructure, medical and scientific research, and our national security. I am proud to report that much of the funding in this bill will benefit my home State of Illinois, funding a wide variety of Illinois projects and priorities. Most importantly, it takes the threat of a government shutdown, which would have hurt our economy, off the table.

This bill fully rejects President Trump's proposed assault on medical research and instead includes a $2 billion increase for the National Institutes of Health, or NIH, bringing the agency's funding level to $34.1 billion. This 6 percent increase in NIH funding matches the steady, predictable growth called for in legislation I have introduced over the past several years, the American Cures Act.

Thanks to the NIH, we have cut the cancer death rate by 11 percent in women and 19 percent in men. HIV/AIDS is no longer a death sentence. Polio and smallpox are all but eradicated in this country. We are closer than ever to developing a universal influenza vaccine, to rebuilding parts of the human heart without needing to rely on transplants, and to finding new and effective therapies to delay the onset of neurological diseases like Alzheimer's and Parkinson's. These medical breakthroughs will not happen without sustained, robust Federal funding for medical research supported by the NIH.

President Trump's disastrous budget proposals for fiscal years 2017 and 2018 would have slashed NIH's budget by nearly 20 percent, bringing NIH to its lowest funding level in 15 years. I am pleased that Congress came together on a bipartisan basis to protect the NIH, and I want to thank my colleague Senator BLUNT, chairman of the Labor, Health and Human Services, and Education and Related Agencies Subcommittee, for his efforts to provide this vital funding. I will be working hard to ensure that NIH gets another significant funding increase for fiscal year 2018.

While I am encouraged that this bill includes $7.3 billion for the Centers for Disease Control and Prevention, or CDC, it is my hope that Congress will find a way to work together on a bipartisan basis to provide the CDC with even greater funding increases in the years to come.

The CDC has so many important responsibilities—from combating prescription drug abuse and fighting infectious disease outbreaks globally to preventing diabetes and protecting patients from antibiotic resistant superbugs. It is imperative that we provide this agency with the funding necessary to protect the public health.

Chairman COLE is a strong champion of CDC funding, and it is my hope that we can work together on a bipartisan, bicameral basis to plus-up overall CDC funding in the coming years.

I am pleased that harmful tobacco riders that would have severely undermined the Food and Drug Administration, or FDA's, ability to protect our Nation's youth from harmful, addictive tobacco products were not included in this bill. By omitting these terrible policy riders, the FDA can continue to regulate cigars and ecigarettes. I have said it before and I will say it again: I remain troubled that Big Tobacco continues to market and develop products aimed at getting youth addicted to tobacco.

This bill includes more than $1 billion to help combat our Nation's prescription opioid and heroin epidemic. This funding will be available to States and local communities to help with prevention, enforcement, treatment, and recovery. In 2015, more than 33,000 people in the United States died from an opioid overdose. To combat this epidemic, we must commit proper funding and resources toward solving the problem. This bill begins to do that.

I am proud that this bill increases funding to support critical transportation infrastructure projects in Illinois, despite President Trump's calls to eliminate funding for some of our most important transportation programs The capital investment grant program, which President Trump has proposed to eliminate, allows communities to compete for funding to build and improve subway, commuter rail, light rail, bus rapid transit projects through New Starts, Small Starts, and Core Capacity grants. This program was increased by $236 million in this bill to $2.4 billion with $100 million in Core Capacity funds specifically allocated to help fund the Chicago Transit Authority's modernization of the red and purple lines.

The Transportation Investment Generating Economic Recovery, TIGER, grant program, which Illinois has relied on repeatedly to help fund transit, highway, and bridge projects throughout our State, was also protected from elimination in this bill. As a result of bipartisan support for this program, Illinois will now be able to compete for the $500 million in TIGER funds included in this bill.

Funding for federal highway and transit formula grants to States was increased in this bill to the full funding levels authorized in the 2015 bipartisan FAST Act. As a result, $43.2 billion in highway funding, a $905 million increase, and $9.3 billion in transit funding, a $753 million increase, will be provided to States around the country to improve and maintain their roads and public transportation. Federal funding comprises 80 percent of the funds included in the Illinois Department of Transportation's multiyear highway improvement program.

This bill also includes critical funding to improve freight and passenger rail around the country. Nowhere is this more important than in Illinois, our Nation's rail hub. And $98 million in newly authorized rail safety and state of good repair grants was included in the bill, as well as $1.495 billion in nationwide funding for Amtrak, which commuters in both Chicago and downstate Illinois rely on every day to get to their schools and jobs. By providing adequate funding to Amtrak, more than 500 communities in 46 States across the country will continue to see improved passenger rail service.

The bill allocates $150 million in funding to provide rural areas with reliable air service through the Essential Air Service program. This funding supports critical air service in Quincy, Decatur, and Marion, IL.

This agreement provides $1.3 billion to permanently extend the health benefits of more than 22,000 retired coal miners and widows, including nearly 2,000 in Illinois. Coal mining is difficult and dangerous work, and these men and women who spent decades working in these mines risked their lives, health, and personal safety to ensure that our country had power. I heard

countless heartbreaking stories from Illinois coal miners and their families about the fear and uncertainty they were facing if they lose their health benefits. While this bill does not provide relief for the miners' failing pension fund, they can find comfort in knowing they will have health care for life.

As vice chair of the Defense Appropriations Subcommittee, I am particularly proud of the bipartisan work that was done in the subcommittee to provide critical equipment and training for our troops, as well as funds to continue the fight against terrorist threats like ISIL. I want to thank Chairman THAD COCHRAN and his staff for working with my staff and me on a bipartisan basis to finalize this section of the bill.

The bill provides a pay raise for military and civilian personnel, including those in Illinois. It continues the subcommittee's track record of providing 5 percent real growth in lifesaving medical research and makes critical boosts in broader science and technology research.

It also provides important defense funding with particular impact in Illinois. It supports well-paying manufacturing jobs by adding $110 million to extend the Humvee production line at Rock Island Arsenal and $979 million to extend the F–18 production line in St. Louis for downstate Illinois. It also provides $140 million to stabilize rates at all three Army arsenals. Finally, it adds $9.9 million not requested in the budget to ensure National Guard cyber protection teams in Illinois and across the country are fully funded.

The omnibus bill does not include any funding for a wall on our southern border. Mexico will not pay for a border wall as the President promised during last year's campaign, and it is absurd to suggest that the American people should now be stuck with the bill. Texas Republican Congressman WILL HURD, whose district covers 800 miles of the southwest border, has described the wall as ''the most expensive and least effective way to secure the border.'' Senate Democrats on the Homeland Security Committee estimate this wall will cost nearly $70 billion to build and $150 million a year to maintain. Even the Trump administration acknowledges the wall will cost $21.6 billion, not including maintenance.

While the Trump administration demanded $3 billion in additional funding for immigration enforcement, congressional Democrats succeeded in cutting this amount in half. I am pleased that the omnibus does not include any funding for President Trump's plan to triple the number of immigration agents. This unnecessary and prohibitively expensive goal would help the administration target 8 million undocumented immigrants who are now priorities for deportation under Trump administration policy. This ignores the reality that the vast majority of undocumented immigrants in our country are law-abiding individuals who make important economic contributions and have deep roots in our country.

Democrats also successfully resisted a rider that would have deprived communities around the country—including Chicago in my home State of Illinois—of billions of dollars in critical Federal funding if they refuse to take part in the Trump administration's mass deportation scheme.

The bill also includes important new oversight measures for U.S. Immigration and Customs Enforcement, or ICE, detention operations. While some additional detention funding may have been needed to address the surge in border crossings at the end of 2016, it appears that a reduction in ICE's detention budget will be appropriate in fiscal year 2018, given the sharp decline in border crossings this year.

I am disappointed that the bill includes a problematic rider that circumvents regular legislative order to permit the Trump administration to potentially double the number of foreign guest workers who could be admitted to the United States under the H-2B visa program without needed safeguards. I have long advocated for reform of the H-2B program, which in its current form harms both American and foreign workers. We should not increase the size of the H-2B program unless and until the program is reformed to protect workers from exploitation. I am particularly concerned that this rider gives the Trump administration the authority to determine how many additional H-2B visas will be issued since President Trump owns companies that have sought to import more than 900 H-2B guest workers, including 64 in fiscal year 2017 alone, while turning away hundreds of American workers. I will be closely monitoring the administration's implementation of this provision, which only permits additional visas to be issued if the Secretary of Homeland Security, after consultation with the Secretary of Labor, determines that the needs of American businesses cannot be met by qualified American workers.

While not perfect, this bill exemplifies what Congress can do if it puts politics aside to work together and come to a bipartisan consensus for the good of the American people. I support the passage of this Omnibus appropriations bill. While we now face a much shortened timeline to complete the appropriations process for the next fiscal year, I am hopeful that the bipartisan cooperation exemplified by this bill will continue.●

GOVERNMENT FUNDING LEGISLATION

Mr. RUBIO. Mr. President, while not perfect, this bill includes important provisions that will benefit Florida, strengthen our national security, increase resources for our national defense and the fight against ISIS, and give our military men and women the largest pay raise in 6 years.

Given the threats our Nation faces from the likes of North Korea and radical Islamic terrorists, a government shutdown would send exactly the wrong message to the world at a time when it is counting on America to lead.

I am pleased to see this bill funds the Department of Defense to levels authorized by Congress and includes increases for ship building, operations and maintenance, and military readiness. It also incorporates the fiscal year 2017 Intelligence Authorization Act, IAA, that provides essential guidance and authorities for our intelligence community. This year's IAA requires the President to establish an interagency committee to counter Russia's active measures against the U.S., maintains resources for our intelligence community's counterterrorism capabilities, and requires the Director of National Intelligence to complete declassification reviews of terrorist activities of each individual who has been transferred or released from the U.S. detention facility in Guantanamo Bay, Cuba.

This bill will ensure Florida can continue combatting the Zika virus and the opioid epidemic that is devastating so many families in our communities. I am committed to continuing to fight against Zika and have begun working with the Senate Appropriations Committee to establish an emergency health fund to provide funds for infectious outbreaks, like Zika.

This appropriations bill will also support Everglades restoration and improvements to the Herbert Hoover Dike and our State's ports. Florida's citrus growers will get the help they need to counter the terrible greening that is hurting their crops.

The bill also includes my legislation to protect public housing residents and reform HUD's broken inspection process. I saw firsthand the appalling conditions at Eureka Gardens in Jacksonville, Windsor Cove Apartments in Orlando, and Stonybrook Apartments in Riviera Beach, so I am glad this bill will help ensure the people at these properties finally see real changes for the better.

These provisions make the bill worthy of my support, but as I have said before, we cannot continue to run our country in this way, with one temporary bill after another. Republicans and Democrats in Congress must work together with the Trump administration to restore fiscal sanity, set a long-term budget, and address our Nation's unsustainable and growing debt.

TURKEY

Mr. WICKER. Mr. President, today I wish to express my concerns about the outcome of the April 16 constitutional referendum in Turkey, when more than 50 million Turkish citizens voted on constitutional amendments to convert Turkey's parliamentary government into a Presidential system.

Turkey is a longstanding friend of the United States and a NATO ally.

Our bilateral partnership dates back to the Cold War when Turkey served as an important bulwark against the creeping influence of the Soviet Union. Time has not diminished Turkey's geostrategic importance. Today Ankara finds itself at the intersection of several critical challenges: the instability in Syria and Iraq, the threat of ISIS and other extremist groups, and the refugee crisis spawned by this regional upheaval.

The United States relies on Turkey and other regional partners to help coordinate and strengthen our collective response. I was deeply troubled when renegade military units attempted to overthrow Turkey's democratically elected government last July. Turkey's strength is rooted in the democratic legitimacy of its government—a pillar of stability targeted by the reckless and criminal coup attempt.

As chairman of the Commission on Security and Cooperation in Europe, or U.S. Helsinki Commission, I take very seriously the political commitments made by the 57 participating states of the Organization for Security and Cooperation in Europe, OSCE. These commitments, held by both the United States and Turkey, represent the foundation of security and cooperation in the OSCE region. They include an indispensable focus on human rights, rule of law, and democratic institutions.

In the OSCE's founding document, the Helsinki Final Act, participating states affirm ''the universal significance of human rights and fundamental freedoms'' and consider respect for these to be an ''essential factor'' for international peace and security. This vision is consistent with long-established U.S. foreign policy promoting human rights and democracy as cornerstones of a safer, more stable international order.

With these principles in mind, the United States must pay urgent attention to the current situation in Turkey and the danger it poses to Turkish and regional stability. Eroding respect for fundamental freedoms, rule of law, and democratic institutions in Turkey has proceeded at an alarming pace. The government's planned ''executive presidency'' will further decrease government accountability.

Since the attempted coup more than 9 months ago, Turkey has operated under a state of emergency that gives the government sweeping authority to curtail rights and silence opponents. Certain extraordinary measures may have been justified in the immediate aftermath to restore order, investigate events, and bring perpetrators to justice, but the government's actions have stretched far beyond these legitimate aims. The ongoing purge has touched every institution of government, sector of society, corner of the country, and shade of opposition—military or civilian, Turk or Kurd, religious or secular, nationalist or leftist, political or nonpolitical.

An atmosphere of fear and uncertainty has settled over Turkish society as more than 100,000 people have been detained or arrested. Tens of thousands have been fired from their jobs, had their professional licenses revoked, and had their names released on public lists without any recognizable due process. The government removed and replaced thousands of judges and prosecutors within hours of the coup's defeat, compromising the independence of the judiciary at a moment when an impartial justice system had become more important than ever.

The government has also closed more than 150 media outlets. Upwards of 80 journalists are behind bars. The offices of the country's oldest newspaper were raided, and the paper's editor-in-chief and other staff were arrested. The media environment was already under extraordinary pressure before the coup. Last spring, the government seized control of the country's highest circulation paper. Self-censorship is now widely practiced to avoid provoking the government's ire.

Additionally, state of emergency decrees have given regional governors the ability to curtail freedom of assembly rights, harming the ability of civil society organizations to organize rallies concerning the referendum. Since July, the government has detained more than a dozen opposition parliamentarians. Many more continue to face criminal charges for political statements they made before the coup attempt.

It is difficult to overstate the chilling effect these measures have had on political debate in Turkey; yet these are the circumstances under which Turks voted on April 16. These major constitutional changes passed with a slim majority of 51 percent. The OSCE's international observation mission stated in its preliminary conclusions that the vote ''took place on an unlevel playing field'' and that ''fundamental freedoms essential to a genuinely democratic process were curtailed.''

Under the revised constitution, the once largely ceremonial position of President will convert into an ''executive presidency'' and the position of Prime Minister will be abolished. The President will be elected along with the national assembly every 5 years and has the ability to dissolve the assembly and call new elections at will. The President will also appoint a larger proportion—nearly half—of the country's supreme judicial council. In a report on these new constitutional provisions, the Venice Commission of the Council of Europe concluded that the amendments are a ''step backwards'' and pose ''dangers of degeneration . . . towards an authoritarian and personal regime.''

Turkey is undergoing a disturbing transformation, and I am concerned these changes could undermine the strength of our partnership. President Erdogan's government has dramatically repressed dissent, purged opponents from every sector of government and society, and is now poised to consolidate power further under his self-described ''executive presidency.''

In the short term, the Turkish Government should act swiftly and transparently to investigate credible claims of voting irregularities in the referendum, as well as the legality of a surprise electoral board decision to admit an unknown number of ballots that should be deemed invalid under existing rules. Public trust in the outcome of such a consequential vote is of utmost importance. Sadly, until now, the government has responded to these challenges with dismissiveness and suppression. In the past week, dozens of activists have been detained for participating in protests against the election results.

Furthermore, the government should lift the state of emergency, stop all forms of repression against the free press, release all imprisoned journalists and political activists, and urgently restore public confidence in the judiciary. Only then can it credibly and independently adjudicate the tens of thousands of cases caught up in the government's months-long dragnet operations.

A country where disagreements are suppressed rather than debated is less secure. A country where institutions are subordinated to personalities is less stable. A country where criticism is conflated with sedition is less democratic. Unless President Erdogan moves urgently to reverse these trends, I fear our partnership will inevitably become more transactional and less strategic. It will become more difficult to justify long-term investment in our relationship with Turkey if the future of the country becomes synonymous with the fortunes of one party or one individual.

The United States and Turkey need a solid foundation for enduring cooperation to tackle regional instability, terrorism, migration, and other challenges. The future of this partnership is difficult to imagine in the midst of a prolonged state of emergency, widescale purges, and weakened democratic institutions.

WASTE MANAGEMENT NATIONAL CAREER DAY

Mr. INHOFE. Mr. President, I would like to recognize Thursday, May 4, as Waste Management National Career Day and share with you the importance of hiring and promoting women in nontraditional female positions as drivers and technicians. I believe it is important that we support and encourage women to pursue these career opportunities that have been historically populated by men.

Women comprise only 2 percent of current drivers and technicians. Waste Management National Career Day will provide an opportunity to share stories of women who have held these positions successfully and moved up into management.

I support this initiative because I believe, as we continue to highlight economic opportunities for women, it is imperative that the private sector develop platforms where women can learn about careers they normally would not consider. This national career day is an excellent example of waste management being proactive in creating ways to increase the number of women in these types of careers across the country.

Without a doubt, investment in women in nontraditional careers brings about significant returns. Women contribute every day to our skillful, effective, and talented workforce. I commend waste management for building a platform where you can increase hiring of females as drivers, technician, frontline management, and give them opportunity for advancement.

REMEMBERING LIEUTENANT COLONEL LEO THORSNESS

Mr. McCAIN. Mr. President, I come to the floor today deeply saddened by the passing of my dear friend and fellow POW, Lt. Col. Leo Thorsness. One of the greatest honors of my life was serving with Leo, a man whose service exemplified selfless duty and devotion to others. Leo earned the Medal of Honor for his heroism in a daring combat mission in North Vietnam in 1967 when he flew directly into hostile territory on dangerously low fuel in an attempt to rescue his comrades who had been downed in an attack. Just 2 weeks after that courageous mission, Leo's aircraft was shot down, and he was taken captive by North Vietnamese soldiers. Leo would spend the next 6 years imprisoned, including a full year in solitary confinement, and endure unspeakable pain and suffering because of his steadfast adherence to our code of conduct. However, Leo never let this experience break his spirit and inspired the rest of us with his patriotism, perseverance, and hope that we would someday be free.

After returning home, Leo continued to live a selfless life of service, as a volunteer, State senator, and public speaker, with a simple message: ''Do what's right—help others.'' I am forever grateful for Leo's generosity, friendship, and example and, along with Cindy, send my heartfelt condolences to Leo's wife, Gaylee, and their entire family as we bid farewell to a genuine American hero.

TRIBUTE TO NANCY IACOMINI

Mr. CARDIN. Mr. President, I would like to take this opportunity to talk about a special member of the Senate family, Nancy Iacomini. Nancy, who has served as the Democratic Secretary's administrative assistant since 1998, is retiring after 34 years of devoted public service. I know I speak on behalf of all of my colleagues when I say I am going to miss Nancy, but she has certainly earned a respite, and I want to wish her all the best in her retirement.

Nancy is a proud Pittsburgh native. She earned her bachelor of arts degree in art history from the University of Notre Dame. She was an excellent student: she was on the dean's honor list, she was a Notre Dame scholar, and she graduated cum laude. Then she earned a master of arts degree in art history with a concentration in museum practice from George Washington University. Armed with her degrees and proven academic success, Nancy went to work for the National Gallery of Art, NGA. She spent 5 years at the NGA, holding positions of increasing responsibility. During this time, she also contributed entries and artist biographies to ''La Vie Moderne: Nineteenth Century Paintings from the Permanent Collection of the Corcoran Gallery of Art,'' Corcoran Gallery of Art, Washington, D.C., 1983.

In 1988, Nancy decided to shift her focus from art history to the art of the possible, and she joined the Democratic Policy Committee as a staff assistant. Within a few short months, she was promoted to the position of special assistant to the floor staff and then again a short time later to the position of executive assistant. The art world pulled her back, though, and from 1994 to 1998, she served as deputy congressional liaison at the National Endowment for the Arts, NEA. Some may recall that this was a critical time in the NEA's history when its very existence was at stake. Nancy helped the NEA weather the storm and then returned to the Senate to work in the Democratic Secretary's office.

Since Nancy came to work in Washington, she has lived in Virginia. Nancy has held leadership roles in the Ballston/Virginia Square Civic Association, the Cherrydale Citizens Association, and the Neighborhood Conservation Advisory Committee. She is a past member and chairman of the county's transportation commission, a past member and chairman of the historical affairs and landmark review board, and past chairman of the towing advisory board. She also chaired the fire station No. 3 relocation task force. Nancy has also participated in the East Falls Church Working Group, the Clarendon Sector Plan Update, neighborhood traffic calming measures ad hoc advisory group, the subdivision ordinance working group, and the joint George Mason University/Arlington County advisory board. She served as Arlington's representative to WMATA's Riders' Advisory Council from 2006 to 2009 and chaired the council in 2008.

Here in the Senate, Nancy has had so many responsibilities that it would be hard to list them all, but I would note a few. Every Tuesday when the Senate is in session, there is a conference lunch. Nancy has been responsible for organizing the lunch, the topics for discussion, and the materials to be distributed. Despite much complaining from Senators whom I shall not name, she singlehandedly made the lunches more nutritious, with healthier entrees and more salads. That is no small accomplishment. My staff and I worked with Nancy and Gary Myrick on updating and revising the conference rules. Nancy's institutional memory and patience and helpful suggestions were crucially important and much appreciated in that endeavor. She helped people find jobs. She answered every imaginable inquiry from Senators and staff. I could go on, but suffice it to say that Nancy Iacomini has kept the ''Democratic trains'' running on time here in the Senate. She has done so with diligence and grace and good humor and skill. Will Rogers famously said, ''I am not a member of any organized political party; I am a Democrat.'' Well, he didn't know Nancy. Of course, if he did, he would have liked her—just as we all do.

We are going to miss Nancy's quiet competence and her sense of humor. We are going to miss the pumpkin outfits she would put on for Halloween. We are going to miss her wonder dog Flash. I hope Nancy will come back to visit us every now and then and even bring Flash with her, but I know she is looking forward to spending more time with her husband, Dan, and the rest of her family, pursuing her myriad hobbies, interests, and community activities and rooting for the Notre Dame football team.

Nancy Iacomini has devoted 34 years of her life to government service. We are all better off because of that service. As the fictional Inspector Morse reminds us, ''To make an end is to make a beginning.'' I would ask all of my colleagues to join me in thanking Nancy and wishing her all the best as she begins the next chapter in her life.

ADDITIONAL STATEMENTS

TRIBUTE TO J.P. AND TIARA THOMAS

• Mr. DAINES. Mr. President, this week, I have the distinct honor of recognizing the Thomas family for giving their time and talent to serve as foster parents for children in Lake County. J.P. Thomas and his wife, Tiara Thomas, have done honorable work by providing structure and consistency in many young lives.

J.P. and Tiara began serving as foster parents in their early twenties. The young couple took a short break from fostering as their own family began to grow, but soon returned to serving as foster parents in order to help their community. They have provided a positive environment for 15 Montana children in their home on the Flathead Indian Reservation. Throughout the challenging journey of serving as foster parents, J.P. and Tiara give credit to the Cornerstone Faith Center in St. Ignatius for helping them find the balance to meet the demands of faith, family, fostering, youth sports, and work.

Montanans that provide structure and consistency to youngsters in need are deserving of our support. When those Montanans are like J.P. and Tiara and simply do what is needed in a humble and gracious manner, their service can inspire others. Thank you, J.P. and Tiara, for all you have done and are still doing to help others.●

RECOGNIZING HYDROHOIST

● Mr. INHOFE. Mr. President, small businesses play an integral role in Oklahoma's economy. They consist of over 52 percent of all employees in Oklahoma. Additionally, within Oklahoma, over 84 percent of all exports come from small businesses. Today I have the distinct honor of recognizing one of the many successful small businesses in my home State of Oklahoma for National Small Business Week. While there are many businesses worthy of recognition, I am particularly proud of HydroHoist.

For over 53 years, HydroHoist has been not only a leader but an originator and industry innovator of the market for boat lifts, personal watercraft—PWC—ports, and boat protection packages. Their products range from 900-pound drive-on docking platforms for PWCs, to lifts with the holding capacity for 130,000 pound watercraft. HydroHoist launched half a century ago by an Oklahoma marina owner in Grand Lake, OK. By 1971, the company moved into an old World War II munitions plant in Claremore, OK, where it is still located today. HydroHoist's technology revolutionized the boating industry, and remarkably, some of these original hoists are still in use today. HydroHoist has expanded far beyond America's borders to international waters, too.

I want to congratulate and thank president and CEO Mick Webber of HydroHoist for his outstanding and devoted work in creating a shining business model with over 4 distribution warehouses and over 600 dealers throughout the world. Mr. Webber's dedication to making these products in America should not only make Oklahomans proud, but all Americans. HydroHoist's success should be an example for all businesses, and I am proud to recognize their hard work and dedication.●

RECOGNIZING RED RIVER BREWING COMPANY

● Mr. KENNEDY. Mr. President, as a member of the Small Business Committee, it is my pleasure to recognize Red River Brewing Company from Shreveport, LA, as the Small Business of the Day for National Small Business Week. Small businesses like Red River Brewing Company are the backbone of this country. According to the U.S. Small Business Administration, U.S. small businesses employed 56.8 million people—or 48 percent of the private workforce in 2013. Louisiana small businesses employed 903,281 people, which made up 53.5 percent of the private workforce.

Red River Brewing Company, founded by entrepreneurs Jared Beville, Robert McGuire, and Beau Raines, began like many great small businesses do: as a hobby in Jared's garage. The group decided to turn their home brewing hobby into a business in the fall of 2013, becoming the first brewery in Shreveport since Prohibition. Red River is now a thriving small business that employs more than a dozen employees and offers locally brewed craft beer to the people of Shreveport, LA, and beyond. What makes their beer unique is the Louisiana twist they put on their products. The beer is designed to be indicative of the culture and climate of Louisiana. In addition, Red River often names their beers after the cultural and historic aspects of Louisiana. Session 18 IPA, for example, got its name from Louisiana being the 18th State in the United States.

The fruition of hard work and passion has been the catalyst for many small businesses around the country, including Red River Brewing Company. Those who are able to create successful small businesses create economic stability for their families and their communities, and in doing so, they are carrying out the American dream. I would like to extend my sincerest congratulations to Red River Brewing Company on being recognized during the 2017 National Small Business Week. You make our great State proud, and I look forward to seeing your future success.●

TRIBUTE TO CINDY TURCOT

● Mr. SANDERS. Mr. President, today I wish to recognize Cindy Turcot and congratulate her on her term as the chair of the ESOP Association. Cindy has been committed to advancing the employee ownership model in Vermont and around the country. For the last 2 years, Cindy served as chair of the association, working to promote the interests of employee stock ownership plan, ESOP, companies across the country.

In my State of Vermont, we have seen firsthand the many benefits that employee ownership can bring to businesses and employees. Study after study has shown that employee ownership has been proven to spur employment, increase productivity, grow sales, and raise wages. Importantly, data from the General Social Surveys from 2002 to 2014 shows that employee-owned companies have layoff rates that are four to eight times less than conventionally owned companies.

Cindy has been a vital ally in the efforts to expand broad-based employee ownership and bolster middle-class jobs in our communities. As chair, Cindy advocated for the ESOP business model and the benefits of employee ownership all across the country. I know many in the employee ownership community are so appreciative of Cindy's energy, motivation, and empowerment. Over the last 2 years, Cindy dedicated much of her time and energy to expanding broad based employee ownership to help create a sustainable economy that benefits all of us.

In addition to her work as chair of the ESOP Association, Cindy serves as board treasurer of the Vermont Employee Ownership Center. VEOC has provided numerous Vermont companies with assistance in transitioning to employee ownership, and Cindy has been a crucial resource in those efforts. As we continue to work together to help the employee ownership model realize its true potential, I know Cindy will continue to be an invaluable partner. ●

REMEMBERING GENERAL AMEDEO C. MEROLLA

● Mr. WHITEHOUSE. Mr. President, today I join so many Rhode Islanders in honoring the life, service, and gifts of GEN Amedeo C. Merolla. Armie Merolla served his Nation and the State of Rhode Island with distinction, including service in the Marine Corps and more than 30 years in the Rhode Island Army National Guard, where he rose to the rank of brigadier general. He earned numerous awards and decorations, including the Legion of Merit, the Meritorious Service Medal, and the Rhode Island Cross for Valor. A graduate of Harvard Law School, Armie was also an accomplished jurist. In the Guard, he served in the Judge Advocate General Corps. He also worked in public service, as assistant solicitor for the city of Providence and legal counsel to multiple Rhode Island State agencies and offices, as well as to my colleague Congressman James Langevin. He eventually established his own firm, Merolla, Accetturo & Lough, where he practiced alongside two of his children until the time of his death.

Armie touched many people's lives through his generous volunteer work in his community, from his church to the Boys and Girls Clubs to the Knights of Columbus, but perhaps his greatest achievement was raising four children with his wife of 64 years, Kitty. My thoughts and prayers are with Armie's family in this time, as we celebrate his good works and kind spirit.●

MESSAGES FROM THE HOUSE

At 9:54 a.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the House has passed the following bills, in which it requests the concurrence of the Senate:

H.R. 1665. An act to ensure that Administrator of the Federal Emergency Management Agency considers severe local impact in making a recommendation to the President for a major disaster declaration.

H.R. 1678. An act to amend the Robert T. Stafford Disaster Relief and Emergency Assistance Act concerning the statute of limitations for actions to recover disaster or emergency assistance payments, and for other purposes.

ENROLLED BILL SIGNED

At 11:16 a.m., a message from the House of Representatives, delivered by Mr. Novotny, one of its reading clerks, announced that the Speaker has signed the following enrolled bill:

H.R. 274. An act to provide for reimbursement for the use of modern travel services by Federal employees traveling on official government business, and for other purposes.

The enrolled bill was subsequently signed by the President pro tempore (Mr. HATCH).

At 3:27 p.m., a message from the House of Representatives, delivered by Mr. Novotny, one of its reading clerks, announced that the House has passed the following bill, in which it requests the concurrence of the Senate:

H.R. 1644. An act to enhance sanctions with respect to transactions relating to North Korea, and for other purposes.

The message also announced that the House agreed to the amendment of the Senate to the bill (H.R. 534) to require the Secretary of State to take such actions as may be necessary for the United States to rejoin the Bureau of International Expositions, and for other purposes.

ENROLLED BILL SIGNED

At 3:47 p.m., a message from the House of Representatives, delivered by Mr. Novotny, one of its reading clerks, announced that the Speaker has signed the following enrolled bill:

H.R. 244. An act making appropriations for the fiscal year ending September 30, 2017, and for other purposes.

The enrolled bill was subsequently signed by the President pro tempore (Mr. HATCH).

MEASURES REFERRED

The following bills were read the first and the second times by unanimous consent, and referred as indicated:

H.R. 1644. An act to enhance sanctions with respect to transactions relating to North Korea, and for other purposes; to the Committee on Foreign Relations.

H.R. 1665. An act to ensure that Administrator of the Federal Emergency Management Agency considers severe local impact in making a recommendation to the President for a major disaster declaration; to the Committee on Homeland Security and Governmental Affairs.

H.R. 1678. An act to amend the Robert T. Stafford Disaster Relief and Emergency Assistance Act concerning the statute of limitations for actions to recover disaster or emergency assistance payments, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

EXECUTIVE AND OTHER COMMUNICATIONS

The following communications were laid before the Senate, together with accompanying papers, reports, and documents, and were referred as indicated:

EC–1482. A communication from the Regulatory Liaison, Office of Natural Resources Revenue, Department of the Interior, transmitting, pursuant to law, the report of a rule entitled ''Civil Monetary Penalty Rates Inflation Adjustments for Calendar Year 2017 and Initial 'Catch-Up' Adjustments'' (RIN1012–AA17) received in the Office of the President of the Senate on April 27, 2017; to the Committee on Energy and Natural Resources.

EC–1483. A communication from the Acting Chairman of the Federal Energy Regulatory Commission, transmitting, pursuant to law, a report relative to the status of all extensions granted by Congress regarding the requirements of Section 13 of the Federal Power Act; to the Committee on Energy and Natural Resources.

EC–1484. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''2017 Marginal Production Rates'' (Notice 2017–26) received in the Office of the President of the Senate on May 1, 2017; to the Committee on Finance.

EC–1485. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Additional First Year Depreciation'' (Rev. Proc. 2017–33) received in the Office of the President of the Senate on May 1, 2017; to the Committee on Finance.

EC–1486. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''2017 Section 43 Inflation Adjustment'' (Notice 2017–25) received in the Office of the President of the Senate on May 1, 2017; to the Committee on Finance.

EC–1487. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''2016 Section 45K(d)(2)(C) Reference Price'' (Notice 2017–24) received in the Office of the President of the Senate on May 1, 2017; to the Committee on Finance.

EC–1488. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled ''Taxation of Fringe Benefits'' (Rev. Rul. 2017–10) received in the Office of the President of the Senate on May 1, 2017; to the Committee on Finance.

EC–1489. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to law, a report relative to section 36(c) of the Arms Export Control Act (DDTC 16–135); to the Committee on Foreign Relations.

EC–1490. A communication from the Bureau of Legislative Affairs, Department of State, transmitting, pursuant to law, a report relative to section 36(c) of the Arms Export Control Act (DDTC 17–010); to the Committee on Foreign Relations.

EC–1491. A communication from the Director, Court Services and Offender Supervision Agency for the District of Columbia, transmitting, pursuant to law, the Agency's fiscal year 2016 annual report relative to the Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002 (No FEAR Act); to the Committee on Homeland Security and Governmental Affairs.

EC–1492. A communication from the Acting Director, Employee Services/Recruitment and Hiring, Office of Personnel Management, transmitting, pursuant to law, the report of a rule entitled ''Prevailing Rate Systems; Definition of Kent County, Michigan, and Cameron County, Texas, to Nonappropriated Fund Federal Wage System Wage Areas'' (RIN3206–AN40) received in the Office of the President of the Senate on May 1, 2017; to the Committee on Homeland Security and Governmental Affairs.

EC–1493. A communication from the Acting Director, Employee Services, Office of Personnel Management, transmitting, pursuant to law, the report of a rule entitled ''Medical Qualification Determinations'' (RIN3206–AL14) received in the Office of the President of the Senate on May 1, 2017; to the Committee on Homeland Security and Governmental Affairs.

EC–1494. A communication from the Acting Assistant Attorney General, Office of Legislative Affairs, Department of Justice, transmitting, pursuant to law, an annual report on applications made by the Government for authority to conduct electronic surveillance for foreign intelligence during calendar year 2016 relative to the Foreign Intelligence Surveillance Act of 1978; to the Committee on the Judiciary.

EC–1495. A communication from the Chief Justice of the Supreme Court of the United States, transmitting, pursuant to law, the amendments to the Federal Rules of Civil Procedure that have been adopted by the Supreme Court of the United States; to the Committee on the Judiciary.

EC–1496. A communication from the Chief Justice of the Supreme Court of the United States, transmitting, pursuant to law, the amendments to the Federal Rules of Appellate Procedure that have been adopted by the Supreme Court of the United States; to the Committee on the Judiciary.

EC–1497. A communication from the Chief Justice of the Supreme Court of the United States, transmitting, pursuant to law, the amendments to the Federal Rules of Bankruptcy Procedure that have been adopted by the Supreme Court of the United States; to the Committee on the Judiciary.

EC–1498. A communication from the Chief Justice of the Supreme Court of the United States, transmitting, pursuant to law, the amendments to the Federal Rules of Evidence that have been adopted by the Supreme Court of the United States; to the Committee on the Judiciary.

EC–1499. A communication from the Assistant General Counsel, Office of Justice Programs, Department of Justice, transmitting, pursuant to law, the report of a rule entitled ''Juvenile Justice and Delinquency Prevention Act Formula Grant Program'' (RIN1121–AA83) received in the Office of the President of the Senate on April 27, 2017; to the Committee on the Judiciary.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. COCHRAN, from the Committee on Appropriations:

Special Report entitled ''Further Revised Allocation to Subcommittees of Budget Totals for Fiscal Year 2017'' (Rept. No. 115–43).

By Mr. JOHNSON, from the Committee on Homeland Security and Governmental Affairs, with amendments:

S. 585. A bill to provide greater whistleblower protections for Federal employees, increased awareness of Federal whistleblower protections, and increased accountability and required discipline for Federal supervisors who retaliate against whistleblowers, and for other purposes (Rept. No. 115–44).

EXECUTIVE REPORT OF COMMITTEE

The following executive report of a nomination was submitted:

By Mr. BURR for the Select Committee on Intelligence.

Courtney Elwood, of Virginia, to be General Counsel of the Central Intelligence Agency.

(Nominations without an asterisk were reported with the recommendation that they be confirmed.)

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. MARKEY (for himself and Mr. BLUMENTHAL):

S. 1037. A bill to prohibit air carriers from imposing fees that are not reasonable and proportional to the costs incurred by the air carriers, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mrs. ERNST (for herself and Mrs. GILLIBRAND):

S. 1038. A bill to require the Administrator of the Small Business Administration to submit to Congress a report on the utilization of small businesses with respect to certain Federal contracts; to the Committee on Small Business and Entrepreneurship.

By Mr. FLAKE (for himself and Mr. MCCAIN):

S. 1039. A bill to indemnify local law enforcement entities for complying with valid detainers issued by immigration officers; to the Committee on the Judiciary.

By Mr. JOHNSON (for himself and Mr. MCCAIN):

S. 1040. A bill to amend the Immigration and Nationality Act to provide for a State-sponsored nonimmigrant pilot program, and for other purposes; to the Committee on the Judiciary.

By Mr. RUBIO:

S. 1041. A bill to include the State of Florida in the Gulf of Mexico outer Continental Shelf revenue sharing program, to extend the moratorium on oil and gas leasing in certain areas of the Gulf of Mexico, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. BENNET (for himself and Mr. ISAKSON):

S. 1042. A bill to amend the Internal Revenue Code to exclude Segal Americorps Education Awards and related awards from income; to the Committee on Finance.

By Mr. BENNET (for himself and Mr. HATCH):

S. 1043. A bill to authorize pay-for-success projects designed to incentivize and reward successful efforts to increase postsecondary education retention and completion rates for low-income and first-generation students; to the Committee on Health, Education, Labor, and Pensions.

By Mrs. CAPITO (for herself, Mr. BROWN, Mr. COTTON, and Mr. MANCHIN):

S. 1044. A bill to amend title XVIII of the Social Security Act to ensure equal access of Medicare beneficiaries to community pharmacies in underserved areas as network pharmacies under Medicare prescription drug coverage, and for other purposes; to the Committee on Finance.

By Mrs. MURRAY (for herself, Mr. BLUMENTHAL, Mr. TESTER, Ms. BALDWIN, Mr. BENNET, Mr. BOOKER, Mr. BROWN, Ms. CANTWELL, Mr. CARDIN, Mr. CARPER, Mr. CASEY, Mr. COONS, Ms. CORTEZ MASTO, Mr. DONNELLY, Ms. DUCKWORTH, Mr. DURBIN, Mrs. FEINSTEIN, Mr. FRANKEN, Mrs. GILLIBRAND, Ms. HARRIS, Ms. HASSAN, Mr. HEINRICH, Ms. HEITKAMP, Ms. HIRONO, Mr. KAINE, Mr. KING, Ms. KLOBUCHAR, Mr. LEAHY, Mr. MARKEY, Mrs. MCCASKILL, Mr. MENENDEZ, Mr. MERKLEY, Mr. MURPHY, Mr. NELSON, Mr. PETERS, Mr. REED, Mr. SANDERS, Mr. SCHATZ, Mr. SCHUMER, Mrs. SHAHEEN, Ms. STABENOW, Mr. UDALL, Mr. VAN HOLLEN, Mr. WARNER, Ms. WARREN, Mr. WHITEHOUSE, and Mr. WYDEN):

S. 1045. A bill to guarantee coverage of certain women's preventive services under all health plans; to the Committee on Health, Education, Labor, and Pensions.

By Mr. HELLER (for himself and Ms. CORTEZ MASTO):

S. 1046. A bill to facilitate certain pinyon-juniper related projects in Lincoln County, Nevada, to modify the boundaries of certain wilderness areas in the State of Nevada, and to fully implement the White Pine County Conservation, Recreation, and Development Act; to the Committee on Energy and Natural Resources.

By Mr. BURR:

S. 1047. A bill to provide for the recognition of the Lumbee Tribe of North Carolina, and for other purposes; to the Committee on Indian Affairs.

By Mr. HATCH (for himself, Mr. BENNET, Mr. BURR, and Mr. CASEY):

S. 1048. A bill to expand patient access to experimental treatments in clinical trials, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

By Ms. HASSAN (for herself and Mr. YOUNG):

S. 1049. A bill to allow the Secretary of Health and Human Services to require that risk evaluation and mitigation strategies for certain drugs include communication plans that provide information about drug formulations or properties described in the drug labeling; to the Committee on Health, Education, Labor, and Pensions.

By Ms. DUCKWORTH (for herself and Mr. COCHRAN):

S. 1050. A bill to award a Congressional Gold Medal, collectively, to the Chinese-American Veterans of World War II, in recognition of their dedicated service during World War II; to the Committee on Banking, Housing, and Urban Affairs.

By Mr. RUBIO (for himself, Mr. BROWN, Mr. GARDNER, Mr. INHOFE, Mr. MENENDEZ, and Mr. PETERS):

S. 1051. A bill to encourage visits between the United States and Taiwan at all levels, and for other purposes; to the Committee on Foreign Relations.

By Mr. WICKER (for himself and Ms. KLOBUCHAR):

S. 1052. A bill to strengthen the use of patient-experience data within the benefit-risk framework for approval of new drugs; to the Committee on Health, Education, Labor, and Pensions.

By Mr. HATCH (for himself and Mr. LEE):

S. 1053. A bill to require the Secretary of the Interior to issue new resource management plans applicable to the Beaver Dam Wash National Conservation Area and the Red Cliffs National Conservation Area and a new amendment to the St. George Field Office Resource Management Plan, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. WICKER (for himself and Mr. MARKEY):

S. 1054. A bill to amend the Internal Revenue Code of 1986 to ensure that electrochromic glass qualifies as energy property for purposes of the energy credit; to the Committee on Finance.

By Mr. CARDIN (for himself and Mr. RUBIO):

S. 1055. A bill to restrict the exportation of certain defense articles to the Philippine National Police, to work with the Philippines to support civil society and a public health approach to substance abuse, to report on Chinese and other sources of narcotics to the Republic of the Philippines, and for other purposes; to the Committee on Foreign Relations.

By Ms. HIRONO (for herself and Mr. ROUNDS):

S. 1056. A bill to amend the Small Business Act to waive the guarantee fee for veterans and spouses of veterans for the Export Working Capital, International Trade, and Export Express programs; to the Committee on Small Business and Entrepreneurship.

By Mr. NELSON (for himself, Mr. PORTMAN, and Mr. PETERS):

S. 1057. A bill to amend the Harmful Algal Bloom and Hypoxia Research and Control Act of 1998 to address harmful algal blooms, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mr. KENNEDY:

S. 1058. A bill to authorize the Administrator of the Federal Emergency Management Agency to terminate certain contracts on the basis of detrimental conduct to the National Flood Insurance Program, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

By Mr. GARDNER:

S. 1059. A bill to extend the authorization of the Uranium Mill Tailings Radiation Control Act of 1978 relating to the disposal site in Mesa County, Colorado; to the Committee on Energy and Natural Resources.

By Mr. CRUZ:

S. 1060. A bill to strengthen prohibitions regarding the Palestine Liberation Organization, and for other purposes; to the Committee on Foreign Relations.

By Mr. UDALL (for himself and Mr. WYDEN):

S. 1061. A bill to assure equity in contracting between the Federal Government and small business concerns, and for other purposes; to the Committee on Small Business and Entrepreneurship.

By Mr. BURR (for himself and Mr. YOUNG):

S. 1062. A bill to increase reporting transparency and accountability with respect to Food and Drug Administration user fees; to the Committee on Health, Education, Labor, and Pensions.

By Mr. BROWN:

S. 1063. A bill to amend the Public Health Service Act to establish direct care registered nurse-to-patient staffing ratio requirements in hospitals, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. JOHNSON (for himself and Mrs. SHAHEEN):

S. Res. 154. A resolution promoting awareness of motorcycle profiling and encouraging collaboration and communication with the motorcycle community and law enforcement officials to prevent instances of profiling; to the Committee on the Judiciary.

By Mr. CARDIN (for himself, Mr. MENENDEZ, Mrs. SHAHEEN, Mr. COONS, Mr. UDALL, Mr. MURPHY, Mr. KAINE, Mr. MARKEY, Mr. MERKLEY, and Mr. BOOKER):

S. Res. 155. A resolution expressing the sense of the Senate that the United States should work in cooperation with the international community and continue to exercise global leadership to address the causes

and effects of climate change, and for other purposes; to the Committee on Foreign Relations.

By Mr. GRASSLEY (for himself, Ms. STABENOW, Mr. BLUNT, Mr. WARNER, Mr. KAINE, Mr. KING, Mr. LANKFORD, Mr. COCHRAN, Mr. FRANKEN, Mr. SCOTT, Mr. DAINES, Mr. VAN HOLLEN, Mr. PETERS, Ms. HASSAN, Mr. WYDEN, Mrs. MURRAY, Mr. BROWN, and Ms. KLOBUCHAR):

S. Res. 156. A resolution recognizing National Foster Care Month as an opportunity to raise awareness about the challenges of children in the foster-care system, and encouraging Congress to implement policy to improve the lives of children in the foster-care system; to the Committee on Health, Education, Labor, and Pensions.

By Mr. CARDIN (for himself, Mr. MCCAIN, Mr. MARKEY, Mr. COONS, Mr. SCHATZ, Mrs. FEINSTEIN, and Ms. HIRONO):

S. Res. 157. A resolution recognizing that for 50 years, the Association of South East Asian Nations (ASEAN) and its ten members—Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, the Philippines, Singapore, Thailand, and Vietnam—have worked toward stability, prosperity, and peace in Southeast Asia; to the Committee on Foreign Relations.

By Mr. MENENDEZ (for himself, Mr. CORNYN, Mr. BENNET, Ms. CORTEZ MASTO, Mr. CRUZ, Mr. DURBIN, Mr. FRANKEN, Mr. GARDNER, Mr. HEINRICH, Mrs. MURRAY, Mr. SCHUMER, Mr. UDALL, Ms. DUCKWORTH, and Mr. CARDIN):

S. Res. 158. A resolution recognizing the cultural and historical significance of the Cinco de Mayo holiday; considered and agreed to.

ADDITIONAL COSPONSORS

S. 28

At the request of Mr. FLAKE, the name of the Senator from Utah (Mr. LEE) was added as a cosponsor of S. 28, a bill to amend the Internal Revenue Code of 1986 to expand the permissible use of health savings accounts to include health insurance payments and to increase the dollar limitation for contributions to health savings accounts, and for other purposes.

S. 261

At the request of Mr. BLUNT, the names of the Senator from Wisconsin (Mr. JOHNSON) and the Senator from Alabama (Mr. STRANGE) were added as cosponsors of S. 261, a bill to amend the Federal Food, Drug, and Cosmetic Act to improve and clarify certain disclosure requirements for restaurants and similar retail food establishments, and to amend the authority to bring proceedings under section 403A.

S. 319

At the request of Ms. KLOBUCHAR, the name of the Senator from Delaware (Mr. COONS) was added as a cosponsor of S. 319, a bill to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to establish within the Department of Veterans Affairs a center of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of health conditions relating to exposure to burn pits.

S. 341

At the request of Mr. GRAHAM, the name of the Senator from Wisconsin (Ms. BALDWIN) was added as a cosponsor of S. 341, a bill to provide for congressional oversight of actions to waive, suspend, reduce, provide relief from, or otherwise limit the application of sanctions with respect to the Russian Federation, and for other purposes.

S. 419

At the request of Mr. GRASSLEY, the names of the Senator from Texas (Mr. CORNYN), the Senator from Louisiana (Mr. KENNEDY), the Senator from Texas (Mr. CRUZ) and the Senator from North Carolina (Mr. TILLIS) were added as cosponsors of S. 419, a bill to require adequate reporting on the Public Safety Officers' Benefits program, and for other purposes.

S. 540

At the request of Mr. THUNE, the name of the Senator from Maine (Ms. COLLINS) was added as a cosponsor of S. 540, a bill to limit the authority of States to tax certain income of employees for employment duties performed in other States.

S. 569

At the request of Ms. CANTWELL, the name of the Senator from Massachusetts (Ms. WARREN) was added as a cosponsor of S. 569, a bill to amend title 54, United States Code, to provide consistent and reliable authority for, and for the funding of, the Land and Water Conservation Fund to maximize the effectiveness of the Fund for future generations, and for other purposes.

S. 667

At the request of Mr. FRANKEN, the names of the Senator from North Dakota (Mr. HOEVEN) and the Senator from Wisconsin (Ms. BALDWIN) were added as cosponsors of S. 667, a bill to amend titles 5, 10, 37, and 38, United States Code, to ensure that an order to serve on active duty under section 12304a or 12304b of title 10, United States Code, is treated the same as other orders to serve on active duty for determining the eligibility of members of the uniformed services and veterans for certain benefits and for calculating the deadlines for certain benefits.

S. 722

At the request of Ms. MURKOWSKI, her name was added as a cosponsor of S. 722, a bill to impose sanctions with respect to Iran in relation to Iran's ballistic missile program, support for acts of international terrorism, and violations of human rights, and for other purposes.

At the request of Mr. CORKER, the names of the Senator from Arizona (Mr. MCCAIN), the Senator from Ohio (Mr. PORTMAN) and the Senator from Louisiana (Mr. KENNEDY) were added as cosponsors of S. 722, supra.

S. 733

At the request of Ms. MURKOWSKI, the name of the Senator from Indiana (Mr. DONNELLY) was added as a cosponsor of S. 733, a bill to protect and enhance opportunities for recreational hunting, fishing, and shooting, and for other purposes.

S. 836

At the request of Mr. WYDEN, the names of the Senator from Maine (Ms. COLLINS) and the Senator from California (Mrs. FEINSTEIN) were added as cosponsors of S. 836, a bill to amend the Federal Credit Union Act to exclude a loan secured by a non-owner occupied 1- to 4-family dwelling from the definition of a member business loan, and for other purposes.

S. 925

At the request of Mrs. ERNST, the name of the Senator from Arkansas (Mr. BOOZMAN) was added as a cosponsor of S. 925, a bill to amend title 38, United States Code, to improve the ability of health care professionals to treat veterans through the use of telemedicine, and for other purposes.

S. 926

At the request of Mrs. ERNST, the name of the Senator from West Virginia (Mrs. CAPITO) was added as a cosponsor of S. 926, a bill to authorize the Global War on Terror Memorial Foundation to establish the National Global War on Terrorism Memorial as a commemorative work in the District of Columbia, and for other purposes.

S. 993

At the request of Mr. LEE, the names of the Senator from Idaho (Mr. RISCH) and the Senator from Kansas (Mr. ROBERTS) were added as cosponsors of S. 993, a bill to prohibit the Federal Communications Commission from reclassifying broadband Internet access service as a telecommunications service and from imposing certain regulations on providers of such service.

S. 1027

At the request of Mr. HATCH, the name of the Senator from Nevada (Mr. HELLER) was added as a cosponsor of S. 1027, a bill to extend the Secure Rural Schools and Community Self-Determination Act of 2000.

S. 1035

At the request of Mr. HEINRICH, the name of the Senator from Massachusetts (Ms. WARREN) was added as a cosponsor of S. 1035, a bill to amend the Employee Retirement Income Security Act of 1974 with respect to the scope of employee pension benefit plans.

S. RES. 75

At the request of Mr. PORTMAN, the name of the Senator from Iowa (Mr. GRASSLEY) was added as a cosponsor of S. Res. 75, a resolution recognizing the 100th anniversary of the Academy of Nutrition and Dietetics, the largest organization of food and nutrition professionals in the world.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. FLAKE (for himself and Mr. MCCAIN):

S. 1039. A bill to indemnify local law enforcement entities for complying

with valid detainers issued by immigration officers; to the Committee on the Judiciary.

Mr. FLAKE. Mr. President, immigration enforcement is one of the Federal Government's most essential responsibilities. It is also one of the most debated and rightly so. Those of us in this body need to ensure that Federal immigration laws secure our borders from criminal and terrorist threats and facilitate effective interior enforcement to keep citizens safe.

At the same time, our laws must promote a system of legal immigration that encourages economic growth and opportunity, especially in border communities like those in my home State of Arizona, but while we debate these policies on the Senate floor, local police officers and sheriffs around the country are serving on the frontlines of immigration enforcement. These men and women put their lives on the line every time they go out on patrol. For them, immigration policy is not a hypothetical exercise, it is part of the day in and day out reality of serving in law enforcement. Throughout the country, local officers increasingly find themselves coming in contact with individuals who, after being apprehended for the commission of a crime, are determined to be in the country illegally. This is especially common in border States like Arizona.

Once it is determined an individual in their custody is in the country illegally, that information is relayed to Immigration and Customs Enforcement or ICE. ICE can then send a request to local officials with instructions to hold that individual for up to 48 hours so they can be transferred to Federal custody. This is called a detainer request. The partnership between law enforcement authorities at all levels of government leverages vital information and resources in order to keep dangerous criminals off the streets. The Federal Government has no better partners in this effort than State and local law enforcement agencies from Arizona.

Despite the critical role these entities play in assisting their Federal partners with immigration enforcement, current Federal policy leaves them exposed with the threat of costly litigation. That is because third-party groups that oppose detention have threatened local agencies that choose to comply with valid detainer requests. They are threatened with lawsuits. Using punitive legal action to punish law enforcement for good-faith efforts to keep people safe is simply wrong.

We can have this policy debate without jeopardizing public safety and the ability of local law enforcement officers to do their job. That is why I am introducing the Support Local Law Enforcement Detainer Indemnity Act. This bill will require the Department of Homeland Security to protect State and local law enforcement entities from lawsuits that uphold valid detainer requests from ICE. This is called indemnification. It would allow officers to fulfill their law enforcement responsibilities without second-guessing whether to keep potentially dangerous criminal aliens in custody.

Reforming our Nation's immigration policies is no easy task, let me tell you. It is slow, frustrating work in the Senate, but as we continue the debate, local law enforcement shouldn't be left to shoulder the burden as a result of Washington's failure to secure our borders and implement a workable enforcement policy.

I urge my colleagues to support this commonsense legislation that will give State and local law enforcement the certainty of knowing the Federal Government has their back.

I also thank local sheriffs across the State of Arizona who are really shouldering this burden and who came to me with this issue. They want to keep their community safe. They want to do what is right. It pains them to have to release someone they know is dangerous, but they can't expose themselves and their counties to the litigation that would come if something like this legislation is not put in place. So this is a response to a very real problem out there.

I thank those like Sheriff Dannels, Cochise County, and Sheriff Mascher, Yavapai County, Sheriff Clark of Navajo County, Sheriff Wilmot of Yuma County, and many others who have been working on this issue, work on the frontlines, and do a lot of work that we are very appreciative of in Arizona.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 154—PROMOTING AWARENESS OF MOTORCYCLE PROFILING AND ENCOURAGING COLLABORATION AND COMMUNICATION WITH THE MOTORCYCLE COMMUNITY AND LAW ENFORCEMENT OFFICIALS TO PREVENT INSTANCES OF PROFILING

Mr. JOHNSON (for himself and Mrs. SHAHEEN) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 154

Whereas motorcycle ridership has continued to increase over time with registrations growing from 3,826,373 in 1997 to 8,600,936 in 2015;

Whereas, as of August 2016, the ongoing National Motorcycle Profiling Survey 2016, conducted by the Motorcycle Profiling Project, found that approximately ½ of the motorcyclists surveyed felt that they had been profiled by law enforcement at least once;

Whereas motorcycle profiling means the illegal use of the fact that a person rides a motorcycle or wears motorcycle related apparel as a factor in deciding to stop and question, take enforcement action, arrest, or search a person or vehicle with or without legal basis under the Constitution of the United States;

Whereas complaints surrounding motorcycle profiling have been cited in all 50 States;

Whereas nationwide protests to raise awareness and combat motorcycle profiling have been held in multiple States;

Whereas in 2011, Washington signed into law legislation stating that the criminal justice training commission shall ensure that issues related to motorcycle profiling are addressed in basic law enforcement training and offered to in-service law enforcement officers in conjunction with existing training regarding profiling;

Whereas reported incidents of motorcycle profiling have dropped approximately 90 percent in the State of Washington since the 2011 legislation was signed into law; and

Whereas in the spring of 2016, Maryland became the second State to pass a law addressing the issue of motorcycle profiling: Now, therefore, be it

Resolved, That the Senate—

(1) promotes increased public awareness on the issue of motorcycle profiling;

(2) encourages collaboration and communication with the motorcycle community and law enforcement to engage in efforts to end motorcycle profiling; and

(3) urges State law enforcement officials to include statements condemning motorcycle profiling in written policies and training materials.

SENATE RESOLUTION 155—EXPRESSING THE SENSE OF THE SENATE THAT THE UNITED STATES SHOULD WORK IN COOPERATION WITH THE INTERNATIONAL COMMUNITY AND CONTINUE TO EXERCISE GLOBAL LEADERSHIP TO ADDRESS THE CAUSES AND EFFECTS OF CLIMATE CHANGE, AND FOR OTHER PURPOSES

Mr. CARDIN (for himself, Mr. MENENDEZ, Mrs. SHAHEEN, Mr. COONS, Mr. UDALL, Mr. MURPHY, Mr. KAINE, Mr. MARKEY, Mr. MERKLEY, and Mr. BOOKER) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 155

Whereas the consensus among climatologists and scientists studying the effects of atmospheric change, including the Intergovernmental Panel on Climate Change, the National Academy of Science, the United States Geological Survey, the National Oceanic and Atmospheric Administration, the National Aeronautics and Space Administration, and other agencies within the United States Global Change Research Program, have determined that the impact of climate change will include widespread effects on health and welfare, including increased outbreaks from waterborne diseases, more droughts, diminished agricultural production, severe storms and floods, heat waves, wildfires, and a substantial rise in global sea levels;

Whereas the objective of the 1992 United Nations Framework Convention on Climate Change (UNFCCC) is to stabilize greenhouse gas concentrations in the atmosphere at a level that will prevent dangerous human interference with the climate system;

Whereas, under the UNFCCC, the United States is obligated to report its progress on reducing emissions;

Whereas the Senate provided its advice and consent to the UNFCCC by division, with two-thirds of Senators present voting in the affirmative, on October 7, 1992;

Whereas, in 2011, at the 17th Conference of the Parties (COP 17) to the UNFCCC in Durban, South Africa, parties agreed to negotiate an agreement by the end of 2015 to reduce emissions in the post-2020 period;

Whereas the UNFCCC calls on parties to submit intended nationally-determined contributions outlining voluntary individual targets for emissions reductions by the time parties convened in Paris on November 30, 2015, for the 21st Conference of the Parties (COP 21) to the UNFCCC;

Whereas, prior to completing the multilateral Paris Agreement on international cooperation to address climate change, done at Paris December 12, 2015, 187 nations, representing more than 97 percent of global greenhouse gas emissions, voluntarily submitted nationally determined goals and plans to reduce their greenhouse gas pollution;

Whereas independent analyses by the National Oceanic and Atmospheric Administration and the National Aeronautics and Space Administration confirmed that 2016 was the warmest year on record, making 2015 the second warmest year on record and 2014 the third warmest year on record, continuing a 35 year-long warming trend with 16 of the 17 warmest years on record occurring since 2001;

Whereas the United States-China Joint Announcement on Climate Change of November 2014 included a United States goal to reduce its emissions by 26-28 percent below 2005 levels by 2025 and a Chinese goal to peak emissions output by 2030 and increase the use of non-fossil fuels to 20 percent of its overall energy portfolio by 2030;

Whereas, under the United States-India Joint Announcement on Climate and Clean Energy of January 2015, the two countries pledged to increase cooperation on clean energy financing and development and India committed to phase out use of hydrofluorocarbons and increase promotion of energy efficiency tools and reaffirmed its commitment to add 100 gigawatts of solar capacity by 2022;

Whereas small island states, whose people are among the most vulnerable to climate change, are threatened with partial or virtually total inundation by imminent rises in sea level and increased intensity and frequency of storms;

Whereas global greenhouse gas emissions have remained level for the past three years, even while global Gross Domestic Product (GDP) has grown;

Whereas United States international leadership on the global stage throughout the United Nations Framework Convention on Climate Change's 21st Conference of Parties process resulted in unprecedented international cooperation and engagement on the development of the Paris Agreement;

Whereas the Paris Agreement received consensus approval from the more than 190 delegates to the United Nations Framework Convention on Climate Change's 21st Conference of Parties;

Whereas the Paris Agreement reached its thresholds for entry into force faster than any other multilateral international agreement of comparable size and scope;

Whereas, as of the date of introduction of this resolution, 127 of the 197 parties to the Paris Agreement, representing 81.4 percent of global greenhouse gas emissions, have officially joined the agreement, demonstrating the urgency and importance the global community places on addressing climate change;

Whereas the cost of inaction on climate change will have devastating impacts to the United States economy, costing billions of dollars in lost GDP;

Whereas extreme weather, intensified by climate change, has already cost United States taxpayers billions of dollars each year in recovery efforts, and will continue to increase if climate change is left unaddressed;

Whereas decreased GDP and increased costs of infrastructure repairs and other recovery efforts will significantly increase budget deficits and undermine the fiscal stability of the United States;

Whereas climate change will have devastating public health implications, including increased rates of asthma and other respiratory diseases, especially in vulnerable populations like children and low income communities, the spread of infectious diseases, risks to food and water supplies, and increased premature deaths;

Whereas the emissions reductions pledged by the United States under the Paris Agreement may save nearly 300,000 lives in the United States by 2030 as a result of positive health outcomes corresponding to lower air pollution;

Whereas studies conducted by the NASA Earth Observatory determined that as the oceans have warmed, polar ice has melted and porous landmasses have subsided, global mean sea level has risen by 8 inches (20 centimeters) since 1870, and the rate of sea level rise is faster now than at any time in the past 2,000 years, having doubled in the past two decades, putting 55 to 60 percent of United States citizens who live in counties touching the Atlantic or Pacific Ocean, the Gulf of Mexico, or the Great Lakes at risk from the effects of sea level rise;

Whereas the Department of Defense has identified climate change as a ''threat multiplier'' that will increase global instability and conflict with the potential to increase terrorism;

Whereas the 2014 Quadrennial Defense Review states that ''[t]he impacts of climate change may increase the frequency, scale, and complexity of future missions, including defense support to civil authorities, while at the same time undermining the capacity of our domestic installations to support training activities,'' and notes that—

(1) climate change may exacerbate water scarcity and lead to sharp increases in food costs;

(2) the pressures caused by climate change will influence resource competition while placing additional burdens on economies, societies, and governance institutions around the world; and

(3) these effects are threat multipliers that will aggravate stressors abroad such as poverty, environmental degradation, political instability, and social tensions—conditions that can enable terrorist activity and other forms of violence;

Whereas the Department of Defense report, ''National Security Implications of Climate-Related Risks and a Changing Climate''—

(1) states that global climate change will have wide-ranging implications for United States national security interests over the foreseeable future because it will aggravate existing problems, such as poverty, social tensions, environmental degradation, ineffectual leadership, and weak political institutions, that threaten domestic stability in a number of countries; and

(2) identifies four general areas of climate-related risks: persistently recurring conditions such as flooding, drought, and higher temperatures; more frequent and more severe extreme weather events; sea level rise and temperature changes; and decreases in Arctic ice cover, type, and thickness;

Whereas the Director of National Intelligence's 2017 Global Trends Report determined that—

(1) changes in the climate will produce more extreme weather events and put greater stress on humans and critical systems, including oceans, freshwater, and biodiversity;

(2) these changes, in turn, will have direct and indirect social, economic, political, and security effects; and

(3) extreme weather can trigger crop failures, wildfires, energy blackouts, infrastructure breakdown, supply chain breakdowns, migration, and infectious disease outbreaks, and will be more pronounced as people concentrate in climate vulnerable locations, such as cities, coastal areas, and water-stressed regions;

Whereas the Department of Agriculture has determined that climate change is likely to diminish continued progress on global food security through production disruptions that lead to local availability limitations and price increases, interrupted transport conduits, and diminished food safety, among other causes;

Whereas, according to the World Bank, 1,600,000,000 people currently live in countries and regions with absolute water scarcity and the number is expected to rise to 2,800,000,000 people by 2025 due to the effects of climate change;

Whereas the transition to a clean energy economy is feasible with existing technology;

Whereas the transition to clean energy will create millions of jobs;

Whereas the transition to clean energy will increase United States GDP and increase household income;

Whereas the transition to clean energy will save billions of dollars in avoided health costs;

Whereas the transition to clean energy will save lives and improve public health;

Whereas the transition to clean energy will lower energy costs for businesses and consumers;

Whereas the transition to clean energy will unlock billions of dollars in private investment; and

Whereas, more than half of all electrical generating capacity added in the world last year was renewable: Now, therefore, be it

Resolved, That it is the sense of the Senate that the United States should—

(1) work in cooperation with the international community and continue to exercise global leadership in our shared responsibilities, including holding parties accountable for meeting their commitments, and address the causes and effects of climate change;

(2) remain party to the Paris Agreement and the UNFCCC;

(3) continue demonstrating strong leadership in implementing the Paris Agreement;

(4) ensure that the development of the policies and procedures prescribed by the Paris Agreement achieve maximum benefits for the United States; and

(5) implement its commitments under the Paris Agreement and the UNFCCC.

SENATE RESOLUTION 156—RECOGNIZING NATIONAL FOSTER CARE MONTH AS AN OPPORTUNITY TO RAISE AWARENESS ABOUT THE CHALLENGES OF CHILDREN IN THE FOSTER-CARE SYSTEM, AND ENCOURAGING CONGRESS TO IMPLEMENT POLICY TO IMPROVE THE LIVES OF CHILDREN IN THE FOSTER-CARE SYSTEM

Mr. GRASSLEY (for himself, Ms. STABENOW, Mr. BLUNT, Mr. WARNER, Mr. KAINE, Mr. KING, Mr. LANKFORD, Mr. COCHRAN, Mr. FRANKEN, Mr. SCOTT, Mr. DAINES, Mr. VAN HOLLEN, Mr. PETERS, Ms. HASSAN, Mr. WYDEN, Mrs.

MURRAY, Mr. BROWN, and Ms. KLOBUCHAR) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 156

Whereas National Foster Care Month was established more than 20 years ago to—

(1) bring foster-care issues to the forefront;

(2) highlight the importance of permanency for every child; and

(3) recognize the essential role that foster parents, social workers, and advocates have in the lives of children in foster care throughout the United States;

Whereas all children deserve a safe, loving, and permanent home;

Whereas the primary goal of the foster-care system is to ensure the safety and well-being of children while working to provide a safe, loving, and permanent home for each child;

Whereas there are approximately 428,000 children living in foster care;

Whereas there were approximately 269,509 youth that entered the foster-care system in 2015, while over 62,000 youth were eligible and awaiting adoption at the end of 2015;

Whereas children of color are more likely to stay in the foster-care system for longer periods of time and are less likely to be reunited with their biological families;

Whereas foster parents are the front-line caregivers for children who cannot safely remain with their biological parents and provide physical care, emotional support, education advocacy, and are the largest single source of families providing permanent homes for children leaving foster care to adoption;

Whereas children in foster care who are placed with relatives, compared to children placed with nonrelatives, have more stability, including fewer changes in placements, have more positive perceptions of their placements, are more likely to be placed with their siblings, and demonstrate fewer behavioral problems;

Whereas some relative caregivers receive less financial assistance and support services than do foster caregivers;

Whereas an increased emphasis on prevention and reunification services is necessary to reduce the number of children that are forced to remain in the foster-care system;

Whereas more than 20,000 youth ''aged out'' of foster care in 2015 without a legal permanent connection to an adult or family;

Whereas children who age out of foster care lack the security or support of a biological or adoptive family and frequently struggle to secure affordable housing, obtain health insurance, pursue higher education, and acquire adequate employment;

Whereas foster care is intended to be a temporary placement, but children remain in the foster-care system for an average of 19 months;

Whereas children in foster care experience an average of 3 different placements, which often leads to disruption of routines and the need to change schools and move away from siblings, extended families, and familiar surroundings;

Whereas youth in foster care are much more likely to face educational instability with 65 percent of former foster children experiencing at least 7 school changes while in care;

Whereas children entering foster care often confront the widespread misperception that children in foster care are disruptive, unruly, and dangerous, even though placement in foster care is based on the actions of a parent or guardian, not the child;

Whereas recent studies show foster children enrolled in Medicaid were prescribed antipsychotic medications at 3 to 9 times the rate of other children receiving Medicaid;

Whereas due to heavy caseloads and limited resources, the average tenure for a worker in child protection services is just 3 years;

Whereas States, localities, and communities should be encouraged to invest resources in preventative and reunification services and postpermanency programs to ensure that more children in foster care are provided with safe, loving, and permanent placements;

Whereas Federal legislation over the past 3 decades, including the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96–272), the Adoption and Safe Families Act of 1997 (Public Law 105–89), the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110–351), the Child and Family Services Improvement and Innovation Act (Public Law 112–34), and the Preventing Sex Trafficking and Strengthening Families Act (Public Law 113–183) provided new investments and services to improve the outcomes of children in the foster-care system;

Whereas May 2017 is an appropriate month to designate as National Foster Care Month to provide an opportunity to acknowledge the accomplishments of the child-welfare workforce, foster parents, advocacy community, and mentors for their dedication, accomplishments, and positive impact they have on the lives of children; and

Whereas much remains to be done to ensure that all children have a safe, loving, nurturing, and permanent family, regardless of age or special needs: Now, therefore, be it

Resolved, That the Senate—

(1) supports the designation of National Foster Care Month;

(2) recognizes National Foster Care Month as an opportunity to raise awareness about the challenges that children face in the foster-care system;

(3) encourages Congress to implement policy to improve the lives of children in the foster-care system;

(4) acknowledges the unique needs of children in the foster-care system;

(5) recognizes foster youth throughout the United States for their ongoing tenacity, courage, and resilience while facing life challenges;

(6) acknowledges the exceptional alumni of the foster-care system who serve as advocates and role models for youth who remain in care;

(7) honors the commitment and dedication of the individuals who work tirelessly to provide assistance and services to children in the foster-care system; and

(8) reaffirms the need to continue working to improve the outcomes of all children in the foster-care system through parts B and E of title IV of the Social Security Act (42 U.S.C. 601 et seq.) and other programs designed to—

(A) support vulnerable families;

(B) invest in prevention and reunification services;

(C) promote adoption in cases where reunification is not in the best interests of the child;

(D) adequately serve those children brought into the foster-care system; and

(E) facilitate the successful transition into adulthood for children that ''age out'' of the foster-care system.

SENATE RESOLUTION 157—RECOGNIZING THAT FOR 50 YEARS, THE ASSOCIATION OF SOUTH EAST ASIAN NATIONS (ASEAN) AND ITS TEN MEMBERS—BRUNEI, CAMBODIA, INDONESIA, LAOS, MALAYSIA, MYANMAR, THE PHILIPPINES, SINGAPORE, THAILAND, AND VIETNAM—HAVE WORKED TOWARD STABILITY, PROSPERITY, AND PEACE IN SOUTHEAST ASIA

Mr. CARDIN (for himself, Mr. MCCAIN, Mr. MARKEY, Mr. COONS, Mr. SCHATZ, Mrs. FEINSTEIN, and Ms. HIRONO) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 157

Whereas the United States and ASEAN have worked together to advance our shared goals for 40 years, having established dialogue relations on September 10, 1977, with the issuing of the 1977 Joint Communique of the First ASEAN-United States Dialogue, and the United States acceding to the Treaty of Amity and Cooperation in Southeast Asia (TAC) at the ASEAN Post Ministerial Conference Session with the United States in Thailand on July 22, 2009;

Whereas the United States was the first non-ASEAN country to appoint an ambassador to ASEAN on April 29, 2008, and the first dialogue partner to establish a permanent mission to ASEAN in 2010;

Whereas the United States has supported efforts to strengthen the ASEAN Secretariat and expand its role in providing greater coordination between, and enhancing the effectiveness of, regional institutions;

Whereas working together, the Governments and people of the United States and ASEAN can help realize their common vision of a peaceful, prosperous, rules-based Asia-Pacific region that offers security, opportunity, and dignity to all of its citizens;

Whereas ASEAN's 10 members, taken collectively, are the 7th largest economy in the world, with an annual gross domestic product of $2,400,000,000,000, and represent the United States' fourth-largest export market with total two-way trade in goods and services reaching $254,000,000,000, allowing over 780,000 visitors to the United States in 2015, which contribute more than $5,000,000,000 to the United States economy, and accounting for more than 500,000 jobs in the United States;

Whereas ASEAN's 10 members represent a diverse group of nations and dynamic economies with an expanding workforce, a growing middle class, and a diverse set of skills, cultures, and resources, which of the estimated 20,000,000 Asian Americans in the United States, includes over 7,000,000 who identify with an ASEAN ethnicity, including 4,000,000 Filipinos and 1,900,000 Vietnamese;

Whereas ASEAN is home to critical global sea lanes located at the center of the world's strongest economic growth area, with $5,300,000,000,000 of global trade and more than half of total shipped tonnage transiting through ASEAN's waters each year;

Whereas ASEAN, taken collectively, is one of the fastest growing economies in Asia after China and India, expanding by 66 percent since 2006 and exceeding the global growth average for the past ten years;

Whereas the ASEAN Economic Community aims to create one of the largest single market economies in the world, facilitating the free movement of goods, services, and professionals and engendering a sense of economic community among its member states;

Whereas the United States is the largest investor in Southeast Asia, with total foreign direct investment stock of nearly $273,500,000,000 in 2014, creating millions of jobs in the United States and in ASEAN Member States, while investment in the United States from Southeast Asia has increased more than any other region's investment in the past decade;

Whereas the United States has helped ASEAN create a Single Window customs facilitation system that will aid in expediting intra-ASEAN trade and make it easier for United States businesses to operate in the region;

Whereas the United States-ASEAN Business Alliance for Competitive Small and Medium Sized Enterprises (SMEs) has already trained more than 4,600 small to medium enterprises, with nearly half of the individuals trained being young women entrepreneurs;

Whereas United States-ASEAN development cooperation has focused on innovation and capacity-building efforts in technology, education, disaster management, food security, human rights, and trade facilitation;

Whereas the Lower Mekong Initiative, established on July 23, 2009, is a multinational effort that helps promote sustainable economic development in mainland Southeast Asia to foster integrated, multisectoral, subregional cooperation and capacity building;

Whereas the Declaration on the Conduct of Parties in the South China Sea (DOC) was signed by all members of ASEAN and the People's Republic of China (PRC) on November 4, 2002, committing ASEAN and the PRC to ''exercise self-restraint in the conduct of activities that would complicate or escalate disputes and affect peace and stability,'' and reaffirming that ''the adoption of a code of conduct in the South China Sea would further promote peace and stability in the region and agree to work, on the basis of consensus, toward the eventual attainment of this objective'';

Whereas the leaders of the United States and ASEAN, at their Special Leaders Summit in Sunnylands, California on February 16, 2016, reaffirmed their shared commitment to maintain peace, security, and stability in the region and ensure maritime security and safety, including by respecting the rights of freedom of navigation and overflight and other lawful uses of the seas, and unimpeded lawful maritime commerce as described in the 1982 United Nations Convention on the Law of the Sea (UNCLOS) as well as nonmilitarization and self-restraint in the conduct of activities;

Whereas ASEAN is a partner to the United States on key transnational challenges, such as terrorism, violent extremism, climate change, environmental degradation and pollution, energy, infectious diseases, disarmament, proliferation of weapons of mass destruction, cybersecurity, trafficking in persons, illicit trafficking of wildlife and timber, and illegal, unregulated, and unreported fishing;

Whereas the United States supports the East Asia Summit (EAS) as the premier leaders-led forum for dialogue and cooperation on political, security, and economic issues in the region and commends the direction set in the Kuala Lampur Declaration at the EAS' 10th anniversary, including the new exchange mechanism for EAS members' ambassadors;

Whereas the United States, ASEAN, and other Dialogue Partners, through the 2015 East Asia Summit, adopted a statement on transnational cyber issues that emphasizes the importance of regional cooperation to improve the security and stability of cyber networks, setting an important precedent for strengthening practical cooperation, risk reduction, and confidence building in cyberspace;

Whereas the 2016 East Asia Summit in Vientiane adopted a statement on non-proliferation that reaffirmed the United States', ASEAN's, and other Dialogue Partners' leaders' support for efforts at the national, regional, and international level to promote nuclear disarmament, nuclear non-proliferation, and peaceful uses of nuclear energy, and reiterated the importance of nuclear security to combating nuclear terrorism;

Whereas North Korea's provocative missile launches and nuclear tests highlights the threat posed by its nuclear and ballistic missile programs and contradicts calls by ASEAN leaders at the 2016 East Asia Summit in Vientiane for North Korea to abide by multiple United Nations Security Council resolutions and international obligations;

Whereas changes in climatic conditions in the ASEAN region over the past four decades have resulted in major loss and damage throughout the ASEAN region with a disproportionate impact on developing countries, with the experiences of Cyclone Nargis in Myanmar and Typhoon Haiyan in the Philippines, as well as the impacts that climate-caused ocean acidification has had on fish stocks, coral resources, and coastal agriculture, providing stark evidence of the destructive impacts on the region;

Whereas conservation and sustainable management of forests throughout ASEAN play an important role in helping to mitigate changes in the climate, reduce the risks of extreme weather events and other climate-driven disasters, and provide sustainable economic livelihood opportunities for local communities;

Whereas the United States will pursue initiatives that are consistent with broader sustainable development, including the achievement of food security and poverty alleviation throughout the ASEAN region;

Whereas the United States is a committed partner with ASEAN on the protection of human rights, which are not only essential for fostering and maintaining stability, security, and good governance, but protecting the basic rights and fundamental dignities of the people of ASEAN;

Whereas the United States supports the work and mandate of the ASEAN Intergovernmental Commission on Human Rights (AICHR), including capacity building for the promotion and protection of human rights and the AICHR's priorities programs, and activities;

Whereas the Young Southeast Asian Leaders Program has now engaged over 100,000 people between the ages of 18 and 35 across all 10 ASEAN nations to promote innovation among young people while also providing skills to a new generation who will create and fill the jobs of the future;

Whereas the irregular movement of persons continues to be one of the main security threats in the Southeast Asia region;

Whereas addressing migration flows and combating human smuggling and human trafficking in ASEAN is an important, ongoing challenge requiring increased coordination and shared responsibility;

Whereas, on November 21, 2015, ASEAN Member Sates signed the ASEAN Convention Against Trafficking in Persons, Especially Women and Children, which represents an important step forward in preventing human trafficking, prosecuting the perpetrators, and protecting the survivors;

Whereas the United States supports ASEAN Member States in anticorruption efforts through, among other initiatives, the implementation of the United Nations Convention Against Corruption;

Whereas Vice President Mike Pence traveled to Jakarta, Indonesia on April 20, 2017, where he met with the ASEAN Secretary General and ASEAN Permanent Representatives, congratulated ASEAN on its 50th anniversary, and remarked on the 40th anniversary of the United States' diplomatic relationship with ASEAN, noting that the United States-ASEAN relationship ''without a doubt has benefitted both ASEAN and America—diplomatically, economically, and from the standpoint of national security'';

Whereas, on this visit, Vice President Pence pledged that the United States would ''redouble our cooperation with ASEAN on issues of regional security'' and continue to support ''increased information sharing and security efforts to protect our people and our way of life across the ASEAN region and across the wider world,'' and ''continue to work closely with ASEAN to promote peace and stability in the South China Sea by upholding a rules-based order, ensuring the lawful and unimpeded flow of commerce, and encouraging the peaceful and diplomatic resolution of disputes'';

Whereas, on this visit, Vice President Pence remarked that ''by strengthening our economic ties, the United States and ASEAN member nations can foster jobs, prosperity, and growth in new and unprecedented ways'' and that ''American exports to ASEAN member nations already support more than 550,000 jobs in the United States, and almost 42,000 U.S. companies export more than $100,000,000,000 in goods and services to ASEAN nations every year''; and

Whereas, on this visit, Vice President Pence announced that President Trump will attend the U.S.-ASEAN Summit, the East Asia Summit in the Philippines, and the APEC Leaders Meeting in Vietnam this November: Now, therefore, be it

Resolved, That the Senate—

(1) welcomes the leaders of the Association of South East Asian Nations (ASEAN) to the United States for the meetings with Secretary of State Rex Tillerson and congressional members, and affirms the meeting as the first regular United States-ASEAN meetings;

(2) supports and affirms the elevation of the United States-ASEAN relationship to a strategic partnership and recommits the United States to ASEAN centrality and to helping to build a strong, stable, politically cohesive, economically integrated, and socially responsible ASEAN community with common rules, norms, procedures, and standards consistent with international law and the principles of a rules-based Asia-Pacific community;

(3) urges ASEAN to continue its efforts to foster greater integration and unity toward the ASEAN community;

(4) recognizes the value of ASEAN working with economic, political, and security partners such as Australia, Canada, the European Union, India, Japan, New Zealand, Norway, the Republic of Korea, and Taiwan both inside of and outside of Asia, as well as the advantage of strategic economic initiatives like the U.S.-ASEAN Connect that demonstrate a commitment to ASEAN and the AEC and build upon economic relationships in the region;

(5) reaffirms the enhancement of United States-ASEAN economic engagement, including the elimination of barriers to cross-border commerce, and supports the ASEAN Economic Community's goals, including strong, inclusive, and sustainable growth and cooperation with the United States that focuses on innovation and capacity building efforts in technology, education, disaster management, food security, human rights, and trade facilitation, including for ASEAN's poorest countries;

(6) supports efforts by ASEAN nations to address maritime and territorial disputes in

a constructive manner and to pursue claims through peaceful, diplomatic, and legitimate regional and international arbitration mechanisms, consistent with international law, including through the adoption of a code of conduct in the South China Sea to further promote peace and stability in the region;

(7) urges all parties to maritime and territorial disputes in the Asia-Pacific region, including the PRC—

(A) to exercise self-restraint in the conduct of activities that would undermine stability or complicate or escalate disputes through the use of coercion, intimidation, or military force; and

(B) to refrain from new efforts to militarize uninhabited islands, reefs, shoals, and other features, including the construction of new garrisons and facilities and the relocation of additional military personnel, materiel, or equipment;

(8) opposes actions by any country to prevent any other country from exercising its sovereign rights to the resources of the exclusive economic zone (EEZ) and continental shelf by seeking to enforce claims to those areas in the South China Sea that have no support in international law;

(9) opposes unilateral declarations of administrative and military districts in contested areas in the South China Sea;

(10) supports efforts to negotiate the joint management of maritime resources through diplomacy and peaceful negotiation;

(11) urges parties to refrain from unilateral actions that cause permanent physical damage to the marine environment and supports the efforts of the National Oceanic and Atmospheric Administration and ASEAN to implement guidelines to address illegal, unreported, and unregulated fishing in the region;

(12) supports efforts by United States partners and allies in ASEAN—

(A) to enhance maritime capability and maritime domain awareness;

(B) to protect unhindered access to and use of international waterways in the Asia-Pacific region that are critical to ensuring the security and free flow of commerce;

(C) to counter piracy;

(D) to disrupt illicit maritime trafficking activities such as the trafficking of persons, goods, and drugs; and

(E) to enhance the maritime capabilities of countries or regional organizations to respond to emerging threats to maritime security in the Asia-Pacific region;

(13) urges ASEAN Member States to develop a common approach to reaffirm the decision of the Permanent Court of Arbitration in The Hague's ruling with respect to the case between the Republic of the Philippines and the People's Republic of China;

(14) reaffirms the commitment of the United States to continue joint efforts with ASEAN to halt human smuggling and trafficking in persons and urges ASEAN to make increased efforts to create and strengthen regional mechanisms to provide assistance and support to refugees and migrants;

(15) supports the Lower Mekong Initiative, which has made significant progress in promoting sustainable economic development in mainland Southeast Asia and fostering integrated subregional cooperation and capacity building;

(16) urges ASEAN to build capacity for the promotion and protection of human rights by ASEAN member states, and the implementation of related priorities, programs, and activities;

(17) urges ASEAN governments to engage directly with leaders of civil society and human rights, including advocates of religious freedom and victims of human rights abuses, and environmental groups and to prioritize the construction of forums that give these stakeholders a voice to instruct public policy, before, during, and after the February 2016 summit;

(18) encourages the President to communicate to ASEAN leaders the importance of protecting human rights, ending extrajudicial killings, including releasing political prisoners and ending politically motivated prosecutions, strengthening civil society, safeguarding freedom of the press, freedom of assembly, and the free flow of information and ideas, and promoting the rule of law and open and transparent government;

(19) supports the Young Southeast Asian Leaders Initiative program as an example of people-to-people partnership building that provides skills, networks, and leadership capabilities to a new generation of people who will create and fill jobs, foster cross-border cooperation and partnerships, and rise to solve the regional and global challenges of the future; and

(20) urges ASEAN governments to fully uphold and implement all United Nations Security Council resolutions and international agreements with respect to North Korea's nuclear and ballistic missile programs.

SENATE RESOLUTION 158—RECOGNIZING THE CULTURAL AND HISTORICAL SIGNIFICANCE OF THE CINCO DE MAYO HOLIDAY

Mr. MENENDEZ (for himself, Mr. CORNYN, Mr. BENNET, Ms. CORTEZ MASTO, Mr. CRUZ, Mr. DURBIN, Mr. FRANKEN, Mr. GARDNER, Mr. HEINRICH, Mrs. MURRAY, Mr. SCHUMER, Mr. UDALL, Ms. DUCKWORTH, and Mr. CARDIN) submitted the following resolution; which was considered and agreed to:

S. RES. 158

Whereas May 5, or ''Cinco de Mayo'' in Spanish, is celebrated each year as a date of importance by Mexican and Mexican-American communities;

Whereas the Cinco de Mayo holiday commemorates May 5, 1862, the date on which Mexicans defeated the French at the Battle of Puebla, one of the many battles that the Mexican people won in their long and brave fight for independence, freedom, and democracy;

Whereas the victory of Mexico over France at Puebla represented a historic triumph for the Mexican government during the Franco-Mexican war fought between 1861 and 1867 and bolstered the resistance movement;

Whereas the success of Mexico at the Battle of Puebla reinvigorated the spirits of the Mexican people and provided a renewed sense of unity and strength;

Whereas the French army, which had not experienced defeat against any of the finest troops of Europe in more than half a century, sustained a disastrous loss at the hands of an outnumbered and ill-equipped, but highly spirited and courageous, Mexican army;

Whereas the courageous spirit that Mexican General Ignacio Zaragoza and his men displayed during that historic battle can never be forgotten;

Whereas, in a larger sense, Cinco de Mayo symbolizes the right of a free people to self-determination, just as Benito Juarez, the president of Mexico during the Battle of Puebla, once said, ''El respeto al derecho ajeno es la paz'', meaning ''respect for the rights of others is peace'';

Whereas the sacrifice of Mexican fighters was instrumental in keeping Mexico from falling under European domination while, in the United States, the Union Army battled Confederate forces in the Civil War;

Whereas Cinco de Mayo serves as a reminder that the foundation of the United States was built by people from many countries and diverse cultures who were willing to fight and die for freedom;

Whereas Cinco de Mayo also serves as a reminder of the close ties between the people of Mexico and the people of the United States;

Whereas Cinco de Mayo encourages the celebration of a legacy of strong leaders and a sense of vibrancy in communities; and

Whereas Cinco de Mayo serves as a reminder to provide more opportunity for future generations: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes the historic struggle of the people of Mexico for independence and freedom, which Cinco de Mayo commemorates; and

(2) encourages the people of the United States to observe Cinco de Mayo with appropriate ceremonies and activities.

AUTHORITY FOR COMMITTEES TO MEET

Mr. SULLIVAN. Mr. President, I have 8 requests for committees to meet during today's session of the Senate. They have the approval of the Majority and Minority leaders.

Pursuant to Rule XXVI, paragraph 5(a), of the Standing Rules of the Senate, the following committees are authorized to meet during today's session of the Senate.

COMMITTEE ON ARMED SERVICES

The Committee on Armed Services is authorized to meet during the session of the Senate on Thursday, May 4, 2017, at 9:30 a.m.

COMMITTEE ON BANKING, HOUSING, AND URBAN AFFAIRS

The Committee on Banking, Housing, and Urban Affairs is authorized to meet during the session of the Senate on Thursday, May 4, 2017, at 10 a.m. to hold a hearing entitled ''Reauthorization of the National Flood Insurance Program, Part II.''

COMMITTEE ON ENERGY AND NATURAL RESOURCES

The Senate Committee on Energy and Natural Resources is authorized to meet during the session of the Senate in order to hold a hearing on Thursday, May 4, 2017, at 10 a.m. in Room 366 of the Dirksen Senate Office Building in Washington, DC.

COMMITTEE ON FOREIGN RELATIONS

The Committee on Foreign Relations is authorized to meet during the session of the Senate on Thursday, May 4, 2017, at 10 a.m., to hold a hearing entitled ''International Development: Value Added Through Private Sector Engagement.''

COMMITTEE ON THE JUDICIARY

The Committee on the Judiciary is authorized to meet during the session of the Senate on Thursday, May 4, 2017, at 2 p.m., in S–216 of the Capitol, to conduct an executive business meeting.

COMMITTEE ON INTELLIGENCE

The Senate Select Committee on Intelligence is authorized to meet during the session of the 115th Congress of the U.S. Senate on Thursday, May 4, 2017

at 2 p.m., in room SH–219 of the Senate Hart Office Building.

COMMITTEE ON INTELLIGENCE

The Senate Select Committee on Intelligence is authorized to meet during the session of the 115th Congress of the U.S. Senate on Thursday, May 4, 2017 from 2 p.m., in room SH–219 of the Senate Hart Office Building to hold a closed hearing.

SUBCOMMITTEE ON AVIATION OPERATIONS, SAFETY AND SECURITY

The Committee on Commerce, Science, and Transportation is authorized to hold a meeting during the session of the Senate on Thursday, May 4, 2017, at 10:30 a.m., in room 253 of the Russell Senate Office Building.

The Committee will hold a Subcommittee Hearing on ''Question, Answer, and Perspectives on the Current State of Airline Travel.''

APPOINTMENT

The PRESIDING OFFICER. The Chair, on behalf of the majority leader, after consultation with the Democratic leader, pursuant to Public Law 93–415, as amended by Public Law 102–586, announces the appointment of the following individual to the Coordinating Council on Juvenile Justice and Delinquency Prevention: the Honorable David Tapp of Kentucky (3 year term).

RECOGNIZING THE CULTURAL AND HISTORICAL SIGNIFICANCE OF THE CINCO DE MAYO HOLIDAY

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of S. Res. 158, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The senior assistant legislative clerk read as follows:

A resolution (S. Res. 158) recognizing the cultural and historical significance of the Cinco de Mayo holiday.

There being no objection, the Senate proceeded to consider the resolution.

Mr. MCCONNELL. Mr. President, I further ask unanimous consent that the resolution be agreed to, the preamble be agreed to, and the motions to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Without objection, it is so ordered.

The resolution (S. Res. 158) was agreed to.

The preamble was agreed to.

(The resolution, with its preamble, is printed in today's RECORD under ''Submitted Resolutions.'')

PROGRAM

Mr. MCCONNELL. Mr. President, for the information of all Senators, the comeback votes on Monday night are on confirmation of Heather Wilson as Secretary of the Air Force, and cloture on the nomination of Scott Gottlieb to head the FDA. We plan to move on the U.S. Trade Representative, Robert Lighthizer, as well, next week.

ORDERS FOR FRIDAY, MAY 5, 2017, AND MONDAY, MAY 8, 2017

Mr. MCCONNELL. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until Friday, May 5, at 12 noon, for a pro forma session only, with no business being conducted. I further ask that when the Senate adjourns on Friday, May 5, it next convene at 2 p.m., Monday, May 8; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and morning business be closed; finally, that following leader remarks, the Senate resume executive session as under the previous order.

The PRESIDING OFFICER. Without objection, it is so ordered.

ORDER FOR ADJOURNMENT

Mr. MCCONNELL. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order, following the remarks of Senator TESTER.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Montana.

Mr. TESTER. Mr. President, I thank the majority leader.

REMEMBERING DON DUNWELL

Mr. TESTER. Mr. President, I rise to remember the life of a journalist, a husband, a father, a community leader, a guy by the name of Don Dunwell. Dunwell was known for his thoughtful interviewing style, creative storytelling, his ability to connect with the thousands of viewers who entrusted him to deliver the news to them.

It was common to find Don teaching and mentoring young reporters about the ins and outs of journalism. He believed fiercely in the free press and strong ethics that were required to be a trusted source of information. He never took his platform for granted, and he used it to make Montana and this Nation a better place.

Outside the newsroom, he was a proud father to John, working hard each day to ensure that his son had every opportunity possible. Don was immensely proud of his wife Mary Ann who charted her own path as a public servant.

Today, we remember the life and the legacy of Don Dunwell and aim to follow in his ever-fervent footsteps. Don was 82 when he passed. He was bitten by a bug that made him look much younger than that, but he was a fine man and a good friend.

I yield the floor.

ADJOURNMENT UNTIL TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 12 noon tomorrow.

Thereupon, the Senate, at 4:30 p.m., adjourned until Friday, May 5, 2017, at 12 noon.

EXTENSIONS OF REMARKS

WORKING FAMILIES FLEXIBILITY ACT OF 2017

SPEECH OF

HON. JOYCE BEATTY

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 2, 2017

Ms. BEATTY. Mr. Speaker, I rise in opposition of the Working Families Flexibility Act, H.R. 1180.

Mr. Speaker, the Fair Labor Standards Act (FLSA) already allows employers to let their employees earn paid time off.

That is why the bill passed by the House earlier this week, the Working Families Flexibility Act, H.R. 1180, would hurt working families by giving workers less time off, less flexibility and less pay.

Many workers frequently rely on their overtime earnings to make ends meet to help put food on the table, keep a roof over their families' heads, and pay bills.

Instead of paying workers for their overtime work, H.R. 1180 would permit employers to replace employees' overtime pay with vague promises that employees may be able to take comp time off at some unknown point in the future.

But the employer, not the employee, would decide when that time off is granted.

This bill provides no guarantees that workers could take their earned time off when they need it.

Employers could also unilaterally decide to ''cash out'' comp time in excess of 80 hours or discontinue their entire comp time program with just 30 days' notice.

This means that an employee's carefully crafted plan to bank time for a child's birth or a spouse's surgery could be thwarted by an employer's decision to cash out the employee's time or end the program all together.

Mr. Speaker, this bill is a bad deal for working families. It would strip employees of rights that the FLSA has provided for nearly 75 years.

If Republicans truly care about working families, they would support and help pass the Family and Medical Insurance Leave Act (FAMILY Act), H.R. 947, which would create a national paid leave insurance program modeled after the successful programs in California, New Jersey, and Rhode Island.

If Republicans truly care about working families, they would support and help pass legislation like Schedules That Work Act introduced by Congresswoman ROSA DELAURO in the 114th Congress.

The Schedules That Work Act would give workers more control over their schedules and incentivize predictability and stability in shifts and work hours.

If Republicans truly care about working families, they would support and help pass the soon to be introduced Raise the Wage Act sponsored by Congressman BOBBY SCOTT.

The Raise the Wage Act increases minimum wage, including the elimination of sub-minimum ''tipped'' wage, which would lift 37.7 millions workers out of poverty.

People should not have to work more than 40 hours in a week and forgo pay to earn time to care for themselves or their loved ones.

I join my Democratic colleagues in fighting to protect attacks on pay and benefits for working class families instead, and will vote no on H.R. 1180.

HONORING OFFICERS MAURO AND FRANCEMONE

HON. JOHN KATKO

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. KATKO. Mr. Speaker, I rise today to honor the heroic actions of two law enforcement officers from my district, Syracuse Police Department Officers Joseph Mauro and Kelsey Francemone.

Both of these officers put their own lives on the line in protection of our community: Officer Mauro, in October of 2016, when he was confronted by an armed suspect in the University Hill neighborhood and Officer Francemone on Father's Day of 2016, when she approached a fatal riot head on, only to be brutally attacked by an angry crowd.

For their bravery, Officers Mauro and Francemone were each nominated for the National Association of Police Organizations TOP COP Award. Next week, Officer Francemone will be honored as one of only a few nationwide winners of this prestigious award.

As a federal prosecutor, I worked alongside the brave men and women of the Syracuse Police Department for nearly twenty years. I have the utmost respect for these officers and their selfless actions.

Congratulations to Officers Francemone and Mauro, and I thank them for their commitment and dedication to making Syracuse a safer place.

TRIBUTE TO A. H. PARKER HIGH SCHOOL IN BIRMINGHAM, ALABAMA

HON. TERRI A. SEWELL

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Ms. SEWELL of Alabama. Mr. Speaker, today I rise to pay tribute to an outstanding public high school in my district—the A.H. Parker High School Thundering Herd in Birmingham, AL. Parker High School has been at the cornerstone of education in the Birmingham community for nearly 117 years, preparing students for future leadership and life.

During the school year of 1899, a few Negro citizens of Birmingham called a historical mass meeting to draw up a petition in which they would request the Board of Education establish a tax supported school for blacks. Dr. W. R. Pettiford, president of the Alabama Penny Savings Bank, a black-owned financial institution, and Mrs. B. H. Hudson, a cashier of that bank, were the leading supporters of the effort.

The school officially opened as a high school for African-American children in the fall of 1900 with a freshman class of 19 students and one teacher. Arthur Harold Parker was appointed by the board to serve as the first principal. In 1939, Parker retired and the school was subsequently renamed in his honor.

The school's first graduation was held June 3, 1904, at the historic 16th Street Baptist Church, which is now part of the Birmingham Civil Rights National Monument. Fifteen students received diplomas at the ceremony.

In September 1910, the school moved to a temporary location—the Lane Auditorium—and began offering skills for women such as sewing, knitting, and child care. By that time the enrollment was about 100 students. Construction of a permanent facility began in 1923, and by 1929, the school had an industrial building, a library, and a gymnasium. By 1937, the school had an enrollment of over 2,700.

The school continued to grow steadily to 3,761 students in 1946. Due to the large number, the school became known as the ''Largest High School for Negroes in the World.''

In 2004, acclaimed journalist Michele Norris, host of All Things Considered with National Public Radio, chronicled Parker's story in ''Parker High: Integration's Unfulfilled Promise,'' a look at the paradoxical effect integration had on all-black schools such as Parker. For Norris, the story is personal as her father and five uncles all attended Parker.

Parker's current principal, Darrell Hudson, assumed leadership of the school in 2013. Principal Hudson is a veteran educator of the Birmingham and Montgomery, AL, public school systems, who truly believes all students can learn through hard work, determination, and the right educational environment. He is a graduate of Alabama State University and Auburn University of Montgomery.

Principal Hudson is a faithful member of Sixth Avenue Baptist Church in Birmingham, AL, and an active member with the Alabama State University National Alumni Association, as well as Omega Psi Phi Fraternity, Inc. Principal Hudson was also recently appointed to the Board of Directors for his Alma mater, Alabama State University.

Notable graduates of Parker include, among others, jazz music legends Sun Ra and Erskine Hawkins; Nell Carter, Tony award-winning actress; Oscar Adams, Jr., the first African American Alabama Supreme Court Justice; Arthur Shores, noted civil rights attorney; Alma Johnson Powell, wife of former Secretary of State Colin Powell; Eric Bledsoe, star NBA player with the Phoenix Suns; and the current Mayor of Birmingham, William A. Bell.

On behalf of the 7th Congressional District, the State of Alabama, and this nation, I ask my colleagues to join me in recognizing this

outstanding educational institution and its 117-year commitment to public education.

CELEBRATING THE 50TH ANNIVERSARY OF THE LASALLE COUNTY HISTORICAL SOCIETY MUSEUM

HON. ADAM KINZINGER

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. KINZINGER. Mr. Speaker, I rise today in celebration of the 50th Anniversary of the LaSalle County Historical Society's Museum in Utica, Illinois. The LaSalle County Historical Society was formed in 1907 and acquired their first building, the 1848 Canal Warehouse in 1967. Since then, the museum campus has grown to a one-room school house, a Heritage Center, a blacksmith shop, and a barn from 1875.

Their mission statement says ''To search out, procure and preserve in permanent form, facts and data in the history of the County of LaSalle as related to persons, places and all objects therein. In order to meet said purpose, the primary duty of the Society shall be to discover, collect, and preserve any facts or relics pertaining to the history of LaSalle County and to encourage the study of LaSalle County heritage, its times and people.''

The Museum spans the long and varied history of LaSalle County, including artifacts from the Native Americans and earliest settlers of this region to the carriage that Abraham Lincoln used to travel to the famous Lincoln-Douglas debate held in Ottawa, Illinois.

The building itself, a nineteenth century warehouse situated along the historic I&M Canal, served as a warehouse for the local cement mill and a general store before becoming Utica's first post office in 1849. The LaSalle County Historical Society saved the historic warehouse from destruction and now the region is one of the most popular Illinois vacation destinations with 2.2 million annual visitors.

Mr. Speaker, on behalf of the 16th Congressional District, the citizens of LaSalle County, and the millions who have enjoyed learning about the history of LaSalle County at the Museum, I sincerely congratulate them on achieving this milestone. The importance of preserving and appreciating our history cannot be overlooked and the dedication of the LaSalle County Historical Society and all of their volunteers is a key part of this time honored tradition. I look forward to what they will accomplish in the next fifty years.

IN RECOGNITION OF NORM ARCHIBALD

HON. JODEY C. ARRINGTON

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. ARRINGTON. Mr. Speaker, I rise today to recognize and honor Norm Archibald, Mayor of the City of Abilene, Texas, ''The Key City.'' Norm is a native Texan from San Benito. He and his wife Nancy have lived in Abilene for more than forty years. When he is not representing Abilene as Mayor, Norm serves as Vice President of the Hendrick Health System in Abilene where he is responsible for the development of the Health System through the Hendrick Medical Center Foundation. He holds a bachelor's and a master's degree from Texas A&M University, a master's degree from Abilene Christian University, and a doctorate degree from Texas Tech University. Norm is the father of two beautiful children, Bryan and Betsy, and grandfather to four grandchildren, Hunter, Hudson, Margaret, and Archer. During his childhood years, Norm achieved the rank of Eagle Scout, the highest rank attainable in the Boy Scouts of America.

Even with his demanding professional career, Norm has always carved out time to serve his community, especially through his work with the Abilene/Taylor County Health Board, the United Way, the YMCA, the Boy Scouts of America Board, Junior Achievement, the Military Affairs Committee of the Abilene Chamber of Commerce, and the Abilene Metropolitan Planning Organization. More recently, Norm has been serving our country through his membership on the EPA's Local Government Advisory Committee.

Norm became Mayor of Abilene in 2004 after four years of serving on the Abilene City Council. He was re-elected in 2005, in 2008, in 2011, and again in 2014. Now, after seventeen years on the Abilene City Council and thirteen years as Mayor, Norm has chosen to step down to make way for new leadership. He has been a strong, effective, and passionate advocate for the values and interests that are important to Abilene and the Big Country. Mayor Archibald devoted his tenure to improving quality of life, long-term water resources, Dyess Air Force Base, and local government.

Mr. Speaker, the people of Abilene and the people of our nation have been fortunate to have a man like Norm dedicate so much of his time, talents, and energy to building a better and stronger city. I ask that my colleagues in the United States House of Representatives join me in congratulating Norm as he completes his successful tenure as Mayor of Abilene and in thanking Norm and his wife, Nancy, for all their years of outstanding public service and exceptional contributions to the city of Abilene and the Big Country.

HONORING HUMBOLDT COUNTY SHERIFF MIKE DOWNEY

HON. JARED HUFFMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. HUFFMAN. Mr. Speaker, I rise today to congratulate Sheriff Mike Downey, a longtime member of Humboldt County's law enforcement community, on his retirement.

Sheriff Downey's service to Humboldt County has been exemplary. Mike moved his family to Humboldt County and first became a deputy sheriff in 1986. He was assigned to the Marijuana Eradication Team in 1988, earning several awards for service to the Campaign Against Marijuana Planting. He was promoted to Field Training Officer in 1989, and then to Sheriff's Corporal in 1992. In 1994, Mike was selected as Resident Deputy to Shelter Cove. Three years later, he was assigned as Sheriff's Sergeant to the Garberville station, and was awarded the Outstation Deputy of the Year in 2000. In 2003, Mike was promoted to the rank of Sheriff's Lieutenant in charge of North Area Command patrol operations.

Mike's professional development has been stellar over the tenure of his service. He was awarded every level of certification offered by the CA Commission on Peace Officer's Standards and Training (POST), including Intermediate, Advanced, Supervisory, Management, and Executive Certificates, and graduated from POST Command College. On May 7, 2006, Mike was promoted to Undersheriff under Sheriff Gary Philp. He was elected as Sheriff of Humboldt County and took office on January 1, 2001.

Sheriff Downey has been a role model for excellence in professionalism and community policing throughout his career. In addition to his professional contributions, he has served the Humboldt County community through the Eureka Rotary Club, The Red Cross board of Directors, as the President of the Law Enforcement Chiefs Associations of Humboldt, and through the Board of Directors for the California State Sheriffs' Association.

Mr. Speaker, Sheriff Mike Downey's commitment to the safety and peace of Humboldt County is commendable and worthy of recognition. I urge my colleagues to join me in extending our congratulations to him.

IN RECOGNITION OF MRS. McCREADY'S 3RD GRADE CLASS

HON. DAVID A. TROTT

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. TROTT. Mr. Speaker, I rise today to recognize the bright young artists in Mrs. McCready's 3rd grade class at Franklin Road Christian School in Novi, Michigan.

I know that artists get their start long before high school and college, learning to expand their imagination and foster their creativity in classrooms just like Mrs. McCready's.

In an effort to highlight young artists from across Michigan's 11th Congressional District, this year, I announced the 1st Annual ''Color my Capitol'' Program.

Brimming with talent, Mrs. McCready's students were eager to showcase their amazing artistic skills and take part in this one-of-a-kind program.

Let me tell you, Mr. Speaker, Mrs. McCready's 3rd graders did not disappoint. Their creations are unique, innovative, and imaginative. Their colorful artwork embodies our country's bright and promising future with these sharp young minds leading the way.

It is my utmost honor to have their artwork displayed in my Congressional district office in Troy, Michigan for everyone who visits to enjoy. Each and every time I walk into my office, I am reminded of their talent.

Congratulations to Mrs. McCready and the young artists she has the pleasure of teaching.

RECOGNIZING THE LIFE OF FALLEN MISSISSIPPI SOLDIER ARMY SERGEANT (SGT) JOHN McCLELLAN SMITH

HON. TRENT KELLY

OF MISSISSIPPI

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. KELLY of Mississippi. Mr. Speaker, today I rise in memory of Army Sergeant (SGT) John McClellan Smith who paid the ultimate sacrifice while defending our great nation on May 12, 2005, during Operation Iraqi Freedom. SGT Smith was killed when an improvised explosive device detonated near his convoy in Iskandariyah, Iraq. During his tour in Iraq, SGT Smith's assignment was to train members of the Iraqi National Guard.

SGT Smith was assigned to the 2nd Squadron, 11th Armored Cavalry Regiment, Fort Irwin, California, which was attached to the 155th BCT of Mississippi. He was a member of the 82nd Airborne Division at Fort Bragg before joining the California unit. SGT Smith was a JROTC cadet at New Hanover High School in Wilmington, North Carolina where he also played football, baseball, and lacrosse before graduating in 2000.

During SGT Smith's funeral, Brigadier General Mike Ferriter of the 82nd Airborne Division presented Smith's mother, Judy Smith, with the Purple Heart, the Bronze Star, the Iraqi Campaign Medal, and the Global War on Terrorism Expeditionary Medal.

Sergeant First Class Richard Mitchell of the 82nd Airborne Division presented Mrs. Smith with the American flag. He told the Associated Press that SGT Smith was committed to serving his country.

''Smitty was a great soldier,'' SFC Mitchell said. ''He died doing what he wanted to do.''

SGT Smith's devotion to his nation will not be forgotten.

IN RECOGNITION OF EDWARD W. STANKS, RECIPIENT OF THE 2017 WYOMING VALLEY CHILDREN'S ASSOCIATION ''MAKING A DIFFERENCE'' AWARD

HON. MATT CARTWRIGHT

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. CARTWRIGHT. Mr. Speaker, I rise today to honor Edward W. Stanks, Jr., CPA who will be honored on May 13 by the Wyoming Valley Children's Association. Ed will receive the 2017 ''Making a Difference Award'' for his continued involvement in the Children's Association. Ed has served on the WVCA board as treasurer for over fifteen years. He has shared his knowledge, expertise, and countless hours of his time to help the children of northeastern Pennsylvania.

Ed has worked as a Certified Public Accountant for nearly four decades for companies like Coopers and Lybrand (now Price Waterhouse Coopers/PwC) and Baron, Strassmen & Co. (now Kronick, Kalada, Berdy, & Co., P.C.). Today, Ed owns and operates his own accounting office in Kingston, Pennsylvania. In addition to serving the Wyoming Valley Children's Association, Ed is a member of the American Institute of CPAs and the Pennsylvania Institute of CPAs. He is the former president and treasurer of the Rotary Club of Kingston. He was also named a Paul Harris Fellow of the Kingston Rotary Club. Ed also serves as the treasurer of the Exodus Prison & Aftercare Ministry. He belongs to St. Therese's Parish in Shavertown, where he serves on the finance council and helps with the music ministry.

It is an honor to recognize Ed Stanks, Jr. for his service to the Wyoming Valley Children Association, an outstanding organization helping to provide the therapeutic support needed to give all of the children in northeastern Pennsylvania a quality early childhood education. I am truly grateful for his efforts.

HONORING THE 25TH ANNIVERSARY OF THE HEMINGWAY INTERNATIONAL YACHT CLUB, HAVANA, CUBA

HON. CHELLIE PINGREE

OF MAINE

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Ms. PINGREE. Mr. Speaker, the Ocean Passages maritime educational program and the state of Maine, home port of the schooner *Harvey Gamage*, would like to congratulate Commodore Lic. José Miguel Diaz Escrich and the Hemingway International Yacht Club of Havana, Cuba, on the occasion of its 25th Anniversary, being celebrated this month.

For 25 years, the Hemingway International Yacht Club has welcomed scores of international visitors from around the world—and consistently promoted stronger ties between Cuba and the United States through cooperative sailing and maritime programs.

Drawing on the long history of shared Cuban-American nautical traditions, symbolized above all by Ernest Hemingway's love of the sea and his adoption of Cuba as his second country, the Hemingway International Yacht Club has sought to keep alive the importance of Cuba's rich marine heritage.

The schooner *Harvey Gamage* first sailed into Marina Hemingway in Havana in Feburary 2016—and members of the Ocean Passages program have worked closely with Commodore Escrich in promoting the participation of American sport fishing boats in the annual Hemingway International Billfishing Tournament.

As Ocean Passages grows its educational and training programs in Cuban waters, we look forward to deepening that cooperation across the ocean we share. As the Maine poet Richard Blanco wrote in Cosas del Mar on the occasion of the restoration of bilateral diplomatic relations:

. . . Today, the sea still telling us,
the end to all our doubts and fears
is to gaze into the lucid blues of our shared horizon,
to breathe together, to heal together.

Ernest Hemingway donated his 1954 Nobel Literature prize medal to the people of Cuba, saying ''this award belongs to the people of Cuba, because my works were created and conceived in Cuba, in my village of Cojimar, of which I am a citizen.''

It is in that spirit that Ocean Passages and the state of Maine congratulate Commodore Escrich and the Hemingway International Yacht Club and look forward to fruitful cooperation for many years to come.

IN RECOGNITION OF MRS. DAILY'S 3RD GRADE CLASS

HON. DAVID A. TROTT

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. TROTT. Mr. Speaker, I rise today to recognize the bright young artists in Mrs. Daily's 3rd grade class at Garfield Elementary in Livonia, Michigan.

I know that artists get their start long before high school and college, learning to expand their imagination and foster their creativity in classrooms just like Mrs. Daily's.

In an effort to highlight young artists from across Michigan's 11th Congressional District, this year, I announced the 1st Annual ''Color my Capitol'' Program.

Brimming with talent, Mrs. Daily's students were eager to showcase their amazing artistic skills and take part in this one-of-a-kind program.

Let me tell you, Mr. Speaker, Mrs. Daily's 3rd graders did not disappoint. Their creations are unique, innovative, and imaginative. Their colorful artwork embodies our country's bright and promising future with these sharp young minds leading the way.

It is my utmost honor to have their artwork displayed in my Congressional district office in Troy, Michigan for everyone who visits to enjoy. Each and every time I walk into my office, I am reminded of their talent.

Congratulations to Mrs. Daily and the young artists she has the pleasure of teaching.

CELEBRATING CHARLOTTE ZIMMERMAN'S 90TH BIRTHDAY

HON. LOIS FRANKEL

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Ms. FRANKEL of Florida. Mr. Speaker, I rise today to celebrate Charlotte Zimmerman, who turned 90 years young today. Charlotte is an active member of Hadassah in South Florida and a beloved mother of four, grandmother of six, and great-grandmother of four.

Throughout her life Charlotte is an example to us all, staying healthy and aging with grace. She is a patron of the arts, including ballet, drama, music, and opera. She grew up in Richmond Hill, New York and now lives in Boca Raton, Florida.

I join with Charlotte's friends and family in celebrating her birthday. I wish her good health and continued success in the coming year.

HONORING THE LIFE AND LEGACY OF FIRE CHIEF KEVIN D. SUTTON

HON. TERRI A. SEWELL

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Ms. SEWELL of Alabama. Mr. Speaker, today I rise to honor the life and legacy of

Fairfield, AL, Fire Chief Kevin D. Sutton. Chief Sutton was a native of Birmingham, AL, who tragically passed in an auto accident on April 30, 2017. His seasoned leadership, engaging personality, and heart for his community will certainly be missed.

Chief Sutton attended Birmingham public schools and was a 1981 graduate of Phillips High School. Upon graduation, he pursued higher education at Mississippi Valley State University on an academic and football scholarship. Chief Sutton would later receive a Bachelor of Science degree in Public Safety Administration from Athens State University.

Chief Sutton served with the City of Fairfield, AL, for 23 years, the previous 13 years as Fire Chief. Prior to serving as Fire Chief, he served the city as a firefighter then as the city's Fire Marshal. Under his leadership, Fairfield Fire Department became an integral partner with the Fairfield community. Chief Sutton coordinated several programs in the city for seniors and children, including the annual ''Safety is Fun Day,'' which involves all city and private elementary schools in Fairfield. Chief Sutton also led the department's involvement in charitable works such as the Muscular Dystrophy Association's ''Boot Drive,'' which collects money for Jerry's Kids.

Previously, Chief Sutton served on the Executive Committee of the State Fire Marshal's Association and was the past President of the Central Alabama Fire Chief's Association. He also served on the Executive Committee of the Alabama Fire Chief's Association, and was the immediate past president of the Board of Directors for Better Basics, a nonprofit that provides literacy intervention, enrichment programs, and educational opportunities for elementary and middle-school students throughout Alabama. Chief Sutton was also a proud member of Alpha Phi Alpha Fraternity, Inc.

Chief Sutton is survived by his wife, Phyllis, and daughters, Tabathia Norman, Karmen Patterson, and Taylor Sutton.

On a personal note, I will also remember Chief Sutton's warm smile, generous heart and servant leadership. Although he left us too soon, his family should find comfort in the exemplary life he led. Chief Sutton made a tremendous impact on our community that will have a lasting significance. Chief Sutton will live on in the hearts and minds of the many people he touched.

On behalf of the 7th Congressional District, the State of Alabama, and this nation, I ask my colleagues to join me in recognizing Fire Chief Kevin D. Sutton—an outstanding servant leader who faithfully served the Fairfield, AL community.

SUPPORT FOR THE PEOPLE OF ETHIOPIA

HON. MIKE COFFMAN

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. COFFMAN. Mr. Speaker, I rise today to call attention to the continued and troubling pattern of repression committed by the Government of Ethiopia against its own citizens, and to express our support to the people of that country in their efforts to bring about peaceful reform to ensure their basic human rights as guaranteed by the Ethiopian constitution. To that end, my colleagues and I have introduced a bi-partisan resolution expressing support for the people of Ethiopia and asking the Ethiopian government to take solid steps to address these many violations.

On March 9th, the House Foreign Relations Subcommittee held hearings to discuss this important issue and what the United States can do to bring about positive change in Ethiopia. Among those who testified is a man from my own district, Deacon Yoseph Tafari of the St. Mary's Ethiopian Orthodox Tewahedo Church located in Aurora, Colorado, who grew up in Ethiopia and has seen first-hand the daily struggle of those living in abject poverty and under government oppression. Deacon Yoseph was forced to flee Ethiopia in 1976 and came to the U.S. as a refugee. Since then, both he and all of the courageous members of the Ethiopian community in my district, including the Oromo and Amharas, have worked tirelessly to organize and help those still suffering from repression in their home country, and to bring crucial international awareness to their plight.

Every day, Ethiopian-Americans bring important contributions and valuable diversity not only to my district, but all across America. I want to make clear that we support them and stand by them in these times of hardship. I represent the largest Ethiopian community in Colorado, and I will continue to monitor the situation in Ethiopia closely as well as continue working with local community leaders to raise awareness of this important issue and bring relief to the Ethiopian people.

RECOGNIZING THE LIFE OF FALLEN MISSISSIPPI SOLDIER MARINE LANCE CORPORAL (LCPL) CASEY LYNNE CASANOVA

HON. TRENT KELLY

OF MISSISSIPPI

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. KELLY of Mississippi. Mr. Speaker, today I rise in memory of Marine Lance Corporal (LCpl) Casey Lynne Casanova who paid the ultimate sacrifice while defending our great nation on May 2, 2008, during Operation Iraqi Freedom. LCpl Casanova was killed along with three other Marines when a roadside bomb was detonated while they were on patrol in Karmah, Iraq. Also killed were Sergeant Glen E. Martinez of Boulder, Colorado; Corporal James Kimple of Amanda, Ohio; and Corporal Miguel A. Guzman of Norwalk, California.

LCpl Casanova was assigned to the Combat Logistics Battalion 1, Combat Logistics Regiment 1, 1st Marine Logistics Group, I Marine Expeditionary Force, Camp Pendleton, California. LCpl Casanova served as a field radio operator. This was her first deployment to Iraq.

LCpl Casanova grew up in McComb, Mississippi, where she sang in the chorus at Bass Memorial Academy in Purvis and played multiple musical instruments in the high school band.

LCpl Casanova's mother, Paula Carruth, shared that Casey decided to enlist in the U.S. Marine Corps while she was attending Southwest Community College in Summit, Mississippi.

''Casey had a servant's heart,'' Paula said. ''She wanted to serve, and the military allowed her to do that.''

Paula says her daughter's death was a tragedy, but triumph rose out of tragedy during a memorial service attended by more than 1,000 people. The service was held at New Heights Baptist Church in McComb.

''It became so huge and overwhelming,'' Paula said. ''My community was and still is so amazing.''

This summer, a portion of Highway 98 in Pike County will be named in LCpl Casanova's honor.

LCpl Casanova is survived by her mother, Paula Carruth, and grandparents, John Paul and Kitty Carruth.

LCpl Casanova devoted her life to military service. Her determination to serve will not be forgotten.

IN RECOGNITION OF MRS. ROLLINS'S 3RD GRADE CLASS

HON. DAVID A. TROTT

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. TROTT. Mr. Speaker, I rise today to recognize the bright young artists in Mrs. Rollins's 3rd grade class at Garfield Elementary in Livonia, Michigan.

I know that artists get their start long before high school and college, learning to expand their imagination and foster their creativity in classrooms just like Mrs. Rollins's.

In an effort to highlight young artists from across Michigan's 11th Congressional District, this year, I announced the 1st Annual ''Color my Capitol'' Program.

Brimming with talent, Mrs. Rollins's students were eager to showcase their amazing artistic skills and take part in this one-of-a-kind program.

Let me tell you, Mr. Speaker, Mrs. Rollins's 3rd graders did not disappoint. Their creations are unique, innovative, and imaginative. Their colorful artwork embodies our country's bright and promising future with these sharp young minds leading the way.

It is my utmost honor to have their artwork displayed in my Congressional District office in Troy, Michigan for everyone who visits to enjoy. Each and every time I walk into my office, I am reminded of their talent.

Congratulations to Mrs. Rollins and the young artists she has the pleasure of teaching.

CELEBRATING THE LIFE OF JOSEPH S. MILLER

HON. PETER A. DeFAZIO

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. DEFAZIO. Mr. Speaker, I rise to commemorate the passing of a Capitol Hill icon, Joseph S. Miller, described by The Oregonian in 1987 as the dean of lobbyists in the nation's capital who specialized in Pacific Northwest issues. Joe was a seminal figure in Northwest politics and became well-known in Washington, D.C. His career spanned over 70

years, and he earned a reputation for having great political insight and courage.

Joe was a respected journalist and came from the infamous Class of 1943 at the University of Oregon, which included Les Anderson, Jeff Kitchens, Aaron U. Jones, and Bill Roth, Jr. After serving in the Army in the Aleutian Islands during World War II, he wrote for Northwest newspapers. He covered drama, literature, labor, politics, sports, and music. One weekend, he covered a heavyweight fight, a college football game, and the Seattle Symphony. The next day he ran into the president of the symphony, who said, ''Joe, last night I thought I went to a symphony concert, but when I read your review this morning I knew I'd been to a title fight instead.'' Gradually, politics and labor issues became Joe's focus.

In 1958, Joe moved his wife Rosalie Daggy Miller and their two daughters from Seattle to Washington, D.C., to become the executive director of the Democratic Senatorial Campaign Committee. He helped elect many Democratic senators, including Senators Ed Muskie, Gaylord Nelson, Bill Proxmire, and Frank Church. Later he advised the presidential election of John F. Kennedy. The Washington Post once called him the Democrats' answer to Madison Avenue. Senator Dick Neuberger said of Joe that he ''would never base a campaign on personal malice or an appeal to a hate element. His politics are never bitter.''

Joe had an almost encyclopedic memory for details and always told it like it was. These talents usually served him well as he represented clients such as the Marine Engineers Beneficial Association, United Steelworkers of America, American Association of Railroads, Port of Portland, Western Forest Industries Association, and Association of Oregon and California Land Grant Counties.

A life-long Democrat, Joe had great friendships and professional relationships with many Republicans. As he once said, ''We would hash out issues all day long, but when 5 o'clock came, we were all on the same side.'' Joe and his second wife, Erna Wahl Miller, personal secretary to Senator Henry ''Scoop'' Jackson, were valued friends and hosts to many in their home on Capitol Hill until Erna's death in 2004.

In 2008, Joe's memoir, The Wicked Wine of Democracy, was published by the University of Washington Press. The book is a candid look at politics from the 1950s onward. Joe wanted to call his memoir When Politics Was Fun, but the UW Press, publishing the book as a potential political-science text, had other ideas.

For over 40 years, Joe met for lunch every Friday at the Irish Times on Capitol Hill with a drop-in group of old and new friends. He respected ''the wit and wisdom of his Friday lunch gang,'' which represented a wide range of political thought. Joe's ability to listen to other points of view and to find common ground kept his voice relevant and in demand throughout his life.

Joe was a great believer in the ''American Political Way'' and said, ''We have overcome many challenges over two centuries and have always emerged a stronger and more democratic nation as a result.''

Thanks to Joe Miller for his dedication and contributions to the political process. His positive outlook and ability to adapt to changing times, even in his 90s, will be missed.

OPPOSITION OF TRUMPCARE'S HIGHER COSTS, LESS COVERAGE, AND FEWER PROTECTIONS

HON. TERRI A. SEWELL

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Ms. SEWELL of Alabama. Mr. Speaker, the GOP healthcare bill today marks a disappointing abdication of now more than 50 years of work to invest in the health care of our citizens. The bill strips coverage from at least 24 million Americans. WHAT A SHAME.

This GOP bill is being rushed to passage without an updated CBO score. My Republican colleagues should be ashamed of themselves for playing such silly, political games with the health of the American people and 1/6th of the American economy.

In my home state of Alabama, this GOP bill will exacerbate the cost of uncompensated care, which already exceeds $694 million annually in Alabama. Alabama's hospitals collectively would see an increase of more than $97 million (at least) in uncompensated care costs due to the coverage losses in this bill.

This GOP bill will gut Medicaid, which is the single largest insurer for children in America. It is a lifeline for disabled and nursing home patients across my district and across this country yet this GOP bill slashes Medicaid by more than $800 billion.

This GOP bill will be devastating to America's hospitals. Children's Hospital of Alabama, for example, is projected to lose $752 million in Medicaid revenues through 2026 under this bill. In 2018, the hospital would lose $1.4 million in uncompensated care costs. I am honored to represent UAB here in Congress, which is Alabama's largest employer and is set to lose $613 million in Medicaid revenues. Bad debt would increase by 90 million a year for the hospital. The CEO of UAB health, Dr. Will Ferniany, says the bill is ''bad for Alabama, bad for older people, bad for Alabama hospitals, and bad for the poor.''

The good, hard-working people of America have much to lose under this GOP bill.

Our rural hospitals can absolutely NOT afford these cuts as this GOP bill will only worsen the rural hospital closure crisis. Almost 80 percent of rural hospital closures since 2010 have occurred in states that haven't expanded Medicaid under the ACA. As Representative of a state with one of the most bare-bones Medicaid programs in the country, I know full well that capping and cutting Medicaid is not the direction we want to go in.

Our sacred responsibility to make strategic investments in the health of every American has the stark and immediate urgency of right and wrong.

I urge my colleagues to vote against this harmful GOP bill, which will result in higher costs, less coverage, and fewer protections.

IN RECOGNITION OF THE RETIREMENT OF DR. JEREMY GREEN

HON. MIKE GALLAGHER

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. GALLAGHER. Mr. Speaker, today I rise in honor of Dr. Jeremy Green of Green Bay, Wisconsin, and his more than five decades of service to the people of Northeast Wisconsin.

When he graduated from at the University of the Witwatersrand in South Africa, he couldn't have known how far his journey as a physician would take him or how many thousands of lives he would touch. From Johannesburg, Dr. Green began his remarkable personal and professional journey by heading to postgraduate work in Belfast and London, then at Boston City Hospital, Jersey City Medical Center, Cincinnati General Hospital and in the City of Melbourne, Australia.

But it was when he reached Green Bay in 1964 that he knew he had found his real home. He and his wife, Elizabeth, a British nurse, raised their family in Green Bay and then joined them as American citizens in 1995.

Over the years, he helped launch the Green Bay Area Free Clinic, UW-Green Bay's student health services and health services for the university's athletic teams.

Beyond his medical service, his contributions to community organizations in Northeast Wisconsin are simply too many to recount here.

Dr. Green has been honored by groups ranging from the Northeastern Wisconsin African-American Association to the State Medical Society of Wisconsin, from the Neville Public Museum to Scholarships, Inc. In 1987, he received the Chancellor's Award for Lifetime Service from UW-Green Bay and in 2000, he received the NFL Community Quarterback Award from the Green Bay Packers.

In coming days, Dr. Green will step down from active practice in Green Bay. However, just as he always has, he will continue to serve his community and pursue his many interests. We would expect nothing less from that young South African physician who somehow found his way to Northeast Wisconsin, raising a proud family and lifting the lives of countless Americans along the way.

CELEBRATING FRED RISSER'S 90TH BIRTHDAY

HON. F. JAMES SENSENBRENNER, JR.

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. SENSENBRENNER. Mr. Speaker, today I rise along with my colleague, Rep. GWEN MOORE, to celebrate the 90th Birthday of Wisconsin State Senator Fred Risser on May 5, 2017. Born in Madison, Wisconsin in 1927, Mr. Risser was elected to Wisconsin's Assembly in 1956 and the Senate in 1962. He is currently the nation's longest-serving state legislator, and shows no sign of slowing down anytime soon.

Born and raised in Madison, Senator Risser is the fourth generation of his family to serve in the Wisconsin Legislature. His father, Fred E. Risser, grandfather, Ernest Warner, and great-grandfather Clement Warner, were all dedicated public servants.

Mr. Risser joined the Navy just prior to his 18th birthday. Trained as a medic, Mr. Risser spent time in Newport, R.I., then in Panama before he returned to the United States. Mr. Risser was educated in the Madison public schools, and then used the GI Bill to attend Carleton College and the University of Wisconsin-Madison (where he earned a B.A.), and

the law school of the University of Oregon. He then practiced law with his father before entering public service.

Wisconsin is fortunate to have a great leader like Fred Risser. Throughout his extraordinary career, he has served his constituents and his community diligently. It is our great honor to join Fred's wife Nancy, children and grandchildren, his many friends, and our colleagues in the House of Representatives, in wishing Fred a happy 90th birthday—and many more years.

IN RECOGNITION OF MRS. KUHN'S 3RD GRADE CLASS

HON. DAVID A. TROTT

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. TROTT. Mr. Speaker, I rise today to recognize the bright young artists in Mrs. Kuhn's 3rd grade class at Hickory Woods Elementary in Novi, Michigan.

I know that artists get their start long before high school and college, learning to expand their imagination and foster their creativity in classrooms just like Mrs. Kuhn's.

In an effort to highlight young artists from across Michigan's 11th Congressional District, this year, I announced the 1st Annual ''Color my Capitol'' Program.

Brimming with talent, Mrs. Kuhn's students were eager to showcase their amazing artistic skills and take part in this one-of-a-kind program.

Let me tell you, Mr. Speaker, Mrs. Kuhn's 3rd graders did not disappoint. Their creations are unique, innovative, and imaginative. Their colorful artwork embodies our country's bright and promising future with these sharp young minds leading the way.

It is my utmost honor to have their artwork displayed in my Congressional district office in Troy, Michigan for everyone who visits to enjoy. Each and every time I walk into my office, I am reminded of their talent.

Congratulations to Mrs. Kuhn and the young artists she has the pleasure of teaching.

CELEBRATING THE LIFE OF CONGRESSMAN DAWSON MATHIS

HON. AUSTIN SCOTT

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. AUSTIN SCOTT of Georgia. Mr. Speaker, I rise today with my colleagues, Senator JOHNNY ISAKSON, Congressman SANFORD BISHOP, Congressman BARRY LOUDERMILK, Congressman RICK ALLEN, and Congressman TOM GRAVES, to remember the life of former Georgia Congressman Dawson Mathis, who passed away on April 17, 2017. Today, we honor Dawson's life, remember his spirit, and thank him and his family for their meaningful contributions to the state of Georgia.

Born in Nashville, Georgia, Dawson Mathis attended South Georgia College before he moved to Albany, Georgia in 1964 to work at WALB–TV, where he served as the network's news director until 1970. Even at a young age, it was clear that Dawson had a knack for communicating with and representing all walks of Georgians, a trait that only shined more as Dawson began his political career.

From 1971 until 1981, Dawson served as the Representative for Georgia's Second Congressional District. During his time in Congress, Dawson was known as a witty southern Democrat who could work cordially with Members on both sides of the aisle. As a legislator, Dawson was a gifted politician, but always a true statesman. Despite his success in working in the highest levels of government, Dawson never grew too proud to forget who he was. He was always known to be open and accessible, willing to talk to local reporters and constituents for hours on end. Amidst the hustle and bustle of Capitol Hill, Dawson never lost sight of advocating for the best interests of the Georgians he represented, and the legacy he left still benefits the people of Southwest Georgia today.

Dawson was one of a kind, and his decade of public service greatly benefitted our state. Our thoughts are with his family and friends during this time as they remember the great man he was.

RECOGNIZING THE LIFE OF FALLEN MISSISSIPPI SOLDIER ARMY STAFF SERGEANT (SSG) TOMMY SEARY LITTLE

HON. TRENT KELLY

OF MISSISSIPPI

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. KELLY of Mississippi. Mr. Speaker, today I rise in memory of Army Staff Sergeant (SSG) Tommy Seary Little who paid the ultimate sacrifice while defending our nation on May 2, 2005, during Operation Iraqi Freedom. SSG Little died at the Brooke Army Medical Center in San Antonio, Texas from injuries sustained on April 19 when an improvised explosive device detonated near his Humvee outside Iskandariyah, Iraq. Sergeant Terrance A. Elizenberry of Clinton, Sergeant Wyman H. Jones of Columbus, Private First Class Stephen B. Brooks of Columbus, and Sergeant First Class Grayson ''Norris'' Galatas of Meridian were also injured in the explosion.

SSG Little, an Aliceville, Alabama native and the youngest of 11 children, was assigned to the 2nd Battalion, 114th Field Artillery Regiment, Mississippi Army National Guard, Columbus, Mississippi. SSG Little joined the Mississippi Army National Guard after he graduated Aliceville High School.

According to an Associated Press news article, Major General Harold A. Cross, Adjutant General of the Mississippi Army National Guard, said members of the Guard would mourn the loss of this brave soldier. Mississippi Governor Haley Barbour said his family was deeply saddened by another death of a member of the Guard serving in Iraq.

SSG Little's brother, Jack Little says his brother was liked by all.

''He was easy to get along with,'' Jack said. ''If he could help, Tommy always would. He loved the Army.''

SSG Little's sister, Ruth Henderson, said her brother was dedicated to the Army.

''He was a hard worker,'' Ruth said. ''He was also a great father.''

SSG Little is survived by his wife, Patricia; his daughter, Ashley; his mother Lue Della Little; his siblings, Otis Roosevelt Little, Louise Murray, Alfred Little, Eddie Lee Little, Idella Little, Lillie Hutton, Jack Little, Ruth Henderson, Eddie Dean Little, and Bessie Hinton.

The National Guard Armory in Ackerman, Mississippi was named in honor of SSG Little. His sacrifice will always be remembered.

RECOGNIZING MARY AND DAVID BOIES

HON. NITA M. LOWEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mrs. LOWEY. Mr. Speaker, I rise to recognize Mary and David Boies, who will be honored by United Way of Westchester and Putnam with the Spirit of Caring Award for their leadership, commitment to community, and willingness to help others.

Mary Boies has had a successful career in law and currently serves as Counsel to Boies, Schiller & Flexner LLP, where she specializes in antitrust and corporate commercial litigation. Her prior positions include General Counsel of the U.S. Civil Aeronautics Board, Assistant Director of the Domestic Policy Staff at the White House, and Counsel to the U.S. Senate Commerce Committee. Ms. Boies was also a member of a non-partisan, professional Committee that reviewed federal judicial nominees. In each of these roles, she has always sought to do what is right and best for others.

Outside of her work in law, she has also worked to support children's educational software. She was the founder of MaryBoies Software Inc., which developed Top of the Key and Slam Dunk Typing. Both programs were recognized as some of the top pieces of children's educational software and have been translated into numerous languages for international distribution. Additionally, she has served on the Board of Directors of the Council on Foreign Relations, the Board of Massachusetts Institute of Technology's Center for International Studies, as well as the Board of Visitors that oversees the U.S. Air Force School of Advanced Air and Space Studies, the Air Force Research Institute, the Air War College, the National Security Space Institute, and the Air Force Institute of Technology.

Mr. Boies has also had a distinguished legal career with recognition from many including as one of the ''100 Most Influential People in the World'' by Time Magazine. Currently Chairman of Boies, Schiller & Flexner LLP, he previously served as Chief Counsel and Staff Director of the United States Senate Antitrust Subcommittee and held similar roles on the Senate Judiciary Committee. He was Special Trial Counsel for the United States Department of Justice in its antitrust suit against Microsoft and lead counsel for Vice President Al Gore in litigation following the 2000 Presidential Election. Mr. Boies served as co-lead counsel for plaintiffs in Perry v. Brown, which established for the first time the federal constitutional right for gay and lesbian citizens to marry.

Mr. Boies is a member of Phi Beta Kappa; a Fellow of the American College Trial Lawyers and the International Academy of Trial Lawyers; and a Trustee of Cold Spring Harbor Laboratory, New York University Law School Foundation, and St. Luke's-Roosevelt Hospital Center.

Mr. Speaker, in addition to their truly remarkable careers in law, Mary and David Boies have also contributed their time, talents, and financially in service of others. I commend their outstanding work, and I urge my colleagues to join me in congratulating them on the Spirit of Caring Award.

IN RECOGNITION OF MRS. WECKSTEIN'S 3RD GRADE CLASS

HON. DAVID A. TROTT

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. TROTT. Mr. Speaker, I rise today to recognize the bright young artists in Mrs. Weckstein's 3rd grade class at Hickory Woods Elementary in Novi, Michigan.

I know that artists get their start long before high school and college, learning to expand their imagination and foster their creativity in classrooms just like Mrs. Weckstein's.

In an effort to highlight young artists from across Michigan's 11th Congressional District, this year, I announced the 1st Annual ''Color my Capitol'' Program.

Brimming with talent, Mrs. Weckstein's students were eager to showcase their amazing artistic skills and take part in this one-of-a-kind program.

Let me tell you, Mr. Speaker, Mrs. Weckstein's 3rd graders did not disappoint. Their creations are unique, innovative, and imaginative. Their colorful artwork embodies our country's bright and promising future with these sharp young minds leading the way.

It is my utmost honor to have their artwork displayed in my Congressional district office in Troy, Michigan for everyone who visits to enjoy. Each and every time I walk into my office, I am reminded of their talent.

Congratulations to Mrs. Weckstein and the young artists she has the pleasure of teaching.

IN RECOGNITION OF UNIVERSITY OF OREGON ASSISTANT VICE PRESIDENT AND UNIVERSITY REGISTRAR SUE EVELAND

HON. PETER A. DeFAZIO

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. DEFAZIO. Mr. Speaker, I rise today to recognize University of Oregon Assistant Vice President and University Registrar Sue Eveland who is retiring after fourteen years of service to the university.

Ms. Eveland has been an invaluable member of the UO community since she was first hired in 2001 and subsequently with her appointment as the Interim University Registrar in 2008 and later University Registrar.

During this time, Ms. Eveland also served as President of both the Pacific Association of Collegiate Registrars and Admissions Officers (PACRAO) and the Oregon Association of Collegiate Registrars and Admissions Officers (OrACRAO), demonstrating her commitment not only to University of Oregon faculty, students and staff, but also to her colleagues nationwide. Prior to her career at the University of Oregon, Ms. Eveland spent 17 years at Iowa State University, serving in various roles in the Offices of Admissions and the Registrar.

Colleagues report that Ms. Eveland has shown herself to be innovative and effective, bringing opportunities for staff development, growth and collaboration into each of her roles. Alongside her team at the UO, she was able to implement online grading, online course evaluations, an online graduation application and a schedule builder, among other efficiencies. Her work has continually simplified and improved the lives of the students she serves. Her colleagues say she encourages her staff to keep perspective, remain positive, be creative and have fun.

Sue Eveland retires from the University of Oregon having dedicated nearly two decades to improving services for students. I join with the University of Oregon in recognizing Sue Eveland for her contributions to higher education, and I congratulate her for her many years of exemplary service.

IN RECOGNITION OF TOYOTA MOTOR NORTH AMERICA ON THE DATE OF ITS SUPPLIER CENTER GRAND OPENING

HON. DEBBIE DINGELL

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mrs. DINGELL. Mr. Speaker, I rise today to recognize Toyota Motor North America on the date of the Toyota Supplier Center and Prototype Development Facility grand opening. Toyota Motor North America has been a strong partner to southeast Michigan by utilizing our state's automotive expertise to help produce its next generation of automobiles.

Originally established in July 1977, Toyota Motor North America's Research and Development has contributed significantly to the leadership of southeast Michigan as a leader in automotive engineering, driving important breakthroughs in automotive design and safety. Toyota employs approximately 1,440 individuals in its Ann Arbor and York Township facilities whose work has critical input to many of Toyota's most popular vehicles. These facilities collectively have contributed to the vehicle development of many of Toyota's most popular vehicles, including the 2014 Tundra and 2015 Camry designs, and its advanced research and prototype development efforts continue to serve as a critical source of innovation for the company at large.

Toyota Motor North America's significant investment in expanding and upgrading its Ann Arbor and York Township engineering facilities underscores the importance of the groundbreaking research and development being done here. The expansion of the powertrain development facility in Ann Arbor Township, as well as further improvements to the York Township site, will allow a continuation of the successful partnership between Toyota and the State of Michigan. The talented and educated southeast Michigan workforce, combined with Toyota's new facilities and additional resources, will help ensure that Michigan's automotive industry remains a worldwide leader in the coming decades.

Mr. Speaker, I ask my colleagues to join me in honoring Toyota Motor North America and Mr. Toyoda during the grand opening of the Toyota Supplier Center and Prototype Development Facility expansion. This critical investment will leverage Michigan's talented workforce to conduct cutting-edge automotive research and development.

RECOGNIZING THE 150TH ANNIVERSARY OF HOLY CROSS LUTHERAN CHURCH

HON. JASON SMITH

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. SMITH of Missouri. Mr. Speaker, I rise today to honor Holy Cross Lutheran Church of Ste. Genevieve, Missouri on the occasion of its 150th Anniversary.

The congregation was founded in 1867 and work began that year on its church building which was completed in 1869. In celebrating its momentous anniversary, the congregation is highlighting three words: Survival, Revival and Vital. They want to emphasize all the church at 200 Market Street has overcome to survive this century and a half, to commit to reviving the congregation's presence in Ste. Genevieve and to celebrate how vital the church and the message of Jesus Christ remains.

Known for its historic altar donated to the church in 1950, the congregation now averages about 50 people in its worship services. They remain dedicated to proclaiming the Gospel message and reaching out to the people of Ste. Genevieve.

For continuing its work of proclaiming the Good News of Jesus Christ through 150 years of change and challenge, it is my great pleasure to honor Holy Cross Lutheran Church of Ste. Genevieve, Missouri today before the United States House of Representatives.

HONORING THE LIFE AND LEGACY OF MS. DEBORAH COTTON

HON. CEDRIC L. RICHMOND

OF LOUISIANA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. RICHMOND. Mr. Speaker, I rise today to honor the life of Ms. Deborah Cotton, a New Orleans writer and cultural advocate. Ms. Cotton, affectionately known as ''Big Red Cotton,'' passed away on May 2, 2017, at the age of 52.

Ms. Cotton was raised in Texas and Oklahoma. She attended San Francisco State University, majoring in the field of African-American studies, before moving to Los Angeles, where she worked as a union organizer.

In June 2005, not long before Hurricane Katrina struck, Ms. Cotton moved to New Orleans, Louisiana. She instantly immersed herself in the city's culture and communities. Ms. Cotton became known for her writing about second-lines, brass bands, Mardi Gras Indian practices and many other events in New Orleans. She blogged, tweeted, and filmed nearly every Sunday second-line parade. Though Ms. Cotton was not from New Orleans, her writing helped her to forge better relationships among the city, police, and the parading clubs.

On May 12, 2013, when shooting broke out in the 7th Ward during the annual parade of the Original Big 7 Social Aid and Pleasure Club, Ms. Cotton was filming. Of the 19 people shot that day, Ms. Cotton was among those wounded, suffering grave internal injuries that would ultimately take her life.

Ms. Cotton loved the city and the people of New Orleans enough that, even when the worst happened to her, she responded with compassion and inspired others to do the same. She dedicated herself to continuing to live life with joy and compassion. She forgave the individual who shot her and spent time getting to know him as a person. She also dedicated herself to providing a clear-eyed look at the problem of violence in our communities.

Ms. Cotton's legacy will forever be a part of the city and her dedication to community embodies the spirit of New Orleans. Ms. Cotton's survivors include her mother, Carolee Reed, and two sisters.

Mr. Speaker, I celebrate the life and legacy of Ms. Deborah Cotton, a beloved daughter, sister, and example to aspiring writers everywhere.

IN RECOGNITION OF MRS. MURRAY'S 3RD GRADE CLASS

HON. DAVID A. TROTT

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. TROTT. Mr. Speaker, I rise today to recognize the bright young artists in Mrs. Murray's 3rd grade class at Hickory Woods Elementary in Novi, Michigan.

I know that artists get their start long before high school and college, learning to expand their imagination and foster their creativity in classrooms just like Mrs. Murray's.

In an effort to highlight young artists from across Michigan's 11th Congressional District, this year, I announced the 1st Annual ''Color my Capitol'' Program.

Brimming with talent, Mrs. Murray's students were eager to showcase their amazing artistic skills and take part in this one-of-a-kind program.

Let me tell you, Mr. Speaker, Mrs. Murray's 3rd graders did not disappoint. Their creations are unique, innovative, and imaginative. Their colorful artwork embodies our country's bright and promising future with these sharp young minds leading the way.

It is my utmost honor to have their artwork displayed in my Congressional district office in Troy, Michigan for everyone who visits to enjoy. Each and every time I walk into my office, I am reminded of their talent.

Congratulations to Mrs. Murray and the young artists she has the pleasure of teaching.

RECOGNIZING THE LIFE OF FALLEN MISSISSIPPI SOLDIER ARMY SERGEANT (SGT) JOSHUA SHANE LADD

HON. TRENT KELLY

OF MISSISSIPPI

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. KELLY of Mississippi. Mr. Speaker, today I rise in memory of fallen Mississippi soldier Army Sergeant (SGT) Joshua Shane Ladd who paid the ultimate sacrifice while defending our nation on May 1, 2004, during Operation Iraqi Freedom. SGT Ladd, a Mississippi Army National Guard soldier, was killed when a rocket-propelled grenade struck his vehicle outside of Mosul, Iraq.

SGT Ladd, a Port Gibson native, was assigned to the 367th Maintenance Company, Army National Guard, Dekalb, Mississippi. SGT Ladd volunteered for service shortly after his unit was mobilized in 2003. According to an article published in The Neshoba Democrat in January 2005, SGT Ladd was honored by an overflow crowd during a memorial service held on May 7 at the McClain-Hays Funeral Home. Outside of the funeral home, many people held flags and lined the streets which led to the Eastlawn Cemetery where SGT Ladd was laid to rest with full military honors.

Major General Harold A. Cross, Adjutant General of the Mississippi National Guard, posthumously presented SGT Ladd with a Bronze Star for meritorious service and a Purple Heart. The newspaper article states that Major General Cross presented the Mississippi Magnolia Cross for meritorious service, saying SGT Ladd distinguished himself by making the ultimate sacrifice. Mississippi Governor Haley Barbour would later award SGT Ladd with the Mississippi Medal of Valor.

''He always wanted to be in the military and shoot big guns,'' SGT Ladd's cousin, Debbie Chisholm, said to the Associated Press. ''He wanted to be a soldier since he was a little boy.''

SGT Ladd is survived by his parents, Randy and Deborah Ladd.

SGT Ladd's service will always be remembered.

TRIBUTE TO MS. RUTH LIFE, EDUCATOR, FRIEND, AND COMMUNITY ACTIVIST

HON. DANNY K. DAVIS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, I have been fortunate to have known many outstanding people during my lifetime, but never have I known a more outstanding, more passionate, more consistent, more reliable or more giving of herself than Ms. Ruth Life, whom I met in the 1960s. I met Ms. Life during the time when community activism was at a seriously high level.

Ms. Life, like many of our generation, were actively engaged in efforts to make life better for the people who lived in the communities where we lived and worked. Many of the workshops, forums, training sessions and meetings which I attended, Ms. Life would be present and participating. We were working in District 10 where Mr. Joseph Rosen was Superintendent of schools and Mrs. Ida Mae (MA) Fletcher was the leading school activist. As time went on, I left the teaching profession but continued to run into Ms. Life at meetings and church activities. When it came to teaching, none were better, as an Assistant Principal she was creative, encouraging and imaginative. When you walked into the Roswell B. Mason Elementary School, you knew that teachers were teaching and students were learning.

Thirty-eight years is a long time to teach and educate, but a lifetime of service to humanity through church, the Peoples Church of the Harvest Church of God in Christ and the Peoples Community Development Association of Chicago Inc. and other organizations.

I can almost hear the Master speaking to her, well done my good and faithful servant. You have done exceptionally well here on earth, come on up. I welcome you into the bosom of Abraham where you can rest in peace.

INTRODUCING THE PRE-DISASTER MITIGATION REAUTHORIZATION

HON. ANDRÉ CARSON

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. CARSON of Indiana. Mr. Speaker, today, I rise to introduce a bill to amend the Robert T. Stafford Disaster Relief and Emergency Assistance Act to reauthorize the pre-disaster hazard mitigation program.

First authorized in 2000, the pre-disaster hazard mitigation program has a proven history of saving taxpayer money by investing in cost effective projects that are designed to reduce injuries, loss of life, and damage and destruction of property in the event of a disaster. As the old adage goes: an ounce of prevention is worth its weight in gold.

This is true for the pre-disaster hazard mitigation program. The Multi Hazard Mitigation Council of the National Institute of Building Sciences has found that for every $1 spent on mitigation, $4 were saved in potential disaster costs. Other benefits and indirect savings at the local level and within the business sector were also identified. Moreover, the Congressional Budget Office confirmed the cost savings of the program. Using a different analysis, the CBO found in 2007 that for every $1 spent on mitigation, $3 was saved in potential disaster costs.

But it is not just empirical studies that have confirmed the benefits of this program. There are numerous examples of flood control projects, voluntary acquisitions of real property located in flood zones, and the construction of safe rooms that have saved lives and prevented future damage. Areas that have experienced flood damage in the past, and have flooded again, experienced reduced or no damage thanks to effective mitigation. For instance, in Iowa, pre-disaster mitigation funds were used to purchase riverfront homes from homeowners that had suffered flood damage and then converted to green space. When the area subsequently flooded again, there was no new damage, thanks to the pre-disaster mitigation efforts.

With today's ongoing fiscal challenges, increasingly severe storms, and escalating effects of climate change, it makes sense for our country to prepare for these disasters now in order to prevent or reduce damage. Smart planning to mitigate the adverse impact of disasters not only saves lives, but saves money—especially over the long run.

In the aftermath of Hurricane Sandy when there were initial damage estimates in the billions of dollars, many Members from both sides of the aisle streamed to the floor to express sympathy to the victims, as well as decry the extent of the damage and large costs. This program represents an opportunity to curb similar costs in the future while also saving lives and protecting property.

It is time to reauthorize the Pre-Disaster Hazard Mitigation Program at a sufficient level to make an impact. I urge my colleagues to support this measure.

PEOPLE'S BUDGET

HON. BARBARA LEE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Ms. LEE. Mr. Speaker, first, I would like to thank my colleagues, Congressman KEITH ELLISON and Congressman RAÚL GRIJALVA, for their tireless leadership of the Progressive Caucus.

I would also like to thank to Congresswoman PRAMILA JAYAPAL and Congresswoman JAMIE RASKIN for hosting this Special Order Hour and for their work on this budget. It truly is a document we all can be proud of. Mr. Speaker, the federal budget is, at its heart, a moral document. It tells a story to the American people, and it tells the world who and what we care about.

Mr. Speaker, President Trump's outrageous budget that he released last month revealed what we've long suspected: President Trump's only concern is for himself and his rich friends.

His budget is both hateful and counterproductive.

Faced with such boldfaced cruelty, it's more important than ever that we present our own vision for the budget.

And what a vision the People's Budget is.

The People's Budget is the most progressive budget ever presented to Congress.

It invests in people and communities, instead of corporations, billionaires, and bombs.

It forces Wall Street executives to pay their fair share by closing the tax loopholes that corporations use to send jobs overseas and give CEO millions in untaxed bonuses. Instead, it invests in small business owners and Main Street to uplift those working in their communities.

Our budget invests in our communities by fixing infrastructure, including the leaded pipes in places like Flint, and bringing broadband to libraries and schools.

It invests over $1 trillion in the next generation—from universal pre-school to debt-free college—so that every child, no matter what family they're born into, can get a high quality education.

And it fully funds my Computer Science for All initiative, which would increase access to STEM programs for girls and students of color.

Mr. Speaker, as a single mother, I know from experience that no parent working full-time should have to raise their family in poverty.

The People's budget lays our plan to invest in and lift women, communities of color, and working families out of poverty.

Our budget takes serious steps to end the scourge of poverty in America, including raising the wage to $15 an hour, offering universal child care, and expanding paid sick leave to all families.

Finally, this budget lays out a plan to curb bloated Pentagon spending and reinvest in diplomacy and humanitarian aid.

It would take long overdue action to reign in waste, fraud, and abuse at the Pentagon, and give us an audit so we can see where our taxpayer dollars are going. And it would prohibit the expansion of US combat troops into President Trump's unauthorized and illegal war in Syria.

Mr. Speaker, this is a budget that we are proud to stand behind. This is a bold statement of our principles and our promise to fight for the American people.

This is our Roadmap for Resistance.

IN RECOGNITION OF MRS. HILLARD'S 3RD GRADE CLASS

HON. DAVID A. TROTT

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. TROTT. Mr. Speaker, I rise today to recognize the bright young artists in Mrs. Hillard's 3rd grade class at Randolph Elementary in Livonia, Michigan.

I know that artists get their start long before high school and college, learning to expand their imagination and foster their creativity in classrooms just like Mrs. Hillard's.

In an effort to highlight young artists from across Michigan's 11th Congressional District, this year, I announced the 1st Annual "Color my Capitol" Program.

Brimming with talent, Mrs. Hillard's students were eager to showcase their amazing artistic skills and take part in this one-of-a-kind program.

Let me tell you, Mr. Speaker, Mrs. Hillard's 3rd graders did not disappoint. Their creations are unique, innovative, and imaginative. Their colorful artwork embodies our country's bright and promising future with these sharp young minds leading the way.

It is my utmost honor to have their artwork displayed in my Congressional district office in Troy, Michigan for everyone who visits to enjoy. Each and every time I walk into my office, I am reminded of their talent.

Congratulations to Mrs. Hillard and the young artists she has the pleasure of teaching.

AMERICAN HELLENIC INSTITUTE LETTER TO PRESIDENT TRUM REGARDING TURKEY

HON. GUS M. BILIRAKIS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. BILIRAKIS. Mr. Speaker, I rise today to include in the RECORD a letter from the American Hellenic Institute regarding President Trump's upcoming meeting with Turkish President Recep Tayyip Erdogan. As one of the co-chairs of the Congressional Hellenic Caucus, I have advocated for the rights of Greece and Cyprus against the intimidating actions of Turkey. Since Turkey's Presidential referendum vote, Erdogan's government continues to ignore and violate long-standing international law and treaties—a threat to regional security and an impediment to regional interests, stability, and prosperity.

As we have done times before, we must continue to condemn these acts of aggression and renew our call for President Erdogan's government to demonstrate to the international community that it is committed to all international laws and agreements. Additionally, the United States and our strategic regional allies must be better prepared to respond quickly and forcefully to transgression of international law from any nation including NATO ally Turkey through targeted sanctions and foreign aid restrictions.

President DONALD J. TRUMP,
President of the United States,
Washington, DC.

DEAR MR. PRESIDENT: On behalf of the nationwide membership of the American Hellenic Institute (AHI), I write in advance of Turkish President Recep Tayyip Erdogan's visit to Washington to raise the Institute's concern about how Turkey is a significant force of instability. In recent months, Turkey has elevated tensions in the Aegean Sea with NATO ally Greece, threatened Cyprus' sovereign right to explore for natural gas within its exclusive economic zone (EEZ) and has infringed upon Cyprus' EEZ, and President Erdogan has directed alarming rhetoric toward the European Union and its citizens. In February, I wrote to urge the administration to act to uphold the rule of law and to call on Turkey, the provocateur of these tensions, to cease and desist with its actions that have dire implications to U.S. security interests. Now, AHI requests these issues, which demonstrate the instability for which Turkey is responsible, to be placed on your meeting agenda with President Erdogan on May 16.

AEGEAN SEA

Historically, Turkey has violated Greece's sovereignty in the Aegean Sea on an almost daily basis. In 1996, Turkey's claims to the Imia islets nearly led the two NATO allies to war over the islands. In recent years, the Institute notes Turkey's frequent and egregious violations of NATO ally Greece's sovereignty in the Aegean Sea:

In 2014, there were 3,045 total violations of Greek national airspace and Infringements of Air Traffic Regulations (ICAO) that resulted in eight engagements with Hellenic Air Force interception fighters, according to the Hellenic National Defense General Staff.

On March 1, 2015, Turkey unilaterally issued a Notice to Airmen (NOTAM), a move to reserve extensive airspace over the Aegean Sea for military maneuvers that Greece protested. On March 3, 2015, Turkey canceled the NOTAM thanks to pressure from the U.S. and NATO.

On July 15, 2015, six Turkish fighters crossed into Greek airspace 20 times—in a single day.

On February 15, 2016, six Turkish fighter jets and a CN–235 maritime patrol aircraft violated Greek airspace 22 times—again, in a single day.

In sum, 2,573 infringements and violations of Greece's airspace occurred in 2016

In fall 2016, Turkish President Recep Tayyip Erdoğan has elevated tensions unnecessarily by publicly calling into question the

integrity of the Treaty of Lausanne. Now, on one day during the week of January 29 to February 4, 2017, Greece's Ministry of Defense recorded 138 violations of Greek airspace over islands in the Aegean Sea, which had to be intercepted. This is unprecedented. On the sea, Greek and Turkish ships were involved in a ''faceoff' when a Turkish navy missile boat, and supporting crafts, entered and violated Greece's territorial waters by the Imia islets.

These Turkish provocations have caused Greece's Defense Minister, Panos Kammenos, to state, ''The Greek armed forces are ready to answer any provocation.''

President Trump, Greece's sovereignty in the Aegean Sea and respect for the Treaty of Lausanne, both of which are in the best interests of the United States, must be respected. Greece must expend immense financial resources to defend its sovereignty—upwards of $400 million a year—during an economic crisis from which it is in the best interest of the United States for Greece to emerge. Moreover, despite its economic difficulties, Greece continues to be of vital importance for the projection of U.S. strategic interests by its geographic location and its strong, unwavering support for NATO. As home to the most important naval presence in the Mediterranean Sea, NSA Souda Bay, Crete, Greece has been critical to the delivery of U.S. troops, cargo, and supplies, providing access and extending the U.S. and NATO's reach into the Middle East and North Africa. To illustrate, in 2015, more than 70 U.S. Navy and NATO ships and vessels visited Souda Bay and more than 2,830 U.S. Air Force and NATO planes utilized the 115th Combat Wing on Crete. Also, more than 65 U.S. ships and more than 1,200 trainees utilized NMIOTC.

In addition, Greece is a top contributor to the defense efforts of NATO, spending an estimated 2.38% of its GDP on defense. Greece is second behind only the United States in this regard.

Greece aspires to achieve complete normalized relations with Turkey, however, the latter, as official policy, continues to threaten Greece with war (casus belli) and promotes territorial claims that are unfounded and devoid of any legal basis. These claims disregard all relevant treaties and agreements in force, including the 1947 Paris Peace Treaty under which the Dodecanese Islands and adjacent islets were ceded by Italy to Greece. Because the U.S. is a signatory to the 1947 Paris Peace Treaty, this Treaty is U.S. federal law which the U.S. is bound to enforce. Turkey's ongoing dispute of Greece's sovereignty in the Aegean was reaffirmed by policy analysts following Turkey's National Security Council meeting held in late March 2017, according to a press report. The analysts observed ''. . . fiery rhetoric emanating from Ankara is not just to win over a domestic audience, saying that it underlines its core policy objectives with regard to the Aegean and the Eastern Mediterranean.''

CYPRUS

In March 2017, the Turkish Foreign Ministry condemned Cyprus' research for natural gas within Cyprus' exclusive economic zone (EEZ). In recent years, Turkey has violated international law by practicing ''gunboat diplomacy'' in the eastern Mediterranean with an incursion into Cyprus' EEZ. This has led Cypriot President Nicos Anastasiades to express concern about Turkey sparking a ''hot incident'' in the eastern Mediterranean. He stated, ''I fear the period from now until the referendum in Turkey, as well as the effort to create a climate of fanaticism within Turkish society,'' To further illustrate Turkey's provocative actions are ongoing, Turkey issued a Navtex on April 19, 2017 that according to one press report reserves ''an area inside the island's Exclusive Economic Zone (EEZ), off Famagusta, to carry out seismic surveys between April 30 and June 30.'' The report elaborates on coverage of the Navtex, stating it not only includes Cyprus' EEZ, but it also extends into a part of Cyprus' territorial waters. Adding to this development is Turkey's intensified military presence in an area stretching south from Rhodes to the coast of Paphos in Cyprus and the issuance of three consecutive Notices to Airmen (NOTAM) for military exercise over Turkish-occupied northern Cyprus. Moreover, these threats in Cyprus' EEZ are an endangerment to U.S. companies, such as ExxonMobil and Noble Energy, who have been, or will be, working to explore for hydrocarbons in the eastern Mediterranean.

The Republic of Cyprus has the sovereign right under international law to explore and exploit its natural resources within its EEZ. The United States has repeatedly stated it supports Cyprus' sovereign right to explore energy in its offshore areas. Cypriot government officials, such as Foreign Minister Ioannis Kasoulides, have stated the island's natural resources belong to all its people and that once a settlement is reached, potential revenues would be shared.

Furthermore, regarding the Cyprus settlement talks, which are at a near stand-still, instead of helping to provide stability by promoting a just settlement supported by both communities, Turkey continues to insist on antiquated and obstructive stances. For example, Turkey's insistence the Treaty of Guarantee allows for future unilateral Turkish military interventions, which is completely unacceptable and contradicts the governing principals of a European Union member state. Moreover, Turkey refuses to withdraw its 40,000 illegally-stationed troops on Cyprus. The withdrawal of Turkish troops would be a significant confidence building measure in the peace process.

Meanwhile, Turkey's relations with the European Union are at low-point. President Erdogan's consolidation of power following the referendum vote of April 15 is of concern, leading to the Parliamentary Assembly of the Council of Europe (PACE) to announce it will begin re-monitoring Turkey and also leading some members of European Parliament to state the EU will have to reassess its position on Turkey. In the lead-up to the April 15 referendum, President Erdogan called Europe the ''center of Nazism.'' This does not bode well for the fragile EU-Turkey deal on the migrant crisis, which if it falls apart, will have a detrimental effect on Greece, which took the brunt of the crisis in 2015–16 with more than one million arrivals.

Finally, AHI understands fully well that defeating ISIS will be at the top of your agenda with President Erdogan. However, the United States cannot depend on, or trust, Turkey as an ally in this important fight. ''Erdogan long played footsie with the Islamic State; his government apparently helped arm, sell oil from, and open Turkish territory for use by ISIS. More recently he has targeted the Syrian Kurds, U.S. allies against ISIS,'' writes Doug Bandow, senior fellow at the Cato Institute, an April 26, 2017 opinion piece. Bandow concludes, ''In the case of Turkey, President Erdogan has abandoned its long-standing affinity for the West.'' Moreover, in a 2015 article, Robert Ellis cited a UN Security Council report that he states concludes: ''Turkey has also provided the primary routes for arms smuggled to ISIL and the Al-Nusrah Front, an Al-Qaida affiliate.'' Additionally, Turkey only agreed to help after the Turks ''forced the U.S. into a yearlong negotiation'' to use Incirlik air base to strike the Islamic State, according to Wall Street Journal commentary. As a result, policy analysts have openly questioned whether Turkey should be a NATO member. To further illustrate this point, Turkey undermined the coalition's efforts to combat ISIS when it killed partner forces in a series of airstrikes in Syria and Iraq on April 25th.

Therefore, AHI cautions that whatever future assistance Turkey should grant the United States on ISIS must not come at the expense of true and tried allies who promote and advance U.S. national interests in the eastern Mediterranean region.

President Trump, AHI's perspective on these pressing issues are founded on the rule of law and are based on what is in the best interests of United States security in the region. Given the conduct and policies of the Erdogan regime, it is essential that the U.S. fundamentally re-assess our alliance and overall relationship with Turkey. We hope that you will make this point to President Erdogan.

Thank you for your consideration.

Sincerely,

NICK LARIGAKIS,
President.

31ST ANNUAL DEPARTMENT OF VETERANS AFFAIRS (VA) NATIONAL VETERANS GOLDEN AGE GAMES

HON. TRENT KELLY

OF MISSISSIPPI

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. KELLY of Mississippi. Mr. Speaker, today I rise to recognize the 31st Annual Department of Veterans Affairs (VA) National Veterans Golden Age Games (NVGAG) that will be held in Biloxi, Mississippi, May 7–11, 2017. The National Veterans Golden Age Games give veterans with and without disabilities an equal opportunity to demonstrate their competitive spirit through multi-event sports. The National Veterans Golden Age Games are open to veterans 55 years of age and older who are enrolled to receive healthcare through the VA. Competition events include air rifle, bowling, cycling, swimming, golf, and table tennis.

The National Veterans Golden Age Games was established in 1983 to inspire older veterans to remain physically active, regardless of age or ability. Thousands of competitors have achieved personal goals through rehabilitation and competition. It is inspiring to see so many veterans improve their quality of life through the National Veterans Golden Age Games.

As a member of the Mississippi Army National Guard for 31 years, I know the important role physical fitness plays in the lives of our veterans. This program is a continued success as displayed by the many veterans who look to the National Veterans Golden Age Games for fulfillment on multiple levels.

I am proud of all the veterans who are representing the First Congressional District of Mississippi this year and wish them the best of luck.

IN RECOGNITION OF MS. MARCUS'S 3RD GRADE CLASS

HON. DAVID A. TROTT

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2017

Mr. TROTT. Mr. Speaker, I rise today to recognize the bright young artists in Ms. Marcus's 3rd grade class at Pembroke Elementary in Troy, Michigan.

I know that artists get their start long before high school and college, learning to expand their imagination and foster their creativity in classrooms just like Ms. Marcus's.

In an effort to highlight young artists from across Michigan's 11th Congressional District, this year, I announced the 1st Annual ''Color my Capitol'' Program.

Brimming with talent, Ms. Marcus's students were eager to showcase their amazing artistic skills and take part in this one-of-a-kind program.

Let me tell you, Mr. Speaker, Ms. Marcus's 3rd graders did not disappoint. Their creations are unique, innovative, and imaginative. Their colorful artwork embodies our country's bright and promising future with these sharp young minds leading the way.

It is my utmost honor to have their artwork displayed in my Congressional district office in Troy, Michigan for everyone who visits to enjoy. Each and every time I walk into my office, I am reminded of their talent.

Congratulations to Ms. Marcus and the young artists she has the pleasure of teaching.

Daily Digest

HIGHLIGHTS

Senate agreed to the motion to concur in the amendment of the House to the amendment of the Senate to H.R. 244, Consolidated Appropriations Act.

Senate

Chamber Action

Routine Proceedings, pages S2735–S2781

Measures Introduced: Twenty-seven bills and five resolutions were introduced, as follows: S. 1037–1063, and S. Res. 154–158. **Pages S2774–75**

Measures Reported:

Special Report entitled "Further Revised Allocation to Subcommittees of Budget Totals for Fiscal Year 2017". (S. Rept. No. 115–43)

S. 585, to provide greater whistleblower protections for Federal employees, increased awareness of Federal whistleblower protections, and increased accountability and required discipline for Federal supervisors who retaliate against whistleblowers, with amendments. (S. Rept. No. 115–44) **Page S2773**

Measures Passed:

U.S. Wants to Compete for a World Expo Act: Senate passed H.R. 534, to require the Secretary of State to take such actions as may be necessary for the United States to rejoin the Bureau of International Expositions, after agreeing to the committee amendment in the nature of a substitute. **Pages S2737–38**

Enrollment Correction: Senate agreed to H. Con. Res. 53, providing for a correction in the enrollment of H.R. 244. **Pages S2754, S2761**

Cinco de Mayo Holiday: Senate agreed to S. Res. 158, recognizing the cultural and historical significance of the Cinco de Mayo holiday. **Page S2781**

House Messages:

Consolidated Appropriations Act: By 79 yeas to 18 nays (Vote No. 121), Senate agreed to the motion to concur in the amendment of the House to the amendment of the Senate to H.R. 244, making appropriations for the fiscal year ending September 30, 2017, after taking action on the following amendments and motions proposed thereto:

Pages S2735–37, S2738–61

Withdrawn:

McConnell motion to refer the message of the House on the bill to the Committee on Health, Education, Labor, and Pensions, with instructions, McConnell Amendment No. 212, to change the enactment date. **Pages S2735, S2741**

McConnell motion to concur in the amendment of the House to the amendment of the Senate to the bill, with McConnell Amendment No. 210 (to the House Amendment to the Senate amendment), to change the enactment date. **Pages S2735, S2741**

During consideration of this measure today, Senate also took the following action:

McConnell Amendment No. 213 (to (the instructions) Amendment No. 212), of a perfecting nature, fell when McConnell motion to refer the message of the House on the bill to the Committee on Health, Education, Labor, and Pensions, with instructions, McConnell Amendment No. 212, was withdrawn. **Pages S2735, S2741**

McConnell Amendment No. 214 (to Amendment No. 213), of a perfecting nature, fell when McConnell Amendment No. 213 (to (the instructions) Amendment No. 212), fell. **Pages S2735, S2741**

McConnell Amendment No. 211 (to Amendment No. 210), of a perfecting nature, fell when McConnell motion to concur in the amendment of the House to the amendment of the Senate to the bill, with McConnell Amendment No. 210 (to the House Amendment to the Senate amendment), was withdrawn. **Pages S2735, S2741**

Subsequently, the motion to invoke cloture on the motion to concur in the amendment of the House to the amendment of the Senate to the bill, was rendered moot. **Page S2741**

Appointments:

Coordinating Council on Juvenile Justice and Delinquency Prevention: The Chair, on behalf of the Majority Leader, after consultation with the Democratic Leader, pursuant to Public Law 93–415, as amended by Public Law 102–586, announced the appointment of the following individual to the Coordinating Council on Juvenile Justice and Delinquency Prevention: The Honorable David Tapp of Kentucky (3 year term), vice Richard Vincent.

Page S2781

Gottlieb Nomination—Cloture: Senate began consideration of the nomination of Scott Gottlieb, of Connecticut, to be Commissioner of Food and Drugs, Department of Health and Human Services.

Page S2761

A motion was entered to close further debate on the nomination, and, in accordance with the provisions of Rule XXII of the Standing Rules of the Senate, a vote on cloture will occur on Monday, May 8, 2017, following disposition of the nomination of Heather Wilson, of South Dakota, to be Secretary of the Air Force. **Page S2761**

Messages from the House: **Pages S2772–73**

Measures Referred: **Page S2773**

Executive Communications: **Page S2773**

Executive Reports of Committees: **Pages S2773–74**

Additional Cosponsors: **Page S2775**

Statements on Introduced Bills/Resolutions: **Pages S2775–80**

Additional Statements: **Pages S2771–72**

Authorities for Committees to Meet: **Pages S2780–81**

Record Votes: One record vote was taken today. (Total—121) **Page S2761**

Adjournment: Senate convened at 9:30 a.m. and adjourned at 4:30 p.m., until 12 p.m. on Friday, May 5, 2017. (For Senate's program, see the remarks of the Majority Leader in today's Record on page S2781.)

Committee Meetings

(Committees not listed did not meet)

TELEMEDICINE IN THE DEPARTMENT OF VETERANS AFFAIRS

Committee on Appropriations: Subcommittee on Military Construction and Veterans Affairs, and Related Agencies concluded a hearing to examine telemedicine in the Department of Veterans Affairs, focusing on leveraging technology to increase access, improve health outcomes, and lower costs, after receiving testimony from Kevin Galpin, Executive Director, Telehealth Services, and Thandiwe Nelson-Brooks, Facility Telehealth Coordinator, VA Pacific Islands Health Care System, both of the Veterans Health Administration, and Bill James, Deputy Assistant Secretary (Enterprise Program Management Office), Office of Information and Technology, all of the Department of Veterans Affairs; Michael P. Adcock, University of Mississippi Medical Center Center for Telehealth, Jackson; and Norman Okamura, Pacific Basin Telehealth Resource Center, Honolulu, Hawaii.

U.S. SPECIAL OPERATIONS COMMAND

Committee on Armed Services: Committee concluded a hearing to examine United States Special Operations Command, after receiving testimony from Theresa M. Whelan, Acting Assistant Secretary for Special Operations/Low-Intensity Conflict, and General Raymond A. Thomas III, USA, Commander, United States Special Operations Command, both of the Department of Defense.

NATIONAL FLOOD INSURANCE PROGRAM

Committee on Banking, Housing, and Urban Affairs: Committee concluded a hearing to examine reauthorization of the National Flood Insurance Program, including S. 563, to amend the Flood Disaster Protection Act of 1973 to require that certain buildings and personal property be covered by flood insurance, after receiving testimony from Steve Ellis, Taxpayers for Common Sense, Washington, D.C.; Michael Hecht, Greater New Orleans, Inc., New Orleans, Louisiana, on behalf of the Coalition for Sustainable Flood Insurance; and Larry Larson, Association of State Floodplain Managers, Madison, Wisconsin.

AIRLINE TRAVEL

Committee on Commerce, Science, and Transportation: Subcommittee on Aviation Operations, Safety, and Security concluded a hearing to examine questions, answers, and perspectives on the current state of airline travel, after receiving testimony from Ginger Evans, Chicago Department of Aviation, and Scott Kirby, United Airlines, both of Chicago, Illinois; and Sharon Pinkerton, Airlines for America, Sara Nelson, Association of Flight Attendants, and Sally Greenberg, National Consumers League, all of Washington, D.C.

ELECTROMAGNETIC PULSE

Committee on Energy and Natural Resources: Committee concluded a hearing to examine the threat posed by electromagnetic pulse and policy options to protect energy infrastructure and to improve capabilities for

adequate system restoration, after receiving testimony from former Representative Newt Gingrich; Cheryl LaFleur, Acting Chairman, Federal Energy Regulatory Commission, Department of Energy; Robin E. Manning, Electric Power Research Institute, Charlotte, North Carolina; Kevin Wailes, Lincoln Electric System, Lincoln, Nebraska, on behalf of the American Public Power Association; and Caitlin Durkovich, Toffler Associates, and Henry F. Cooper, both of Reston, Virginia.

INTERNATIONAL DEVELOPMENT

Committee on Foreign Relations: Committee concluded a hearing to examine international development, focusing on value added through private sector engagement, after receiving testimony from former Representative Jim Kolbe, Modernizing Foreign Assistance Network, Washington, D.C.; Walt M. Macnee, Mastercard, Purchase, New York; Michael Goltzman, The Coca-Cola Company, Atlanta, Georgia; and Kelly Goodejohn, Starbucks, Seattle, Washington.

INTELLIGENCE

Select Committee on Intelligence: Committee held closed hearings on intelligence matters, receiving testimony from officials of the intelligence community.

Committee recessed subject to the call.

BUSINESS MEETING

Select Committee on Intelligence: Committee ordered favorably reported the nomination of Courtney Elwood, of Virginia, to be General Counsel of the Central Intelligence Agency.

House of Representatives

Chamber Action

Public Bills and Resolutions Introduced: 48 public bills, H.R. 2350–2397; 1 private bill, H.R. 2398; and 4 resolutions, H. Res. 314–317 were introduced. **Pages H4176–78**

Additional Cosponsors: **Pages H4180–81**

Reports Filed: Reports were filed today as follows:

H.R. 1808, to amend and improve the Missing Children's Assistance Act, and for other purposes, with an amendment (H. Rept. 115–110); and

H.R. 1809, to reauthorize and improve the Juvenile Justice and Delinquency Prevention Act of 1974, and for other purposes, with an amendment (H. Rept. 115–111). **Page H4176**

Journal: The House agreed to the Speaker's approval of the Journal by a yea-and-nay vote of 233 yeas to 186 nays with 2 answering ''present'', Roll No. 254. **Pages H4113, H4138–39**

Amending the Public Health Service Act to eliminate the non-application of certain State waiver provisions to Members of Congress and congressional staff: The House passed H.R. 2192, to amend the Public Health Service Act to eliminate the non-application of certain State waiver provisions to Members of Congress and congressional staff, by a yea-and-nay vote of 429 yeas with none voting ''nay'', Roll No. 255. **Pages H4139–49, H4170–71**

H. Res. 308, the rule providing for consideration of the bill (H.R. 2192) and providing for further consideration of the bill (H.R. 1628) was agreed to by a recorded vote of 235 ayes to 192 noes, Roll No. 253, after the previous question was ordered by a yea-and-nay vote of 235 yeas to 193 nays, Roll No. 252. **Pages H4114–38**

American Health Care Act of 2017: The House passed H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, by a recorded vote of 217 ayes to 213 noes, Roll No. 256. Consideration began on Friday, March 24. **Pages H4149–70, H4171–72**

Pursuant to H. Res. 228, the further amendments printed in H. Rept. 115–109 shall be considered as adopted. **Pages H4114–15**

H. Res. 308, the rule providing for consideration of the bill (H.R. 2192) and providing for further consideration of the bill (H.R. 1628) was agreed to by a recorded vote of 235 ayes to 192 noes, Roll No. 253, after the previous question was ordered by a yea-and-nay vote of 235 yeas to 193 nays, Roll No. 252. **Pages H4114–38**

Suspension—Proceedings Resumed: The House agreed to suspend the rules and pass the following measure. Consideration began Tuesday, May 2nd.

Korean Interdiction and Modernization of Sanctions Act: H.R. 1644, amended, to enhance sanctions with respect to transactions relating to North Korea, by a ⅔ yea-and-nay vote of 419 yeas to 1 nay, Roll No. 257. **Page H4172**

U.S. Wants to Compete for a World Expo Act: The House agreed to take from the Speaker's table and concur in the Senate amendment to H.R. 534,

to require the Secretary of State to take such actions as may be necessary for the United States to rejoin the Bureau of International Expositions.

Pages H4172–73

Meeting Hour: Agreed by unanimous consent that when the House adjourns today, it adjourn to meet at 9 a.m. on Monday, May 8th. **Page H4173**

Senate Messages: Messages received from the Senate today appear on pages H4139, H4149 and H4174.

Quorum Calls—Votes: Four yea-and-nay votes and two recorded votes developed during the proceedings of today and appear on pages H4137, H4138, H4138–39, H4170–71, H4171–72 and H4172. There were no quorum calls.

Adjournment: The House met at 9 a.m. and adjourned at 2:58 p.m.

Committee Meetings

FINANCIAL CHOICE ACT OF 2017

Committee on Financial Services: Full Committee concluded a markup on H.R. 10, the ''Financial CHOICE Act of 2017''. H.R. 10 was ordered reported, as amended.

EXAMINING A CHURCH'S RIGHT TO FREE SPEECH

Committee on Oversight and Government Reform: Subcommittee on Health Care, Benefits, and Administrative Rules; and Subcommittee on Government Operations held a joint hearing entitled, ''Examining a Church's Right to Free Speech''. Testimony was heard from public witnesses.

IMPROVING THE SMALL BUSINESS INNOVATION RESEARCH AND SMALL BUSINESS TECHNOLOGY TRANSFER PROGRAMS

Committee on Small Business: Subcommittee on Contracting and Workforce; and Subcommittee on Research and Technology of the House Committee on Science, Space, and Technology held a joint hearing entitled ''Improving the Small Business Innovation Research and Small Business Technology Transfer Programs''. Testimony was heard from Joe Shepard, Associate Administrator, Office of Investment and Innovation, Small Business Administration; John Neumann, Director, Natural Resources and Environment, Government Accountability Office; and public witnesses.

ONGOING INTELLIGENCE ACTIVITIES

PERMANENT SELECT COMMITTEE ON INTELLIGENCE

Full Committee held a hearing on ongoing intelligence activities. This hearing was closed.

Joint Meetings

No joint committee meetings were held.

COMMITTEE MEETINGS FOR FRIDAY, MAY 5, 2017

(Committee meetings are open unless otherwise indicated)

Senate

No meetings/hearings scheduled.

House

No hearings are scheduled.

Next Meeting of the SENATE

12 noon, Friday, May 5

Senate Chamber

Program for Friday: Senate will meet in a pro forma session.

Next Meeting of the HOUSE OF REPRESENTATIVES

9 a.m., Monday, May 8

House Chamber

Program for Monday: House will meet in a Pro Forma session at 9 a.m.

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