Without objection, 5-minute voting will continue.

There was no objection.

The SPEAKER. The question is on the resolution.

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

Ms. SLAUGHTER. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER. This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 231, nays 192, not voting 9, as follows:

[Roll No. 603]

YEAS—231

Abraham
Aderholt
Allen
Amash
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barton
Bergman
Biggs
Bilirakis
Bishop (MI)
Bishop (UT)
Blackburn
Blum
Bost
Brady (TX)
Brat
Brooks (IN)
Buchanan
Buck
Bucshon
Budd
Burgess
Byrne
Calvert
Carter (GA)
Carter (TX)
Chabot
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
Gianforte
Gibbs
Gohmert
Goodlatte
Gosar
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Griffith
Grothman
Guthrie
Handel
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
Jones
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
Newhouse
Noem
Norman
Nunes
Olson
Palazzo
Palmer
Paulsen
Pearce
Perry
Pittenger
Poe (TX)
Poliquin
Posey
Ratcliffe
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
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—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
Engel
Eshoo
Espaillat
Esty (CT)
Evans
Foster
Frankel (FL)
Fudge
Gabbard
Gallego
Garamendi
Gomez
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.
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
Peterson
Pingree
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—9

Barr
Black
Bridenstine
Brooks (AL)
Gowdy
Peters
Pocan
Reed
Upton

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. HULTGREN) (during the vote). There are 2 minutes remaining.

□ 1538

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.

Stated for:

Mr. SCALISE. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted "yea" on rollcall No. 603.

Mr. REED. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted "yea" on rollcall No. 603.

OFFICIAL PHOTOGRAPH OF 115TH CONGRESS

The SPEAKER. Pursuant to House Resolution 350, this time has been designated for the taking of the official photo of the House of Representatives in session.

The House will be in a brief recess while the Chamber is being prepared for the photo. As soon as the photographer indicates that these preparations are complete, the Chair will call the House to order to resume its actual session for the taking of the photograph. At that point the Members will take their cues from the photographer. Shortly after the photographer is finished, the House will proceed with business.

RECESS

The SPEAKER. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess while the Chamber is being prepared.

Accordingly (at 3 o'clock and 40 minutes p.m.), the House stood in recess.

□ 1543

AFTER RECESS

The recess having expired, the House was called to order by the Speaker at 3 o'clock and 43 minutes p.m.

(Thereupon, the Members sat for the official photograph of the House of Representatives for the 115th Congress.)

PROTECTING SENIORS' ACCESS TO MEDICARE ACT OF 2017

Mr. PAULSEN. Mr. Speaker, pursuant to House Resolution 600, I call up the bill (H.R. 849) to repeal the provisions of the Patient Protection and Affordable Care Act providing for the Independent Payment Advisory Board, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. BYRNE). Pursuant to House Resolution 600, the amendment in the nature of a substitute recommended by the Committee on Ways and Means, printed in the bill, shall be considered as adopted, and the bill, as amended, shall be considered read.

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

H.R. 849

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Protecting Seniors Access to Medicare Act''.

SEC. 2. REPEAL OF THE INDEPENDENT PAYMENT ADVISORY BOARD.

Effective as of the enactment of the Patient Protection and Affordable Care Act (Public Law 111–148), sections 3403 and 10320 of such Act (including the amendments made by such sections) are repealed, and any provision of law amended by such sections is hereby restored as if such sections had not been enacted into law.

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

The gentleman from Kentucky (Mr. GUTHRIE), the gentleman from New Jersey (Mr. PALLONE), the gentleman from Minnesota (Mr. PAULSEN), and the gentleman from Michigan (Mr. LEVIN) each will control 15 minutes.

The Chair recognizes the gentleman from Minnesota.

GENERAL LEAVE

Mr. PAULSEN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and insert extraneous material on the bill into the RECORD.

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

There was no objection.

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

I rise today in support of H.R. 849, the Protecting Seniors' Access to Medicare Act. This discussion is not new. Republicans and Democrats came together to pass this same bill back in 2015. This year there is, once again, strong bipartisan support with 45 Democratic Members and 225 Republican cosponsors. It passed out of the Ways and Means Committee last month with bipartisan support, too.

This bill will repeal the Independent Payment Advisory Board, or IPAB, created in ObamaCare, the Affordable Care Act. The IPAB puts 15 unelected bureaucrats in charge of Medicare spending with significant unilateral powers to slash payments to providers, forcing them to stop seeing Medicare patients without any accountability, judicial review, or transparency.

The board's unprecedented authority to alter Medicare policy could ultimately reduce seniors' access to healthcare and put the government, rather than the patient, at the center of the healthcare system.

Putting Medicare on a sustainable financial footing is a top priority for all of us here in Congress, but passing the buck to a handful of unaccountable bureaucrats is not the right approach.

Last year, the Medicare Trustees Report stated that this was to be the year that the IPAB's authority to make cuts would be triggered. Fortunately, this year's Medicare Trustees Report has given us slightly more time, but next year, they can come back and move that date up once again. This is a cloud that will hang over providers and beneficiaries, unless we act and pass this bill today.

Now some have stated that this bill does not solve any immediate problem, and they have questioned the need to act on the bill today. I believe that our seniors and our healthcare providers are a priority. Why should we kick the can down the road when we can stop this today?

There are letters of support from over 700 bipartisan groups representing patients, employers, hospitals, doctors, nurses, and other healthcare professionals all voicing strong support for IPAB repeal.

They believe that the threat of this board is enough to warrant repeal and to place the decisionmaking back in the hands of elected Members of Congress, and I agree.

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

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

Mr. Speaker, this is really the question: Why in the world are we taking up a bill to terminate a board that does not exist? Why in the world are we doing so when premiums are rising and action should be taken to strengthen them? Why in the world are we passing a bill that would increase the deficit by $17.6 billion? Pay for CHIP, the Republicans say, but not this bill.

So however you feel about IPAB, this is the wrong time and the wrong bill for addressing it. The ACA enrollment period began yesterday, and because of actions of the Trump administration, consumers across the country face confusion and instability in the market.

Rather than addressing these urgent issues, we are engaged today in a political exercise to repeal IPAB, a board that has no members under a provision that has never taken effect and is not projected to be triggered before 2021, according to CMS actuaries.

In September, every Democratic member of the Ways and Means Committee wrote to Chairman BRADY urging bipartisan action to stabilize the insurance market. But after repeated requests, we never received a response from the chairman, and, to date, the House has taken no action on behalf of consumers.

In the meanwhile, the Trump administration has continued to work to undermine the law and access to healthcare by: one, cutting off funding for cost-sharing assistance for moderate-income enrollees; two, slashing funds to navigators that help consumers enroll in coverage—the biggest navigator in Michigan had its funding cut by 90 percent; three, shortening the enrollment period; four, shutting down healthcare.gov on weekends; and five, proposing to chip away at consumer protections through executive fiat.

These actions have significantly contributed to insurers exiting the market and raising premiums. It is nothing less than direct and deliberate sabotage; so, instead, the Republicans today bring up a bill about a board that does not exist, and the latest is it would not until 2021, at the earliest.

There are simple actions that we can take today to repair some of the damage and, thereby, improve the insurance markets. Senators LAMAR ALEXANDER and PATTY MURRAY recently came to a bipartisan agreement that would provide funding for the cost-sharing reductions and outreach and enrollment activities that strengthen the risk pool in the marketplace.

Unfortunately, as we see today, my Republican colleagues continue to ignore these and other important issues, while allowing an administration, obsessed with repeal of ACA, to do so through executive action what could not be done legislatively.

What is more, they are bringing to the floor today a bill that the Congressional Budget Office estimates will raise the deficit by $17.5 billion over the next decade. I repeat, raise the deficit by $17.5 billion over the next decade. And this is just a small preview of the coming GOP tax bill, which would increase our Nation's debt by $1.5 trillion according to the Republican's own budget resolution.

And whatever happened to the crocodile tears we used to hear from Republicans about the deficit? In terms of today's bill lacking any offset, how about at least starting to address the staggering cost of prescription drugs, a step that would save both senior citizens and the Medicare program money.

Mr. Speaker, the American people need Congress to take action to lower their healthcare costs and to stabilize the markets. They do not need today an irrelevant political bill such as H.R. 849. If you support real steps to lower health insurance premiums now, vote "no" on this bill.

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

Mr. PAULSEN. Mr. Speaker, I yield myself such time as I may consume, and let me just start by saying that some of my colleagues on the other side of the aisle have called on us to work with them over and over again to find common ground, to make fixes in the flaws in ObamaCare.

□ 1600

Today we have an opportunity to do exactly that. We should all be joining together. There is bipartisan support on this bill to eliminate this unnecessary and potentially very destructive body, one that I would define as a major flaw in the law. This is the exact process that we have been asking for—you have been asking for.

The bill has been through regular order. We have had countless hearings on this topic. We have actually voted not once, but twice, in past Congresses to repeal the IPAB to keep it from harming access to seniors' care.

So today we are bringing this bill forward—this legislation forward—as a stand-alone provision, not tied to any other policies, to once and for all allow Members to say whether they support or oppose this unaccountable board.

Mr. Speaker, I yield 4 minutes to the gentleman from Tennessee (Mr. ROE), who has been a tireless champion for seniors in Tennessee and, since day one, has been working on this legislation to repeal the IPAB.

Mr. ROE of Tennessee. Mr. Speaker, I rise in support of my bill, H.R. 849, the

Protecting Seniors' Access to Medicare Act of 2017, a bipartisan bill with 270 cosponsors, that repeals two sections of the Affordable Care Act and terminates the Independent Payment Advisory Board—or the IPAB—once and for all. I thank Chairman BRADY and Chairman WALDEN for bringing this important bill to the floor.

I also want to start by thanking my lead Democrat cosponsor from California, Dr. RAUL RUIZ. Dr. RUIZ and his staff have worked tirelessly with my staff to get more cosponsors this Congress than we have ever had before, including 45 Democrats. Seeing such strong bipartisan support for my bill only makes sense, however, since doing away with the IPAB has been a bipartisan idea since it was first proposed.

In December of 2009, I joined Congressman RICHARD NEAL and 72 other bipartisan Members in writing then-Speaker PELOSI expressing our opposition to the IPAB's creation. On the day the ACA passed the House, I filed legislation to repeal the IPAB, and have received bipartisan support in every Congress since. This is about access for seniors' care and quality of their care. By the way, the IPAB was not in the House version of the Affordable Care Act. Only the Senate sent that back over here. So it was not part of the House to begin with.

We got lucky this summer that the Medicare trustees' report did not trigger the IPAB. Otherwise, there would have been significant statutory requirements to cut Medicare within a year. These cuts would have been made to provide reimbursements, which would do nothing but drive providers out of Medicare and would eliminate options for our seniors to receive healthcare.

Peter Orszag, President Obama's Office of Management and Budget Director, said this was the greatest ceding of power from the Congress to a bureaucracy since the formation of the Federal Reserve. Remember, it has been stated here, Mr. Speaker, that the board hasn't been formed. That means one person makes these decisions, not the Congress. Medicare recipients can't come to their elected official and effect changes in this IPAB if it is enacted, and it will be.

One of the major concerns we hear today is that the CBO has estimated that this bill will cost over $17 billion that is not paid for. First of all, the CBO describes its estimates as ''extremely uncertain'' because it is quite possible that under current law, the IPAB will not be triggered.

Secondly, this is the same dilemma we were in with the sustainable growth rate—SGR. Medicare says to doctors: You go out and provide the care, but if you provide too much, we will cut your payments.

As a physician myself, having seen how much havoc the SGR wreaked every year, we can't afford to put providers through this again. We spent months and years getting that corrected. Knowing that many Members were concerned about the offsets in previous years, we have a bill on the floor today that all of our cosponsors can support.

I look forward to seeing all 270 of my cosponsors voting in favor of passage in order to preserve Medicare for our Nation's seniors. We have a chance to send a strong statement of support to Americans of Medicare age that do not want to see their healthcare arbitrarily cut by a body of 15 unelected, unaccountable bureaucrats, or the Secretary of HHS, if the board is not empaneled. If there are hard decisions to be made on Medicare, Congress should not abdicate that duty to a group of people with no oversight or legal recourse. Those decisions should be made by the people elected as representatives of the people.

Mr. Speaker, I urge my colleagues to support final passage of this bill and maintain Medicare services for our Nation's seniors, because this is truly a bipartisan issue that will affect all seniors equally.

Mr. LEVIN. Mr. Speaker, I yield 5 minutes to the gentleman from Wisconsin (Mr. KIND).

Mr. KIND. Mr. Speaker, I thank my friend for yielding me this time.

Mr. Speaker, I rise today in opposition of the repeal of the Independent Payment Advisory Board.

This is another classic example of a solution in search of a problem. Of all the things that we should be working on in Congress in a bipartisan fashion to improve and to fix the problems that exist within our healthcare system, we have legislation on the floor before us today that calls for the repeal of a nonexisting commission, based on nonconsistent spending cuts being proposed for Medicare, based on a nonconsistent cost of rate of increase in spending under the Medicare program, all of which is going to add $17.5 billion to the deficit over the next 10 years because this bill isn't paid for. And the irony is they are coming forward with this legislation, which will add another $18 billion to the debt, on the same day they release a tax bill that calls for an additional $1.5 trillion worth of deficit spending because the tax bill hasn't been offset. At some point and at some time, we have got to take a bipartisan stand on fiscal responsibility in this place again because it is not happening today.

Instead, we should be working on short-term, practical solutions to stabilize and bring more certainty to the health insurance marketplace, in light of what the administration is doing to completely undermine the marketplaces today. We ought to be working on delivery system reform proposals that will emphasize the establishment of accountable care organizations and medical homes and value-based purchasing and bundling arrangements and different alternative payment models to get us to a system of value, quality, and outcomes, and away from the fee-for-service payment for the volume of services, regardless of results.

Let's be honest, the real cost driver in our Federal budget—and it is true at the State and local level—has been healthcare costs because we have an aging population. That is the work that we should be working on together, is the delivery system reform and the payment reform, so we are aligning the incentives in the right direction where we are telling our healthcare providers: You will be compensated based on good results, not on how much you do.

There is a lot within the Affordable Care Act giving our providers the very tools in order to accomplish that, and we ought to be enhancing that here today. Instead, we are wasting time on a commission that, according to the CMS's own actuary, says, at the very earliest, it might be comprised in 2021. But, even then, it warrants us, with the mission that we have given it, that: Hey, you have got healthcare spending within the healthcare system that, Congress, you need to deal with. And then come back with recommendations. And then it is up to us to make corrective action at that time.

So all this talk about unelected bureaucrats making these decisions belies what the legislation actually calls for in the establishment of the IPAB. This was, however, another important cost containment tool that was put into the Affordable Care Act to try to restrain the growth of healthcare spending. We need more of those type of ideas, rather than efforts today to remove those tools and then possibly see just unbridled healthcare spending in the future.

What is really disturbing is I know there is a lot of common ground in this area, yet the American people wouldn't know it, with this political ping-pong ball on healthcare reform going back and forth and the chaos and the confusion that it is causing, and that is unfortunate.

So, instead, today, we ought to first take steps to stabilize the insurance exchanges, rather than an administration that is doing everything they can to limit the enrollment during the signup period, which actually started yesterday and lasts until December 15. They have cut by 90 percent funding for marketing of the exchanges. They have cut by almost 50 percent the funding for our navigators back home who are trying to help people get affordable healthcare coverage in their lives. They ended the cost-share payments, which only increases the cost for healthcare for everyone else because of the risk that the insurance plans now face.

The other segment of the population that we should be focused on in helping is that 5 or 6 percent of the population that are in the individual market who don't qualify for premium tax credits because they are getting hammered today. You would think that would be another area of bipartisan commonality that we can come together on

to provide relief for those individuals who are in the individual market experiencing these higher premiums, part of it being done because of the elimination of the cost-sharing reduction payments, but, instead, nothing is being done on that front.

My friend from Michigan also pointed out that we should be having hearings about the cost of prescription drugs in committee. That is one of the main cost drivers within the healthcare system, yet there is deafening silence in the Halls of Congress when it comes to taking measure on that front, even though President Trump promised during the course of his campaign and even earlier this year to try to take some action in a bipartisan way to address drug costs.

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

Mr. LEVIN. Mr. Speaker, I yield an additional 1 minute to the gentleman from Wisconsin.

Mr. KIND. It was an initiative that the President was even interested in trying to address. Yet, again, nothing is being done.

So this legislation is much ado about nothing because there is nothing pending. In fact, nothing would be pending, according to the CMS actuary, until, at the earliest, 2021. Instead, we are wasting time and opportunity to address the real problems and finding the real fixes that are needed in the healthcare system. There I am confident there is a lot of bipartisan overlap, having worked with many of my colleagues on the committee and across the aisle, on many of these measures that I just mentioned here today.

So I encourage my colleagues to vote ''no'' and allow this to go forward, because it does keep an eye on rising costs and it keeps the pressure where it belongs—right here in Congress—to take future action if the rate of growth starts spinning out of control.

Mr. PAULSEN. Mr. Speaker, I yield 1 minute to the gentleman from Pennsylvania (Mr. ROTHFUS), who has been a tireless advocate working on Medicare issues as well.

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

Mr. Speaker, I rise today in strong support of H.R. 849, the Protecting Seniors' Access to Medicare Act.

The Independent Payment Advisory Board, known as the IPAB, was created under the ACA, and consists of a panel of 15 unelected, unaccountable government bureaucrats with the authority to single-handedly cut Medicare spending. By doing this, the IPAB reveals the truth that government, rather than the patient, is at the center of our Nation's healthcare policy.

In repealing the IPAB, we begin to help get rid of the notion of the mentality that Washington knows best when it comes to our healthcare. It is imperative that we act now before nominees are put forward to serve on the board and access to care is greatly decreased or denied.

My constituents in western Pennsylvania rely on these funds for their healthcare needs. I am proud to see Congress working together in a bipartisan manner on this commonsense legislation that will keep patients and doctors in control of healthcare decisions and preserve Medicare for current and future seniors.

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

Mr. PAULSEN. Mr. Speaker, I yield 1 minute to the gentleman from Indiana (Mr. MESSER), a member of our leadership team.

Mr. MESSER. Mr. Speaker, I thank the gentleman from Minnesota for his hard work on this topic.

Mr. Speaker, Hoosiers continue to suffer under the negative impacts of ObamaCare each and every day. Despite the House keeping its promise to repeal this disastrous law, the Senate has failed to act.

But, fortunately, we have an opportunity today to make a difference, to protect our seniors, and to get rid of one of ObamaCare's worst provisions: the Independent Payment Advisory Board, better known as the IPAB.

This board consists of 15 unelected and unaccountable bureaucrats who have the power to ration healthcare for our seniors without any congressional oversight. For an individual patient, this board has the power to make your healthcare decisions for you, and that is not fair.

This bill will change that. It disbands the board and ensures our seniors continue to have access to their healthcare that they need.

Mr. Speaker, I urge my colleagues to roll back this dangerous ObamaCare provision and to support this commonsense legislation.

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

Mr. PAULSEN. Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. ALLEN), who is an original cosponsor of this legislation.

Mr. ALLEN. Mr. Speaker, I rise today to urge my colleagues to support the Protecting Seniors' Access to Medicare Act.

How many of you know what the Independent Payment Advisory Board is—also known as the IPAB?

How many of you know who serves on the board?

I would venture to say that not many people know the 15 unelected, unaccountable bureaucrats who have unilateral authority to cut Medicare spending.

When the Democrats passed ObamaCare, they created the Independent Payment Advisory Board, providing them with unprecedented power to alter Medicare policy, ultimately, having the chance to reduce seniors' access to healthcare and put the government at the center of our healthcare system with zero accountability or transparency.

□ 1615

My constituents deserve better and Americans across this Nation deserve better.

A vote for this legislation is a vote to give seniors more control over their healthcare decisions. I urge my colleagues to support Dr. ROE's bill.

Mr. LEVIN. Mr. Speaker, I reserve the balance of my time, unless Mr. PAULSEN is ready to close.

Mr. PAULSEN. Mr. Speaker, I have no more speakers.

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

Mr. Speaker, I want to say this to my colleagues, whom I very much respect, who signed on to this bill, many of them early on this year. There have been three changes of circumstance:

First, right then, it appeared that IPAB might come into existence in 2017. Now the actuary has made clear that will not happen under these circumstances until 2021.

Secondly, since the bill was introduced, circumstances have changed. The administration has taken steps to undercut healthcare for Americans. So because of cost-sharing and other issues, premiums have been rising. That is a second change of circumstance why this is the wrong bill at the wrong time.

Third, the last time it came up, it was paid for. In the Committee on Ways and Means, when we raised this issue, we were told, as always: Well, we don't have to pay for it in the committee, but it can be paid for on the floor.

This is totally unpaid for, zero, no effort to pay for it, and it would add $17.5 billion to the national debt. Already, it is at its record level with, now, the threat of $1.5 trillion more.

So I really urge, no matter what were the circumstances when you signed on, in almost every case they have changed, and so there is such good reason why this is the wrong bill at the wrong time, and I think to vote for this is really the wrong vote.

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

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

Mr. Speaker, my colleagues on the other side of the aisle have supported this bill in the Ways and Means Committee in regular order last month and in a prior vote, I will add, back in 2015.

Rather than take control away from the American people and from our seniors, we should be expanding choice, expanding access, and expanding flexibility and competition in Medicare, and we can start that right now, today, by passing this legislation to terminate the IPAB once and for all.

Now, my colleagues on the other side of the aisle have also called on us to work with them to find common ground, to work with them to fix those flaws in the Affordable Care Act. Well, today, with this vote, we have the opportunity to do just that, to join together to eliminate this unnecessary

and potentially destructive provision—certainly, it is a major flaw in the law—and pass this bipartisan legislation.

Repealing IPAB is crucial to maintaining and expanding access to high-quality care for our Nation's seniors and ensuring that Medicare payment policy is not dictated to us and our constituents by a board of unelected and unaccountable bureaucrats.

Mr. Speaker, I want to thank Dr. ROE and I want to thank Dr. RUIZ on the other side of the aisle for their leadership on this bill, along with the Energy and Commerce and Ways and Means Committee members.

Mr. Speaker, I strongly urge my colleagues to support the passage of H.R. 849, and I yield back the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield myself as much time as I may consume.

Mr. Speaker, I rise in support of H.R. 849, the Protecting Seniors' Access to Medicare Act of 2017.

The Independent Payment Advisory Board, or IPAB, was created in the Affordable Care Act to reduce per capita rate of growth in Medicare spending. If a spending target is exceeded, cuts must be made, and the HHS Secretary is directed to implement the proposals made by this 15-person board automatically unless Congress affirmatively acts to alter the proposals or to discontinue automatic implementation of the proposals. This board has not yet been formed, but the statute requires the HHS Secretary to come up with the required reductions instead.

Medicare is crucial for our Nation's seniors to see their doctors, and the program's viability must be protected. There is no question that Medicare must be modernized in order to continue for future generations, but IPAB is not the right approach, and a bipartisan group of my colleagues agree that IPAB is not the answer to fixing Medicare's shortfalls.

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

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. RUIZ).

Mr. RUIZ. Mr. Speaker, today I rise in strong support of my bill, the bipartisan Protecting Seniors' Access to Medicare Act of 2017.

I was proud to introduce this commonsense, bipartisan bill with my friend on the other side of the aisle, Congressman Dr. PHIL ROE.

Mr. Speaker, I thank Dr. ROE and his staff for their many years of hard work and advocacy on this issue. I am pleased that our offices were able to work closely on this bill, building a strong, bipartisan working relationship.

H.R. 849 eliminates the well-intentioned but misguided Independent Payment Advisory Board, or IPAB, that was created under the Affordable Care Act.

Everyone can agree that we need to address the high cost of healthcare and strengthen the solvency of Medicare. However, the IPAB approach is misguided, because it establishes an appointed and unelected panel that would have the authority to make cuts to Medicare, with no accountability to seniors.

Our constituents must be able to hold elected officials accountable for decisions made regarding changes to Medicare regardless of who is in power.

What is more, if the board failed to act, the Health and Human Services Secretary, whether Democrat or Republican, would be able to singlehandedly make cuts to Medicare.

Fortunately, the targeted Medicare growth rate to trigger IPAB has never been reached and the board has not yet been appointed. However, we must act now to ensure that it never happens.

Again, we can all agree that we must address the high cost of care and strengthen the solvency of Medicare, but we should do this by addressing the overall long-term cost of care.

I am pleased we are taking action in the House now, and I hope the Senate can consider this bill quickly. I encourage my colleagues to join me in passing this commonsense, bipartisan improvement to the Affordable Care Act and work together to protect and strengthen Medicare for our Nation's seniors.

Mr. Speaker, I urge my colleagues to vote "yes."

Mr. GUTHRIE. Mr. Speaker, I yield 3 minutes to the gentleman from Oregon (Mr. WALDEN), the chairman of the Energy and Commerce Committee and my good friend.

Mr. WALDEN. Mr. Speaker, I want to thank Mr. GUTHRIE from Kentucky. He has done a terrific job on the Energy and Commerce Committee on many fronts related to improving healthcare, especially for seniors and low-income Americans, among others.

Mr. Speaker, today I rise in strong support of H.R. 849. This is the Protecting Seniors' Access to Medicare Act of 2017. This will repeal the Independent Payment Advisory Board, IPAB.

The purpose of IPAB is to reduce Medicare's per capita growth rate. While, certainly, that is important work, this is not the solution.

The IPAB, created by the Affordable Care Act, would be composed of 15 unelected bureaucrats authorized to unilaterally make decisions regarding Medicare's finances, whether that be through draconian cuts to provider payments or by imposing policy changes that would reduce Medicare spending if the program exceeds an arbitrary growth rate target.

In other words, they can do just about anything they want to cut Medicare, and we don't have much of a say in it. These changes would automatically go into effect, and the Secretary of Health and Human Services would be forced to implement these reductions should IPAB be triggered, unless Congress passed legislation that would achieve the same amount of savings.

It is also worth noting that current law does not require a public comment period before IPAB issues their recommendations, so there would be no chance for the public to weigh in. And individuals and providers would have no recourse against the board—can you imagine that?—as its decisions are not subject to appeal or judicial review. This is hardly a model of transparency and accountability.

While IPAB hasn't been constituted yet, the threat of this provision of law remains. So I cannot support IPAB. I never have, because its potential cuts to providers, our doctors and hospitals and others and healthcare facilities would increase out-of-pocket costs for seniors and potentially limit the availability of medical services, restricting seniors' access to care, particularly in our rural areas.

Congress can and should act now to prevent IPAB and prevent the unelected bureaucrats from ever being at the helm of our country's Medicare Program.

I know the importance of this program. It took very good care of my parents, my wife's parents, and others I know. We should reject the premise of surrendering our oversight and our responsibility to preserve and protect the Medicare Program to a board with the power to make binding decisions about Medicare policy, with little accountability.

We know how to make sure seniors have an affordable, sound, reliable healthcare system. We have to create competition at every turn in the healthcare system and look for models that work, like Medicare part D.

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

Mr. Speaker, I rise in opposition to H.R. 849, the IPAB repeal.

Mr. Speaker, Republicans have spent the last 9 months trying to repeal the Affordable Care Act and they have failed, but instead of working with Democrats to improve the ACA, they will stop at nothing to repeal the law piece by piece.

The Republicans' partisan bill to reauthorize CHIP, community health centers, and other public health extenders is paid for on the back of Medicaid recipients, Medicare, low- and middle-income families with the Affordable Care Act health coverage, and the Prevention Fund, but yet they will not bother to pay for the $17.5 billion it will cost to repeal IPAB.

IPAB was enacted as a backstop to the other cost-saving and quality-improvement efforts in the ACA, such as accountable care organizations, patient-centered care models like Medical Homes, programs that pay for quality, not quantity and value-based purchasing.

Because of the Affordable Care Act and these programs, Medicare spending growth has slowed and Medicare solvency has been extended.

According to the CMS actuary, IPAB will not be triggered until 2021, so the

timing of today's repeal is premature and politically motivated.

IPAB repeal would increase the deficit by $17.5 billion. This is fiscally irresponsible of Republicans, especially as they prepare to announce a tax package that will saddle our country with $1.5 trillion of debt in order to give tax cuts to the wealthy and corporations.

IPAB repeal is not about helping seniors. Don't let the Republicans kid you. Contrary to what the Republicans say, IPAB is prohibited from sending recommendations to Congress that would harm seniors by increasing their out-of-pocket costs or cutting their benefits. In fact, it is the Republican ACA repeal efforts that would cut nearly a trillion dollars from Medicaid and Medicare, harming seniors and other vulnerable Americans, which would have truly led to the rationing of healthcare.

So for all these reasons, I urge my colleagues to vote ''no'' on H.R. 849, the IPAB repeal.

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

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. BILIRAKIS), a member of the Energy and Commerce Committee.

Mr. BILIRAKIS. Mr. Speaker, I thank and appreciate my friend from Kentucky. He does a great job on the Energy and Commerce Committee and as vice chairman on the Health Subcommittee.

Mr. Speaker, I rise in support of the Protecting Seniors' Access to Medicare Act. I am a proud cosponsor of this bill, and I am glad we are passing this much-needed bill.

The Affordable Care Act created the Independent Payment Advisory Board. This board of unelected and unaccountable bureaucrats was charged with the single goal of cutting Medicare payments to physicians and hospitals. We can't let that happen.

This poorly conceived scheme could force physicians to exit the Medicare Program or limit their Medicare patients. We can't let that happen.

This would create an access-to-care problem for the 170,000 Medicare beneficiaries in my district. When I am back in the district talking to seniors, senior advocates, local physicians, hospitals, practically everyone has raised concerns with this board.

This is a commonsense repeal bill. They say that it hasn't been implemented yet, it hasn't been set up yet. Okay. Well, let's get rid of it. Most people don't want it.

Mr. Speaker, again, we need to pass this particular bill. We need to abolish this bad idea.

□ 1630

Mr. PALLONE. Mr. Speaker, I yield 4 minutes to the gentleman from Vermont (Mr. WELCH), a member of our committee.

Mr. WELCH. Mr. Speaker, the issue here about Medicare is one where there is universal support in this body for that program that was passed in 1965 by a bipartisan vote. It is a lifeline for many of our seniors—for all of our seniors. It is a program where, since everybody pays, everybody benefits. It gives all of us confidence that our parents or ourselves will have access to good healthcare.

We have a challenge. The cost of healthcare in this country is far too expensive, and it is for a variety of reasons that our country spends twice as much on healthcare as most industrialized countries in the rest of the world and we don't get better results for that.

The challenge for us, if we want to save healthcare, particularly Medicare, is to start focusing on reforms that bring the cost of healthcare down and don't compromise quality.

The Affordable Care Act extended access to healthcare for millions of Americans, but it also included some steps that began bending the cost curve. The rate of growth in the Medicare spending has started to come down under the Affordable Care Act. It was patient-centered programs, it was accountable care organizations, it was value-based payment systems. These things where, for the first time, Congress talked not just about extending access, but trying to reform payment systems so that we could get the benefit of a more efficient system.

The IPAB is simply one of the potential tools that would be used in order to present to Congress recommendations. Unlike what Mr. WALDEN said, it would be the final say of Congress whether we wanted to approve or not any recommendation by the IPAB.

Here is the difference in how we are approaching healthcare. Many in this body on the Republican side have focused on the cost of healthcare, its contribution to the debt. The policy proposal in the form of repealing the Affordable Care Act, its way of reducing the cost of healthcare was to take healthcare away from 24 million Americans. That is what that bill did.

That is one way to control the cost of healthcare, have people go without. It is the wrong way. We all know that. We have got to bite the bullet here and start addressing the fact that we spend too much. Some of it is wasteful procedures, some of it is gaming the system, some of it is these incredible maneuvers by drug companies.

I am just going to give one example because I want to give this example as an indication of how right before our eyes bad things are happening that we are allowing to occur.

HUMIRA, a very good drug by AbbVie. Their patent was expiring. That patent is legislatively provided to give them exclusive marketing and selling rights. They have a monopoly price. It is incredibly expensive, like $70,000 for a supply.

Amgen had a biosimilar that was going to be marketed, and then you would have the benefit of competition. The price would go down.

AbbVie and Amgen made a deal. We don't know how much AbbVie paid to Amgen, but suddenly Amgen is not going to bring its generic, in effect, to market until 2023, but—and this is part of their agreement—they are going to sell their biosimilar product in Europe now.

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

Mr. PALLONE. Mr. Speaker, I yield an additional 2 minutes to the gentleman from Vermont.

Mr. WELCH. Mr. Speaker, Europe is going to get the benefit of that lower price and the United States is not.

My question to my colleagues—it is not just about the IPAB. It is about let's get real. Let's get real on drug prices. Let's get real on the fee-for-service as opposed to value-based system. Let's get real on cracking down on Medicare fraud. Let's get real on focusing on the cost side, where all of us acknowledge bad things are happening. This fear of these ''unelected bureaucrats,'' where it is 15 people who, at the end of the day, whatever recommendation they want to make to us, force us to make a hard decision as to whether it is a good recommendation or a bad recommendation.

We are in charge. This is going to be rammed down our throat, but what it does force us to do is start looking where the money is; rip-off drug prices, excessive procedures that actually create medical risk.

Mr. Speaker, we do have a challenge of healthcare cost in this country, but the focus has to be on improving the delivery system and taking the rip-off pricing out of the system.

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. COSTELLO), a member of the Energy and Commerce Committee.

Mr. COSTELLO of Pennsylvania. Mr. Speaker, I rise in strong support of H.R. 849, the Protecting Seniors' Access to Medicare Act.

Mr. Speaker, this bipartisan legislation would bring an end to the Independent Payment Advisory Board, also known as the IPAB. Since its creation as part of the ACA, the IPAB has threatened to put an unelected panel of 15 Washington bureaucrats at the center of the healthcare delivery model.

Not only would the IPAB shift healthcare decisionmaking away from patients and physicians, it would also empower this panel with the unilateral ability to make arbitrary cuts to Medicare without proper oversight and with zero accountability to the very seniors and beneficiaries whose healthcare access they would affect.

Mr. Speaker, it is time to end this unrealistic, unreasonable, and unpopular one-size-fits-all approach to healthcare delivery. It was the wrong approach from the start, and today's vote will help bring an end to this dangerous power grab once and for all.

Mr. Speaker, I want to thank all those involved, and I encourage my colleagues to support this important bipartisan effort.

Mr. PALLONE. Mr. Speaker, may I inquire as to how much time remains?

The SPEAKER pro tempore. The gentleman from New Jersey has 5½ minutes remaining, and the gentleman from Kentucky has 8½ minutes remaining.

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

Mr. Speaker, I can't help but put what is happening today in terms of the Republicans putting up this bill on the IPAB and what is happening tomorrow with the Republicans putting up a CHIP and community health centers bill but point out that collectively what they are trying to do is what they were not able to do in the first 9 months of this session when they sought very hard and pushed very hard to repeal the Affordable Care Act.

What is going on here today and tomorrow with the IPAB and community health centers and CHIP is essentially an effort to repeal the Affordable Care Act piece by piece, in my opinion.

What do we do?

We see the IPAB, which is part of the Affordable Care Act. We see the payfors for community health centers and the CHIP tomorrow, taking away money from the Prevention Fund from the Affordable Care Act, limiting the grace period when people will lose their insurance that they have under the Affordable Care Act.

This goes along also with what is happening with the President as well. The President has, in the last month or so, said that he is not going to pay the cost-sharing subsidies. He has cut back on the outreach so that people don't know what is in the Affordable Care Act. He has cut back on the period when people can sign up and get their insurance in half.

What we are seeing, in my opinion, is the Republicans sabotaging the Affordable Care Act. They couldn't repeal it, so now they are doing whatever they can to sabotage it. It is really ironic or inconsistent, however you want to put it. On the one hand they are insisting that when it comes to kids and community health centers, which is a group of people you would think they would be most concerned about, they insist on paying for it by taking money from other healthcare programs. We are asked to take money from the Prevention Fund, which pays for vaccines for children, which pays for the children's lead poisoning program, which is a major part of our opiate prevention program. This is the money that comes from the Prevention Fund. Basically, they are taking that money and using it to pay for the community health centers and the Children's Health Initiative, which means that that money is lost. That money is lost for those other purposes.

With regard to the grace period, they are saying, well, if you fail to pay your insurance, it used to be 90 days before you lost it. Now it would be 30 days before you lost it, which means that you end up with about 500,000 or 600,000 people who have insurance now under the Affordable Care Act that would lose it, according to the CBO.

Yet, at the same time, with the IPAB repeal, which we are considering now, which costs $17.5 billion, and which, as my colleague from Vermont said, is a mechanism to try to save costs, they are saying: Well, we don't have to pay for that. We can just repeal it. We will forego those additional costs, which become part of the deficit.

Mr. Speaker, for all these reasons, the bottom line is, what the Republicans are doing is not fair. It is not fair to the kids. It is not fair to the people who are going to lose their health insurance.

I will say as the last thing that this is going nowhere. One of the reasons why Democrats have been urging the Republicans with regard to the CHIP and community health centers to work with us on a bipartisan basis is because we know if this bill passes today on a partisan vote, because we can't support it for the reasons I explained, then that means that it is going to go to the Senate and it is going to die because there is no reason to believe that the Senate is going to take up this partisan bill.

I think it is just a huge mistake on the part of Republicans. Basically, what they are signaling today is that they don't really care about this. They wanted to stick around until the end of year, which means the community health centers and CHIP just basically wither on the vine for lack of funds. That is not fair. It is not fair to the kids. It is not fair to those who use community health centers.

Mr. Speaker, for all these reasons, I would urge a ''no'' vote on the bill today, the IPAB repeal; and I will also ask for a ''no'' vote tomorrow on the CHIP and the community health centers legislation.

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

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

Mr. Speaker, one, this IPAB effort is bipartisan. We have even heard on the floor both sides of the aisle support passage of the bill. It has been bipartisan.

First, a couple of things. On the value-based payments—which I think is the direction we need to go to rein in the costs and make sure we have sustainable programs, but the IPAB's annual short-term focus savings provision would affect Medicare and the wider health system in unpredictable ways with potentially many negative unintended consequences by doubling down on the traditional practice of squeezing payment rates in order to slow spending with no meaningful eye to how these changes impact long-term incentives—the IPAB could work at cross purposes to broaden reform that would base Medicare payments on quality and value.

On the offset, we did offset CHIP and the community health centers. We know that money is going to be spent. We know that when we authorize it, it is going to be spent. We believe it is going to be spent wisely. That is why we are moving forward with these bills.

The IPAB has not been constituted, and repealing it should not have to be offset since it has not spent any money nor been charged yet with finding any savings. The IPAB trigger has never been hit. The CBO estimates that the IPAB would be triggered in 2023, 2025, and 2027. But by their own admission, and I quote from the report, ''Given the uncertainty that surrounds these projections, it is possible such authority would be invoked in other years,'' or we could also assume possibly never at all.

The CBO estimate also has to assume the level of cuts required by the amount Medicare is spending that exceeds the trigger. The CBO also then has to speculate on how reductions made in any one year would impact the trigger in future years, further laying assumption upon guesswork. As the CBO notes in their estimate, the estimate represents a broad range of possible effects.

The CBO admits they do not know if the IPAB will be triggered or what policies they might pursue if activated. Some of their assumptions are one-sided bets that may or may not achieve savings, and the CBO must further speculate on the probabilities associated with such variations.

Mr. Speaker, in closing, I believe the IPAB will not be effective providing real solutions for Medicare solvency. It contributes disproportionately little to the projected cost savings needed in Medicare, but it has the potential to hurt seniors' access to care. Fundamentally, I believe it is a constitutional affront to the legislative branch.

□ 1645

The IPAB decisions don't come to Congress to be approved or disapproved. We can undo the IPAB decisions if we have dollar-for-dollar replacement, but that could even be blocked by a minority vote in the Senate.

So I urge my colleagues to support H.R. 849, to repeal the Independent Payment Advisory Board, and I hope there will continue to be bipartisan support for this important legislation.

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

Ms. JACKSON LEE. Mr. Speaker, I rise in opposition to H.R. 849, the so-called "Protecting Seniors' Access to Medicare Act of 2017," which repeals the Independent Payment Advisory Board (IPAB), that was established under the ACA in response to high rates of growth in Medicare expenditures and charged with developing proposals to "reduce the per capita rate of growth in Medicare spending."

I opposed this bill when it came to the floor as H.R. 1190 in the 114th Congress and I oppose it now because by repealing IPAB, the bill would eliminate an important safeguard that will help reduce the rate of Medicare cost growth responsibly while protecting Medicare beneficiaries.

Mr. Speaker, H.R. 849 is nothing but another attempt, in a long line of House Republican efforts to undermine both the Medicare guarantee and the Affordable Care Act.

Repealing IPAB would cost over $17.5 billion during the course of a ten year period according to the Congressional Budget Office (CBO).

Mr. Speaker, Republicans do not even make an attempt to find an offset for this $17.5 billion increase to the deficit resulting from repeal of the IPAB, while at the same time they plan to bring to the floor a partisan bill to reauthorize CHIP, Community Health Centers, and other public health extenders by cutting Medicare and slashing funding for programs relied upon by Medicaid recipients, low and middle income families with Affordable Care Act health coverage.

After more than seven years under the Affordable Care Act, more than 20 million Americans have gained health coverage; up to 129 million people who could have otherwise been denied or who faced discrimination now have access to coverage.

Mr. Speaker, given the real challenges facing our nation, it is irresponsible for the Republican majority to continue bringing to the floor unpaid for bills that would do serious harm to millions of Americans if they were to be enacted.

House Republicans have tried more than 65 times to undermine the Affordable Care Act, which has enabled more than 20 million previously uninsured Americans to know the peace of mind that comes from having access to affordable, accessible, high quality health care.

Their batting average to date is .000; they have struck out every time because the American people appreciate and strongly support the Affordable Care Act.

Mr. Speaker, I ask my colleagues to look at the facts and abandon this misguided effort to undermine the ACA and impose significant negative impacts on Americans currently insured.

The Independent Payment Advisory Board is to recommend to Congress policies that reduce the rate of Medicare growth and help Medicare provide better care at lower costs.

IPAB membership by law is to be made up of 15 members appointed by the President and confirmed by the Senate and been comprised of the non-partisan CBO, economists, and health policy experts as contributing to Medicare's long-term sustainability.

Mr. Speaker, the IPAB is already prohibited from recommending changes to Medicare that ration health care, restrict benefits, modify eligibility, increase cost sharing, or raise premiums or revenues.

Under current law, the Congress retains the authority to modify, reject, or enhance IPAB recommendations to strengthen Medicare, and IPAB recommendations would take effect only if the Congress does not act to slow Medicare cost growth.

Finally, Mr. Speaker, let me point out to our friends across the aisle that according to the CMS actuary, IPAB will not be triggered until 2021, so the timing of today's repeal is premature and politically motivated.

IPAB was enacted as a backstop to the other cost saving and quality improvement efforts in ACA, such as accountable care organizations, patient-centered care models like medical homes, programs that pay for quality not quantity, and value based purchasing.

Because of the ACA and these programs, Medicare spending growth has slowed and Medicare's solvency has been extended.

Increasing the deficit by $17.5 billion as a result of repealing the IPAB would is fiscally irresponsible, especially now that Republicans have introduced a tax package that will saddle our country with $1.5 trillion of debt in order to give tax cuts to the wealthy and corporations.

Mr. Speaker, despite the Supreme Court's upholding of the law's constitutionality, the reelection of President Obama, and Speaker Ryan's admission that "Obamacare is the law of the land," Republicans refuse to stop wasting time and taxpayer money in their effort to take away the patient protections and benefits of the Affordable Care Act.

Mr. Speaker, I call upon House Republican leaders to stop wasting our time trying to take away healthcare protections that Americans depend on and to start addressing pressing national priorities.

And they should start with working with Democrats on a bipartisan and responsible plan to reauthorize the Children's Health Insurance Program ("SCHIP") which insures more than 9 million kids and fully funding the relief efforts needed to help American communities recover from the devastating effects of Hurricanes Harvey, Irma, and Maria.

I urge my colleagues to join me in voting against H.R. 849.

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

Pursuant to House Resolution 600, 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.

Mr. PALLONE. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 307, nays 111, not voting 14, as follows:

[Roll No. 604]

YEAS—307

Abraham
Aderholt
Aguilar
Allen
Amash
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barragán
Barton
Beatty
Bera
Bergman
Biggs
Bilirakis
Bishop (GA)
Bishop (MI)
Bishop (UT)
Blackburn
Blum
Blunt Rochester
Bost
Boyle, Brendan F.
Brady (TX)
Brat
Brooks (IN)
Brownley (CA)
Buchanan
Buck
Bucshon
Budd
Burgess
Bustos
Butterfield
Byrne
Calvert
Capuano
Carbajal
Cárdenas
Carter (GA)
Carter (TX)
Castro (TX)
Chabot
Cheney
Clarke (NY)
Coffman
Cole
Collins (GA)
Collins (NY)
Comer
Comstock
Conaway
Connolly
Cook
Correa
Costello (PA)
Courtney
Cramer
Crawford
Crist
Cuellar
Culberson
Curbelo (FL)
Davidson
Davis (CA)
Davis, Rodney
DeFazio
DeGette
Demings
Denham
Dent
DeSantis
DesJarlais
Diaz-Balart
Donovan
Duffy
Duncan (SC)
Duncan (TN)
Dunn
Emmer
Engel
Estes (KS)
Esty (CT)
Farenthold
Faso
Ferguson
Fitzpatrick
Fleischmann
Flores
Fortenberry
Foxx
Frankel (FL)
Franks (AZ)
Frelinghuysen
Gabbard
Gaetz
Gallagher
Gallego
Garrett
Gianforte
Gibbs
Gohmert
Gomez
Gonzalez (TX)
Goodlatte
Gosar
Gottheimer
Gowdy
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Green, Gene
Griffith
Grothman
Guthrie
Handel
Harper
Harris
Hartzler
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins (LA)
Higgins (NY)
Hill
Holding
Hollingsworth
Hudson
Huizenga
Hultgren
Hunter
Hurd
Issa
Jenkins (KS)
Jenkins (WV)
Johnson (GA)
Johnson (LA)
Johnson (OH)
Johnson, Sam
Jones
Jordan
Joyce (OH)
Katko
Keating
Kelly (MS)
Kelly (PA)
Kihuen
Kilmer
King (IA)
King (NY)
Kinzinger
Knight
Krishnamoorthi
Kuster (NH)
Kustoff (TN)
Labrador
LaHood
LaMalfa
Lamborn
Lance
Larson (CT)
Latta
Lawrence
Lewis (MN)
Lieu, Ted
LoBiondo
Lofgren
Long
Loudermilk
Love
Lucas
Luetkemeyer
Lujan Grisham, M.
Lynch
MacArthur
Maloney, Sean
Marchant
Marino
Marshall
Massie
Mast
McCarthy
McCaul
McClintock
McHenry
McKinley
McMorris Rodgers
McNerney
McSally
Meadows
Meehan
Meeks
Meng
Messer
Mitchell
Moolenaar
Mooney (WV)
Moulton
Mullin
Murphy (FL)
Newhouse
Noem
Nolan
Norcross
Norman
O'Halleran
O'Rourke
Olson
Palazzo
Palmer
Panetta
Pascrell
Paulsen
Pearce
Perry
Peterson
Pittenger
Poe (TX)
Poliquin
Posey
Ratcliffe
Reed
Reichert
Renacci
Rice (SC)
Richmond
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas J.
Ros-Lehtinen
Rosen
Roskam
Ross
Rothfus
Rouzer
Royce (CA)
Ruiz
Ruppersberger
Rush
Russell
Rutherford
Sánchez
Sanford
Schneider
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Sewell (AL)
Shea-Porter
Shimkus
Shuster
Sires
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smucker
Soto
Stefanik
Stewart
Stivers
Suozzi
Taylor
Tenney
Thompson (PA)
Thornberry
Tiberi
Tipton
Torres
Trott
Turner
Valadao
Vargas
Veasey
Vela
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Watson Coleman
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Williams
Wilson (SC)
Wittman
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IA)
Zeldin

NAYS—111

Adams
Bass
Beyer
Blumenauer
Bonamici
Brady (PA)
Brown (MD)
Carson (IN)
Cartwright
Castor (FL)
Chu, Judy
Cicilline
Clark (MA)
Clay
Cleaver
Clyburn
Cohen
Conyers
Cooper
Costa
Crowley
Cummings
Davis, Danny
Delaney
DeLauro
DelBene
DeSaulnier
Deutch
Dingell
Doggett
Doyle, Michael F.
Ellison
Eshoo
Espaillat
Evans
Foster
Fudge
Garamendi
Green, Al
Grijalva
Gutiérrez
Hanabusa
Hastings
Heck
Himes
Hoyer
Huffman
Jackson Lee
Jayapal
Jeffries
Kaptur
Kelly (IL)
Kennedy
Khanna
Kildee
Kind
Langevin
Larsen (WA)
Lawson (FL)
Lee
Levin
Lewis (GA)

Lipinski
Loebsack
Lowenthal
Lowey
Luján, Ben Ray
Maloney, Carolyn B.
Matsui
McCollum
McEachin
McGovern
Moore
Nadler
Napolitano
Neal
Pallone
Payne
Pelosi
Perlmutter
Pingree
Polis
Price (NC)
Quigley
Raskin
Rice (NY)
Roybal-Allard
Ryan (OH)
Sarbanes
Schakowsky
Schiff
Schrader
Scott (VA)
Serrano
Sherman
Slaughter
Smith (WA)
Swalwell (CA)
Takano
Thompson (CA)
Thompson (MS)
Titus
Tonko
Tsongas
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters, Maxine
Welch
Yarmuth

NOT VOTING—14

Black
Bridenstine
Brooks (AL)
Johnson, E. B.
Nunes
Peters
Pocan
Scalise
Scott, David
Simpson
Sinema
Speier
Upton
Wilson (FL)

□ 1711

Messrs. BEN RAY LUJÁN of New Mexico, DANNY K. DAVIS of Illinois, SCOTT of Virginia, and Ms. KAPTUR changed their vote from ''yea'' to ''nay.''

Mr. HIGGINS of New York, Ms. GABBARD, Messrs. DENHAM, and MCNERNEY changed their vote from ''nay'' to ''yea.''

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Ms. SINEMA. Mr. Speaker, due to a technical glitch, my vote was not recorded. Had I been present, I would have voted ''yea'' on rollcall No. 604.

Mr. PETERS. Mr. Speaker, my vote was not recorded on rollcall No. 604 on H.R. 849—The Protecting Seniors' Access to Medicare Act due to my attendance at the Vatican's Health of People, Health of Planet and Our Responsibility: Climate Change, Air Pollution and Health. I intended to vote ''aye''.

Mr. NUNES. Mr. Speaker, on the legislative day of Thursday, November 2, 2017, I was unavoidably detained and was unable to cast a vote on a rollcall vote. Had I been present, I would have voted ''yes'' on rollcall No. 604.

Stated against:

Ms. WILSON of Florida. Mr. Speaker, had I been present, I would have voted ''nay'' on rollcall No. 604.

PROTECTING PATIENT ACCESS TO EMERGENCY MEDICATIONS ACT OF 2017

Mr. HUDSON. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the bill (H.R. 304) to amend the Controlled Substances Act with regard to the provision of emergency medical services, with the Senate amendment thereto, and concur in the Senate amendment.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. HULTGREN). The Clerk will report the Senate amendment.

The Clerk read as follows:

Senate amendment:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Protecting Patient Access to Emergency Medications Act of 2017''.

SEC. 2. EMERGENCY MEDICAL SERVICES.

Section 303 of the Controlled Substances Act (21 U.S.C. 823) is amended—

(1) by redesignating subsection (j) as subsection (k); and

(2) by inserting after subsection (i) the following:

''(j) EMERGENCY MEDICAL SERVICES THAT ADMINISTER CONTROLLED SUBSTANCES.—

''(1) REGISTRATION.—For the purpose of enabling emergency medical services professionals to administer controlled substances in schedule II, III, IV, or V to ultimate users receiving emergency medical services in accordance with the requirements of this subsection, the Attorney General—

''(A) shall register an emergency medical services agency if the agency submits an application demonstrating it is authorized to conduct such activity under the laws of each State in which the agency practices; and

''(B) may deny an application for such registration if the Attorney General determines that the issuance of such registration would be inconsistent with the requirements of this subsection or the public interest based on the factors listed in subsection (f).

''(2) OPTION FOR SINGLE REGISTRATION.—In registering an emergency medical services agency pursuant to paragraph (1), the Attorney General shall allow such agency the option of a single registration in each State where the agency administers controlled substances in lieu of requiring a separate registration for each location of the emergency medical services agency.

''(3) HOSPITAL-BASED AGENCY.—If a hospital-based emergency medical services agency is registered under subsection (f), the agency may use the registration of the hospital to administer controlled substances in accordance with this subsection without being registered under this subsection.

''(4) ADMINISTRATION OUTSIDE PHYSICAL PRESENCE OF MEDICAL DIRECTOR OR AUTHORIZING MEDICAL PROFESSIONAL.—Emergency medical services professionals of a registered emergency medical services agency may administer controlled substances in schedule II, III, IV, or V outside the physical presence of a medical director or authorizing medical professional in the course of providing emergency medical services if the administration is—

''(A) authorized by the law of the State in which it occurs; and

''(B) pursuant to—

''(i) a standing order that is issued and adopted by one or more medical directors of the agency, including any such order that may be developed by a specific State authority; or

''(ii) a verbal order that is—

''(I) issued in accordance with a policy of the agency; and

''(II) provided by a medical director or authorizing medical professional in response to a request by the emergency medical services professional with respect to a specific patient—

''(aa) in the case of a mass casualty incident; or

''(bb) to ensure the proper care and treatment of a specific patient.

''(5) DELIVERY.—A registered emergency medical services agency may deliver controlled substances from a registered location of the agency to an unregistered location of the agency only if the agency—

''(A) designates the unregistered location for such delivery; and

''(B) notifies the Attorney General at least 30 days prior to first delivering controlled substances to the unregistered location.

''(6) STORAGE.—A registered emergency medical services agency may store controlled substances—

''(A) at a registered location of the agency;

''(B) at any designated location of the agency or in an emergency services vehicle situated at a registered or designated location of the agency; or

''(C) in an emergency medical services vehicle used by the agency that is—

''(i) traveling from, or returning to, a registered or designated location of the agency in the course of responding to an emergency; or

''(ii) otherwise actively in use by the agency under circumstances that provide for security of the controlled substances consistent with the requirements established by regulations of the Attorney General.

''(7) NO TREATMENT AS DISTRIBUTION.—The delivery of controlled substances by a registered emergency medical services agency pursuant to this subsection shall not be treated as distribution for purposes of section 308.

''(8) RESTOCKING OF EMERGENCY MEDICAL SERVICES VEHICLES AT A HOSPITAL.—Notwithstanding paragraph (13)(J), a registered emergency medical services agency may receive controlled substances from a hospital for purposes of restocking an emergency medical services vehicle following an emergency response, and without being subject to the requirements of section 308, provided all of the following conditions are satisfied:

''(A) The registered or designated location of the agency where the vehicle is primarily situated maintains a record of such receipt in accordance with paragraph (9).

''(B) The hospital maintains a record of such delivery to the agency in accordance with section 307.

''(C) If the vehicle is primarily situated at a designated location, such location notifies the registered location of the agency within 72 hours of the vehicle receiving the controlled substances.

''(9) MAINTENANCE OF RECORDS.—

''(A) IN GENERAL.—A registered emergency medical services agency shall maintain records in accordance with subsections (a) and (b) of section 307 of all controlled substances that are received, administered, or otherwise disposed of pursuant to the agency's registration, without regard to subsection 307(c)(1)(B).

''(B) REQUIREMENTS.—Such records—

''(i) shall include records of deliveries of controlled substances between all locations of the agency; and

''(ii) shall be maintained, whether electronically or otherwise, at each registered and designated location of the agency where the controlled substances involved are received, administered, or otherwise disposed of.

''(10) OTHER REQUIREMENTS.—A registered emergency medical services agency, under the supervision of a medical director, shall be responsible for ensuring that—

''(A) all emergency medical services professionals who administer controlled substances using the agency's registration act in accordance with the requirements of this subsection;

''(B) the recordkeeping requirements of paragraph (9) are met with respect to a registered location and each designated location of the agency;

''(C) the applicable physical security requirements established by regulation of the Attorney General are complied with wherever controlled substances are stored by the agency in accordance with paragraph (6); and

''(D) the agency maintains, at a registered location of the agency, a record of the standing orders issued or adopted in accordance with paragraph (9).

''(11) REGULATIONS.—The Attorney General may issue regulations—

''(A) specifying, with regard to delivery of controlled substances under paragraph (5)—

''(i) the types of locations that may be designated under such paragraph; and

''(ii) the manner in which a notification under paragraph (5)(B) must be made;

''(B) specifying, with regard to the storage of controlled substances under paragraph (6), the manner in which such substances must be stored at registered and designated locations, including in emergency medical service vehicles; and