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House of Representatives

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Mr. BOST).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
June 28, 2017.

I hereby appoint the Honorable MIKE BOST to act as Speaker pro tempore on this day.

PAUL D. RYAN,
Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 3, 2017, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties. All time shall be equally allocated between the parties, and in no event shall debate continue beyond 11:50 a.m. Each Member, other than the majority and minority leaders and the minority whip, shall be limited to 5 minutes.

PROVIDING HEALTH INSURANCE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Ohio (Mr. GIBBS) for 5 minutes.

Mr. GIBBS. Mr. Speaker, I am disappointed to hear that the Senate will not be able to take up the healthcare bill this week, but this is a tough issue. It is a tough issue because, at least on my side of the aisle, we want to do the right thing. We want to make sure that people can buy health insurance that is affordable and accessible, and not pull the rug out from under people who have issues.

In the House, we passed a bill, and one of the big issues was preexisting

conditions. We made sure that people with preexisting conditions can buy health insurance that is reasonably priced, similar to people who have no preexisting conditions, but then we kicked in billions of dollars to subsidize those premiums to help those people be in the insurance market because I think it is important that those people are in the insurance market and have access to insurance that is affordable.

I think it is really un-American to pull the rug out from people because they got sick.

ObamaCare is imploding. In Ohio—and this is from the Health and Human Services Agency—ObamaCare in Ohio, since 2013, premiums have increased 86 percent. We had almost 236,000 families pay almost \$44 million in penalties because they couldn't afford their health insurance.

Then there is also a myth out there that the price is going through the roof, it is collapsing because of the current administration. Well, if you look at the facts, the average premium skyrocketed by nearly \$3,000 across the country during the previous administration's final term. Eighty-three insurers left the market, and the average exchange premium spiked 25 percent last year alone. Americans living in roughly one-third of our Nation's counties have only one option of healthcare coverage precisely because this law has continued to fail. All this has occurred prior to the current administration.

Mr. Speaker, I got a phone call last night from a lady whom I have known for over 30 years. She is self-employed, running a service-type business, and she was struggling to pay for her healthcare under the ObamaCare exchanges. She has prayed these last few years that she wouldn't get sick because she wouldn't be able to meet the deductible. She works 12-hour days. She is in one of those at least 20 counties in Ohio that will not have an in-

surer on the individual market for next year. She has no options to buy health insurance next year. She called me up and said: I don't know what I am going to do.

I didn't have a good answer for her. That is why we need to get this done.

Prior to ObamaCare—I don't know if a lot of people realize this—when I was a self-employed farmer, I bought my health insurance through association plans. ObamaCare did away with association plans and forced people onto the exchanges and mandated what kind of coverage you had to buy.

Ironically, as a Member of Congress, I am required to be on ObamaCare, and I am. But the ironic thing is, next year, if things don't change—and I was forced to be on the D.C. exchange, but if I was forced to be on my county exchange back where I live, my county does not have a health insurer in the individual market next year. I think it is ironic as a Member of Congress, if I wasn't on the D.C. exchange, I wouldn't be able to buy insurance through my exchange back home because it will not be available.

How do we fix this?

I think we have to incorporate free-market principles. We have to get the cost down, and then the market will work.

How do we get the cost down?

We have to have price discovery, and how you get that is through competition. I think health savings accounts is one way you will get competition and personal responsibility. People will shop around on a nonemergency-type basis, and it will help drive the cost down.

ObamaCare did away with health savings accounts.

Also, tort reform. We need to make sure that doctors practicing medicine don't have to worry about frivolous lawsuits and fight defensive medicine. That is really important.

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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We need to be able to buy insurance across State lines. We have it in property and casualty insurance. We have it in auto insurance. We ought to have it in health insurance. It ought to be portable, you take it with you. And you also have your health savings account that you can take with you and be portable.

These are some of the things that we can do, but we have to let the market work. That is my hope. And this is a tough issue. The Senate is working through it. They want to do the right thing. They want to make sure that Americans have affordable, high-quality health insurance coverage that they can buy. We need to work through that, and I think the Senate will get there. Hopefully, we will get a bill on the President's desk so my friend, whom I have known for over 30 years, can buy health insurance next year and not have to worry about the risk of what happens if she gets sick, or if she will have to go on Medicaid.

Mr. Speaker, one out of four Americans today are on Medicaid. That is not really a good option. I am seeing some of our physicians are not treating Medicaid patients.

Do you know why that is?

Because they are a service business, and there are only so many hours in the day. So they have to have people with health insurance or self-payers, and they can't have too many people on their client portfolio that have Medicaid with reimbursements that are too low for the cost of service. That is what we have moved to.

PROVIDING HEALTH INSURANCE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

Mr. BLUMENAUER. Mr. Speaker, I listen to my friend from Ohio, and I am just kind of wondering how he gets to his position.

The Affordable Care Act didn't do away with health savings accounts, and that is a fact that can be easily verified. Or the notion that somehow Medicaid is a negative because it was expanded, and the gentleman's own Governor has been arguing here against the Republican plan because it would eviscerate Medicaid. Medicaid provides more healthcare than any other program in America.

Sadly, what we have seen is that the proposals that have been coming forward are way off the mark, just like my friend from Ohio a moment ago. The claims that it would not cut Medicaid, claims to make the system better, and save the Affordable Care Act from collapse are mythology.

The Congressional Budget Office report—these are the independents scorekeepers, and, in fact, the head of the Congressional Budget Office was appointed by the Republicans, their 49-page report that is available online to any Member of Congress, to the pub-

lic—pointed out that the health exchanges are not collapsing. They are actually in pretty good shape and they could be made stronger with relatively simple changes, because what we have seen for the last 7 years, the Republican plan has been to chip away at the Affordable Care Act, to make it worse, to create more uncertainty. Recently, the administration refused to advertise to help people join this year's enrollment period and eliminated enforcement of the mandate, making the market even more unstable.

How do we have such an alternative universe?

Well, I suggest that one of the problems is that my friends on the Republican side of the aisle who crafted the House bill and who are working in secret in the Senate crafting the Senate bill listen to the wrong people. They listen to a small group, some of whom benefit from the Republican approach because there are extra subsidies that go to them, or people who benefit from massive tax cuts that, frankly, they don't need. They listen to people who are all about political talking points and not about the facts of healthcare in America. Most of all, they don't talk to real people on the ground who would be affected.

In what universe is a \$773 billion cut over the next 10 years to Medicaid not a reduction?

Tell a 75-year-old widow who is looking at being in a nursing home for the rest of her life—6 percent of our Medicaid funding goes to people in nursing homes. It is almost half of the total funding. Tell them that that is not going to be a cut, that that is not going to reduce services, maybe not make it available at all. Sixty-four percent of people in nursing homes rely on Medicaid.

There are 15 million people who are not going to have healthcare if the Republican proposal goes into effect, according to the objective independent scorekeepers. But you can look at the calculations yourself as a member of the public. The Kaiser organization has a calculator where you can figure out if people are better off under the existing plan or under the Republican alternative. A person in Utah making \$15,000 would pay \$400 after tax credits, but have a \$6,000 deductible. They are not talking to real people.

A situation in Baker City, Oregon, a 40-year-old is going to face a 128 percent increase if the Republican proposal goes into effect.

A 60-year-old woman in Strong, Maine, making almost \$40,000 a year is currently eligible for a credit of about \$7,000, which means she gets a comprehensive policy in 2020 for \$4,500. But the Republican Senate plan would result in her costs in 2020 being \$15,000 a year, one-third of her income.

Mr. Speaker, I invite the public to investigate for themselves and see who the Republicans aren't listening to.

TRIO PROGRAM ESSENTIAL FOR STUDENTS

The SPEAKER pro tempore. The Chair recognizes the gentleman from Pennsylvania (Mr. THOMPSON) for 5 minutes.

Mr. THOMPSON of Pennsylvania. Mr. Speaker, I rise today to speak about TRIO programs, which, for more than 50 years, have helped millions of low-income students attend college. Often, these students are the first in their family to earn a college degree. TRIO programs have helped low-income and disabled students who want to pursue a higher education, but thought college was unaffordable and out of reach.

Children from disadvantaged families often struggle to access important mentoring, tutoring, and other hands-on services designed to help encourage high school completion and the pursuit of postsecondary education.

Sadly, these students are often unprepared for college academics and require remedial courses that add to the challenges of completing a program. Too many disadvantaged students simply give up on even applying to college because they are confused by the application process, overwhelmed by the cost, or are unaware of the available financial aid options, despite our best efforts to ensure the information is available and understandable.

Recognizing these challenges, the Federal Government has created several programs to help disadvantaged students access the support necessary to realize the dream of a college degree. For example, college preparation and retention programs such as TRIO, Upward Bound, Talent Search, and Student Support Services provide a pipeline of support services that encourage low-income students to graduate high school and earn a postsecondary degree.

Mr. Speaker, just last week, the House unanimously approved the Strengthening Career and Technical Education for the 21st Century Act to reauthorize the Carl D. Perkins Act and support skills-based career education. This bill will help close the skills gap that exists today and prepare students for in-demand jobs.

TRIO programs are just as important to help those who want to pursue a college degree have the resources necessary to do so.

As a senior member on the House Education and the Workforce Committee, I am a strong supporter of TRIO. I am also a member of the House TRIO Caucus. I want all Americans to have higher education opportunities if that is the path that they choose.

The TRIO program dates back to the Economic Opportunity Act of 1964 in response to the administration's War on Poverty. That is when Upward Bound was formed. In 1965, Talent Search, the second outreach program, was created as part of the Higher Education Act.

□ 1015

In 1968, Student Support Services, which was originally known as Special Services for Disadvantaged Students, was authorized by the Higher Education Amendments and became the third in a series of educational opportunity programs. By the late 1960s, the term TRIO was coined to describe these three Federal programs.

Over the years, the TRIO programs have been expanded and improved to provide a wider range of services and to reach more students who need assistance. In 1990, the Department created the Upward Bound Math and Science program to address the need for specific instruction in the fields of math and science.

Mr. Speaker, as you can see, TRIO programs have a long history of helping low-income individuals, first-generation college students, and individuals with disabilities reach their full potential. I support these programs, and I want to see every American reach his or her educational goals.

IMMIGRANT HERITAGE MONTH

The SPEAKER pro tempore. The Chair recognizes the gentleman from Illinois (Mr. GUTIÉRREZ) for 5 minutes.

Mr. GUTIÉRREZ. Mr. Speaker, June is Immigrant Heritage Month in the United States, but to celebrate that, House Republicans have made this anti-immigration week in the Congress.

The advocates against legal immigration have their annual talk radio festival here in D.C. this week to extol the virtues of cutting off legal immigration.

Dozens of conservative talk radio hosts set up remote broadcasts here to talk about why criminalizing immigrants and turning misdemeanors into felonies is a good thing for America. They may trade stories, while broadcasting on the air, about immigrants doing horribly bad things to people in America, as if we were in a national crime spree of Brown people killing White people.

The goal of talk radio hosts is to reinforce the anti-immigration fever that has gripped the Republican Party and allowed a tough-sounding game show host to take over their party.

The main organization behind the gathering of talk radio hosts is FAIR, the Federation Against American Immigration Reform, which we should note is designated as a hate group by the Southern Poverty Law Center. That is the organization in Alabama most directly responsible for suing the KKK out of the mainstream.

It is like D. W. Griffith might rise up from his grave to film "Rebirth of a Nation—the Sequel" because FAIR and its allies want to take our immigration policies back to the 1920s when the Klan marched openly in Washington and legal immigration was reduced to almost zero. They want to get rid of

anyone here who is deportable or could be deportable by passing new laws to criminalize them.

Now, to coincide with the talk radio anti-immigration week, Republicans are putting on a passion play of their own in the House of Representatives by bringing two anti-immigrant bills to the floor.

So we have a coordinated campaign from broadcasters, lawmakers, and the anti-immigration advocates to pressure Congress into passing bills to paint immigrants as a threat to our national and community safety—right out of the Trump playbook.

The question is not whether or not these bills will pass the House—they will pass—but whether Democrats will be tempted to vote for tough-sounding measures because they are afraid to be labeled by conservative talk radio hosts as weak on punishing the "murdering, rapist, drug-dealing Mexicans" they think are lurking in every alley.

Of course, that is not what these bills actually do at all. Truth and talk radio do not often go together—certainly not in the era of Trump.

Let's look at the two bills Republicans are bringing for a vote.

One bill is H.R. 3004, named for Kate Steinle, a young woman who was shot and killed by an immigrant nearly 2 years ago in San Francisco. It happened in July, and as you may remember, I was the first person to come to the floor and give a speech denouncing Kate's killer and calling for laws that keep people like him off the streets.

A week later, while talking about various immigration issues in Spanish with Telemundo, a quote was included in a story about Kate Steinle's killing. After it was aired, rightwing groups circulated it, alleging it was proof that I was insensitive to the Steinle family, when, in fact, I was not speaking about Kate Steinle at the time, and I had already spoken out specifically on Kate's death here on the floor.

But what is coming to the floor this week would not have kept Kate Steinle's killer off the streets. It would have had no impact on that case whatsoever. Instead, we are voting on a bill to put other people in different circumstances in jail for longer periods of time.

It is a bait-and-switch strategy: use a horrible tragedy to sell a policy that would not have prevented that death so that we put more immigrants in jail for longer periods of time and prevent them from ever living legally in the United States.

The other bill, H.R. 3003, is designed to take money away from America's largest cities and counties, specifically from efforts to fight crime—yes, take money away from them. Grants that would help local police fight crime would be eliminated under this bill from 600 of the country's largest jurisdictions. That doesn't sound like crime fighting, because it isn't.

So why are we doing this? Because Republicans in Washington think they

have a better idea of how to fight crime than the county executives, State legislators, mayors, and local police chiefs. "Do what we say or we will take away your money" is what the Republicans are saying to big cities and counties.

That is the approach being taken by the conservatives who always talk about how State and local people should be trusted more and protected from Federal mandates. Well, I guess, not when it comes to immigrants. This is why these types of bills are opposed by the National Fraternal Order of Police and other police organizations.

So to all the talk radio hosts and advocacy groups: Why are you on the side opposing the National Fraternal Order of Police? And why would any Democrat want to cross that blue line to stand with you?

MEGAN'S STORY

The SPEAKER pro tempore. The Chair recognizes the gentleman from Texas (Mr. POE) for 5 minutes.

Mr. POE of Texas. Mr. Speaker, I want to tell Megan's story from her point of view and her beliefs.

She was smart, kind, ambitious, and funny. She loved other people.

After attending high school in Austin, Texas, she enrolled in the University of Alabama. She had a beautiful life—that is, until she was sexually assaulted in January of 2015.

After a night of drinking with her friends, Megan was ready to go home and go to bed. However, a finely dressed young businessman who referred to himself as "Sweet T" offered to give her a ride.

You see, Mr. Speaker, "Sweet T" was from the richest family in Tuscaloosa, Alabama, and just so happened to be a big financial backer of that university.

Megan didn't remember climbing into his sleek Mercedes, but she woke up at his Southern mansion and knew something was wrong. Megan said she resisted his initial advances and repeatedly told him she wanted to go home. He refused to do so. Instead, he sexually assaulted her, and then he fell off to sleep.

She tried to get out of the room, but the door was locked. Desperate to escape, Megan climbed out of the mansion's second-story bedroom window and went to his car looking for her keys. It was there that she discovered a handgun Sweet T had in the car all the time but took it for her safety on her walk home.

Doing everything a rape victim should do, she immediately called the police and went to the hospital. But it is here, Mr. Speaker, that the system, she says, started to fail her.

The hospital wasn't sufficiently trained in sexual assault procedure and botched the rape kit. Megan then went to the police station to give her statement about what happened to her. But it was there she was treated with disdain and disbelief by Tuscaloosa's police department. After all, Megan was

claiming that the son of one of the wealthiest families in Tuscaloosa had raped her.

Despite her insistence that she said “no,” the police did not believe her. She said they didn’t want to believe her. An officer asked her why she didn’t punch or kick the rapist. The police thought it must have been consensual since she did not violently resist the attacker, and they moved on.

But, Mr. Speaker, rape victims can never move on. It is something they carry with them for the rest of their lives. The scars left by the rape do not fade away for victims.

Mr. Speaker, I was a prosecutor and judge in Texas for over 30 years. I met a lot of rape victims, and I learned how these attacks sometimes devastate their lives forever.

Sexual assault is a very different type of crime. It rips the identity, the self-worth, and the very soul of the victim apart. It is the victim’s belief, in some cases, that it is a fate worse than death.

It is easy to second-guess what someone should or should not have done after emotional trauma of sexual assault, but Megan believed she did everything a rape victim is supposed to do.

She sought help, but she found none. The university failed her. The counselor assigned to her knew of the rapist’s family name, so the university wouldn’t give her any assistance and provided no other counselor. Megan was dismissed, ignored, blamed, and forgotten.

In the months following the sexual assault, she was diagnosed with post-traumatic stress disorder. She was so depressed, she left the school and returned to Texas. Still feeling like there was no way to escape her pain, Megan took her life.

Rape, Mr. Speaker, is never the fault of the victim. She deserved better.

Now, I don’t know whether the perpetrator in this case is guilty or not. I am giving you Megan’s point of view. But what Megan believed was that she was failed by the hospital, law enforcement, and the University of Alabama.

This past February before her death, Megan filled out a mental health clinic intake form at her new school, Southern Methodist University. One question asked if there had been any major losses, changes, or crises in her life. She wrote: “Raped, bullied by police, and I changed university.”

Mr. Speaker, it is important and it is imperative that we understand victims of sexual assault. She got the death penalty for being the victim of sexual assault. She is not here to tell her story today, and I am telling it for her. And that is just the way it is.

ALZHEIMER’S AWARENESS MONTH

The SPEAKER pro tempore. The Chair recognizes the gentleman from California (Mr. COSTA) for 5 minutes.

Mr. COSTA. Mr. Speaker, I rise today to bring attention to the sixth leading

cause of death in the United States, and that is Alzheimer’s disease.

Since 2000, deaths from Alzheimer’s disease have increased by 89 percent. Right now, there are more than 5 million Americans with Alzheimer’s, and that number is expected to grow to 14 million—to almost triple—by the year 2050.

Alzheimer’s and other dementias can be especially devastating both physically and emotionally for those who have these diseases and for their loved ones, your family and my family—for me, too many aunts and uncles, including my mother.

When Lena Costa was diagnosed with the disease, she took it on with the same strength and courage she had used to beat cancer and survive heart disease. She was in her late eighties. Upon hearing the diagnosis, she turned to my sister and to me and said calmly and bravely: “Jim, Bette, I will just do the best I can.”

Today, there is no cure for Alzheimer’s and there is no effective treatment for it. There is no proven way to prevent the disease or no method for slowing its progression.

Unlike my mother, we are not currently doing the best we can. We must come together to support additional Alzheimer’s research—more funding. That is what we did in April when we in the House called for additional support for Alzheimer’s research at the National Institutes of Health. But we must do more.

Alzheimer’s is a devastating disease. We must stand together, calmly and bravely, like my mom and so many of our loved ones who have been affected by Alzheimer’s throughout our country.

Just as importantly, we must fix America’s healthcare system. Certainly, in the last week, we have proved that there is no Republican way or Democratic way, but there is an American way, and that is if we work together as Members of Congress to improve America’s healthcare system for all.

EXECUTIVE ORDER 9066—JAPANESE INTERNMENT

Mr. COSTA. Mr. Speaker, today, I rise to speak also about Executive Order 9066, which was issued 75 years ago—75 years ago—by President Franklin Delano Roosevelt.

The order authorized the evacuation and relocation of all persons deemed to be a threat to national security. What it did, however, was lead to one of the most shameful times in American history, and that was the internment of Japanese Americans. These were American citizens.

From 1942 until 1945, the U.S. Government detained over 120,000 American citizens of Japanese ancestry and of resident immigrants forcing them to live in internment camps, taking them away from their homes, their farms, and their businesses, many in California, in the San Joaquin Valley.

As American citizens, the internment denied them their constitutional right

of due process. These were U.S. citizens who were robbed of their rights and their freedoms. Yet, some of these Japanese Americans, while their families were forced to live in internment camps, never forgot their patriotism.

Many served in our Nation’s military in World War II in the European theater. The 442nd Infantry Regiment Combat Team was made up of Japanese-American soldiers.

□ 1030

The 442nd is the U.S. Army’s most decorated infantry regiment ever. We must remember this time in American history and not repeat it.

We had three assembly centers in the San Joaquin Valley under Executive Order No. 9066, locations where Japanese Americans were forced to relocate and stay for weeks before they were finally sent to the larger internment camps in other parts of the West.

The centers in my district were the Pinedale Assembly Center, the Fresno Assembly Center, and the Merced Assembly Center. They were fairgrounds. Today, we have three memorials on these sites to ensure that we will always remember and never again treat Americans in this reprehensible way.

As Americans, let us never again give into our fears and turn our backs on our fellow Americans. Let us never forget the sacrifice of American values in the name of protecting our great country. These are some of the lessons of American history that we should never, ever forget.

HONORING ELIE WIESEL

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Missouri (Mrs. WAGNER) for 5 minutes.

Mrs. WAGNER. Mr. Speaker, I rise today to draw attention to the Elie Wiesel Genocide and Atrocities Prevention Act, which I had the privilege of introducing in the House last week, with 27 cosponsors.

Named after the courageous Nobel laureate, Elie Wiesel, this legislation honors the legacy of his life’s work to expose evil around the world.

Mr. Wiesel was just 15 years old when the Nazis deported him and his family to Auschwitz. Rising from literal ashes, he became a writer and spent his life defending the persecuted across the globe. He died nearly 1 year ago, but his passion for victims of injustice lives on.

Elie Wiesel believed that from the Holocaust to South Sudan, from Burma to Syria, the world has witnessed far too many genocides and mass atrocity crimes. The true horror is that most of these devastating crises are, indeed, preventable.

My heart aches for those whose lives are being torn apart, and the fact that over 65 million people are currently fleeing preventable crises makes clear that the U.S. Government must improve its response to these conflicts.

Genocide and atrocity crimes, including war crimes, crimes against humanity, and ethnic cleansing, include

shocking acts of violence perpetrated by governments and nonstate actors, resulting in the murders of millions of civilians across the globe.

The Elie Wiesel Act establishes that the official policy of the United States is to regard the prevention of genocide and atrocity crimes as a core national security interest and moral responsibility. The legislation would establish an interagency mass atrocities task force to strengthen the U.S. Government's prevention and response efforts.

The legislation encourages the Director of National Intelligence to include a review of countries at risk of genocide and mass atrocity crimes in his or her annual report to Congress.

The bill also authorizes training for U.S. Foreign Service Officers on early signs of atrocities and transitional justice measures to ensure that America's diplomats know how to respond to conflict on the ground.

Lastly, the legislation authorizes the Complex Crisis Fund to support programs to prevent emerging or unforeseen crises overseas.

These tools will empower the United States to strengthen protection efforts and protect the innocent.

By supporting civil society, enhancing cooperation among ethnic and religious groups, promoting accountability, and holding murderers accountable, America can promote global stability and fundamental human rights. This time, when America says "never again," our actions will reinforce our platitudes.

CARIBBEAN AMERICAN HERITAGE MONTH

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from the Virgin Islands (Ms. PLASKETT) for 5 minutes.

Ms. PLASKETT. Mr. Speaker, I only have 5 minutes to do justice to a great people, and it is with great honor that I rise today to speak on issues impacting the Caribbean and the contributions of the people of Caribbean heritage to the American fabric.

On June 6, 2006, President George Bush signed a proclamation that was ushered through this House by Congresswoman BARBARA LEE, H. Con. Res. 71, naming June Caribbean American Heritage Month. June allows us to highlight the many contributions of Caribbean Americans to the United States.

The campaign to designate June as National Caribbean American Heritage Month was spearheaded by Dr. Claire Nelson, founder and president of the Institute of Caribbean Studies. Through the commemoration of this month, we hope to ensure that America is reminded that its greatness lies in its diversity, with Caribbean immigrants from Founding Father Alexander Hamilton, sports icon Tim Duncan, and journalist Malcolm Gladwell, who have and continue to shape the American Dream.

The Caribbean region was created through violence and trauma, from the exploration and annihilation by Columbus and his Spanish backers on the native people to the French, English, Dutch, Danish, and American use of African, Indian, and others to create income wealth in their nations.

The sweat, labor, and king sugar of the Caribbean people have shaped this and other nations. Our rebellion, innovation, and ingenuity, as well as our independent intellectual intensity, have benefited this and other countries.

As one of the pillars of American patriotism and democracy, Alexander Hamilton was born in Nevis, and raised and educated on the island of St. Croix, where he learned the theories and financial methods of the English, Danes, as well as the West African counting system that created not just the foundation of our financial system, but our Federalist ideas.

During that same time, Caribbean financiers assisted the American Revolution and gave courage through the example of the tremendous victory of the Haitian people over the French, British, and Spanish armies.

But the contributions of Caribbean Americans to the making of America didn't stop with those heroics. The massive migration of Caribbean people to the United States of America, during the early 20th century, gave us another opportunity to make our impact upon the liberation process that was taking place in this country through politics and the arts.

Who doesn't know Hubert Harrison and Edward Wilmot Blyden, intellectuals of the Harlem Renaissance? Marcus Garvey, Cicely Tyson, Malcolm X, and Harry Belafonte are all of Caribbean heritage and have personified the enormous dignity, revolutionary spirit, and unyielding intellectual gravitas and sense of self worth that hallmarks Caribbean people and has supported the African diaspora pride during times when those attributes would be desired to be denied by others in this country.

We continue to contribute to this country in many ways. Secretary of State Colin Powell is of Jamaican heritage; Attorney General Eric Holder, Barbados; Senator KAMALA HARRIS, Jamaica; and former Governor David Paterson's family is from Grenada.

We see many of them in great places. As a result, we all have families and friends who have emigrated to the north and contribute to the social, political, educational, and economic prosperity of the United States.

Who doesn't know Beyonce, who is of Bahamian background, who was named by Forbes as the most powerful celebrity? We have Gwen Ifill from Barbados; and Dr. Patricia Era Bath of Trinidad, who invented the Laserphaco Probe for cataract treatment. She is the first Black woman doctor to receive a medical patent.

We have Romany Malco of Trinidad, an actor and comedian; Dr. Marcia

Roye, who has done research in HIV/AIDS and infectious diseases; as well as Camille Wardrop Alleyne of Trinidad, who works for NASA and the Department of Defense working on low Earth orbit.

This list does not scratch the surface of those making their mark in the United States. There are so many others that I cannot and do not have the time to highlight.

During this month, we have tried to make others aware of the contributions that the Caribbean has. It is not just the contributions we have made, but the commitment that this country should have to its nearest neighbor, the Caribbean.

The Caribbean and the United States have shared a long and prolific history together. The United States is the largest economic partner of the Caribbean; and the Caribbean, that small region, accounts for the third largest receiver of American goods.

The United States needs to act as a buffer to the increased influence of China and Venezuela in the Caribbean through economic projects the U.S. can continue.

As a Delegate representing the only district in the English-speaking Caribbean, I am committed to working with the Caribbean community.

To those young Caribbean people, I see you. Be strong and of good courage. We are a small people, yet mighty in spirit.

WEALTHCARE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Texas (Mr. AL GREEN) for 5 minutes.

Mr. AL GREEN of Texas. Mr. Speaker, I rise today because I love my country and because I refuse to support the Senate "wealthcare" bill. It is not healthcare, but "wealthcare."

It is a "wealthcare" bill because it will cut more than a trillion dollars from healthcare. In so doing, it will transfer approximately \$238 billion to high-income earners.

It is a "wealthcare" bill. It will rob the poor, who need healthcare, to reward the rich with "wealthcare."

I refuse to support it. I refuse to participate in the concentration of wealth that has taken place.

Currently, according to Oxfam, eight people own as much wealth as half the world. This was as of January, 2017. There are eight people with as much wealth as half the world.

Mr. Speaker, Big Business and the super rich are fueling inequality not only in this country, but around the world. They do so by dodging taxes. They don't pay their fair share of taxes. They do so by driving down wages.

Many people assume that the country cannot afford healthcare because the people that we live in and around don't have what the super rich have. My friends, America is not a poor country. The wealth is just concentrated at

the top. Those who are at the bottom and in between believe that the country can afford things that it can't. This is all about the concentration of wealth.

They are using their power to influence politics. You can't speak truth to power if you are afraid of the big banks. You can't speak truth to power if you are afraid of the Big Oil companies. You can't speak truth to power if you are afraid of the big insurance companies and big pharmaceutical companies.

If you are going to speak truth to power, you have got to stand up to the people who are driving this country into a Third World position. I refuse to participate in it.

Mr. Speaker, currently, 1 in 10 on the planet are living off of \$2 a day. In this country, millions are going to go without proper healthcare, if the Senate "wealthcare" bill passes. They will go without proper healthcare, while millions in bonuses are going to be accorded those who are with insurance companies and receiving a part of the "wealthcare" transfer.

Mr. Speaker, in this country, the top 10 percent hold 76 percent of the wealth. In the United States of America, the top 10 percent hold 76 percent of the wealth. They are able to get away with it because they convinced all of us that one day we might hit the lottery and be in the same position as they are and control the world.

Well, my friends, if you don't hit the lottery and you have to continue your life, you ought to have decent healthcare in the richest country in the world.

□ 1045

You ought to have the best healthcare that we can provide, in the richest country in the world. We are not a Third World country, and I will not participate in this transfer of wealth that is taking place so that those who are wealthy can do more with more.

It seems that we believe that if you are poor, you can do more with less. But if you are wealthy, you need more to do more. This is a shameful, sinful circumstance that we find ourselves in.

As for the Senate "wealthcare" bill, it is a piece of trash, and it ought to be thrown on the ash heap of history.

No one who believes that people are equal and deserve good healthcare can, in good conscience, vote for that bill. I am glad they pulled it, but I hope that they will improve it to the extent that I will be able to vote for it. But if they do not, I say to you without question, reservation, hesitation, or equivocation, I will not support that transfer of wealth, that bill that would concentrate wealth, and I won't support the tax bill that will concentrate wealth, if there is one.

This has got to stop. This inequality of wealth has got to change. We have got to turn it around. Let's do so by providing good healthcare and not "wealthcare."

THE HEALTHCARE DEBATE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Ohio (Mr. RYAN) for 5 minutes.

Mr. RYAN of Ohio. Mr. Speaker, I rise today to speak on the healthcare debate that we are having here in the United States.

We had a bill come out of the House of Representatives. We have a working bill that has just come out of the back room in the United States Senate. I think it is important for us, Mr. Speaker, to get some clarity on where each party stands on this issue.

When the Democrats passed the Affordable Care Act, we had some clear goals. We had some clear objectives, back in 2008, 2009, 2010. Our goal and goals as a party were simple: we wanted to expand access to healthcare. We wanted to make sure, in the wealthiest country that God has ever created, that every citizen, wherever you lived, urban, rural, suburban, you would have access to affordable healthcare.

We wanted to make sure that the insurance companies wouldn't knock you off the rolls or charge you a lot of money to get a plan, that when you got sick and you went in to cash in the plan and get some coverage, they said: Oh, we don't cover that. We wanted to make sure that didn't happen.

We wanted to make sure that if your kid had cancer or if you had cancer and the healthcare bills started ratcheting up pretty quickly, that the insurance company couldn't come in and say: Sorry. This is a tragic situation for you and your family, but you just hit your lifetime cap, so we can't cover anything else. You have to go to the Ronald McDonald House, and you have got to go do a fish fry at the local union hall to try to get enough money together to try to pay your healthcare bills, in the wealthiest country God has ever created. That is unacceptable here in the United States.

We were trying to cover more people. You know what? We paid the political price for it, but sign me up. I think of my friends John Boccieri and Steve Driehaus, former Members of Congress. They gave up their seats in this Chamber to make sure that American citizens had healthcare. The Democrats went into the minority since 2010, primarily because the Republican Party used this issue to bludgeon the Democrats. They demagogued the issue. Repeat and replace. Seven years, no plan. Nothing.

And now we have got two bills—one from the House, one from the Senate. Both bills, neutral analysts, the Congressional Budget Office says 22 million Americans will lose their healthcare. Fifteen million will lose it in the next year. If you are between 50 and 64 years old, you are probably going to lose your insurance. If you are a 60-year-old person in Ohio, you are going to pay \$4,000 more a year.

We get off this recent Presidential campaign where we heard a candidate: We are going to expand Medicare. We

are going to expand Medicaid. It is going to be beautiful. Everyone is going to be able to afford insurance. I am not inhumane, is what one person said, one candidate said.

But the realities, Mr. Speaker, are much different, because in the wealthiest country God has ever created, we have a political party that is trying to throw 22 million people off of their healthcare. We need to get some clarity. We are trying to cover people. I am not trying to be judgmental, but I am just saying the Congressional Budget Office is saying, in both bills, 22 million people are going to lose their healthcare.

Democrats, in order to implement our bill, we asked the wealthiest in the country to pay a little bit more. With that revenue, we expanded the Medicaid program for people who were working. If you made less than \$90,000 a year, they got a little bit of that money to help them pay for health insurance so they had more money in their pocket so they could go out and not only take care of their families, but be able to spend and help boost the economy. That is what we wanted to do. That is what we did.

Republicans cut taxes for the wealthy and cut the program by \$700 billion. Clear differences, Mr. Speaker. We need to knock down both of these bills and start all over. We need to fix the Affordable Care Act, not repeal it.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until noon today.

Accordingly (at 10 o'clock and 51 minutes a.m.), the House stood in recess.

□ 1200

AFTER RECESS

The recess having expired, the House was called to order by the Speaker at noon.

PRAYER

Reverend Dr. Howard Siplin, Beulah Missionary Baptist Church, Coconut Grove, Florida, offered the following prayer:

Lord God, almighty giver of all good gifts and authority, I stand humbly before You today to pray for the sins of this country, to ask for Your forgiveness, and to express our gratitude to You for this great country which we live in during these difficult times.

Father, I pray for the success and healing of all who labor here in the House of Representatives working together to use their influence and opportunities to change the world and make it better.

Heavenly Father, bless all our leaders of this great Nation as they face the ongoing challenges, give them the

right spirit to do the right thing for the needs of all the people.

Father, keep us all in the hollow of Your hand, we give You honor and glory now and forever.

In Jesus' name, we pray.
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.

Ms. VELÁZQUEZ. 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.

Ms. VELÁZQUEZ. 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 Utah (Mr. STEWART) come forward and lead the House in the Pledge of Allegiance.

Mr. STEWART 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.

WELCOMING REVEREND DR. HOWARD SIPLIN

The SPEAKER. Without objection, the gentlewoman from Florida (Ms. WILSON) is recognized for 1 minute.

There was no objection.

Ms. WILSON of Florida. Mr. Speaker, today I rise to welcome the esteemed Reverend Dr. Howard Siplin to the House floor as our guest chaplain.

Reverend Dr. Siplin was my classmate from first grade to twelfth grade in Miami-Dade County Public Schools.

Reverend Siplin is the senior pastor of Beulah Missionary Baptist Church located in Coconut Grove, Florida.

Before joining the ministry, Reverend Siplin proudly served in law enforcement. He is a graduate of the Miami-Dade Police Academy who made history by earning the distinction of becoming the first African American to serve as president of the Fraternal Order of Police.

Three years ago, after joining Beulah Missionary Baptist Church, Reverend Siplin was ordained a deacon and later became chairman of the church's deacon ministry.

He was called to preach in the year 2000 and, in August 2003, was ordained and installed to serve as the church's

pastor. Under his leadership, Beulah Missionary Baptist has helped the surrounding community confront and combat various challenges. He also has used his experience in law enforcement to help forge and strengthen bonds between residents and local police.

Reverend Siplin has dedicated himself to educating members of the Beulah Missionary Baptist Church community to live spiritual lives so that they can be productive citizens.

He holds a bachelor's and master's of ministry degree from the Jacksonville Baptist Theological Seminary. In 2014, the seminary awarded him an honorary doctorate degree.

Reverend Siplin is married to the former Zelma Ferguson who is with him here today. Her father, the late Reverend E. R. Ferguson, founded Beulah Missionary Baptist Church in 1954. They are the proud parents of 4 children, 11 grandchildren, and 2 great-grandchildren.

Mr. Speaker, I ask everyone to join me in thanking Reverend Siplin for leading today's opening prayer and to thank him for his outstanding service to the south Florida community.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. ROGERS of Kentucky). The Chair will entertain up to 15 further requests for 1-minute speeches on each side of the aisle.

CONGRATULATING PENNSYLVANIA STUDENTS AT CONGRESS OF FUTURE MEDICAL LEADERS

(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, I rise today to recognize five high school honors students from Pennsylvania's Fifth Congressional District chosen to represent the Commonwealth of Pennsylvania as delegates at the Congress of Future Medical Leaders.

The following students were selected to attend the event which began Sunday and concluded yesterday in Lowell, Massachusetts:

Donovan Brubaker of Boalsburg;
Catherine McQuitty of Rixford;
Hannah Mull of Genesee;
Mackenzie Wilcox of Duke Center;
and
Sarah Zakrzewski of Tyrone.

They were nominated by their teachers or The National Academy of Future Physicians and Medical Scientists based on their academic excellence and aspiration to join the medical field. Each of these dedicated students achieved a minimum 3.5 GPA to be nominated for the honors-only program.

The event aims to encourage and guide the top students in our country who hope to become physicians or med-

ical scientists. Chosen delegates at the Congress represent all 50 States including Puerto Rico.

I wish these students the best of luck in their future studies to lead our country's medical profession.

Congratulations.

THE SENATE HEALTHCARE BILL

(Ms. DELBENE asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. DELBENE. Mr. Speaker, Senate Republicans may have delayed the vote, but make no mistake, they are pushing ahead with a destructive, dangerous healthcare bill that is not just mean, it is immoral. The American people are right to be outraged. I am outraged.

We should be working together to give people better coverage at lower cost. Instead, Senate leaders crafted legislation that leads to lost coverage for 22 million Americans, skyrocketing deductibles, hospital closures in rural communities, and the return of annual and lifetime caps on care.

For families like Colton's in Mill Creek, Washington, who have watched as their 17-year-old son battled high-risk leukemia for 8 years, I can promise you, we are not backing down. Colton is in his fifth remission and still fighting—and so are we.

Healthcare is not a privilege reserved for those fortunate enough to be wealthy or healthy. It is a human right, and it is worth fighting for.

NORTH CAROLINA GROWTH AND FORTUNE BUSINESS RANKINGS

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

Mr. HOLDING. Mr. Speaker, I rise today to highlight the tremendous amount of growth in North Carolina, specifically in and around the Second Congressional District.

According to the Census Bureau, North Carolina's population has increased 6.4 percent since 2010. That number increases to over 16 percent for just Wake County which encompasses about half of the Second Congressional District.

Mr. Speaker, it is no secret that North Carolina is a fantastic place to live and work, especially for young people wanting to raise a family. In fact, Fortune magazine recently surveyed tens of thousands of millennials nationally about the best places to work, and the results speak for themselves. Two of the top 10 businesses in the United States call Wake County home.

SAS, a global analytics software firm, and Kimley-Horn, a provider of professional services, placed at number two and number eight on the list respectively.

That is great news for the future of North Carolina.

COMMENDING THE CITY OF ALEXANDRIA'S FIRST RESPONDERS

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

Mr. BEYER. Mr. Speaker, I rise today to commend the city of Alexandria's first responders, the first to the scene of the shooting at Eugene Simpson Stadium Park in my district in Alexandria, Virginia.

Two weeks ago today, Wednesday, June 14, at 7 a.m., a man fired scores of shots at the Members of Congress who were practicing for the annual Congressional Baseball Game. The shooting wounded U.S. Representative and House Majority Whip STEVE SCALISE, Capitol Police Officers David Bailey and Crystal Griner, congressional staffer Zack Barth, and former congressional staffer Matt Mika.

The timely response of Alexandria's first responders almost certainly saved lives. Alexandria Police Officers Nicole Battaglia, Alexander Jensen, and Kevin Jobe arrived within minutes of the 9/11 call. Officer Battaglia came under fire upon arriving at the scene and immediately engaged the shooter. Her actions diverted the shooter's attention, allowing the other responding officers to neutralize him.

Medical care provided by the members of the Alexandria Fire Department, including Fiona Apple and Richard Krimmer, ensured these senseless acts of violence did not become a multiple-fatality event.

I am honored to commend these valiant individuals for their selfless service. I thank them for saving the lives of the victims and potential victims of this evil, mindless gun violence, and also for their daily positive impact on the extraordinary community of Del Ray and the exceptional city of Alexandria.

HONORING MISS NORTH CAROLINA

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

Mr. ROUZER. Mr. Speaker, I rise today to honor Miss Greater Sampson County, Victoria Huggins, who won the 80th Miss North Carolina Scholarship Pageant this past weekend and will go on to represent our great State in the Miss America pageant this fall.

During the competition, Victoria also won first place in the Quality of Life Award which honors her dedication and work on her community service platforms.

A graduate of the University of North Carolina at Pembroke and a native of St. Pauls, Victoria is a member of the Carolina in the Morning team with the NBC affiliate WECT in Wilmington, North Carolina.

During her tenure as Miss North Carolina, Victoria will focus on her work advocating for Alzheimer's disease awareness.

On behalf of southeastern North Carolina, congratulations, Victoria. We

wish you the best of luck as you represent our great State over the next year, compete in the Miss America pageant, and continue to enrich the lives of others.

THE REPUBLICAN HEALTHCARE BILL

(Mr. HIGGINS of New York asked and was given permission to address the House for 1 minute.)

Mr. HIGGINS of New York. Mr. Speaker, with the Congressional Budget Office reporting that 22 million people would lose healthcare coverage and premiums for those who keep their coverage increasing by more than 20 percent next year, it is not surprising that the Republican Senate bill was pulled due to a pervasive lack of interest and support.

Hit hardest under the pulled Senate bill were low- and middle-income Americans between the ages of 50 and 64 and people with preexisting diseases like cancer and diabetes.

The time has come for this Congress to use the leverage of a massive purchaser of healthcare—the Federal Government—and authorize a Medicare buy-in for Americans between the ages of 50 and 64.

With the leverage of 60 million-plus beneficiaries and low administrative costs, a Medicare buy-in option for the 50 to 64 population will drive down costs and drive up the quality of healthcare. We have an obligation to the American people.

HONORING REPRESENTATIVE CHAFFETZ

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

Mr. STEWART. Mr. Speaker, I stand today to honor my good friend, JASON CHAFFETZ, as he prepares to leave the House tomorrow.

On the day that I was first elected, the very first phone call I got was a number I didn't recognize. I picked it up, and it was Jason. He was the first person to call and congratulate me. He has become a close friend ever since.

But he has become more than a friend. He is a person who I trust. I go to him often for advice. I think he has the best political mind in all of Utah, and I am going to miss that.

I also appreciate his honesty and his integrity. Leaders take hits—we understand that—and Jason has taken his share of arrows by those who may not agree with his positions. But no one has ever questioned his honesty or his integrity.

There is a great old movie called "Grumpy Old Men." Jason will never be a star in that movie because he is one of the most optimistic, friendly, and positive people that I know. He always has a smile on his face.

So for those reasons, Jason, we are going to miss you. On behalf of all Utahns, I thank him for his service. On

behalf of millions of Americans throughout the country, we wish him Godspeed in his adventures ahead.

□ 1215

PULL THE PLUG ON TRUMPCARE

(Ms. VELÁZQUEZ asked and was given permission to address the House for 1 minute.)

Ms. VELÁZQUEZ. Mr. Speaker, I am pleased the Senate has postponed a vote on their TrumpCare bill, which would have deprived 22 million Americans of health coverage. The truly vicious nature of this bill is most clear when it comes to Medicaid.

Are you a working family relying on Medicaid for long-term care of an aging grandparent? Well, with TrumpCare, you will pay more out of pocket.

For a low-income working mom who insures her kids through Medicaid, TrumpCare takes dead aim at you.

How about a person with a disability? TrumpCare means potentially losing coverage.

Why did the Republicans make these cuts? To give billions of dollars in tax breaks to the wealthiest Americans and corporations.

The President says the House-passed bill is "mean." It is. So is the Senate cold-hearted proposal.

A delay on this vote is not enough. Congress needs to pull the plug on TrumpCare, not the American people. Then we can work together on real, bipartisan healthcare legislation aimed at strengthening the system, not harming the most vulnerable among us.

TRIBUTE TO FIRE CONTROLMAN 1ST CLASS GARY L. REHM, JR.

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

Mr. JORDAN. Mr. Speaker, I rise today to honor the life of a courageous career Navy man, Fire Controlman 1st Class Gary L. Rehm, Jr., who made the ultimate sacrifice in defense of his fellow Americans.

Gary was born and raised in Elyria, in the Fourth District of Ohio. He followed in his grandfather's footsteps, joining the Navy straight out of high school and serving nearly 20 years, including a deployment to the Persian Gulf in support of Operation Iraqi Freedom.

Gary was on the USS *Fitzgerald* when it was struck by a container ship off the coast of Japan on June 17. Amid the chaos, Gary jumped into action, battling the raging water that flooded one of the ship's berthing compartments, risking his own life to bring his shipmates to safety.

The sailors who admire him so much might use words like "valiant," "heroic," and "noble" to describe Gary's actions that day, but the words he would probably use to describe himself are found in the Navy's motto: "Not for Self but for Country."

Gary is survived by a loving family, including his wife, Erin; his sister, Jessica; his niece, Margaret Neal; and his parents, Gary and Anita.

For his profound sacrifice, this Nation owes Gary L. Rehm, Jr., and his family a tremendous debt of gratitude. He will be greatly missed, but the strength of his character, his selflessness, and the courage he demonstrated through his service will live on forever.

BILL THREATENS OHIOANS

(Ms. KAPTUR asked and was given permission to address the House for 1 minute.)

Ms. KAPTUR. Mr. Speaker, today, Vice President PENCE is expected to visit northeast Ohio for an appearance at a manufacturing firm. He will discuss the effort to repeal the Affordable Care Act and subsequently rip away healthcare for millions upon millions of Americans, as well as quadruple its cost to millions and millions more elderly.

Ohioans should know that the bill the GOP is trying to ramrod through Congress would threaten nearly 1 million Ohioans who gained coverage over the last few years through the Affordable Care Act. Further, seniors would see their insurance premiums rise by four to five times as much, with nothing being done to lower their cost of medicine.

Why is this administration making things worse for Ohio?

We need to maintain Medicaid for the treatment of those Americans who are sick, suffering, in nursing homes, those who are mentally ill, and those who are suffering from terminal illness. The Pence-Trump doctrine will hurt them all.

I hope the Vice President won't mislead our people about how many Ohioans will lose coverage.

In fact, is the Vice President aware healthcare jobs help drive our economy in Ohio. The TrumpCare bill, which is really a tax break for millionaires, will cause an Ohio job loss of over 80,000 healthcare workers over the next 5 years.

I urge the Vice President to meet with officials at Cleveland Clinic, MetroHealth, or the Sisters of Charity and hear what they have to say about the GOP's anti-life bill.

PROVIDENCE PRESBYTERIAN CHURCH CELEBRATES 250TH ANNIVERSARY

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

Mr. PITTENGER. Mr. Speaker, I rise today in honor of Charlotte's Providence Presbyterian Church and in celebration of their 250th anniversary.

Founded by Ulster Scots in 1767, the church was named "Providence" to express the founders' firm trust in the faithfulness of God to work all things for His purpose.

Members of Providence Presbyterian were part of the combative North Carolina militia, the Hornet's Nest, which courageously opposed Lord Cornwallis during the Revolutionary War.

For over 140 years, the church sponsored all schools in the community and, in the late 1850s, established Providence Female Academy, which was one of the few schools for women in the South.

The church remains committed to service today. Part of the 250th anniversary celebration included making 250 dresses for young girls in Africa. Their motto is "Rooted in Christ, growing in the Spirit."

To Pastor Walt McCanless and the entire congregation, congratulations, and God bless this wonderful community of believers.

TORT REFORM

(Mrs. WATSON COLEMAN asked and was given permission to address the House for 1 minute.)

Mrs. WATSON COLEMAN. Mr. Speaker, today my colleagues will vote on H.R. 1215, the so-called Protecting Access to Care Act.

Disguised as a step toward healthcare affordability, in reality, this legislation tramples on the legal rights of Americans harmed in healthcare settings.

This bill would devastate the catastrophically injured by capping non-economic damages at \$250,000, a cap that applies even for loss of limb, permanent disability, or death of a child or spouse. These caps also apply to lawsuits that include accusations of reckless misconduct or violent crimes like assault or rape.

This bill further erodes the right to trial by jury by imposing a 3-year statute of limitations, which is shorter than most State laws.

Legal remedies often stand as the test of the last refuge of justice for the injured and aggrieved, regardless of wealth or influence. Powerful interests have many tools at their disposal to stack the deck against vulnerable populations. But the goal of the American court system at its purest is to provide equal consideration in the eyes of the law. As a nation, our responsibility is to work towards that ideal, not undermine it.

H.R. 1215 is a direct affront to this idea, and I encourage my colleagues to vote "no."

REMEMBERING GRANDMA EDNA

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

Mr. YODER. Mr. Speaker, June 28, 1911, the day my dear grandmother, Edna Yoder, was born, has been a special day in my life. Each year, for the last 6 years, I have come to the floor to wish her a happy birthday. Last year, she celebrated her 105th birthday.

Sadly, today would have been her 106th, but Grandma Edna passed away recently, and I miss her terribly.

She was a sweet, loving, and strong grandmother. She had an infectious laugh, an enormous love of family, and a deep belief in her faith. She was a symbol of everything that was great about America's Greatest Generation.

She was also a true example of what makes America a strong and vibrant nation: working tirelessly every day on the farm, milking cows at dawn, and bringing in the wheat harvest in the hot Kansas sun. I like to say she had a front row seat on the journey that was the great American century.

Mr. Speaker, today, I want Grandma to know that we love her, we miss her, and we know that she is at peace with the Lord in Heaven.

GOP HEALTHCARE BILL

(Miss RICE of New York asked and was given permission to address the House for 1 minute.)

Miss RICE of New York. Mr. Speaker, people in my district and in districts all across the country have been making it clear that they don't want millions of Americans to become uninsured just to cut taxes for the rich. They don't want Congress to repeal the Affordable Care Act.

What they want is for Democrats and Republicans to work together to make it better: to keep expanding coverage, reducing costs, and improving care. Now that the Senate has delayed a vote on the BCRA, we have yet another opportunity to do just that.

I urge my Republican colleagues to move past repeal and replace once and for all. Democrats are ready to work with you. So let's seize this opportunity and start solving problems for the people we serve.

STREAMLINING PERMITTING PROCESS

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

Mr. LAMALFA. Mr. Speaker, this week, in the Natural Resources Committee, we passed my bill, H.R. 289, the Guides and Outfitters Act, called the GO Act. It will help people be able to access public lands, national parks, U.S. Forest Service land, and BLM land for recreational activities without the litany and long wait of having to get permits. This will streamline that process.

A couple of aspects include getting all the different agencies to work together to have a one-stop permitting process and shorten the length of time it takes to get these permits so that people can have events that are compatible with the use of these public lands and enjoy them. Indeed, no one is trying to hurt the environment, and we don't need a 6-month study every time somebody wants to have a bikefest or a jog through their public lands.

We think the GO Act will be a very important, helpful tool, especially during the summertime, when people like to get outdoors and enjoy their public lands.

PROVIDING FOR CONSIDERATION OF H.R. 3003, NO SANCTUARY FOR CRIMINALS ACT

Mr. COLLINS of Georgia. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 414 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 414

Resolved, That upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 3003) to amend the Immigration and Nationality Act to modify provisions relating to assistance by States, and political subdivision of States, in the enforcement of Federal immigration laws, and for other purposes. 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 the Judiciary; and (2) one motion to recommit.

The SPEAKER pro tempore. 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 may have 5 legislative days in which to revise and extend their remarks and to include extraneous material on House Resolution 414, 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 this rule forward on behalf of the Rules Committee.

The rule provides for consideration of H.R. 3003, the No Sanctuary for Criminals Act. The rule provides for 1 hour of debate, equally divided between the chairman and ranking member of the Judiciary Committee. The rule also provides for a motion to recommit.

Yesterday, the Rules Committee had the opportunity to hear from my fellow Judiciary Committee members Mr. JOHNSON of Louisiana and Ms. LOFGREN of California.

H.R. 3003 received consideration by the Judiciary Committee as part of a

larger bill, the Michael Davis, Jr. and Danny Oliver in Honor of State and Local Law Enforcement Act. That legislation was marked up and ordered reported by the Judiciary Committee on May 24.

As a cosponsor and strong advocate of the Davis-Oliver Act, I supported the passage of legislation before the full House. Today we have the opportunity to move an important piece of that bill forward and to strengthen our policies against jurisdictions that flout America's laws.

Mr. Speaker, the No Sanctuary for Criminals Act is just simply common sense. John Adams said that we are a government of laws, not of men. As we approach the Fourth of July week, we recognize that America's foundation is that of the rule of law. Yet too often we have seen local jurisdictions ignore Federal immigration law and declare themselves sanctuary cities, as though their actions have no consequences for their law-abiding neighbors.

The reality, however, is that the localities that refuse to enforce Federal immigration law undermine public safety and break the democratic contract. Mr. Speaker, the sanctuary cities do not act in a vacuum. They endanger lives and set dangerous precedent.

□ 1230

To many people, it would seem obvious that local and State law enforcement should comply with Federal immigration laws and cooperate with its fair enforcement by communicating openly with Federal officials. It would also seem clear that jurisdictions that ignore these laws should forfeit the Federal funds set aside to support compliance with those same laws.

Despite this, sanctuary cities oppose Federal immigration officials routinely. These men and women find themselves handicapped by local officials implementing obstructionist policies.

In light of this, Mr. Speaker, I believe we need to better protect our communities by ensuring our laws are followed. H.R. 3003 takes steps to do that.

I thank Chairman GOODLATTE, Congressman KING, and Congressman BIGGS for their work on the No Sanctuary for Criminals Act. These Members are colleagues of mine on the Judiciary Committee, and they recognize the need to respond to the continuing problem of sanctuary cities with resolve, with confidence that Federal immigration laws safeguard every American community and apply equally to every American community.

The underlying bill provided for by this rule also includes legislation offered by Mr. KING—Sarah's and Grant's Law. Sarah's and Grant's Law is named after two individuals, Sarah Root and Grant Ronnebeck, who were tragically killed by unlawful immigrants. The unlawful immigrants were released and remain at large, and the Root and Ronnebeck families were left to grieve

unspeakable losses while the lawlessness continues.

It is past time for us to take action to combat dangerous sanctuary policies. We are a nation of laws and we need to act like it.

While there is no uniform definition of sanctuary cities, and no comprehensive or official list of these jurisdictions, we have, regrettably, become all too familiar with them. So-called sanctuary cities are those jurisdictions that obstruct immigration enforcement through noncompliance with detainers. They construct unreasonable hurdles to compliance and create barriers to communication between Immigration and Customs Enforcement and local personnel.

We understand that ICE has a job to do and that its officers took oaths to uphold those duties. Opponents will claim that this bill is unnecessary because ICE has the jurisdiction it needs. The truth is, sanctuary policies make the ICE agents' jobs more difficult, more dangerous, and endanger communities.

While the previous administration frequently flouted immigration laws and, for far too long, took a rain check on holding sanctuary cities accountable, even former Department of Homeland Security Secretary Jeh Johnson agreed that sanctuary cities shouldn't simply be allowed to decline to cooperate with Federal Government authorities. In fact, he said in 2015 that it is "not acceptable to have no policy of cooperation with immigration enforcement."

Mr. Speaker, faithfulness to the law isn't like being offered a cup of coffee. You can't look at the Federal statutes and say: You know, no thanks, but I appreciate you offering.

H.R. 3003 confirms that this option is not on the table.

While I agree with former Secretary Johnson that we must have a policy of cooperation, the policies of the former administration too frequently didn't indicate a commitment to that goal. In fact, State and local jurisdictions ignored more than 12,000 Federal detainer requests in 2014.

Now is the time for action.

Thankfully, President Trump issued an executive order directing the Department of Justice, the Department of Homeland Security, and ICE to ensure that sanctuary jurisdictions are ineligible for Federal grants and are subject to enforcement actions. The President also charged these agencies with reporting on jurisdictions that have refused to comply with detainers to hold criminal aliens.

The first week this report was issued, it showed 206 known instances in which local personnel declined ICE detainers and released criminal aliens. These aliens reentered the communities after they had committed crimes such as assault, aggravated assault or battery, driving under the influence, or domestic violence abuses.

The reports indicate that we have work to do, but it helps us by identifying jurisdictions where personnel are

thwarting Federal law. It throws into relief the glaring problem of sanctuary cities and provides information that law enforcement and lawmakers can use as we assess the problem and develop meaningful solutions.

Mr. Speaker, I was in the Georgia State House when we took action there to address the issue of sanctuary cities. In 2009, we in Georgia outlawed sanctuary cities in our State. Last year, the legislature went further by requiring local governments to certify their cooperation with immigration officials in order to receive State funds.

Today we have a chance to take a step in a positive direction on the Federal level.

The No Sanctuary for Criminals Act prohibits States and localities from implementing policies that restrict law enforcement agencies from cooperating with immigration laws and officials. It gives teeth to that restriction by tying eligibility for certain Department of Justice and Homeland Security grants to State and local compliance with existing immigration laws.

The bill requires that there will be probable cause before ICE can issue a detainer, and focuses on grant programs reasonably related to the scope of the bill.

Importantly, this bill also calls for aliens to be detained if the alien is engaged in a crime that caused death or serious injury to another person. Had this provision been law at the time, it could have helped prevent what happened in the heartbreaking death of Sarah Root, where an alien who caused her death was freed on bond and remains at large.

The No Sanctuary for Criminals Act also takes the commonsense step of allowing DHS to withhold aliens rather than transferring them to sanctuary jurisdictions, even if the jurisdiction has a warrant. It simply doesn't make sense for DHS to transfer aliens who are removable under the law to jurisdictions that are looking for opportunities to let them go.

Mr. Speaker, I cannot talk about holding sanctuary cities accountable by strengthening our laws without mentioning the work of Chairman JOHN CULBERSON.

In 2016, Chairman CULBERSON successfully convinced the Department of Justice to update guidelines in order to disqualify sanctuary cities from receiving DOJ grant money should they be found in violation of title 8 U.S. Code, section 1373.

Attorney General Sessions has reiterated that Federal law enforcement grants are contingent on compliance with existing law, and that the DOJ will deny fiscal year 2017 grant funds to jurisdictions that have refused to share information regarding illegal aliens in their custody.

Chairman CULBERSON's efforts made clear that State and local law enforcement agencies are expected to work with Federal law enforcement agencies on immigration matters. Through his

diligent work, meaningful steps have been taken to restore accountability.

The No Sanctuary for Criminals Act builds on these efforts and ensures that jurisdictions comply with the detainers while strengthening our law to ensure that aliens who have been committing crimes such as drunk driving are detained pending their removal.

H.R. 3003 permits the Secretary of DHS to issue a detainer for any individual arrested for violation of a criminal or motor vehicle law upon probable cause that an individual is an inadmissible or deportable alien.

In this critically important step, the bill grants immunity to State and local entities for compliance with any detainer.

Jurisdictions that want to act in good faith and follow the law should be able to cooperate without being held liable for their compliance. The protections provided in this bill are a major step forward to effective enforcement.

Finally, this bill gives victims and their families a private right of action against a State and local government whose noncompliance and release of an alien results in a murder, rape, or serious injury of the victim. This measure, were it law, would have allowed Kate Steinle's family to sue after her tragic murder at the hands of a criminal and unlawful immigrant.

Sanctuary cities and jurisdictions ignore the law. They do it at the expense of the American people. Our citizens surely deserve better. They deserve to live in communities that don't let dangerous criminals back out into the streets. They deserve to see the law upheld rather than ignored. Law-abiding citizens deserve to see individuals who break our laws—not only by entering and residing in our country illegally, but by committing crimes once here—to be removed.

This rule provides for the consideration of legislation to strengthen the rule of law and to protect our neighbors and communities.

It demands that jurisdictions comply with our Nation's immigration laws and enforcement or face penalties.

Today we can take action to turn off the spigot of Federal funds to those jurisdictions that obstruct ICE efforts at the expense of Americans. We demonstrate that Members of this House will not sit idly by while sanctuary cities continue flouting the laws of our land with impunity. We strengthen our detainer policy, enable ICE to do its job, and, at the same time, help protect our communities.

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

Mr. MCGOVERN. Mr. Speaker, I thank the gentleman from Georgia (Mr. COLLINS) for yielding me the customary 30 minutes, and I yield myself such time as I may consume.

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

Mr. MCGOVERN. Mr. Speaker, I rise today in strong opposition to this

closed rule, and in strong opposition to the underlying bill, H.R. 3003.

Mr. Speaker, today the House will consider its 37th closed rule for the year, and tomorrow it will take up number 38. My Republican friends are breaking all kinds of records here.

While I often wonder just why the Republican leadership is so afraid of open debate in the United States House of Representatives, I do recognize that it goes right along with the Republican majority's complete rejection of regular order.

The House of Representatives, I am sad to say, has ceased being a deliberative body where important issues are debated freely. The Republican leadership has shut this place down, and this is yet another example of it.

Look up the history of the bill the House will debate later today or tomorrow, H.R. 3003, the so-called No Sanctuary for Criminals Act. It was introduced on June 22. That was last Thursday. Like its 2015 predecessor, it has had no hearings, no markup, no input from local law enforcement, no regular order.

No one had a chance to testify about this bill. Not the U.S. Conference of Mayors that includes the mayors of over 1,000 cities and towns, Democrat and Republican alike, who represent over 150 million people.

Not the U.S. Conference of Catholic Bishops, Catholic Charities, Church World Service, and religious and faith leaders from all across the land.

Not the National Fraternal Order of Police, the Law Enforcement Immigration Task Force, or the National Task Force to End Sexual and Domestic Violence.

Not the NAACP, the Southern Poverty Law Center, the YWCA, or hundreds of national civil rights, human rights, labor, immigration, and humanitarian organizations.

Mr. Speaker, on a bill that would affect hundreds of cities and towns and counties across America, why wouldn't we want to hear the views of these important law enforcement, State and local government, religious, civil society, and victims' organizations?

The answer is simple, Mr. Speaker. Because they all oppose this legislation. All of them.

It is much easier for Republicans to close down the process and steamroll this terrible bill through Congress than to actually get feedback from the American people and the leaders charged with keeping them safe.

If you are going to pass a bill that has so much public opposition, I guess it makes sense to do it quickly and with as little debate as possible.

Welcome to the House of Representatives, Mr. Speaker, where the voices of the American people are shut out as Republicans continue to ram through their radical agenda.

Mr. Speaker, H.R. 3003 does nothing to advance cooperation between local law enforcement with the Federal Immigration and Customs Enforcement.

Cooperation between local and Federal agencies to apprehend, try, and punish serious criminal offenders, and in the case of foreign nationals, to imprison and then deport them, has always been a high priority. These are matters of national security.

But instead of continuing to foster cooperation and strengthen this priority, this bill chooses to blackmail, coerce, and penalize local law enforcement agencies and demand that they potentially violate the Constitution of the United States, in particular the Fourth Amendment, the 10th Amendment, and the 14th amendment.

I wish my Republican friends were as faithful to the rights enshrined in these amendments of the Bill of Rights as they are to the Second Amendment, but then that is a whole other debate.

And let's think about this for a minute. What are they proposing to do?

For communities and local law enforcement that believe that doing what this bill asks them to do would make it more difficult for them to do local policing, and would make it more difficult for them to have the trust of members in their community to report crimes. What my Republican friends propose to do is take away important Federal funding to help keep these communities safe.

What are we talking about here?

I think it is important for people to understand this. Programs like the COPS programs, the Community Oriented Policing Services; the State Criminal Alien Assistance Program; the Byrne Justice Assistance Grant program; and national security programs, those things would be taken away from local communities. It doesn't make any sense.

For example, the Byrne JAG is a major source of criminal justice funding for local law enforcement and provided \$275 million in fiscal year 2016 for prevention and education programs, drug treatment and enforcement, crime victim and witness initiatives, and other community-based programs.

Other funding programs and grants that are threatened under this bill are used to address sexual assault, gang violence, and trafficking such as the Sexual Assault Kit Initiative, the Violent Gang and Gun Crime Reduction Program, and the Reach and Evaluation on Trafficking in Persons program.

Maybe nobody read what this bill does before they brought it to the floor. I just don't understand the logic of basically trying to blackmail communities by taking away important funding that is designed to protect the citizens of various communities across this country.

Mr. Speaker, this so-called sanctuary cities bill, as I mentioned, threatens to strip local jurisdictions of Federal grants and funding. It specifically targets law enforcement, counterterrorism, and national security grants when they prioritize working with immigrant communities to keep our neighbors and cities and towns safe.

□ 1245

I don't think Washington knows best all the time, unlike my Republican colleagues. I trust my local police departments on this issue more than I trust my friends on the other side of the aisle. Republicans would rather demonize these cities, towns, and local police agencies and force them to squander scarce local resources on immigration enforcement instead of local policing, making our cities and our communities less safe, not more safe.

This is why law enforcement and city governments oppose this bill. It deliberately and cynically undermines their ability to protect their communities, nurture public trust in the police and our legal system, and strengthen public safety.

Mr. Speaker, this bill reeks of prejudice. It isn't meant to solve any problem. It is meant to punish cities that don't embrace the radical views of the anti-immigrant rightwing of the Republican Party. It is meant to demonize all immigrants as criminals. It is meant to turn our local police into the lackeys of ICE.

Mr. Speaker, this House continues to wait and wait and wait for the Republican majority to show some leadership and bring up a comprehensive immigration reform bill. It has been more than 4 years since the Senate passed a strong, bipartisan immigration reform bill, and we are still waiting for House Republicans to step up and act, to actually try to solve a problem rather than continue to divide our country and continue to act in a way that is polarizing.

What we need is a way to bring 11 million of our neighbors, friends, colleagues, small-business owners, and hardworking residents out of the shadows. That is what makes America stronger. That is why 9 out of 10 Americans support immigration reform that creates a path to citizenship for the undocumented, according to a March 2017 poll by CNN/ORC.

Mr. Speaker, I include in the RECORD the article about the poll.

[From cnn.com, Mar. 17, 2017]

CNN/ORC POLL: AMERICANS BREAK WITH TRUMP ON IMMIGRATION POLICY
(By Tal Kopan and Jennifer Agiesta)

WASHINGTON (CNN).—Americans disagree with President Donald Trump's immigration priorities, according to a new CNN/ORC poll, with nearly two-thirds of Americans saying they'd like to see a path to legal status for undocumented immigrants rather than deportations.

Trump has made tough border security and strict enforcement of US immigration laws a focal point of his campaign and presidency—using some of his first executive orders to pave the way for far more deportations and detentions as well as ordering the construction of a Southern border wall.

But a CNN/ORC poll released Friday finds that the public is actually moving in the opposite direction since Trump has won election.

Americans are more likely to say that the nation's top immigration priority should be to allow those in the US illegally to gain

legal status—and six in 10 say they are more concerned that deportation efforts will be overzealous than they are that dangerous criminals will be overlooked.

All told, 60% say the government's top priority in dealing with illegal immigration should be developing a plan to allow those in the US illegally who have jobs to become legal residents.

In contrast, 26% say developing a plan to stop illegal border crossings should be the top priority and 13% say deportation of those in the US illegally should be the first priority.

The number who prioritize legal status for those working in the US illegally is up from 51% who said so last fall. That shift comes across party lines, with Democrats and independents each 10 points more likely and Republicans 8 points more likely to choose a plan for legal status now compared with last fall.

While Trump campaigned heavily against "amnesty" for undocumented immigrants, he has avoided rescinding an Obama administration program offering protections and work permits to those who were brought to the US as children, and in a recent meeting with reporters a senior administration official indicated Trump could be open to a compromise that included a path to legalization, if not citizenship, if it came to his desk.

Trump told Congress in his joint address last month that he supported the idea of an immigration reform compromise, but offered few details.

Offering citizenship to those immigrants who are living in the US illegally but hold a job, speak English and are willing to pay back taxes is immensely popular, with 90% behind such a plan. That's consistent across party lines, with 96% of Democrats, 89% of independents and 87% of Republicans behind it.

The President has described his immigration policies as focused on removing criminals, though critics of his administration say enforcement agencies' definition of criminal is too expansive and sweeps up people who only broke immigration laws.

He has also ordered the creation of offices and reports focused on publicizing victims of crimes committed by undocumented immigrants.

Americans say, however, they are more concerned about the effects of deportations than they are about immigrant crimes.

Overall, 58% say they're more concerned that deportation efforts will go too far and result in deportation of people who haven't committed serious crimes, while 40% say they're more concerned that those efforts will not go far enough and dangerous criminals will remain in the US. That number is largely driven by Democrats—more than two-thirds of Republicans say they are concerned efforts won't go far enough.

As for deportation priorities, seven in 10 say the government should not attempt to deport all immigrants living in the country illegally, up from 66% in the fall.

A wide majority, nearly eight in 10, support deporting undocumented immigrants who have committed other crimes, however, an area Trump says is his focus. There has been a small uptick, nevertheless, in the share who say the government shouldn't be deporting those living in the US illegally who have been convicted of other crimes, from 15% to 19%.

Opinions vary by party on both of these questions, though majorities across party lines are on the same side of both arguments. Among Republicans, 55% oppose attempts to deport all people living in the US illegally, below the 86% of Democrats and 71% of independents who feel that way. Considering deportation of those in the country illegally

who have been convicted of other crimes, 64% of Democrats favor that, below the 79% of independents and 93% of Republicans who say the same.

CNN/ORC interviewed 1,025 American adults by phone from March 1 to 4 for the poll, which has a margin of error of plus or minus 3 percentage points. Results by party have a margin of error of plus or minus 6 points.

Mr. MCGOVERN. Mr. Speaker, instead of working together to find commonsense solutions to immigration, the Republican leadership offers extreme, deportation-only bills that undermine public safety and hurt our communities. Let them register; let them pay a fine; let them be documented and not fear talking with the police; and let us recognize their many contributions to communities across America.

These are our friends, our colleagues, and our neighbors. Our kids go to school together. We shop at the same grocery stores and eat at the same restaurants. We serve together on the PTA and worship together at church. Our country is strongest when we lift up our neighbors. This bill will only drive us apart.

Mr. Speaker, this bill is just more of the same old divisive Republican anti-immigrant formula. It will sow fear among the immigrant community, regardless of their status; it will tear families apart; it will subvert public trust of local law enforcement and police; and it will undermine the Constitution of the United States.

Mr. Speaker, America is better than this. I urge my colleagues to reject this closed rule and to oppose the underlying bill.

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

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

Mr. Speaker, again, I respect my friend from Massachusetts a great deal. I am not sure what is subversive to the Constitution in upholding the law.

When we deal with this issue, it is about a choice. We can talk about local law enforcement and we can talk about cities that do not want to do this, but they are making the choice here. It is time we hold people accountable for choices.

I think it is really interesting that we mentioned the State Criminal Alien Assistance Program, which, by the way, was meant to reimburse localities for holding illegal immigrants. If they are not holding them, then why do they need the money to start with?

So let's at least put it in perspective here. I can talk about immigration reform. I believe there is a lot that we can do in that. I agree with the gentleman. However, I disagree in the part here, why don't we enforce the law that is here?

By the way, that is currently the law under both President Obama and President Trump. Under U.S. Code section 1373, in order to get Federal money, they have to comply with this section.

This simply builds upon what we have already done.

So I think it is a choice here. I think making it out to be anything other than a choice that the localities have made is really trying to subvert the process and discuss another issue. We can do that all we want. That is what ended up, a lot of times, happening in this rule debate.

But at the end of the day, this is about simply enforcing the law. I think if you go to places all over the country and you begin to ask them just a simple question and start it off with this, "Don't you think we ought to enforce the law?" the answer you get over 90 percent of the time is yes.

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

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

It is clear that the laws aren't working. That is why we need comprehensive immigration reform, and that is why it is so unfortunate that the Republicans in this House have stalled on that issue. We had bipartisan support a few years ago for comprehensive immigration reform, but people here, for some reason, would rather just demagogue the issue than do something about it.

As I said before, I actually trust my local officials, my local police, more than I do my Republican friends who are speaking here today and who spoke in the Rules Committee last night.

Mr. Speaker, I include in the RECORD a letter to all of us from the National Fraternal Order of Police, which is strongly opposed to this bill; a letter to all of us from The United States Conference of Mayors, which is strongly opposed to all of this; a letter to all of us from the Law Enforcement Immigration Task Force, which is strongly opposed to this bill; and a letter to all of us from Cities for Action, which is strongly opposed to this bill.

NATIONAL
FRATERNAL ORDER OF POLICE,
Washington, DC, June 27, 2017.

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

Hon. KEVIN O. MCCARTHY,
Majority Leader, House of Representatives,
Washington, DC.

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

Hon. STENY H. HOYER,
Minority Whip, House of Representatives,
Washington, DC.

DEAR MR. SPEAKER AND REPRESENTATIVES MCCARTHY, PELOSI AND HOYER: I am writing on behalf of the members of the Fraternal Order of Police to reiterate the FOP's opposition to any amendment or piece of legislation that would penalize law enforcement agencies by withholding Federal funding or resources from law enforcement assistance programs in an effort to coerce a policy change at the local level. The House will consider H.R. 3003 on the floor this week and Section 2 of this bill would restrict the hiring program administered by the Office of Community Oriented Policing Services (COPS), the Edward Byrne Memorial Justice Assistance Grant (Byrne-JAG) programs, as

well as programs administered by the U.S. Department of Homeland Security.

The FOP has been very clear on this issue: we strongly believe that local and State law enforcement agencies should cooperate with their Federal counterparts. That being said, withholding needed assistance to law enforcement agencies—which have no policy-making role—also hurts public safety efforts.

Local police departments answer to local civilian government and it is the local government which enacts statutes and ordinances in their communities. Law enforcement officers have no more say in these matters than any other citizen and—with laws like the Hatch Act in place—it can be argued they have less. Law enforcement officers do not get to pick and choose which laws to enforce, and must carry out lawful orders at the direction of their commanders and the civilian government that employs them. It is unjust to penalize law enforcement and the citizens they serve because Congress disagrees with their enforcement priorities with respect to our nation's immigration laws.

The FOP issued a statement in January of this year regarding the approach of the Administration on sanctuary cities as outlined in President Trump's Executive Order. The President recognized that it is unfair to penalize the law enforcement agencies serving these jurisdictions for the political decisions of local officials. It allows the U.S. Attorney General and Secretary of the U.S. Department of Homeland Security to make an informed decision about the public safety impact without an automatic suspension from Federal grant programs. In Section 2 of H.R. 3003, there is no such discretion and it countermands the Administration's existing policy.

The FOP opposed several bills in the previous Congress, which were outlined in a letter to the Senate leadership, and we will continue to work against proposals that would reduce or withhold funding or resources from any Federal program for local and State law enforcement. If Congress wishes to effect policy changes in these sanctuary cities, it must find another way to do so.

On behalf of the more than 330,000 members of the Fraternal Order of Police, I want to urge the House to reject H.R. 3003's punitive approach and work with law enforcement to find a better way to improve public safety in our communities. Please feel free to contact me or my Senior Advisor Jim Pasco in my Washington office if I can be of any further assistance.

Sincerely,

CHUCK CANTERBURY,
National President.

THE UNITED STATES
CONFERENCE OF MAYORS,
Washington, DC, June 26, 2017.

DEAR REPRESENTATIVE: I write to register the strong opposition of the nation's mayors to H.R. 3003, a partisan bill that seeks to punish so-called "sanctuary cities," which is expected to be considered by the full House this week.

The U.S. Conference of Mayors represents well over a thousand mayors and nearly 150 million people. Today, we concluded the 85th Annual Meeting of The U.S. Conference of Mayors and adopted policy that reinforces and builds on previous positions we have taken which oppose provisions in this bill. Specifically, the nation's mayors:

urge members of Congress to withdraw legislation that attempts to cut local law enforcement funding necessary to ensure the safety of our communities, indemnify conduct that violates the constitutional rights afforded to both United States citizens and immigrant populations, and further criminalizes immigration and infringes on the rights of immigrant;

oppose punitive policies that limit local control and discretion, and urge instead that Congress and the Administration pursue immigration enforcement policies that recognize that local law enforcement has limited resources and community trust is critical to local law enforcement and the safety of our communities;

oppose federal policies that commandeer local law enforcement or require local UN authorities to violate, or be placed at risk of violating, a person's Fourth Amendment rights; expend limited resources to act as immigration agents; or otherwise assist federal immigration authorities beyond what is determined by local policy.

HR 3003 would do all of these things and more:

It would jeopardize public safety by withholding critical public safety funding from jurisdictions that tell their police officers not to ask an individual their immigration status. Many departments have such policies to encourage crime victims and witnesses to report crimes and to build trust with immigrant communities.

It would put jurisdictions at risk of violating an individual's Fourth Amendment rights by establishing probable cause standards for ICE's issuance of detainers that do not require a judicial determination of probable cause. Numerous federal courts have found that continued detention under an ICE detainer, absent probable cause, would state a claim for a violation of the Fourth Amendment and subject the detaining officer or jurisdiction to civil liability.

While it says it would provide immunity to jurisdictions which comply with detainers and hold them harmless in any suits filed against them, they would still be subject to Fourth Amendment challenges.

Further compelling and expanding compliance with certain enforcement provisions, such as immigration detainers, and cutting off federal funding to jurisdictions which do not comply with these provisions likely conflict with the Tenth Amendment.

H.R. 3003 is a bad bill for our cities and their residents and for our nation. It would jeopardize public safety, preempt local authority, and expose local governments to litigation and potential findings of damages. America's mayors call on you to do the right thing and vote against H.R. 3003 when it is considered on the floor.

The U.S. Conference of Mayors urges you instead to focus on positive legislation that will fix our broken immigration system and make our cities safer. The nation's mayors pledge to work with you on bipartisan immigration reform legislation that will fix our nation's broken immigration system. We need to move beyond punitive bills like H.R. 3003 and develop an immigration system that works for our nation, our cities and our people.

To make our cities safer we urge you to consider legislation that will help us to fight crime and prevent terrorism. The U.S. Conference of Mayors and the Major Cities Chiefs Association agree that to make the streets of America safe, Congress must act to strengthen bonds between communities and police, expand homeland security grants, invest in mental health and substance abuse services, reduce gun violence, and reform the criminal justice system and strengthen re-entry services.

Sincerely,

MITCHELL J. LANDRIEU,
Mayor of New Orleans, President.

LAW ENFORCEMENT
IMMIGRATION TASK FORCE,

June 28, 2017.

DEAR MEMBER OF CONGRESS: As law enforcement leaders dedicated to preserving

the safety and security of our communities, we have concerns about legislative proposals that would attempt to impose punitive, "one-size-fits-all" policies on state and local law enforcement. Rather than strengthening state and local law enforcement by providing us with the tools to work with the Department of Homeland Security (DHS) in a manner that is responsive to the needs of our communities, these proposals would represent a step backwards.

Attempts to defund so-called sanctuary cities regularly sweep too broadly, punishing jurisdictions that engage in well-established community policing practices or adhere to federal court decisions that have found federal immigration detainers to violate constitutional protections. We oppose these approaches—rather than compel—law enforcement agency cooperation within our federal system.

We believe that law enforcement should not cut corners. Multiple federal courts have questioned the legality and constitutionality of federal immigration detainers that are not accompanied by a criminal warrant signed by a judge. Even though the legality of such immigration holds is doubtful, some have proposed requiring states and localities to enforce them, shielding them from lawsuits. While this approach would reduce potential legal liability faced by some jurisdictions and departments, we are concerned these proposals would still require our agencies and officers carry out federal directives that could violate the U.S. Constitution, which we are sworn to follow.

Immigration enforcement is, first and foremost, a federal responsibility. Making our communities safer means better defining roles and improving relationships between local law enforcement and federal immigration authorities. But in attempting to defund "sanctuary cities" and require state and local law enforcement to carry out the federal government's immigration enforcement responsibilities, the federal government would be substituting its judgment for the judgment of state and local law enforcement agencies. Local control has been a beneficial approach for law enforcement for decades—having the federal government compel state and local law enforcement to carry out new and sometimes problematic tasks undermines the delicate federal balance and will harm locally-based policing.

Rather than requiring state and local law enforcement agencies to engage in additional immigration enforcement activities, Congress should focus on overdue reforms of the broken immigration system to allow state and local law enforcement to focus their resources on true threats—dangerous criminals and criminal organizations. We believe that state and local law enforcement must work together with federal authorities to protect our communities and that we can best serve our communities by leaving the enforcement of immigration laws to the federal government. Threatening the removal of valuable grant funding that contributes to the health and well-being of communities across the nation would not make our communities safer and would not fix any part of our broken immigration system.

Our immigration problem is a national problem deserving of a national approach, and we continue to recognize that what our broken system truly needs is a permanent legislative solution—broad-based immigration reform.

Sincerely,

Chief Chris Magnus, Tucson, AZ; Chief Sylvia Moir, Tempe, AZ; Ret. Chief Roberto Villaseñor, Tucson, AZ; Chief Charlie Beck, Los Angeles, CA; Ret. Chief James Lopez, Los Angeles County, CA; Sheriff Margaret

Mims, Fresno County, CA; Sheriff Mike Chitwood, Volusia County, FL; Sheriff Paul Fitzgerald, Story County, IA; Chief Wayne Jerman, Cedar Rapids, IA; Sheriff Bill McCarthy, Polk County, IA; Public Safety Director, Mark Prosser, Storm Lake, IA; Sheriff Lonny Pulkrabek, Johnson County, IA.

Chief Mike Tupper, Marshalltown, IA; Chief William Bones, Boise, ID; Ret. Chief Ron Teachman, South Bend, IN; Ret. Chief James Hawkins, Garden City, KS; Commissioner William Evans, Boston, MA; Chief Ken Ferguson, Framingham, MA; Chief Brian Kyes, Chelsea, MA; Chief Tom Manger, Montgomery County, MD; Chief Todd Axtell, Saint Paul, MN; Sheriff Eli Rivera, Cheshire County, NH; Chief Cel Rivera, Lorain, OH; Public Safety Commissioner Steven Pare, Providence, RI.

Chief William Holbrook, Columbia, SC; Sheriff Leon Lott, Richland County, SC; Ret. Chief Fred Fletcher, Chattanooga, TN; Chief Art Acevedo, Houston, TX; Sheriff Edward Gonzalez, Harris County, TX; Sheriff Sally Hernandez, Travis County, TX; Sheriff Lupe Valdez, Dallas County, TX; Ret. Chief Chris Burbank, Salt Lake City, UT; Sheriff John Urquhart, King County, WA; Asst. Chief Randy Gaber, Madison, WI; Chief Michael Koval, Madison, WI; Chief Todd Thomas, Appleton, WI.

CITIES FOR ACTION,
June 28, 2017.

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

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

DEAR MEMBERS OF CONGRESS: Cities for Action (C4A) is a coalition of over 150 mayors and municipal leaders that advocates for policies and programs that promote inclusion of foreign-born residents. Our coalition has a deep commitment to promoting public safety and building trust between law enforcement and immigrant communities. We are writing to you today to urge that you oppose the No Sanctuary for Criminals Act, H.R. 3003.

Cities and counties are united in our opposition to Representative Goodlatte's bill, which would undermine local public safety efforts. Nearly 600 jurisdictions have a variety of policies that would put them at risk of losing millions of dollars in federal funding for local law enforcement, national security, drug treatment, and crime victim initiatives. These policies were adopted due to constitutional concerns and judgements made on the best use of limited resources. Rather than empowering localities to adopt measures designed to enhance the general welfare of their residents, H.R. 3003 would strip localities of the ability to enact common-sense crime prevention policies that ensure victims of crime will seek protection and report crimes.

Among the types of grants that would be at risk are: the Sexual Assault Kit Initiative, which addresses the growing number of unsubmitted sexual assault kits in law enforcement custody and aims to provide help for victims; the Violent Gang and Gun Crime Reduction Program, which is designed to create safer neighborhoods through a sustained reduction in gang violence and gun crime; and the Research and Evaluation on Trafficking of Persons, which helps support cities' efforts to respond to the challenges that human trafficking pose in their jurisdiction.

This bill also raises serious concerns by undermining local laws and criminal prosecutions. It would prevent states or localities from establishing laws or policies that

prohibit or “in any way” restrict compliance with or cooperation with federal immigration enforcement. This intrudes into local policies that help foster a relationship of trust between law enforcement officials and immigrants that will, in turn, promote public safety for all our residents.

This also raises serious constitutional concerns. The Tenth Amendment to the U. S. Constitution limits the federal government’s ability to mandate particular action by states and localities, including in the area of federal immigration law enforcement and investigations. The federal government cannot force states or localities to enact or administer a federal regulatory program, or compel state or local employees to participate in the administration of a federally enacted regulatory scheme.

In addition, this bill permits DHS to ignore validly issued state or local criminal warrants, which would prevent jurisdictions from completing their prosecution of criminals. The provisions of this bill undercut local law enforcement and will jeopardize public safety efforts.

Local governments have a strong interest in protecting all residents and maintaining public safety. Therefore, we urge you to oppose the No Sanctuary for Criminals Act, H.R. 3003, and ensure it never becomes law.

Thank you for your time and consideration in this matter.

CITIES FOR ACTION.

Mr. McGOVERN. Mr. Speaker, I know my friends think Washington knows best, but I trust my local police more.

Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Ms. LOFGREN), the distinguished ranking member of the Judiciary Subcommittee on Immigration and Border Security.

Ms. LOFGREN. Mr. Speaker, there is no debating that our immigration system is in need of reform. The system doesn’t meet the needs of our Nation, its businesses, or its families. There are sensible steps we can take to ensure that it works better and that the rules are followed.

But rather than work in a bipartisan and top-to-bottom fashion to fix our broken laws, today we consider a one-sided and enforcement-only approach that is rejected by the majority of Americans.

This bill would drastically expand and, indeed, compel local involvement with Federal immigration enforcement. Even though the majority often professes its fondness for states’ rights and local governance, the bill actually prohibits States and cities from policing themselves as they think best, including by having community trust policies that disentangle local policing from Federal immigration enforcement. These are policies that have proven to engender trust in law enforcement and drive down crime.

The bill prohibits jurisdictions from declining immigration detainer requests, even when compliance would violate binding court orders. In fact, a lot of Federal district courts have found that, when it is time to release an inmate because their sentence has been served, it violates the Fourth Amendment to hold that individual upon a mere request by the Federal Government. If you want that person,

the answer is simple: Get a warrant. It is the Fourth Amendment.

Indeed, the bill also likely violates the 10th Amendment by commanding States to engage in Federal enforcement.

The bill, as has been mentioned, cuts off critical law enforcement funding, and that is why the Fraternal Order of Police has written its letter in opposition to the bill.

Taken together, the provisions of this bill undermine law enforcement’s ability to keep communities safe, hurt victims and witnesses of crimes, and likely violate the U.S. Constitution.

It is no surprise this bill is a priority for the Trump administration. Anti-immigrant sentiment may have become the hallmark of the Trump administration, but it does not represent the values of our Nation, and, indeed, the majority of Americans strongly oppose President Trump’s agenda.

Mr. Speaker, I urge our colleagues to oppose this rule and to oppose the bill.

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

Mr. Speaker, again, just going on this, immigration is an interesting issue, and we can discuss this. There probably are not a lot of folks that I respect more than the gentlewoman from California, but this is a constitutional issue. Immigration is a national issue.

If we are willing to reverse this out and let the States and localities determine immigration, I think we settled that way over 200 years ago. This is where this belongs.

So, as we look at this, Washington is not saying it knows best. But on this issue, it is our domain; it is where we are supposed to be. This is our role.

We believe, simply, that enforcing the law is what we need here. If the gentleman believes that States ought to have more control in a lot of things that we do, then I think maybe I am getting him closer to agreeing with us on healthcare that we need to reform and replace ObamaCare and let States have a little bit more information in that.

But one of the things is that there is no affirmative action on the cities here. I think there is sort of a point to make here. There is no affirmative action on cities or localities to comply with this issue. They are simply, again, as I said earlier, making a choice.

If they choose not to work through it the current way, then they are giving up Federal funding. That is their choice. If they choose to do it, they are giving up Federal funding. They are not being forced and coerced. They are simply saying: You actually look at it; you make the choice in how you want to do it; then explain it to your population. If they are agreeing with that, that is your choice.

One of the things that often is said here is we trot out letters from associations. And I agree. I respect the National Fraternal Order of Police and

mayors. They have a great thing. But they also represent members who are, right now, actually, not in compliance with this, who dislike this law. So, naturally, you would say part of their membership is going to be supportive of them.

But, also, growing up in the household of a Georgia State trooper, I also know a few things about law enforcement as well. Law enforcement wants to protect the communities they serve, and they want to enforce the law.

What is happening right now is that local law enforcement is deciding how they are going to do this. They are not cooperating with ICE to find a better way to work in their communities. They are simply saying: We made a political choice to do something.

Well, Mr. Speaker, I think with the Constitution, this body has the political choice to say: That is your choice; just do it without Federal funds.

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

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

The gentleman, my friend, says that this is a constitutional question. We agree that the Constitution is an important document, and it goes to the heart of why we are opposed to the bill that the gentleman is supporting here. The reason why we say that is because we have had Federal courts that have decided in ways in the past that cause great concern that much in this bill may be unconstitutional.

Now, that is why we should have had hearings, that radical idea that we keep on bringing up, like hearings where people come and testify. But I guess that is too much to ask.

One of the reasons why we are opposed to this is because we are concerned that it may undermine the Constitution, and that is a pretty big deal. I am happy to give the gentleman my copy of the Constitution and references to court cases if he would like to do a little research, but, boy, it would have been nice to have a hearing.

Mr. Speaker, I include in the RECORD a letter on behalf of 407 local, State, and national immigrant, civil rights, faith-based, and labor organizations in strong opposition to H.R. 3003.

JUNE 28, 2017.

Re Vote NO on the No Sanctuary for Criminals Act, H.R. 3003, and Kate’s Law, H.R. 3004.

U.S. House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the 407 undersigned local, state, and national immigrant, civil rights, faith-based, and labor organizations, we urge you to oppose the No Sanctuary for Criminals Act, H.R. 3003 and Kate’s Law, H.R. 3004, and any similar legislation that jeopardizes public safety, erodes the goodwill forged between local police and its residents, and perpetuates the criminalization and incarceration of immigrants. H.R. 3003 would strip badly needed law enforcement funding for state and local jurisdictions, runs afoul of the Tenth and Fourth Amendment, and unnecessarily expands the government’s detention apparatus. H.R. 3004 unwisely expands the federal government’s

ability to criminally prosecute immigrants for immigration-based offenses, excludes critical humanitarian protections for those fleeing violence, and doubles down on the failed experiment of incarceration for immigration violations.

Over 600 state and local jurisdictions have policies or ordinances that disentangle their state and local law enforcement agencies from enforcing federal immigration law. The No Sanctuary for Criminals Act, H.R. 3003, seeks to attack so-called “sanctuary” jurisdictions (many of whom do not consider themselves as such) by penalizing state and local jurisdictions that follow the Fourth Amendment of the U.S. Constitution by refusing to honor constitutionally infirm requests for detainees. H.R. 3003 penalizes jurisdictions by eliminating various federal grants, including funding through the Cops on the Beat program, the Edward Byrne Memorial Justice Assistance Grant Program, and any other federal grant related to law enforcement or immigration. Importantly, using the threat of withholding federal grants to coerce state and local jurisdictions likely runs afoul of the Tenth Amendment’s prohibition on commandeering, a position supported by over 300 law professors.

“Sanctuary” policies are critical to promote public safety for local communities. Fearing referral to U.S. Immigration and Customs Enforcement, victims and witnesses of crime are significantly less likely to communicate with local law enforcement. Local law enforcement authorities have repeatedly echoed this sentiment, acknowledging that community policing policies are paramount to enhancing public safety. Indeed, “sanctuary” jurisdictions have less crime and more economic development than similarly situated non-“sanctuary” jurisdictions. Withholding critically-needed federal funding would, paradoxically, severely cripple the ability of state and local jurisdictions to satisfy the public safety needs of their communities.

Kate’s Law, H.R. 3004, would further criminalize the immigrant community by drastically increasing penalties for immigrants convicted of unlawful reentry. Operation Streamline encapsulates our nation’s failed experiment with employing criminal penalties to deter migration. Under Operation Streamline, the federal government prosecutes immigrants for reentry at significant rates. By all practical measures, Operation Streamline has failed to deter migration, wasted billions of taxpayer dollars, and unfairly punished thousands of immigrants who try to enter or reenter the United States to reunite with their children and loved ones. We fear that H.R. 3004’s increased penalties for reentry would double down on this failed strategy, explode the prison population, and cost billions of dollars.

Instead of passing discredited enforcement-only legislation, Congress should move forward on enacting just immigration reform legislation that provides a roadmap to citizenship for the nation’s eleven million aspiring Americans and eliminates mass detention and deportation programs that undermine fundamental human rights. Legislation that erodes public safety, disrespects local democratic processes, and raises serious constitutional concerns represents an abdication of the Congress’ responsibility to enact fair, humane, and just immigration policy. In light of the above, we urge you to vote NO on the No Sanctuary for Criminals Act, H.R. 3003 and Kate’s Law, H.R. 3004.

Sincerely,

NATIONAL ORGANIZATIONS

America’s Voice Education Fund; American Federation of Teachers; American Friends Service Committee (AFSC); Amer-

ican-Arab Anti-Discrimination Committee; Americans Committed to Justice and Truth; Asian American Legal Defense and Education Fund (AALDEF); Asian Americans Advancing Justice—AAJC; Asian Americans Advancing Justice—Asian Law Caucus; Asian Pacific American Labor Alliance, AFL-CIO (APALA); Asian Pacific Institute on Gender-Based Violence; ASISTA; Bend the Arc/Jewish Action; Black Alliance for Just Immigration; Casa de Esperanza; National Latin@ Network; Catholic Legal Immigration Network, Inc.; Center for American Progress; Center for Employment Training; Center for Gender & Refugee Studies; Center for Law and Social Policy; Center for New Community.

Center for Popular Democracy (CPD); Christian Church (Disciples of Christ) Refugee & Immigration Ministries; Christian Community Development Association; Church World Service; Coalition on Human Needs; CODEPINK; Columban Center for Advocacy and Outreach; Committee in Solidarity with the People of El Salvador (CISPES); Community Initiatives for Visiting Immigrants in Confinement (CIVIC); Defending Rights & Dissent; Disciples Center for Public Witness; Disciples Home Missions; Dominican Sisters of Sparkill; Drug Policy Alliance; Easterseals Blake Foundation; Equal Rights Advocates; Farmworker Justice; Freedom Network USA; Friends Committee on National Legislation; Fuerza Mundial.

Futures Without Violence; Grassroots Leadership; Hispanic Federation; Hispanic National Bar Association; Holy Spirit Missionary Sisters—USA—JPIC; Immigrant Legal Resource Center; Intercommunity Peace & Justice Center; Interfaith Worker Justice; Isaiah Wilson; Jewish Voice for Peace; Jewish Voice for Peace—Boston; Jewish Voice for Peace—Tacoma chapter; Jewish Voice for Peace—Western MA; Justice Strategies; Kids in Need of Defense (KIND); Lambda Legal; Laotian American National Alliance; Latin America Working Group; Latino Victory Fund; LatinoJustice PRLDEF.

League of United Latin American Citizens; Lutheran Immigration and Refugee Service; Mi Familia Vota; Milwaukee Chapter; Jewish Voice for Peace; NAACP; National Center for Transgender Equality; National Coalition Against Domestic Violence; National Coalition for Asian Pacific American Community Development; National Council of Asian Pacific Americans (NCAPA); National Council of Jewish Women; National Council of La Raza (NCLR); National Day Laborer Organizing Network (NDLON); National Education Association; National Immigrant Justice Center; National Immigration Law Center; National Immigration Project of the NLG; National Iranian American Council (NIAC); National Justice for Our Neighbors; National Korean American Service & Education Consortium (NAKASEC); National Latina Institute for Reproductive Health.

National Latina/o Psychological Association; National Lawyers Guild; National LGBTQ Task Force Action Fund; National Network for Immigrant and Refugee Rights; National Resource Center on Domestic Violence; NETWORK Lobby for Catholic Social Justice; OCA—Asian Pacific American Advocates; Our Revolution; People’s Action; PICO National Network; Queer Detainee Empowerment Project; Refugee and Immigrant Center for Education and Legal Services (RAICES); School Social Work Association of America; Sisters of the Presentation of the Blessed Virgin Mary, New Windsor; Southeast Asia Resource Action Center (SEARAC); Southern Border Communities Coalition; Southern Poverty Law Center; T’ruah: The Rabbinic Call for Human Rights; The Advocates for Human Rights; The

Hampton Institute: A Working Class Think Tank.

The National Alliance to Advance Adolescent Health; The Queer Palestinian Empowerment Network; The Sentencing Project; The United Methodist Church—General Board of Church and Society; U.S. Committee for Refugees and Immigrants; UndocuBlack Network; Unitarian Universalist Association; Unitarian Universalist Legislative Ministry of New Jersey; Unitarian Universalist Service Committee; UNITE HERE; United Child Care, Inc.; United for a Fair Economy; UU College of Social Justice; UURISE—Unitarian Universalist Refugee & Immigrant Services & Education; Voto Latino; We Belong Together; WOLA; Women’s Refugee Commission; Working Families; Yemen Peace Project; YWCA.

STATE AND LOCAL ORGANIZATIONS

(MILU) Mujeres Immigrantes Luchando Unidas; #VigilantLOVE; 580 Cafe/Wesley Foundation Serving UCLA; Acting in Community Together in Organizing Northern Nevada (ACTIONN); Advocates for Basic Legal Equality, Inc.; Alianza; All for All; Alliance San Diego; Allies of Knoxville’s Immigrant Neighbors (AKIN); American Gateways; Aquinas Center; Arkansas United Community Coalition; Asian Americans Advancing Justice—Atlanta; Asian Americans Advancing Justice—LA; Asian Americans United; Asian Counseling and Referral Service; Asian Law Alliance; Asian Pacific American Legal Resource Center; Asylee Women Enterprise; Atlas: DIY.

Bear Creek United Methodist Church—Congregation Kol Ami Interfaith Partnership; Bethany Immigration Services; Brighton Park Neighborhood Council;

Cabrini Immigrant Services of NYC; Campaign for Hoosier Families; Canal Alliance; Capital Area Immigrants’ Rights Coalition; CASA; Casa Familiar, Inc.; Casa Latina; Casa San Jose; Catholic Charities; Catholic Charities San Francisco, San Mateo & Marin; Causa Oregon; CDWBA Legal Project, Inc.; Central American Legal Assistance; Central New Jersey Jewish Voice for Peace; Central Pacific Conference of the United Church of Christ; Central Valley Immigrant Integration Collaborative (CVIIC); Centro Laboral de Graton.

Centro Latino Americano; Centro Legal de la Raza; Centro Romero; Chelsea Collaborative; Chicago Religious Leadership Network on Latin America; Church Council of Greater Seattle; Church of Our Saviour/La Iglesia de Nuestro Salvador Episcopal; Church Women United in New York State; Cleveland Jobs with Justice; Coalicion de Lideres Latinos-CLILA; Coalition for Humane Immigrant Rights (CHIRLA); Coalition of African Communities; Coloradans For Immigrant Rights, a program of the American Friends Service Committee; Colorado People’s Alliance (COPA); Columbia Legal Services; Comite Pro Uno; Comite VIDA; Committee for Justice in Palestine—Ithaca; Community Action Board of Santa Cruz County, Inc; Community Legal Services and Counseling Center.

Community Legal Services in East Palo Alto; Community of Friends in Action, Inc.; Connecticut Legal Services, Inc; CRLA Foundation; CT Working Families; DC-Maryland Justice for Our Neighbors; Delaware Civil Rights Coalition; Do the Most Good Montgomery County (MD); Dominican Sisters—Grand Rapids (MI); Dream Team Los Angeles DTLA; DRUM—Desis Rising Up & Moving; East Bay Sanctuary Covenant; Ecumenical Ministries of Oregon; El CENTRO de Igualdad y Derechos; El Monte Wesleyan Church; Emerald Isle Immigration Center; Employee Rights Center; Encuentro; End Domestic Abuse WI; English Ministry—Korean Presbyterian Church of St. Louis.

Episcopal Refugee & Immigrant Center Alliance; Equal Justice Center; Equality California; Erie Neighborhood House; First Congregational UCC of Portland; First Unitarian Universalist Church of Berks County; Florida Center for Fiscal and Economic Policy; Florida Immigrant Coalition, Inc. (FLIC); Franciscans for Justice; Frida Kahlo Community Organization; Friends of Broward Detainees; Friends of Miami-Dade Detainees; Georgia Latino Alliance for Human Rights; Gethsemane Lutheran Church; Grassroots Alliance for Immigrant Rights; Greater Lafayette Immigrant Allies; Greater New York Labor Religion Coalition; Greater Rochester COALITION for Immigration Justice; Grupo de Apoyo e Integración Hispanoamericano; HACES.

Hana Center; Harvard Islamic Society; Her Justice; HIAS Pennsylvania; Hispanic Interest Coalition of Alabama; Hispanic Legal Clinic; Hudson Valley Chapter of JVP; Human Rights Initiative of North Texas; ICE-Free Capital District; Illinois Coalition for Immigrant and Refugee Rights; Immanuel Fellowship; a bilingual congregation; Immigrant Justice Advocacy Movement (IJAM); Immigrant Legal Advocacy Project; Immigration Action Group; Immigration Center for Women and Children; Inland Empire—Immigrant Youth Coalition (IEIYC); Interfaith Movement for Human Integrity; International Institute of Buffalo; Irish International Immigrant Center; IRTF—InterReligious Task Force on Central America and Colombia.

Japanese American Citizens League, San Jose Chapter; Jewish Voice for Peace—Albany, NY chapter; Jewish Voice for Peace—Albuquerque; Jewish Voice for Peace—Austin; Jewish Voice for Peace—Bay Area; Jewish Voice for Peace—Cleveland; Jewish Voice for Peace—DC Metro; Jewish Voice for Peace—Denver; Jewish Voice for Peace—Ithaca; Jewish Voice for Peace—Los Angeles; Jewish Voice for Peace—Madison; Jewish Voice for Peace—New Haven; Jewish Voice for Peace—Philadelphia; Jewish Voice for Peace—Pittsburgh; Jewish Voice for Peace—Portland; Jewish Voice for Peace—San Diego; Jewish Voice for Peace—South Florida; Jewish Voice for Peace—Syracuse, NY; Jewish Voice for Peace—Triangle NC; Jolt.

Justice for our Neighbors Houston; Justice for Our Neighbors Southeastern Michigan; Justice For Our Neighbors West Michigan; JVP-HV. Jewish Voice for Peace—Hudson Valley; Kentucky Coalition for Immigrant and Refugee Rights; Kids for College; Kino Border Initiative; Kitsap Immigrant Assistance Center; KIWA (Koreatown Immigrant Workers Alliance); Korean Resource Center; La Casa de Amistad; La Coalición de Derechos Humanos; La Comunidad, Inc.; La Raza Centro Legal; Lafayette Urban Ministry; Las Vegas Chapter of Jewish Voice for Peace; Latin American Legal Defense and Education Fund; Latino Racial Justice Circle; Latinx Alliance of Lane County; Legal Aid Society of San Mateo County.

Legal Services for Children; Lemkin House Inc.; Long Island Wins; Massachusetts Immigrant and Refugee Advocacy Coalition; Massachusetts Law Reform Institute; Middle East Crisis Response (MECR); Migrant and Immigrant Community Action Project; Migrant Justice/Justicia Migrante; MinKwon Center for Community Action; Mission Asset Fund; Mississippi Immigrants Rights Alliance (MIRA); Mosaic Family Services; Movement of Immigrant Leaders in Pennsylvania (MILPA); Mujeres Unidas y Activas; Mundo Maya Foundation; National Lawyers Guild—Los Angeles Chapter; New Jersey Alliance for Immigrant Justice; New Mexico Dream Team; New Mexico Immigrant Law Center; New Mexico Voices for Children.

New Sanctuary Movement of Philadelphia; New York Immigration Coalition; NH Con-

ference United Church of Christ Immigration Working Group; North Carolina Council of Churches; North County Immigration Task Force; North Jersey chapter of Jewish Voice for Peace; Northern Illinois Justice for Our Neighbors; Northern Manhattan Coalition for Immigrant Rights; Northwest Immigrant Rights Project (NWRP); OCCORD; Occupy Bergen County (New Jersey); OneAmerica; OneJustice; Oregon Interfaith Movement for Immigrant Justice—IMIRJ; Organized Communities Against Deportations; OutFront Minnesota; Pangea Legal Services; PASO—West Suburban Action Project; Pax Christi Florida; Pennsylvania Immigration and Citizenship Coalition.

Pilgrim United Church of Christ; Pilipino Workers Center; Polonians Organized to Minister to Our Community, Inc. (POMOC); Portland Central America Solidarity Committee; Progreso: Latino Progress; Progressive Jewish Voice of Central PA; Progressive Leadership Alliance of Nevada; Project Hope—Proyecto Esperanza; Project IRENE; Puget Sound Advocates for Retirement Action (PSARA); Racial Justice Action Center; Reformed Church of Highland Park; Refugees Helping Refugees; Refugio del Rio Grande; Resilience Orange County; Rocky Mountain Immigrant Advocacy Network (RMIAN); Rural and Migrant Ministry; Safe Passage; San Francisco CASA (Court Appointed Special Advocates); Services, Immigrant Rights, and Education Network (SIREN).

Sickle Cell Disease Association of America, Philadelphia/Delaware Valley Chapter; Sisters of St. Francis, St. Francis Province; Sisters of St. Joseph of Rochester, Inc.; Skagit Immigrant Rights Council; Social Justice Collaborative; South Asian Fund For Education, Scholarship And Training (SAFEST); South Bay Jewish Voice for Peace; South Texas Immigration Council; Southeast Immigrant Rights Network; St John of God Church; Students United for Nonviolence; Tacoma Community House; Tennessee Immigrant and Refugee Rights Coalition; Teresa Messer, Law Office of Teresa Messer; Thai Community Development Center; The Garden, Lutheran Ministry; The International Institute of Metropolitan Detroit; The Legal Project; Tompkins County Immigrant Rights Coalition; Transgender Resource Center of New Mexico.

Trinity Episcopal Church; U-Lead Athens; Unitarian Universalist Mass Action Network; Unitarian Universalist PA Legislative Advocacy Network (UPLAN); United African Organization; United Families; University Leadership Initiative; University of San Francisco Immigration and Deportation Defense Clinic; UNO Immigration Ministry; UPLIFT; UpValley Family Centers; VietLead; Vital Immigrant Defense Advocacy & Services, Santa Rosa, CA; Volunteers of Legal Service; Washtenaw Interfaith Coalition for Immigrant Rights; Watertown Citizens for Peace, Justice, and the Environment; Wayne Action for Racial Equality; WeCount!; WESPAC Foundation; Wilco Justice Alliance (Williamson County, TX).

Women Watch Afrika, Inc.; Worksafe; Young Immigrants in Action; YWCA Alaska; YWCA Alliance; YWCA Berkeley/Oakland; YWCA Brooklyn; YWCA Clark County; YWCA Elgin; YWCA Greater Austin; YWCA Greater Pittsburgh; YWCA Greater Portland; YWCA Madison; YWCA Minneapolis; YWCA Mount Desert Island; YWCA NE KANSAS; YWCA of Metropolitan Detroit; YWCA of the University of Illinois; YWCA Olympia; YWCA Pasadena—Foothill Valley; YWCA Rochester & Monroe County; YWCA Southeastern Massachusetts; YWCA Southern Arizona; YWCA Tulsa; YWCA Warren; YWCA Westmoreland County.

Mr. McGOVERN. Mr. Speaker, I yield 3 minutes to the distinguished gen-

tleman from New Jersey (Mr. PASCARELL).

Mr. PASCARELL. Mr. Speaker, this is an interesting issue with the canvas in the back of the entire immigration laws that need to be addressed.

This body—not the body at the other end of the building, this body—didn't have the guts to address it 4 years ago, 3 years ago, 2 years ago, nor this year. This is something that we need to address, even though it is not the bill itself.

I am a strong supporter of law enforcement. As co-chair of the Law Enforcement Caucus, I rise in total opposition to this bill and the rule. Here is what the misguided goal of this bill would do:

You are going to prove a point by penalizing law enforcement for immigration policies politicians in their city have to implement. That is what you want to do. So it absolves us down here in Washington.

This bill threatens the central Federal funding streams for law enforcement. You have heard all of those programs that are being endangered. Any grant administered by the Department of Justice or the Department of Homeland Security that is substantially related to law enforcement, terrorism, national security, immigration, or naturalization you are putting on the chopping block if this bill becomes law.

This bill would not make our communities safer. In fact, it undermines public safety.

The funding this bill puts at risk allows local police departments to purchase equipment and hire and provide training for officers. This actually jeopardizes the security—read my lips—of communities in order to perpetuate a false narrative about immigrants.

□ 1300

I just received a letter from the New Jersey State Policemen's Benevolent Association. I think it says it better than anything I could say. It says: "Politics should not interfere with the safety of our members or our ability to do our job."

The police are telling us that, and you are asking them to go out and do the job of protecting our citizens day in and day out—which we all are, I hope—and then you are telling them: But I am sorry, because we have a disagreement on this issue, you are going to suffer the consequences.

Mr. Speaker, I include in the RECORD a letter from the New Jersey State Policemen's Benevolent Association.

NEW JERSEY STATE POLICEMEN'S
BENEVOLENT ASSOCIATION, INC.,

Woodbridge, NJ, June 28, 2017.

Re H.R. 3003.

Hon. WILLIAM PASCARELL, Jr.,
Paterson, NJ.

DEAR CONGRESSMAN PASCARELL: The New Jersey State Policemen's Benevolent Association (NJSPBA) represents over 33,000 law enforcement officers throughout our state. It is no secret that law enforcement officers risk their own safety every day to keep our

communities safe. And as a strong supporter of law enforcement on the floor of the U.S. House of Representatives, we would like to thank you for all your efforts on behalf of the men and women that serve within the law enforcement community.

It is our understanding that this week the House is voting on H.R. 3003, the "No Sanctuary for Criminals Act," which adds additional obstacles to funding for the hiring of additional police officers in certain communities throughout our state. Specifically, the bill restricts municipalities from receiving grants administered by the Department of Justice or the Department of Homeland Security if municipal officials fail to notify the federal government with regard to the presence of individuals as it relates to information regarding citizenship or immigration status.

While we strongly agree that state and local law enforcement should work closely with federal law enforcement, cutting off funding for law enforcement to already underfunded and understaffed police departments and law enforcement entities undermines our collective efforts to keep our members and the communities they serve safe. Politics should not interfere with the safety of our members or our ability to do our job.

On behalf of our membership, we appreciate your ongoing efforts and hope you will continue to work with your colleagues in Congress to assure funding for law enforcement and prevent our government from punishing our membership for something that is completely out of our control.

I am available to discuss our opposition to H.R. 3003 further, at your convenience. You can reach me at our NJSPBA offices, if you have any questions.

Thank you for all your efforts on behalf of the men and women of law enforcement.

Sincerely,

PATRICK COLLIGAN,
State President.

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

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

Mr. PASCRELL. Mr. Speaker, congressional Republicans are doing that right here. They are playing politics with our Nation's security.

To quote the New Jersey State Policemen's Benevolent Association again—these words are from the police, not me—" . . . punishing our membership for something that is completely out of our control."

Why are the police opposed to this legislation?

The Fraternal Order of Police you have heard about. Some of my friends on the other side of the aisle like to talk the talk when it comes to supporting law enforcement until it either costs money or we are going to have to deal with the bigger factors. That is a fact.

You may laugh all you want, but that is a fact. I can cite you chapter and verse if you want. This is no laughing matter. This is business. This is the lives of the police.

The SPEAKER pro tempore. Members are advised to address remarks to the Chair.

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

Mr. Speaker, I will address my remarks to the Chair, but I also will not stand here and let it be said from some political angle that the son of a Georgia State trooper has anything less than respect for law enforcement or wants anything more than to have law enforcement agencies do their job. And this is exactly what we are talking about. Do your job.

If you want to make a political statement, then work it out politically. But this is: Do your job, keep the law.

I mean, what else—are we going to get another letter from another police association saying: Well, we decided we are not going to enforce Federal whatever else?

This is an issue that needs to be discussed, and I will just simply say, from this perspective, of one who has lived it for 50 years and who lived it under the same house for 21 years, no, there is no one that respects law enforcement and their role more than this Member. And this Member is simply reflecting a lot of views of law enforcement.

This says: Let us do our job. We will work on these issues, but you are making a choice. If you don't want to enforce it, then don't take the money. Do what you want to do. Just don't take the money.

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

Mr. MCGOVERN. Mr. Speaker, I yield 30 seconds to the gentleman from New Jersey (Mr. PASCRELL) in order to respond.

Mr. PASCRELL. Mr. Speaker, I think that is a very pathetic way to look at our police officers in this country. "If you don't like it, don't take the money."

You must be kidding me. I urge my colleagues to find a different tactic to penalize political decisions that you don't like.

I urge my colleagues to oppose this bill.

The SPEAKER pro tempore. Members are, again, reminded to address their remarks to the Chair, not to individuals on the floor.

Mr. MCGOVERN. Mr. Speaker, I ask my colleagues to defeat the previous question. And if we do defeat the previous question, I will offer an amendment to this rule to bring up Representative BOBBY SCOTT's Raise the Wage Act, H.R. 15, which would finally give workers the raise they deserve, and increase the Federal minimum wage to \$15 an hour within 7 years.

Mr. Speaker, I ask unanimous consent to insert the text of my amendment in the RECORD, along with extraneous material, 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, I yield 2 minutes to the distinguished gentleman from Minnesota (Mr. ELLISON) to discuss our proposal.

Mr. ELLISON. Mr. Speaker, America needs a raise. We have not raised the

minimum wage in 10 years, and people who work hard every single day have seen their pay erode again and again.

Mr. Speaker, people who are working full time at \$7.25 an hour can't make it. And if we can defeat this previous question, we can actually bring up something that the American people really need, which is to get a raise.

Mr. Speaker, this is not something we are going to dump on top of business all at once. There is a ladder up. It takes 7 years to get to that \$15, but, Mr. Speaker, make no doubt that we need to do it.

Mr. Speaker, right now, today, people working full time qualify for food stamps, housing assistance, and medical assistance because their employers don't pay them enough to make it. And I know that everybody in this House knows that, when people work hard, they ought to be able to make it in America.

If you work full time, you shouldn't be in poverty. You should be able to afford a good apartment. You should be able to have good scheduling for your job. You should have some benefits. This is all the American Dream is about, being able to work hard and get paid fairly for it.

Now, Mr. Speaker, I just want to let you know that between 2009 and 2013, we saw the top 1 percent of income earners get 85 percent of the income growth in this country. That means we have historic inequality not seen since the Great Depression. It is wrong, Mr. Speaker. And if we can defeat this previous question, we should do everything we can to pass this excellent piece of legislation that Ranking Member BOBBY SCOTT has authored in this body.

Mr. SCOTT and I, as well as many other Members, have been all over this country, and right here in D.C. standing with workers explaining to us their struggles, how they haven't seen a raise, how they haven't seen their pay go up. And they are serious, Mr. Speaker, about wanting to be part of this economy, too.

Pass this minimum wage increase. Give America a raise.

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

Mr. MCGOVERN. Mr. Speaker, the reason why we are trying to bring this to the floor by way of defeating the previous question is because the Republican majority in this House had basically locked everything down so we can't get important bills to the floor.

We can't even get amendments to the underlying bill that we are debating here today. It is really unfortunate and sad for this institution.

Mr. Speaker, I yield 3 minutes to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Mr. Speaker, this bill wrongfully endorses political interference with professional law enforcement leaders. With no legal authority, both President Trump and his Texan look-alike, Governor Greg Abbott, want to deny funds and intimidate

local governments, who rightfully refuse to place politics above public safety.

I will tell my Republican colleague from Georgia, and his colleagues, that the only lawlessness that exists here is the lawlessness of President Trump in trying to do this to such an extent that a Federal court order stopped him. And they will also, I believe, stop Governor Abbott on his outrageous Senate Bill 4.

Our police chiefs in San Antonio and in Austin, our courageous Sheriff, Sally Hernandez, like many law enforcement professionals from Texas to New Jersey, they say that maintaining the trust and confidence of the immigrant community to report crime, to be witnesses concerning crime, that this makes us all safer—immigrant and nonimmigrant alike.

Any proper arrest warrant presented by ICE will be honored everywhere. Detainers, which are merely a bureaucratic message saying the bureaucracy is suspicious of someone who should be imprisoned based on that suspicion, will not be kept imprisoned—and Federal courts have said they should not be—under the Constitution.

I would say that the only sanctuary that this bill provides is a sanctuary for prejudice. It is a sanctuary that defies the reality of the America we have today, particularly in the Southwest.

We should reject this bill and affirm welcoming cities, like mine, that are a refuge from anti-immigrant hysteria, but have a strong commitment to safety and to effective law enforcement, and looking to our local law enforcement, not political interference from Washington telling us how to protect our families.

This very week, four years ago, an overwhelming bipartisan United States Senate majority approved comprehensive immigration reform. And like the amendments that are being blocked today, these House Republicans were so fearful that that bill might become law that they will not even permit us to even debate it four years later on the floor of this House.

Instead of this anti-immigrant hysteria, instead of this sorry piece of legislation, what we need is broad immigration reform, and we need it now.

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

Mr. COLLINS of Georgia. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. SMITH), our former chairman of the Judiciary Committee.

Mr. SMITH of Texas. Mr. Speaker, first of all, let me thank the gentleman from Georgia, a member of the Rules Committee, for yielding me time.

Mr. Speaker, I strongly support the underlying bill, H.R. 3003, No Sanctuary for Criminals Act; and I thank the chairman, BOB GOODLATTE, and Representatives STEVE KING and ANDY BIGGS for introducing it.

This legislation keeps dangerous criminal immigrants off our streets

and out of our neighborhoods, and it holds sanctuary cities accountable for breaking Federal immigration laws. I have a special interest in this legislation because it enforces a bill I sponsored in 1969, which was enacted into law and made sanctuary cities illegal.

The American people sent a clear message to Congress last November when they elected a President who promised to enforce our immigration laws. A recent poll shows that 80 percent—80 percent—of voters want cities that arrest illegal immigrants for crimes to be required to turn them over to immigration authorities. Eighty percent. That is a Harvard-Harvard poll.

The No Sanctuary for Criminals Act is a down payment on our pledge to protect innocent Americans from criminal immigrants who deserve to be jailed or sent back to their home countries. We need to enact this legislation. There is simply no excuse for local governments to ignore immigration laws at the expense of American's safety and well-being.

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

Mr. Speaker, I include in the RECORD a letter to the entire Congress from the American Immigration Lawyers Association in opposition to this bill; a letter from Amnesty International in opposition to this bill; and a letter from Church World Services in opposition to this bill.

STATEMENT OF THE AMERICAN IMMIGRATION LAWYERS ASSOCIATION OPPOSING THE "NO SANCTUARY FOR CRIMINALS ACT" (H.R. 3003) AND "KATE'S LAW" (H.R. 3004), JUNE 27, 2017.

As the national bar association of over 15,000 immigration lawyers and law professors, the American Immigration Lawyers Association (AILA) opposes "No Sanctuary for Criminals Act" (H.R. 3003) and "Kate's Law" (H.R. 3004). AILA recommends that members of Congress reject these bills which are scheduled to come before the House Rules Committee on June 27 and to the floor shortly thereafter. Though Judiciary Chairman Goodlatte stated that the bills will "enhance public safety," they will do the just the opposite: undermine public safety and make it even harder for local law enforcement to protect their residents and communities. In addition, the bills which were made public less than a week before the vote and completely bypassed the Judiciary Committee, include provisions that will result in violations of due process and the Fourth and Tenth Amendments to the Constitution.

At a time when over 9 out of 10 Americans support immigration reform and legalization of the undocumented, Republican leadership is asking the House to vote on enforcement-only bills that will lead to more apprehensions, deportations, and prosecutions of thousands of immigrants and their families who have strong ties to the United States. Instead of criminalizing and scapegoating immigrants, Congress should be offering workable reforms that will strengthen our economy and our country.

THE NO SANCTUARY FOR CRIMINALS ACT, H.R. 3003

H.R. 3003 would undermine public safety and interfere with local policing; H.R. 3003 would amend 8 U.S.C. 1373 to prevent states or localities from establishing laws or poli-

cies that prohibit or "in any way" restrict compliance with or cooperation with federal immigration enforcement. The bill dramatically expands 8 U.S.C. §1373 which is more narrowly written and prohibits local law enforcement from restricting the sharing and exchange of information with federal authorities, but only with respect to an individual's citizenship or immigration status.

Rather than empowering localities, the extremely broad wording of H.R. 3003 would strip localities of the ability to enact common-sense crime prevention policies that ensure victims of crime will seek protection and report crimes. The bill would also undermine public safety by prohibiting DHS from honoring criminal warrants of communities deemed "sanctuary cities" if the individual being sought by local law enforcement has a final order of removal.

Under H.R. 3003, localities that fail to comply with federal immigration efforts are penalized with the denial of federal funding for critical law enforcement, national security, drug treatment, and crime victim initiatives, including the State Criminal Alien Assistance Program (SCAAP), Community Oriented Policing Services (COPS), and Byrne JAG programs that provide hundreds of millions of dollars to localities nationwide.

In an effort to force localities to engage in civil immigration enforcement efforts, including those against nonviolent undocumented immigrants, the bill would make it far more difficult for many localities, including large cities, to arrest and prosecute potentially dangerous criminals. The bill could even offer criminals a form of immunity, knowing that any crimes they commit in a designated sanctuary city would result, at most, in their removal from the country as opposed to criminal prosecution.

H.R. 3003 would run afoul of constitutional safeguards in the Fourth Amendment: By prohibiting localities from restricting or limiting their own cooperation with federal immigration enforcement, H.R. 3003 effectively compels localities to honor ICE detainer requests—a controversial and constitutionally suspect practice that is nonetheless widely-used by ICE. Federal courts have found that ICE use of detainers violates the Fourth Amendment, and that localities may be held liable for honoring them.

The bill also expands detainer authority by establishing that ICE may issue detainer requests for localities to hold undocumented immigrants for up to 96 hours—twice what is currently allowed—even if probable cause has not been shown. Courts have concluded that localities cannot continue detaining someone unless ICE obtains a warrant from a neutral magistrate who has determined there is probable cause, or in the case of a warrantless arrest, review by a neutral magistrate within 48 hours of arrest. The expansive provisions in H.R. 3003 would force localities to choose between detaining people in violation of the Constitution or being punished as a "sanctuary city."

Furthermore, this bill provides government actors and private contractors with immunity if they are sued for violating the Constitution. Provisions in this bill transfer the financial burden of litigation by substituting the federal government for the local officers as the defendant. If H.R. 3003 becomes law, American taxpayers would be stuck paying for lawsuits brought by those who are unjustly detained.

The bill goes even further by creating a private right of action allowing crime victims or their family members to sue localities if the crime was committed by someone who was released by the locality that did not honor an ICE detainer request.

H.R. 3003 would violate the Tenth Amendment: H.R. 3003 would compel states and localities to utilize their local law enforcement resources to implement federal civil

immigration enforcement in violation of the Tenth Amendment's "commandeering" principle. The Tenth Amendment does not permit the federal government to force counties and cities to allocate local resources, including police officers, technology, and personnel, to enforce federal immigration law. The federal government also cannot withhold funds from localities refusing to participate in federal efforts if the programs affected are unrelated to the purpose of the federal program, or if the sanctions are punitive in nature.

H.R. 3003 would expand detention without due process: H.R. 3003 would increase the use of detention without ensuring those detained have access to a bond determination. Under the bill, nearly anyone who is undocumented, including those who have overstayed their visa would be subject to detention without a custody hearing. The bill also establishes that DHS has the authority to detain individuals "without time limitation" during the pendency of removal proceedings. These provisions would dramatically expand the federal government's power to indefinitely detain individuals, and would likely result in ever growing numbers of undocumented immigrants held in substandard detention facilities.

KATE'S LAW, H.R. 3004

H.R. 3004 would expand the already severe penalties in federal law for illegal reentry (NA 276; 8 U.S.C. 1326). The number of people prosecuted for illegal reentry has grown steadily to about 20,000 prosecutions each year, and such cases comprise more than one quarter of all federal criminal prosecutions nationwide. H.R. 3004 adds sentencing enhancements for people who are convicted of minor misdemeanors and people who have reentered multiple times but have no criminal convictions. This bill will not improve public safety and will undermine due process and protections for asylum seekers. H.R. 3004 would waste American taxpayer funds by imposing severe prison sentences upon thousands of people who pose no threat to the community and who have strong ties to the country and are trying to unite with their loved ones.

H.R. 3004 would impose severe sentencing enhancements upon people with minor offenses: H.R. 3004 would add sentencing enhancements for minor misdemeanor convictions, including driving without a license and other traffic-related offenses. Under the current version of INA §276, if a person is charged with reentering the U.S. after being removed, their punishment is enhanced by up to ten years only if they have been convicted a felony or three or more misdemeanors involving drugs or violence. Under H.R. 3004 someone who has been convicted of any three misdemeanors regardless of severity would be subject to a term of up to ten years.

This expansion would unfairly target large numbers of people who are not a threat to public safety but instead are trying to reunite with family members and have other strong ties to the United States. Currently half of all people convicted of illegal reentry have one child living in the country. Increasing sentences for illegal reentry would also waste taxpayer dollars, costing huge amounts of money to lock up non-violent people.

H.R. 3004 would punish people who attempt to seek asylum at the border: H.R. 3004 expands the provisions of INA 276 to punish not only people who reenter the U.S. or attempt to reenter the U.S., but also people who cross or attempt to cross the border. The bill goes on to define "crosses the border" to mean "the physical act of crossing the border, regardless of whether the alien is free from of-

ficial restraint." That means that people who present themselves at ports of entry to request asylum and are taken into custody by CBP to await a fear screening would be subject to criminal charges based on a past removal, even though they are seeking refuge in the U.S.

H.R. 3004 would impose severe sentencing enhancements for people with multiple entries: The bill would also create new sentencing enhancements for people who have reentered the U.S. multiple times, even if they have no other criminal convictions. If someone has been removed three or more times, and is found in the United States or attempts to cross the border again, H.R. 3004 law would provide for sentencing enhancements of up to ten years. The bill makes no exception for bona fide asylum seekers, which means that people who are seeking refuge in the U.S. from atrocities abroad could be subject to a lengthy prison sentence under these provisions.

H.R. 3004 would undermine due process by blocking challenges to unfair removal orders: The bill will prevent an individual from challenging the validity of a removal order, even it was fundamentally unfair in the first place. The Supreme Court held in *U.S. v. Mendoza-Lopez*, 481 U.S. 828 (1987) that due process requires that a challenge be allowed if a deportation proceeding is used as an element of a criminal offense and where the proceeding "effectively eliminate[d] the right of the alien to obtain judicial review." This provision in H.R. 3004 is likely unconstitutional and will cause grave injustice to defendants, such as asylum seekers who were deported without the opportunity to seek asylum.

AMNESTY INTERNATIONAL,
June 28, 2017.

AMNESTY INTERNATIONAL USA URGES A VOTE
"NO" ON H.R. 3003 AND H.R. 3004

DEAR REPRESENTATIVE: On behalf of Amnesty International USA ("AIUSA") and our more than one million members and supporters nationwide, we strongly urge you to oppose the No Sanctuary for Criminals Act (H.R. 3003) and Kate's Law (H.R. 3004). Both bills are scheduled for House floor votes as early as June 28. If passed, both bills would pave the way for and accelerate the implementation of policies that increase the criminalization and detention of immigrants and asylum seekers, thereby violating the United States' obligations under international law.

AIUSA will be scoring these votes.

I. The No Sanctuary for Criminals Act (H.R. 3003) would prevent municipalities from determining how law enforcement agencies are engaging in immigration enforcement, and would dramatically expand indefinite detention and mandatory detention of immigrants in jail-like facilities with subpar dangerous conditions, in violation of international human rights standards.

H.R. 3003 would prevent localities from enacting community trust policies that instruct local police not to carry out federal immigration enforcement, thereby undermining policing practices designed to build trust and confidence between local law enforcement and the communities they serve. This bill would open the door to racial profiling against Latinos and other communities of color, including U.S. citizens.

International law firmly prohibits discrimination, and the United States' commitment to those obligations applies to citizens and non-citizens alike.

States that have passed anti-immigrant legislation that requires local law enforcement to cooperate with immigration agencies or to inquire about immigration status regarding any interactions with law enforce-

ment have compromised the right to justice for immigrant communities by discouraging immigrant survivors from reporting crimes.

The U.S. government has an obligation to prevent and address abuse of immigrants and ensure that all immigrants are able to access available remedies. This includes acting with due diligence to investigate and punish criminal conduct committed by private individuals, and guaranteeing access to justice for immigrant victims of crime.

Amnesty International has also documented how the increased involvement of state and local law enforcement agencies in immigration enforcement, without adequate oversight and accountability to prevent abuses, contributes to the rise in reports of racial profiling for Latino communities and other communities of color. Numerous studies have demonstrated that programs that integrate the criminal justice system and law enforcement as an entry point for immigration enforcement have led to racial profiling and other abuses.

In addition, H.R. 3003 would dramatically expand the Department of Homeland Security ("DES") immigration detention powers by authorizing mandatory detention "without time limitation." This would empower the DHS to detain untold numbers of immigrants for as long as it takes to conclude immigration court removal proceedings, even if that takes years. Section 4 would also authorize indefinite mandatory detention Without providing the basic due process of an immigration judge bond hearing to determine if the immigrant's imprisonment was justified in the first place. Finally, section 4 would expand mandatory detention of immigrants with no criminal record whatsoever, including immigrants who overstayed a visa or lack legal papers.

The mandatory detention system, which provides for the automatic detention of individuals, amounts to arbitrary detention, and is in violation of international law, which requires that detention be justified in each individual case and be subject to judicial review. The expansion of offenses which would fall under mandatory detention as demonstrated in H.R., as proposed by H.R. 3003, amounts to arbitrary detention, and is in violation of international law, which requires that detention be justified in each individual case and be subject to judicial review. U.S. federal courts have also consistently held that detaining immigrants for months and years without bond hearings raises serious problems under the Due Process Clause of the Constitution.

The proposed dramatic expansion of immigration detention powers envisioned in H.R. 3003 comes at a time when immigration detention has already hit record-highs, with the average daily population ("ADP") exceeding 40,000 in comparison to a 34,000 ADP for the preceding seven years. This sharp escalation in the number of detained immigrants also comes at a time when Human Rights Watch ("HRW") has reported new evidence of dangerously subpar medical care in immigration detention, including unreasonable delays in care and unqualified medical staff that are likely to expose a record number of immigrants to dangerous conditions. This recent HRW report is only the latest of a series of shocking reports documenting DHS's failure to provide care to ill or injured immigrants in its custody.

The International Covenant on Civil and Political Rights (ICCPR), which the United States has ratified, guarantees all people the rights to be free from discrimination and arbitrary arrest and detention, and the right to due process, including fair deportation procedures. Finally, noncitizens who are detained have a right to humane conditions of detention and are entitled to prompt review

of their detention by an independent court. The mass expansion of mandatory detention and immigration detention proposed by H.R. 3003 violates all of these international human rights standards.

H.R. 3004 would increase mass incarceration of immigrants, including survivors of persecution or torture, by increasing criminal penalties for the mere act of migration—in violation of international human rights standards.

Current law already criminalizes illegal reentry in violation of international law and standards under 8 U.S.C. §1326, imposing a sentence of up to 20 years on anyone convicted of illegal reentry after committing an aggravated felony. According to data compiled by the Transactional Records Access Clearinghouse at Syracuse University, in fiscal year 2016 federal criminal prosecutions for illegal entry, reentry, and similar immigration violations made up 52 percent of all federal prosecutions nationwide—surpassing drugs, weapons, fraud and thousands of other crimes.

Criminal penalties for unauthorized entry are obstacles for identifying the victims of human rights abuses, and prevent victims from seeking justice. They undermine human rights protections afforded in international law, including the right to seek asylum. The Special Rapporteur on the Human Rights of Migrants has repeatedly stressed that where detention is used as a punitive measure, it is disproportionate and inappropriate, and stigmatizes undocumented immigrants as criminals.

The criminal prosecution of illegal reentry has grown exponentially over the past decade. In 2002 there were 8,000 prosecutions for illegal reentry; in 2012 these prosecutions had increased to 37,000. Nearly 99 percent of illegal reentry defendants were sentenced to federal prison time, ranging from a few days to 10 years or more for felony reentry before they are eventually deported.

Beyond the trend towards more aggressive criminal prosecutions for illegal reentry, a 2015 U.S. Sentencing Commission report found nearly 50 percent of people sentenced in fiscal 2013 for illegal re-entry had at least one child living in the U.S. Many of the individuals charged with illegal reentry previously resided in the U.S. for many years and are desperate to return to their family in the U.S.

On top of this longstanding trend of harsher criminal prosecution for illegal reentry—the sponsors of H.R. 3004 would seek to expand the category of individuals subject to illegal reentry prosecution to include people who surrender themselves at the southern border to seek protection in the U.S. The bill would also expand sentencing enhancements for illegal reentry, and would prosecute people for illegal reentry even if their previous removal orders were unlawful or deprived them of the opportunity to seek protection. For example, the bill would criminalize asylum seekers who return to the U.S. after being previously denied the opportunity to present their claims for protection.

While all sovereign states have a legitimate interest in regulating entry into their territories, they can only do so within the limits of their obligations under international law. The U.S. government has an obligation under international human rights law to ensure that its laws, policies, and practices do not place immigrants at an increased risk of human rights abuses. Specifically, individuals have a right to seek asylum from persecution and protection from refoulement, and prosecuting asylum seekers prior to adjudication of their asylum applications violates U.S. obligations under the Refugee Convention. Similarly the Convention Against Torture prohibits a State from

expelling, returning, or extraditing a person to another State where there are substantial grounds for believing that s/he would be in danger of being subjected to torture. Finally, all individuals, regardless of immigration status, have a right to family unity which can include limits on the State's power to deport, as recognized by the Human Rights Committee's interpretation of ICCPR obligations.

All of these international human rights standards are violated by H.R. 3004.

AIUSA strongly urges you to oppose both H.R. 3003 and H.R. 3004.

Sincerely,

JOANNE LIN,
Senior Managing Director,
Advocacy and Government Affairs.

CWS STATEMENT TO OPPOSING H.R. 3003, THE NO SANCTUARY FOR CRIMINALS ACT, AND H.R. 3004, KATE'S LAW

As a 71-year old humanitarian organization representing 37 Protestant, Anglican, and Orthodox communions and 34 refugee resettlement offices across the country, Church World Service (CWS) urges all Members of Congress to support the longstanding efforts of law enforcement officials to foster trusting relationships with the communities they protect and serve. As we pray for peace and an end to senseless acts of violence that are too prevalent in this country, CWS encourages the U.S. Congress to refrain from politicizing tragedies or conflating the actions of one person with an entire community of our immigrant brothers and sisters and oppose H.R. 3003, the No Sanctuary for Criminals Act, and H.R. 3004, Kate's Law.

H.R. 3003, the No Sanctuary for Criminals Act, would target more than 600+ cities, counties, and states across the country and threaten to take away millions of dollars in federal funding that local police use to promote public safety. Communities are safer when they commit to policies that strengthen trust and cooperation between local law enforcement, community leadership and institutions, and all residents, regardless of immigration status. The Federal government should not hurt intentional, community-based policing efforts that are vital in communities across the country. Many cities have already recognized that requests by Immigration and Customs Enforcement (ICE) to hold individuals beyond their court-appointed sentences violate due process and have been found unconstitutional by federal courts. This bill would raise profound constitutional concerns by prohibiting localities from declining to comply with ICE detainer requests even when such compliance would violate federal court orders and the U.S. Constitution. Local police that refuse ICE detainer requests see an increase in public safety due to improved trust from the community. It is precisely this trust that enables community members to report dangerous situations without the fear of being deported or separated from their families. When local police comply with ICE detainer requests, more crimes go unreported because victims and witnesses are afraid of being deported if they contact the police. This bill would also undermine local criminal prosecutions by allowing the Department of Homeland Security (DHS) to ignore state or local criminal warrants and refuse to transfer individuals to state or local custody in certain circumstances. This bill would reduce community safety by preventing state and local jurisdictions from holding people accountable.

The United States already spends more than \$18 billion on immigration enforcement per year, more than all other federal law enforcement agencies combined. H.R. 3004,

Kate's Law, would expand the federal government's ability to prosecute individuals for "illegal reentry" and impose even more severe penalties in these cases—even though prosecutions for migration-related offenses already make up more than 50% of all federal prosecutions. Yet, this bill does not include adequate protections for individuals who reenter the U.S. in order to seek protection, which would place asylum seekers at risk of being returned to the violence and persecution they fled. We have seen how Border Patrol's current practices violate existing U.S. law and treaty obligations by preventing viable asylum claims from moving forward. DHS has found that in some areas, Border Patrol refers asylum seekers for criminal prosecution despite the fact that they have expressed fear of persecution. In May 2017, a report was released highlighting that many asylum seekers, who had expressed a fear of returning to their home countries are being turned away by GBP agents. New barriers to protection are unnecessary and would dangerously impede our obligations under international and U.S. law.

Federal, state, and local policies that focus on deportation do not reduce crime rates. Individuals are being deported who present no risk to public safety and who are long-standing community members, including parents of young children. Immigrants come to this country to reunite with family, work, and make meaningful contributions that enrich their communities. Several studies over the last century have affirmed that all immigrants, regardless of nationality or status, are less likely than U.S. citizens to commit violent crimes. A recent report found a correlation between the increase in undocumented immigrants, and the sharp decline in violent and property crime rates. Immigration is correlated with significantly higher employment growth and a decline in the unemployment rate, and immigrants have high entrepreneurial rates, creating successful businesses that hire immigrant and U.S. citizen employees.

As communities of faith, we are united by principles of compassion, stewardship, and justice. CWS urges all Members of Congress to oppose H.R. 3003, the No Sanctuary for Criminals Act, and H.R. 3004, Kate's Law. What we need are real solutions and immigration policies that treat our neighbors with the dignity and respect that all people deserve and affirm local law enforcement officer's efforts to build trust with their communities.

Mr. MCGOVERN. Again, Mr. Speaker, our objection is that Washington doesn't always know best. We ought to trust our local law enforcement officials, our local police as to what is effective in terms of protecting the citizens of our community.

To introduce legislation that would essentially punish our local police for doing what they think is in the best interest of their communities, this bill should be renamed "punish our local police," because that is what it does.

I can't believe that we are going down this road. Maybe it is a nice sound bite, maybe it is a nice press release, maybe it fits in with the Trump campaign rhetoric on immigrants and immigration; but this is just a lousy idea. And I think if we did hearings on this bill, if we actually spent some time being thoughtful about this issue, my colleagues would come to that conclusion.

Again, I would say that what we should be talking about is fixing our

broken immigration system. We need comprehensive immigration reform. The Senate, in a bipartisan way, stepped up to the plate and did it. It is about time Members of this House have the guts to bring a comprehensive immigration reform bill to the floor and fix our broken immigration system.

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

Mr. COLLINS of Georgia. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. ROHRABACHER).

Mr. ROHRABACHER. Mr. Speaker, I rise in support of H.R. 3003. This is a very positive first step toward coming to grips with an issue that has divided this country because it is causing great damage to so many Americans.

What we are talking about is not immigrant hysteria. That type of mixing legal immigrants with illegal immigrants, that is the true racism because it hurts those people who have come here legally. Now, what we have got here are legal immigrants who are being cast into the same pot as illegals, with the opposition to this bill.

People who are here legally understand that we need protection for people who are here in this country against, especially, criminals who come from overseas and illegal aliens who are criminals, at that.

Working Americans of every race, religion, and ethnic group have seen that their families are less secure, and they are even sometimes being murdered by the insane lack of action on the part of our government to protect our citizens.

Our number one responsibility is to make sure our own people, legal immigrants, and all Americans of every race, creed, and color are protected.

And what do they see?

This massive flood of illegals coming into our country, taking jobs, bidding down wages, lowering the education standards and the healthcare that most Americans rely upon.

□ 1315

No wonder the American people want action. But then, when they are faced with a city saying even criminals who have committed acts of aggression, murder, et cetera, upon our citizens, that we are going to let them just stay, and that there is going to be a block.

Whose side are you on is what this amendment is all about. Are we on the side of the American people? Are we on the side of those victims who work hard every day and try to raise their families; or are we on the side of a massive flow of people, many of whom, and most of whom, are good people?

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

Mr. COLLINS of Georgia. I yield the gentleman an additional 1 minute.

Mr. ROHRABACHER. Most of the people who come here, most of the people flooding here, even the illegals, are basically wonderful people. But that doesn't mean that we can bring in more than that, 1 million—

By the way, we need to understand, don't condemn America on its immi-

gration policy. We let a million legal immigrants into our country every year, and that is more than the rest of the world combined. We can be proud of that.

But, at the same time, we have to make sure that our people are protected, that they don't lose their jobs, or they don't have to accept less money for the same work because you have got somebody here who will work for nothing.

We want to make sure when they need their healthcare, they get their healthcare. That will bankrupt our system. Are we going to have a sanctuary healthcare system, too, so anybody in the world can come here and use up our scarce health dollars?

No, it is time for us to strike a blow for the protection of Americans and legal immigrants of every race and religion and ethnic background, not to show these things. Immigrant hysteria; shame, shame, shame.

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

I include in the RECORD a letter to every Member of Congress from The Leadership Conference on Civil and Human Rights in opposition to this bill; a letter to all of us from the ACLU in opposition to this bill; a letter to every Member of Congress from the National Task Force to End Sexual & Domestic Violence that is in opposition to this bill; as well as a letter to Members of Congress from the United States Conference of Catholic Bishops and Catholic Charities USA in opposition to this bill; and a letter from NETWORK, which is a lobby for Catholic social justice in opposition to this bill.

THE LEADERSHIP CONFERENCE
ON CIVIL AND HUMAN RIGHTS,
Washington, DC, June 27, 2017.

OPPOSE THE "NO SANCTUARY FOR CRIMINALS ACT" (H.R. 3003) AND "KATE'S LAW" (H.R. 3004)

DEAR REPRESENTATIVE: On behalf of The Leadership Conference on Civil and Human Rights, a coalition of more than 200 national advocacy organizations, I urge you to oppose H.R. 3003, the "No Sanctuary for Criminals Act," and H.R. 3004, "Kate's Law." These two bills may sound "tough," but they would ultimately make the problems with our national immigration system even worse than they already are.

H.R. 3003 would unnecessarily and unwisely penalize states and municipalities that are attempting to strike the delicate balance between cooperating with federal immigration authorities, on one hand, and respecting the constraints imposed on them by the U.S. Constitution, on the other. At the same time, it would do nothing to address the constitutional concerns raised by the use of immigration "detainer" requests, concerns that the Department of Homeland Security (DHS) itself has recognized in the past.

Among its provisions, H.R. 3003 would eliminate various federal law enforcement grants to states and municipalities, such as the "Cops on the Beat" program, unless jurisdictions comply with all DHS detainer requests. It aims to overturn local policies adopted by over 300 jurisdictions across the country that have determined, as a matter of constitutional law and sound public policy, including community policing efforts, that they cannot hold individuals beyond their release dates solely on the basis of a DHS detainer request.

The senseless and tragic 2015 killing of Kathryn Steinle in San Francisco has renewed the debate over so-called "sanctuary cities." Yet the term suggests, incorrectly, that certain states and municipalities are refusing to work with federal immigration enforcement authorities. The truth is that state and local law enforcement agencies ("LEAs") throughout the country already aid in the identification of individuals who are subject to immigration enforcement action through the sharing of fingerprints of those who are taken into custody. LEAs with limited detainer policies have determined, however, that they cannot continue to detain individuals for immigration enforcement purposes, under the Fourth Amendment and pursuant to numerous court rulings, unless DHS obtains a judicial warrant, as all other law enforcement agencies are required to do.

H.R. 3003 would not address the Fourth Amendment concerns raised by the use of DHS detainers. Instead, it would leave many state and municipal governments in an untenable position: either they must disregard their constitutional responsibilities and erode the trust they have built between the police and the communities they serve, or they will face the loss of vital federal law enforcement funding that helps them fight crime in their jurisdictions. Congress should not force such an arbitrary and unwise choice on cities.

H.R. 3004, the other immigration-related bill expected to come to the House floor this week, would significantly increase sentences for previously-removed individuals who reenter the country. While the bill is an improvement over other bills by the same name, in that it does not include mandatory minimum sentencing provisions, it would still lead to a likely increase in the federal prison population without any tangible benefits. The Department of Justice's "Operation Streamline" program, upon which this bill would build, has already shown that increased criminal prosecutions do little but waste resources while failing to deter unauthorized border crossings. It should be ended, not expanded.

For these reasons, I urge you to vote against H.R. 3003 and H.R. 3004.

Sincerely,

VANITA GUPTA,
President & CEO.

AMERICAN CIVIL LIBERTIES UNION,
Washington, DC, June 27, 2017.

Re ACLU Opposes H.R. 3003 (No Sanctuary for Criminals Act) and H.R. 3004 (Kate's Law).

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

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

DEAR SPEAKER RYAN AND MINORITY LEADER PELOSI: On behalf of the American Civil Liberties Union ("ACLU"), we submit this letter to the House of Representatives to express our strong opposition to H.R. 3003, the No Sanctuary for Criminals Act, and H.R. 3004, Kate's Law.

NO SANCTUARY FOR CRIMINALS ACT (H.R. 3003)

H.R. 3003 conflicts with the principles of the Fourth Amendment.

H.R. 3003 defies the Fourth Amendment by amending 8 USC Section 1373 of the Immigration and Nationality Act ("INA") to force localities to comply with unlawful detainer requests or risk losing federal funding. This is despite the fact that an "increasing number of federal court decisions" have held that "detainer-based detention by state and local law enforcement agencies violates the

Fourth Amendment,” as recognized by former Department of Homeland Security Secretary Jeh Johnson in 2014.

Disturbingly, H.R. 3003 seeks to penalize the 600+ localities that abide by the Fourth Amendment. These jurisdictions have recognized that by entangling local authorities and federal immigration enforcement, immigration detainers erode trust between immigrant communities and local law enforcement. In this way, immigration detainers ultimately undermine public safety, as entire communities become wary of seeking assistance from police and other government authorities that are supposed to provide help in times of need. Thus, by forcing jurisdictions to comply with unlawful detainer requests, H.R. 3003 will only make communities less safe, not more.

H.R. 3003 would also amend Section 287 of the INA to allow the Department of Homeland Security (“DHS”) to take custody of a person being held under a detainer within 48 hours (excluding weekends and holidays) “but in no instance more than 96 hours” following the date that the individual would otherwise be released from criminal custody. This, again, raises serious Fourth Amendment concerns, as the Supreme Court has stated that the Constitution requires a judicial finding of probable cause within 48 hours of arrest. This provision would disregard the Court’s ruling entirely and allow a local law enforcement agency to hold a person for up to 7 days before requiring DHS intervention—and never requiring the person be brought before a judge for a probable cause hearing.

Protection against unreasonable detention by the government is the bedrock of the Constitution’s Fourth Amendment, which provides that the government cannot hold anyone in jail without getting a warrant or approval from a neutral magistrate. This constitutional protection applies to everyone in the United States—citizen and immigrant alike.

Immigration detainers, however, do not abide by these standards. Detainers are one of the key tools that DHS uses to apprehend individuals who come in contact with local and state law enforcement agencies. An immigration detainer is a written request from DHS to that local law enforcement agency, requesting that they detain an individual for an additional 48 hours after the person’s release date, in order to allow immigration agents extra time to decide whether to take that person into custody for deportation purposes.

DHS’ use of detainers to imprison people without due process, without any charges pending, and without probable cause of a criminal violation flies in the face of our Fourth Amendment protections. Policies that allow DHS to detain people at-will are ripe for civil and human rights violations and have resulted in widespread wrongful detentions, including detentions of U.S. citizens. That is why many of the 600+ localities targeted by H.R. 3003 have decided not to execute a DHS immigration detainer request unless it is accompanied by additional evidence, a determination of probable cause, or a judicial warrant.

Unfortunately, H.R. 3003 does nothing to address the fundamental constitutional problems plaguing DHS’s use of immigration detainers. Rather than fix the constitutional problems by requiring a judicial warrant, the bill perpetuates the unconstitutional detainer practices and forces the federal government to absorb legal liability for the constitutional violations which will inevitably result. This is irresponsible lawmaking. Instead of saddling taxpayers with the liability the federal government will incur from Fourth Amendment violations, Congress

should end the use of DHS’s unconstitutional detainer requests.

H.R. 3003 violates the Due Process Clause by allowing DHS to detain people indefinitely without a bond hearing.

Section 4 of H.R. 3003 radically expands our immigration detention system by amending Section 236(c) of the INA to authorize mandatory detention “without time limitation.” This empowers DHS to detain countless immigrants for as long as it takes to conclude removal proceedings—even if that takes years—without the basic due process of a bond hearing to determine if their imprisonment is even justified. This is a clear constitutional violation, as the federal courts have overwhelmingly held that jailing immigrants for months and years without bond hearings raises serious problems under the Due Process Clause.

Although the bill claims to provide for the “detention of criminal aliens,” it massively expands mandatory detention to people with no criminal record whatsoever, including immigrants who lack legal papers or who overstay a tourist visa. The “lock ‘em up” approach to immigration enforcement is cruel, irrational, and unconstitutional. The Supreme Court has permitted brief periods of mandatory detention only in cases where individuals are charged with deportation based on certain criminal convictions. The Court has not endorsed the mandatory lock-up of people who have never committed a crime.

KATE’S LAW (H.R. 3004)

H.R. 3004 is piecemeal immigration enforcement that expands America’s federal prison population and lines the coffers of private prison companies.

Increasing the maximum sentences for illegal reentrants is unnecessary, wasteful, and inhumane. H.R. 3004 envisions a federal criminal justice system that prosecutes asylum-seekers, persons providing humanitarian assistance to migrants in distress, and parents who pose no threat to public safety in returning to the U.S. to reunite with children who need their care (individuals with children in the United States are 50 percent of those convicted of illegal reentry).

Current law already imposes a sentence of up to 20 years on anyone convicted of illegally reentering the country who has committed an aggravated felony. U.S. Attorneys’ Offices aggressively enforce these provisions. According to the U.S. Sentencing Commission, immigration prosecutions account for 52 percent of all federal prosecutions—surpassing drugs, weapons, fraud and thousands of other crimes. Nearly 99 percent of illegal reentry defendants are sentenced to federal prison time.

H.R. 3004 would drastically expand America’s prison population of nonviolent prisoners at a time when there is bipartisan support to reduce the federal prison population. It offends due process by cutting off all collateral attacks on unjust prior deportation orders, despite the Supreme Court’s contrary ruling in *United States v. Mendoza-Lopez*. Profiteering by private prison companies has been the main consequence of border-crossing prosecutions, which the Government Accountability Office and the DHS Office of Inspector General have criticized as lacking sound deterrent support.

H.R. 3004 is an integral part of this administration’s mass deportation and mass incarceration agenda. Longer sentences for illegal reentry are not recommended by any informed federal criminal-justice stakeholders; rather they represent this administration’s anti-immigrant obsession and would expansively expand substandard private jail contracting despite the life-threatening conditions in these facilities.

In conclusion, H.R. 3003 and H.R. 3004 are fraught with constitutional problems that

threaten the civil and human rights of our immigrant communities, undercut law enforcement’s ability to keep our communities safe, and would balloon our federal prison population by financing private prison corporations. Rather than taking a punitive approach to local law enforcement agencies that are working hard to balance their duties to uphold the Constitution and to keep their communities safe, Congress should end DHS’s unconstitutional detainer practices or fix the constitutional deficiencies by requiring judicial warrants for all detainer requests. Congress should also repeal mandatory detention so that all immigrants receive the basic due process of a bond hearing and reject any attempt to unfairly imprison individuals who are not a threat to public safety.

For more information, please contact ACLU Director of Immigration Policy and Campaigns.

Sincerely,

FAIZ SHAKIR,
National Political Director.

LORELLA PRAELI,
Director of Immigration Policy and Campaigns.

NATIONAL TASK FORCE TO END SEXUAL AND DOMESTIC VIOLENCE,

June 27, 2017.

The National Taskforce to End Sexual and Domestic Violence (NTF), comprised of national leadership organizations advocating on behalf of sexual assault and domestic violence victims and representing hundreds of organizations across the country dedicated to ensuring all survivors of violence receive the protections they deserve, write to express our deep concerns about the impact that H.R. 3003, the “No Sanctuary for Criminals Act,” and H.R. 3004, or “Kate’s Law,” will have on victims fleeing or recovering from sexual assault, domestic violence, or human trafficking, and on communities at large.

This year is the twenty-third anniversary of the bipartisan Violence Against Women Act (“VAWA”) which has, since it was first enacted, included critical protections for immigrant victims of domestic and sexual violence. H.R. 3003 and H.R. 3004 will have the effect of punishing immigrant survivors and their children and pushing them into the shadows and into danger, undermining the very purpose of VAWA. Specifically, the nation’s leading national organizations that address domestic and sexual assault oppose H.R. 3003 and H.R. 3004 because:

Community trust policies are critical tools for increasing community safety. Laws that seek to intertwine the federal immigration and local law enforcement systems will undermine the Congressional purpose of protections enacted under VAWA and will have the chilling effect of pushing immigrant victims into the shadows and undermining public safety. Immigration enforcement must be implemented in a way that supports local community policing and sustains community trust in working with local law enforcement. H.R. 3003 runs contrary to community policing efforts and will deter immigrant domestic violence and sexual assault survivors not only from reporting crimes, but also from seeking help for themselves and their children. While H.R. 3003 does not require that local law enforcement arrest or report immigrant victims or witnesses of criminal activity, the language in the bill provides no restriction prohibiting such practices.

Perpetrators use fear of deportation as tool of abuse. Local policies that minimize the intertwining of local law enforcement with U.S. Immigration and Customs Enforcement

(ICE) help protect the most vulnerable victims by creating trust between law enforcement and the immigrant community, which in turn help protect entire communities. Abusers and traffickers use the fear of deportation of their victims as a tool to silence and trap them. If immigrants are afraid to call the police because of fear of deportation, they become more vulnerable to abuse and exploitation. Not only are the individual victims and their children harmed, but their fear of law enforcement leads many to abstain from reporting violent perpetrators or seeking protection and, as a result, dangerous criminals are not identified and go unpunished.

As VAWA recognizes, immigrant victims of violent crimes often do not contact law enforcement due to fear that they will be deported. Immigrants are already afraid of contacting the police and HR 3003 proposes to further intertwine federal immigration and local law enforcement systems will only exacerbate this fear. The result is that perpetrators will be able to continue to harm others, both immigrant and U.S. Citizen victims alike. Since January of 2017, victim advocates have been describing the immense fear expressed by immigrant victims and their reluctance to reach out for help from police. A recent survey of over 700 advocates and attorneys at domestic violence and sexual assault programs indicate that immigrant victims are expressing heightened fears and concerns about immigration enforcement, with 78% of advocates and attorneys reporting that victims are describing fear of contacting the police; 75% of them reporting that victims are afraid of going to court; and 43% reporting working with immigrant victims who are choosing not to move forward with criminal charges or obtaining protective orders.

In addition, according to Los Angeles Police Chief Charlie Beck, reporting of sexual assault and domestic violence among Latinos has dropped significantly this year, possibly due to concerns that police interaction could result in deportation. According to Chief Beck, reports of sexual assault have dropped 25 percent among Los Angeles' Latino population since the beginning of the year compared to a three percent drop among non-Latino victims. Similarly, reports of spousal abuse among Latinos fell by about 10 percent among Latinos whereas the decline among non-Latinos was four percent. The Houston Police Department reported in April that the number of Hispanics reporting rape is down 42.8 percent from last year. In Denver, CO, the Denver City Attorney has reported that some domestic violence victims are declining to testify in court. As of late February, the City Attorney's Office had dropped four cases because the victims fear that ICE officers will arrest and deport them. Both the City Attorney and Aurora Police Chief have spoken on the importance of having trust with the immigrant community in order to maintain public safety and prosecute crime.

HR 3003 Will Unfairly Punish Entire Communities.

H.R. 3003 punishes localities that follow Constitutional guidelines and refuse to honor detainer requests that are not supported by due process mandates. H.R. 3003 likely covers more than 600 jurisdictions across the country, most of which do not characterize their policies to follow constitutional mandates as "sanctuary" policies. H.R. 3003 penalizes jurisdictions by eliminating their access to various federal grants, including federal law enforcement grants, such as the Edward Byrne Memorial Justice Assistance Grant Program, and other federal grants related to law enforcement or immigration, such as those that fund foren-

sic rape kit analysis. Withholding federal law enforcement funding would, ironically, undermine the ability of local jurisdictions to combat and prevent crime in their communities.

In addition, the fiscal impact of both H.R. 3003 and H.R. 3004 will result in limited federal law enforcement resources being further reduced as a result of shifting funding from enforcing federal criminal laws addressing violent crimes, including those protecting victims of domestic violence, sexual assault, and human trafficking, to the detention and prosecution of many non-violent immigration law violators.

H.R. 3003 and H.R. 3004 Will Unfairly Punish Victims.

By greatly expanding mandatory detention and expanding criminal penalties for re-entry, H.R. 3003 and H.R. 3004 will have harsh consequences for immigrant survivors. Victims of human trafficking, sexual assault, and domestic violence are often at risk of being arrested and convicted. In recognition of this fact, existing ICE guidance cites the example of when police respond to a domestic violence call, both parties may be arrested or a survivor who acted in self-defense may be wrongly accused. In addition, if the abuser speaks English better than the survivor, or if other language or cultural barriers (or fear of retaliation from the abuser) prevent the survivor from fully disclosing the abuse suffered, a survivor faces charges and tremendous pressure to plead guilty (without being advised about the long-term consequences) in order to be released from jail and reunited with her children. In addition, victims of trafficking are often arrested and convicted for prostitution-related offenses. These victims are often desperate to be released and possibly to be reunited with their children following their arrests or pending trial. These factors—combined with poor legal counsel, particularly about the immigration consequences of criminal pleas and convictions—have in the past and will likely continue to lead to deportation of wrongly accused victims who may have pled to or been unfairly convicted of domestic violence charges and/or prostitution. H.R. 3003 imposes harsh criminal penalties and H.R. 3009 imposes expanded bases for detention without consideration of mitigating circumstances or humanitarian exceptions for these victims.

In addition, H.R. 3004 expands the criminal consequences for re-entry in the U.S. without recognizing the compelling humanitarian circumstances in which victims who have been previously removed return for their safety. Victims of domestic and sexual violence and trafficking fleeing violence in their countries of origin will be penalized for seeking protection from harm. In recent years, women and children fleeing rampant violence in El Salvador, Guatemala and Honduras, have fled to the United States, seeking refuge. Frequently, because of inadequate access to legal representation, they are unable to establish their eligibility for legal protections in the United States, resulting in their removal. In many cases, the risk of domestic violence, sexual assault, and/or human trafficking in their countries of origin remain unabated and victims subsequently attempt to reenter the U.S. to protect themselves and their children. Other victims of domestic and sexual violence and trafficking may be deported because their abusers or traffickers isolate them, or prevent them from obtaining lawful immigration status. They are deported, with some victims having to leave their children behind in the custody of their abusers or traffickers. Under H.R. 3004, these victims risk harsh criminal penalties for re-entry for attempting to protect themselves and their children.

On behalf of the courageous survivors of domestic violence, sexual assault, dating violence, stalking and human trafficking that our organizations serve, we urge you to vote against HR 3003 and 3004, and to affirm the intent and spirit of VAWA by supporting strong relationships between law enforcement and immigrant communities, which is critical for public safety in general, and particularly essential for domestic and sexual violence victims and their children.

Sincerely,

THE NATIONAL TASKFORCE TO END SEXUAL AND DOMESTIC VIOLENCE (www.4vawa.org).

June 26, 2017.

DEAR REPRESENTATIVE: We write on behalf of the Committee on Migration of the U.S. Conference of Catholic Bishops (USCCB/COM), and Catholic Charities USA (CCUSA) to express our opposition to H.R. 3003 and H.R. 3004.

The Catholic Church holds a strong interest in the welfare of migrants and how our nation welcomes and treats them. Our parishes include those with and without immigration status, unfortunately some who have witnessed or been victims of crime in the United States, including domestic violence, armed robbery, and assault. We understand the importance of fostering cooperation and information-sharing between immigrant communities and local law enforcement.

We oppose H.R. 3003 because it would impose obligations on local governments that we fear—and that many of them have warned—would undermine authority and discretion of local law enforcement. This, in turn, would hamper the ability of local law enforcement officials to apprehend criminals and ensure public safety in all communities.

Furthermore, Section 2 of H.R. 3003 would deny to jurisdictions vital federal funding related to law enforcement, terrorism, national security, immigration, and naturalization if those jurisdictions are deemed to be non-compliant with H.R. 3003. The Catholic service network, including Catholic Charities, works in partnership with the federal government on a number of Department of Justice and Department of Homeland Security initiatives, including disaster response and recovery, naturalization and citizenship services, and services for the immigrant, including victims of human trafficking, and domestic violence. These services are incredibly valuable to the protection and promotion of the human person and in some instances life-saving. Cutting grants related to these important national objectives, or threat of such cuts, is not humane or just, nor is it in our national interest.

Also, we oppose H.R. 3004 as it would lead to an expansion of incarceration and does not include adequate protections for people who re-enter the U.S. for humanitarian reasons or seek protection at the border. While H.R. 3004 makes notable efforts to protect us from those convicted of violent criminal offenses, the legislation goes far beyond this goal by expanding the government's ability to prosecute illegal re-entry cases and heightening the criminal penalties in these cases. In an era of fiscal austerity, it is vital that important judicial resources are efficiently utilized to prosecute and convict the most violent offenders of violent crimes. Expanding who is eligible to be prosecuted for entry or re-entry as well as enhancing sentencing requirements does not advance the common good nor will it ensure that communities are safer. Furthermore, we are concerned that, as introduced, H.R. 3004 would also prevent vulnerable asylum seekers and unaccompanied children, (who have presented themselves repeatedly at the U.S. border in the flight from violence), from being able to access protection, and instead face fines, imprisonment or both.

We respectfully urge you to reject these bills in favor of a more comprehensive and humane approach to immigration reform; an approach that upholds human dignity and family unity and places a greater emphasis on balancing the needs and rights of immigrants with our nation's best interests and security.

The United States has a long and proud history of leadership in welcoming newcomers regardless of their circumstances and promoting the common good. We stand ready to work with you on legislation that more closely adheres to this tradition and appreciate your serious consideration of our views in this regard.

Sincerely,

MOST REV. JOE VÁSQUEZ,
Bishop of Austin,
Chairman, USCCB
Committee on Migration.

SR. DONNA MARKHAM, OP,
PHD,
President & CEO,
Catholic Charities
USA.

JUNE 27, 2017.

DEAR REPRESENTATIVE MCGOVERN: NETWORK Lobby for Catholic Social Justice stands in strong opposition to the "No Sanctuary for Criminals Act" (H.R. 3003) and "Kate's Law" (H.R. 3004) to be considered this week by the House of Representatives. We urge Congress to reject these bills. In a country that prides itself on being the land of welcome and opportunity, we must ensure that our immigration laws reflect our shared values.

As Congress continues to delay comprehensive immigration reform and a permanent solution for the nation's 11 million undocumented immigrants, we are left with the status quo—an enforcement-only approach that tears apart families and keeps people in the shadows. Despite the gridlock in Congress, localities across the country still have the responsibility to uphold safety and peace in their communities. To fulfill this goal, local police and residents have fostered mutual trust to root out crime and promote public safety, encouraging community members to cooperate with local authorities. The "No Sanctuary for Criminals Act" (H.R. 3003) does nothing to promote public safety and instead will make communities more dangerous while striking fear in the hearts of our immigrant families.

Likewise, "Kate's Law" (H.R. 3004) would criminalize immigrants who simply want an opportunity to succeed in the United States, and often are simply trying to be reunited with their family. Punishing immigrants for wanting to provide for their families with fines and imprisonment is harsh and cruel—we, as a nation, are called to be better than that. Again, we ask Congress to abandon the "enforcement first" policies that have been the de facto U.S. strategy for nearly thirty years, yielding too many costs and too few results. Our antiquated system that does not accommodate the migration realities we face in our nation today does not serve our national interests and does not respect the basic human rights of migrants who come to this nation fleeing persecution or in search of employment for themselves and better living conditions for their children.

Pope Francis cautions that "migrants and refugees are not pawns on the chessboard of humanity" and he asks political leaders to create a new system, one that "calls for international cooperation and a spirit of profound solidarity and compassion." This is a holy call to embrace hope over fear. Congress should recognize the God-given humanity of all individuals and uphold our sacred call to

love our neighbor and welcome the stranger in our midst. Any action that further militarizes our borders, criminalizes assistance to immigrant communities, or weakens legal protection of refugees is neither just nor compatible with the values that we, as Americans, strive to uphold.

Sincerely,

SR. SIMONE CAMPBELL, SSS,
Executive Director,

NETWORK Lobby for Catholic Social Justice.

Mr. MCGOVERN. Mr. Speaker, I, again, would simply say that if we really want to do something about immigration, we ought to come together, like the Senate did not long ago, and pass comprehensive immigration reform. But, apparently, that is not in the DNA of the current leadership of this House.

Instead, we have bills that demagogue the immigration issue, that demean immigrants, that cause hysteria, and I find that very unfortunate.

This bill is a bad idea. It falls in the same category as that other bad, stupid idea of building a wall across our country.

What we ought to be doing is serious legislating, enough demagoguing, and let's get back to doing the people's business, and that includes comprehensive immigration reform.

Mr. Speaker, as I said, we need to fix our immigration laws. When a mother in the Philippines has to wait 25 years or more for a visa to reunite with her son in the United States, is that system working? No.

To lose the entire childhood and young adulthood of your son? What mother wouldn't try to enter the United States some other way, in fact, any way that she could in order to be with her child?

When your daughter is threatened with rape and murder if she doesn't become a sexual slave to gang members; when your son and the entire family is threatened with death if the boy doesn't join the gangs, wouldn't you run away and try to find safety somewhere else?

And when the family arrives at the U.S. border and they actively seek out the U.S. Border Patrol and voluntarily surrender to them and ask for safe refuge and asylum, is that really entering our borders illegally?

You know, when you have been an upstanding member of the community for 10, 15, 20 years or more in the United States, and you get pulled over because the tags have expired on your car, or your license, do you really deserve to be deported, to tear apart your family, to leave behind the businesses that you have spent a lifetime creating?

And does anyone in this Chamber honestly think that if this father or mother is deported, that they won't do everything they can to try to come back to be with their kids?

I mean, these are real stories. It is not fiction. They are not fantasies. It is real. And if you listened to people in your community, you would know these stories.

If you paid attention to your local police, you would know why it is so damaging to turn them in to ICE, because they rely on these community members to inform them of criminal activities in their community. The police don't want to do what you are asking them to do. Why would you force this on them? And why would you punish them by taking away essential Federal funding to help them protect the citizens of this country?

This is a bad idea. I guess, maybe it is a good press release. Maybe Steve Bannon thinks it is a good idea. Maybe it is a good sound bite for Trump. Who knows what the rationale behind this is. But it is not sensible. It is not thoughtful.

So if you want to get serious about these issues, you know, come together, like the Senate did, in a bipartisan way, and come up with comprehensive immigration reform. That is our duty. That is our job, as Members of Congress, not this garbage. This is a waste of time. This is an insult to the American people. We ought to be able to do better.

So, Mr. Speaker, I urge my colleagues to reject this. I urge them to defeat the previous question so we can have a debate and vote on whether or not to increase the minimum wage to \$15 to give people a raise. Again, we have to do that because this House is being so tightly controlled that you can't get anything to the floor.

I would remind my colleagues that the underlying bill that we are talking about here today on immigration is under a closed rule. We will have another closed rule tomorrow. So much for democracy. So much for deliberative process. So much for openness. There is no such thing here. I mean, the Rules Committee has become a place where democracy goes to die, where everything gets shut down.

We need to do better. This process stinks, and this bill is lousy. I urge my colleagues to vote "no" on the previous question, vote "no" on the rule, and if it gets to the point we have to debate this, vote "no" on the underlying bill.

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.

Mr. Speaker, I do believe that in just a little bit we will be debating this bill. I do believe in just a short time it will pass.

I think what was very interesting, Mr. Speaker, is the frustrations of my friend, and I believe they are true frustrations, and the stories of folks coming from terrible places around the world wanting to get here. We are the light on a hill. We are the ones that everybody wants to come to. I grant you that.

But I do have a question. For these folks who are leaving disaster, places in which law and order are not enforced, in which people are dying, and they are striving to get someplace else,

why in the world would we want to get to here to find that we have a situation in which local law enforcement can sort of decide what they want to do, where law and order is not followed?

You are leaving one area to get to an area in which what they say is law and order is what is needed and what is followed and why they come here, but yet we are saying no.

I think it has also been, possibly, Mr. Speaker, a vast mischaracterization to say that all police are against this. In fact, if we have seen, there was 200 that was identified earlier, the vast majority of police departments in this country uphold the law. So let's don't make a blanket assessment of police here.

I think it is just an interesting development here. I think you can talk about laws. You can like laws, you cannot like laws, you can do something about immigration.

But I do think we also need to address something else. It wasn't a part of this bill, but we wanted to make it a part of this bill, and that is comprehensive immigration reform.

I do agree with my friend. There needs to be immigration reform. I think it needs to start with security and safety and protection. It needs to start with actually enforcing law, and then begin the foundation of finding a way to get workers here—our guest worker program, our ag worker program, the things that we need to make our expansion so that we do it properly. I agree completely.

But, Mr. Speaker, I do find it has been amazing here because, just in the context of this debate, these were words that were used: We're demagoguing this issue. We didn't have the guts to address this issue. Our DNA of leadership is to obstruct or to not bring this forward.

Well, I think the one thing that I do need to remind is, this body, Mr. Speaker, if you are very familiar with this, over the last few weeks, we have been dealing with a very difficult issue—we passed it out of the House—that is healthcare, which was passed when this body was filled in a majority of a different party, my friends across the aisle, when they had, at times, filibuster-proof majorities.

They worked to pass healthcare. They worked to pass Dodd-Frank. They worked to pass their priorities.

My interesting question is, they did not work to pass comprehensive immigration reform. I am not sure why now we decide that it is such their issue that they are now blaming us, many of us who want to find a way forward.

But I think the answer is plain and obvious in history. They chose not to do it. I repeat, they chose not to do it.

So I think in the discussion of this battle, we will continue these discussions. We will continue to have differences of opinion. I think it is sort of amazing though that we do have to have a discussion here on telling police to enforce the law and work out the details as we go, work out what is in this bill.

But it also is about priorities, Mr. Speaker. For those of us who have had to look at the tragedies left behind as a result of some of these decisions that they have made to "better" their community, the deaths, the tragedies, then it is a pretty interesting choice. Is the death more important or less important than your policy?

All we are simply saying is: just don't take the money. Look at it from that perspective.

And we will continue to have these debates. My friend and I will continue to be passionately different on this, and that is okay. That is what this floor is for because, at the end of the day, we are going to have a vote. One side is going to win and one side is going to lose in this vote. And the debate is going to happen, and the bill is going to come forward. There will be another vote. And then it will go to the Senate.

I disagree with my friend from Massachusetts, respect his opinion, but, in this case, I believe the debate is fairly clear to most Americans. All we are asking is, and what the current law already states, follow the rules. And all we are simply saying is, follow the rules.

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

AN AMENDMENT TO H. RES. 414 OFFERED BY
MR. MCGOVERN

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

SEC. 2. Immediately upon adoption of this resolution the Speaker shall, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 15) to provide for increases in the Federal minimum wage, and for other purposes. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Education and the Workforce. After general debate the bill shall be considered for amendment under the five-minute rule. All points of order against provisions in the bill are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions. If the Committee of the Whole rises and reports that it has come to no resolution on the bill, then on the next legislative day the House shall, immediately after the third daily order of business under clause 1 of rule XIV, resolve into the Committee of the Whole for further consideration of the bill.

SEC. 3. Clause 1(c) of rule XIX shall not apply to the consideration of H.R. 15.

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 of Georgia. 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:

Adoption of 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 190, not voting 8, as follows:

[Roll No. 331]

YEAS—235

| | | |
|---------------|-----------------|-----------------|
| Abraham | Gohmert | Noem |
| Aderholt | Goodlatte | Norman |
| Allen | Gosar | Nunes |
| Amash | Gowdy | Olson |
| Amodei | Granger | Palazzo |
| Arrington | Graves (GA) | Palmer |
| Babin | Graves (LA) | Paulsen |
| Bacon | Graves (MO) | Pearce |
| Banks (IN) | Griffith | Perry |
| Barletta | Grothman | Pittenger |
| Barr | Guthrie | Poe (TX) |
| Barton | Handel | Poliquin |
| Bergman | Harper | Posey |
| Biggs | Harris | Ratcliffe |
| Bilirakis | Hartzler | Reed |
| Bishop (MI) | Hensarling | Reichert |
| Bishop (UT) | Herrera Beutler | Rice (SC) |
| Black | Hice, Jody B. | Roby |
| Blackburn | Higgins (LA) | Roe (TN) |
| Blum | Hill | Rogers (AL) |
| Bost | Holding | Rogers (KY) |
| Brady (TX) | Hollingsworth | Rohrabacher |
| Brat | Hudson | Rokita |
| Bridenstine | Huizenga | Rooney, Francis |
| Brooks (AL) | Hultgren | Rooney, Thomas |
| Brooks (IN) | Hunter | J. |
| Buchanan | Hurd | Ros-Lehtinen |
| Buck | Issa | Roskam |
| Bucshon | Jenkins (KS) | Ross |
| Budd | Jenkins (WV) | Rothfus |
| Burgess | Johnson (LA) | Rouzer |
| Byrne | Johnson (OH) | Royce (CA) |
| Calvert | Johnson, Sam | Russell |
| Carter (GA) | Jones | Rutherford |
| Carter (TX) | Jordan | Sanford |
| Chabot | Joyce (OH) | Schweikert |
| Chaffetz | Katko | Scott, Austin |
| Cheney | Kelly (MS) | Sensenbrenner |
| Coffman | Kelly (PA) | Sessions |
| Cole | King (IA) | Shimkus |
| Collins (GA) | King (NY) | Shuster |
| Collins (NY) | Kinzinger | Simpson |
| Comer | Knight | Smith (MO) |
| Conaway | Kustoff (TN) | Smith (NE) |
| Cook | Labrador | Smith (NJ) |
| Costello (PA) | LaHood | Smith (TX) |
| Cramer | LaMalfa | Smucker |
| Crawford | Lamborn | Stefanik |
| Culberson | Lance | Stewart |
| Curbelo (FL) | Latta | Taylor |
| Davidson | Lewis (MN) | Tenney |
| Davis, Rodney | LoBiondo | Thompson (PA) |
| Denham | Loudermilk | Thornberry |
| Dent | Love | Tiberi |
| DeSantis | Lucas | Tipton |
| DesJarlais | Luetkemeyer | Trott |
| Diaz-Balart | MacArthur | Turner |
| Donovan | Marchant | Upton |
| Duffy | Marino | Valadao |
| Duncan (SC) | Marshall | Wagner |
| Duncan (TN) | Massie | Walberg |
| Dunn | Mast | Walden |
| Emmer | McCarthy | Walker |
| Estes (KS) | McCaul | Walorski |
| Farenthold | McClintock | Walters, Mimi |
| Faso | McHenry | Weber (TX) |
| Ferguson | McKinley | Webster (FL) |
| Fitzpatrick | McMorris | Wenstrup |
| Fleischmann | Rodgers | Westerman |
| Flores | McSally | Williams |
| Fortenberry | Meadows | Wilson (SC) |
| Fox | Meehan | Wittman |
| Franks (AZ) | Messer | Womack |
| Frelinghuysen | Mitchell | Woodall |
| Gaetz | Moolenaar | Yoder |
| Gallagher | Mooney (WV) | Yoho |
| Garrett | Mullin | Young (AK) |
| Gianforte | Murphy (PA) | Young (IA) |
| Gibbs | Newhouse | Zeldin |

NAYS—190

| | | |
|---------|----------|--------|
| Adams | Barragán | Beatty |
| Aguilar | Bass | Bera |

| | | |
|-----------------|----------------|----------------|
| Beyer | Gottheimer | O'Halleran |
| Bishop (GA) | Green, Al | O'Rourke |
| Blumenauer | Green, Gene | Pallone |
| Blunt Rochester | Grijalva | Panetta |
| Bonamici | Gutiérrez | Pascarell |
| Boyle, Brendan | Hanabusa | Payne |
| F. | Hastings | Perlmutter |
| Brady (PA) | Heck | Peters |
| Brown (MD) | Higgins (NY) | Peterson |
| Brownley (CA) | Himes | Pingree |
| Bustos | Hoyer | Pocan |
| Butterfield | Huffman | Polis |
| Capuano | Jackson Lee | Price (NC) |
| Carbajal | Jayapal | Quigley |
| Cárdenas | Jeffries | Raskin |
| Carson (IN) | Johnson (GA) | Rice (NY) |
| Cartwright | Johnson, E. B. | Richmond |
| Castor (FL) | Kaptur | Rosen |
| Castro (TX) | Keating | Roybal-Allard |
| Chu, Judy | Kelly (IL) | Ruiz |
| Cicilline | Kennedy | Ruppersberger |
| Clark (MA) | Khanna | Rush |
| Clarke (NY) | Kihuen | Ryan (OH) |
| Clay | Kildee | Sánchez |
| Cleaver | Kilmer | Sarbanes |
| Clyburn | Kind | Schakowsky |
| Cohen | Krishnamoorthi | Schiff |
| Connolly | Kuster (NH) | Schneider |
| Conyers | Langevin | Schrader |
| Cooper | Larsen (WA) | Scott (VA) |
| Correa | Larson (CT) | Scott, David |
| Costa | Lawrence | Serrano |
| Courtney | Lawson (FL) | Sewell (AL) |
| Crist | Lee | Shea-Porter |
| Crowley | Levin | Sherman |
| Cuellar | Lewis (GA) | Sinema |
| Davis (CA) | Lieu, Ted | Sires |
| Davis, Danny | Lipinski | Slaughter |
| DeFazio | Loeb sack | Smith (WA) |
| DeGette | Lofgren | Soto |
| Delaney | Lowenthal | Speier |
| DeLauro | Lowe | Suozzi |
| DelBene | Lujan Grisham, | Swalwell (CA) |
| Demings | M. | Takano |
| DeSaulnier | Luján, Ben Ray | Thompson (CA) |
| Deutsch | Lynch | Thompson (MS) |
| Dingell | Maloney, | Titus |
| Doggett | Carolyn B. | Tonko |
| Doyle, Michael | Maloney, Sean | Torres |
| F. | Matsui | Tsongas |
| Ellison | McCollum | Vargas |
| Engel | McEachin | Veasey |
| Eshoo | McGovern | Vela |
| Espallat | McNerney | Velázquez |
| Esty (CT) | Meeks | Visclosky |
| Evans | Meng | Walz |
| Foster | Moore | Wasserman |
| Frankel (FL) | Moulton | Schultz |
| Fudge | Murphy (FL) | Waters, Maxine |
| Gabbard | Nadler | Watson Coleman |
| Gallego | Neal | Welch |
| Garamendi | Nolan | Wilson (FL) |
| Gonzalez (TX) | Norcross | Yarmuth |

NOT VOTING—8

| | | |
|----------|------------|---------|
| Comstock | Napolitano | Scalise |
| Cummings | Pelosi | Stivers |
| Long | Renacci | |

□ 1349

Mr. TAKANO changed his vote from “yea” to “nay.”

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 190, not voting 8, as follows:

[Roll No. 332]

AYES—235

| | | |
|---------------|-----------------|-----------------|
| Abraham | Gohmert | Noem |
| Aderholt | Goodlatte | Norman |
| Allen | Gosar | Nunes |
| Amash | Gowdy | Olson |
| Amodei | Granger | Palazzo |
| Arrington | Graves (GA) | Palmer |
| Babin | Graves (LA) | Paulsen |
| Bacon | Graves (MO) | Pearce |
| Banks (IN) | Griffith | Perry |
| Barletta | Grothman | Pittenger |
| Barr | Guthrie | Poe (TX) |
| Barton | Handel | Poliquin |
| Bergman | Harper | Posey |
| Biggs | Harris | Ratcliffe |
| Bilirakis | Hartzler | Reed |
| Bishop (MI) | Hensarling | Reichert |
| Bishop (UT) | Herrera Beutler | Rice (SC) |
| Black | Hice, Jody B. | Roby |
| Blackburn | Higgins (LA) | Roe (TN) |
| Blum | Hill | Rogers (AL) |
| Bost | Holding | Rogers (KY) |
| Brady (TX) | Hollingsworth | Rohrabacher |
| Brat | Hudson | Rokita |
| Bridenstine | Huizenga | Rooney, Francis |
| Brooks (AL) | Hultgren | Rooney, Thomas |
| Brooks (IN) | Hunter | J. |
| Buchanan | Hurd | Ros-Lehtinen |
| Buck | Issa | Roskam |
| Bucshon | Jenkins (KS) | Ross |
| Budd | Jenkins (WV) | Rothfus |
| Burgess | Johnson (LA) | Rouzer |
| Byrne | Johnson (OH) | Royce (CA) |
| Calvert | Johnson, Sam | Russell |
| Carter (GA) | Jones | Rutherford |
| Carter (TX) | Jordan | Sanford |
| Chabot | Joyce (OH) | Schweikert |
| Chaffetz | Katko | Scott, Austin |
| Cheney | Kelly (MS) | Sensenbrenner |
| Coffman | Kelly (PA) | Sessions |
| Cole | King (IA) | Shimkus |
| Collins (GA) | King (NY) | Shuster |
| Collins (NY) | Kinzinger | Simpson |
| Comer | Knight | Smith (MO) |
| Conaway | Kustoff (TN) | Smith (NE) |
| Cook | Labrador | Smith (NJ) |
| Costello (PA) | LaHood | Smith (TX) |
| Cramer | LaMalfa | Smucker |
| Crawford | Lamborn | Stefanik |
| Culberson | Lance | Stewart |
| Curbelo (FL) | Latta | Taylor |
| Davidson | Lewis (MN) | Tenney |
| Davis, Rodney | LoBiondo | Thompson (PA) |
| Denham | Loudermilk | Thornberry |
| Dent | Love | Tiberi |
| DeSantis | Lucas | Tipton |
| DesJarlais | Luetkemeyer | Trott |
| Diaz-Balart | MacArthur | Turner |
| Donovan | Marchant | Upton |
| Duffy | Marino | Valadao |
| Duncan (SC) | Marshall | Wagner |
| Duncan (TN) | Massie | Walberg |
| Dunn | Mast | Walden |
| Emmer | McCarthy | Walker |
| Estes (KS) | McCaul | Walorski |
| Farenthold | McClintock | Walters, Mimi |
| Faso | McHenry | Weber (TX) |
| Ferguson | McKinley | Webster (FL) |
| Fitzpatrick | McMorris | Wenstrup |
| Fleischmann | Rodgers | Westerman |
| Flores | McSally | Williams |
| Fortenberry | Meadows | Wilson (SC) |
| Fox | Meehan | Wittman |
| Franks (AZ) | Messer | Womack |
| Frelinghuysen | Mitchell | Woodall |
| Gaetz | Moolenaar | Yoder |
| Gallagher | Mooney (WV) | Yoho |
| Garrett | Mullin | Young (AK) |
| Gianforte | Murphy (PA) | Young (IA) |
| Gibbs | Newhouse | Zeldin |

NOES—190

| | | |
|-----------------|---------------|--------------|
| Adams | Brownley (CA) | Cleaver |
| Aguilar | Bustos | Clyburn |
| Barragán | Butterfield | Cohen |
| Bass | Capuano | Connolly |
| Beatty | Carbajal | Conyers |
| Bera | Cárdenas | Cooper |
| Beyer | Carson (IN) | Correa |
| Bishop (GA) | Cartwright | Costa |
| Blumenauer | Castor (FL) | Courtney |
| Blunt Rochester | Castro (TX) | Crist |
| Bonamici | Chu, Judy | Crowley |
| Boyle, Brendan | Cicilline | Cuellar |
| F. | Clark (MA) | Davis (CA) |
| Brady (PA) | Clarke (NY) | Davis, Danny |
| Brown (MD) | Clay | DeFazio |

DeGette
Delaney
DeLauro
DeBene
Demings
DeSaulnier
Deutch
Dingell
Doggett
Doyle, Michael
F.
Ellison
Engel
Eshoo
Español
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.
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
Loeb sack
Lofgren
Lowenthal
Lowe y
Lujan Grisham,
M.
Luján, Ben Ray
Lynch
Maloney,
Carolyn B.
Maloney, Sean
Matsui
McCollum
McEachin
McGovern
McNerney
Meeks
Meng
Moore
Moulton
Murphy (FL)
Nadler
Neal
Nolan
Norcross
O'Halleran
O'Rourke
Pallone
Panetta
Pascarell
Payne
Pelosi
Perlmutter
Peters
Peterson
Pingree
Pocan
Polis

Price (NC)
Quigley
Raskin
Rice (NY)
Richmond
Rosen
Roybal-Allard
Ruiz
Ruppersberger
Rush
Ryan (OH)
Sarbanes
Schakowsky
Schiff
Schneider
Schradler
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sinema
Sires
Slaughter
Smith (WA)
Soto
Speier
Suo zzi
Swalwell (CA)
Takano
Thompson (CA)
Thompson (MS)
Titus
Tonko
Torres
Tsongas
Vargas
Veasey
Vela
Velázquez
Visclosky
Walz
Wasserman
Cole
Collins (NY)
Comstock
Conyers
Cook
Cooper
Courtney
Cramer
Crawford
Cuellar
Culberson
Davidson
Davis (CA)
Davis, Danny
DeGette
DeLauro
DeBene
Demings
Dent
DeSaulnier
DesJarlais
Deutch
Donovan
Duffy
Duncan (SC)
Duncan (TN)
Dunn
Ellison
Engel
Eshoo
Estes (KS)
Esty (CT)
Evans
Farenthold
Ferguson
Fleischmann
Fortenberry
Foster
Frankel (FL)
Frelinghuysen
Gabbard
Garamendi

NOT VOTING—8

Collins (NY)
Cummings
Long

□ 1357

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 against:

Ms. SANCHEZ. Mr. Speaker, on rollcall No. 332, providing for consideration of H.R. 3003, the No Sanctuary for Criminals Act I was unavoidably detained and missed the vote. Had I been present, I would have voted “no.”

PERSONAL EXPLANATION

Mrs. NAPOLITANO. Mr. Speaker, I was absent during rollcall votes No. 331 and 332 due to my spouse's health situation in California. Had I been present, I would have voted “nay” on the Motion on Ordering the Previous Question on the Rule providing for consideration of H.R. 3003. I would have also voted “nay” on H. Res. 414—Rule providing for consideration of H.R. 3003—No Sanctuary for Criminals Act.

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 232, nays

183, answered “present” 2, not voting 16, as follows:

[Roll No. 333]

YEAS—232

Abraham
Aderholt
Allen
Amodei
Arrington
Bacon
Banks (IN)
Barletta
Barr
Barton
Bergman
Biggs
Bilirakis
Bishop (UT)
Black
Blackburn
Blumenauer
Blunt Rochester
Hill
Bonamici
Himes
Hollingsworth
Huffman
Huizenga
Hultgren
Hunter
Issa
Jeffries
Johnson (GA)
Johnson (LA)
Johnson, Sam
Katko
Kelly (MS)
Kelly (PA)
Kennedy
Kildee
King (IA)
King (NY)
Krishnamoorthi
Kuster (NH)
Kustoff (TN)
Labrador
LaMalfa
Lamborn
Larsen (WA)
Latta
Lawrence
Lewis (MN)
Lipinski
Loudermilk
Lowenthal
Lowe y
Lucas
Luetkemeyer
Lujan Grisham,
M.
Maloney,
Carolyn B.
Marchant
Marino
Marshall
Massie
Mast
McCarthy
McCaul
McClintock
McCollum
McEachin
McHenry
McMorris
Rodgers
McNerney
Meadows
Meehan
Meeks
Meng
Messer
Mitchell
Mooney (WV)
Moulton
Mullin

NAYS—183

Adams
Aguilar
Amash
Babin
Barragán
Bass
Beatty
Bera
Beyer
Bishop (GA)
Bishop (MI)
Blum

Comer
Conaway
Connolly
Correa
Costa
Costello (PA)
Crist
Crowley
Curbelo (FL)
Davis, Rodney
DeFazio
Denham
DeSantis
Diaz-Balart
Dingell
Doyle, Michael
F.
Emmer
Español
Faso
Fitzpatrick
Flores
Foxy
Franks (AZ)
Fudge
Gaetz
Galt
Gallagher
Gallego
Gibbs
Gonzalez (TX)
Graves (GA)
Graves (LA)
Graves (MO)
Green, Gene
Grothman
Gutiérrez
Hanabusa
Hartzler
Herrera Beutler
Hice, Jody B.
Higgins (NY)
Holding
Hoyer
Hudson
Hurd
Jackson Lee
Jayapal
Jenkins (KS)
Jenkins (WV)
Johnson (OH)

Johnson, E. B.
Jordan
Joyce (OH)
Kaptur
Keating
Kelly (IL)
Khanna
Kihuen
Kilmer
Kind
Kinzinger
Knight
LaHood
Lance
Langevin
Larson (CT)
Lawson (FL)
Lee
Levin
Lewis (GA)
Lieu, Ted
LoBiondo
Loeb sack
Lofgren
Love
Luján, Ben Ray
Lynch
MacArthur
Maloney, Sean
Matsui
McGovern
McKinley
McSally
Moolenaar
Moore
Murphy (PA)
Neal
Nolan
O'Halleran
Pallone
Palmer
Paulsen
Payne
Pearce
Perry
Peterson
Pittenger
Poe (TX)
Poliquin
Price (NC)

Ratcliffe
Reed
Reichert
Rice (NY)
Richmond
Rogers (AL)
Ros-Lehtinen
Rosen
Rouzer
Roybal-Allard
Ruiz
Rush
Rutherford
Ryan (OH)
Sánchez
Sanford
Sarbanes
Schakowsky
Schradler
Sewell (AL)
Sinema
Sires
Slaughter
Smith (MO)
Soto
Swalwell (CA)
Tenney
Thompson (CA)
Thompson (MS)
Thompson (PA)
Tiberi
Tipton
Turner
Upton
Valadao
Vargas
Veasey
Vela
Velázquez
Visclosky
Walberg
Walden
Watson Coleman
Weber (TX)
Westerman
Wittman
Woodall
Yoder
Young (AK)

ANSWERED “PRESENT”—2

Rice (SC) Tonko

NOT VOTING—16

Cummings
Delaney
Doggett
Gohmert
Grijalva
Jones

Long
Napolitano
Norcross
Peters
Quigley
Renacci

Roskam
Scalise
Stivers
Wilson (FL)

□ 1404

Ms. SINEMA changed her vote from “yea” to “nay.”

So the Journal was approved.

The result of the vote was announced as above recorded.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore (Mr. FERGUSON) laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, June 28, 2017.

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

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2th of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on June 28, 2017, at 9:28 a.m.:

Clerical correction to an appointment made on March 22, 2017 to the Board of Visitors of the U.S. Merchant Marine Academy.

With best wishes, I am,
Sincerely,

KAREN L. HAAS.

PROTECTING ACCESS TO CARE
ACT OF 2017

GENERAL LEAVE

Mr. GOODLATTE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on H.R. 1215.

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

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 382 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 1215.

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

□ 1407

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 1215) to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system, with Mr. GRAVES of Louisiana in the chair.

The Clerk read the title of the bill.

The CHAIR. Pursuant to the rule, the bill is considered read the first time.

The gentleman from Virginia (Mr. GOODLATTE) and the gentleman from Michigan (Mr. CONYERS) each will control 30 minutes.

The Chair recognizes the gentleman from Virginia.

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

Mr. Chairman, the bill before us today is modeled on California's highly successful litigation reforms that have lowered healthcare costs and made healthcare much more accessible to the people of that State.

Because the evidence of the effects of those reforms on lowering healthcare costs is so overwhelming, the Congressional Budget Office has estimated that, if the same reforms were applied at the Federal level, they would save over \$50 billion over a 10-year period.

Because the evidence that those reforms increase access to healthcare is so overwhelming, they are supported by a huge variety of public safety and labor unions, community clinics and health centers, and organizations dedicated to disease prevention, all of which have seen the beneficial effects of these reforms in California.

So popular are these reforms among the citizens of California that a ballot initiative to raise the damages cap, backed and funded by trial lawyers, was defeated by an over 2-to-1 margin in 2014.

This bill's commonsense reforms include a \$250,000 cap on inherently unquantifiable noneconomic damages and limits on the contingency fees law-

yers can charge. They allow courts to require periodic payments for future damages instead of lump sum awards so bankruptcies in which plaintiffs would receive only pennies on the dollar can be prevented. They include provisions creating a "fair share" rule by which damages are allocated fairly in direct proportion to fault.

This bill does all this without in any way limiting compensation for 100 percent of plaintiffs' economic losses, which include anything to which a receipt can be attached, including all medical costs, lost wages, future lost wages, rehabilitation costs, and any other economic out-of-pocket loss suffered as the result of a healthcare injury. Far from limiting deserved recoveries in California, these reforms have led to medical damage awards in deserving cases in the \$80 million and \$90 million range.

Unlike past iterations, this bill only applies to claims concerning the provision of goods or services for which coverage is provided in whole or in part via a Federal program, subsidy, or tax benefit, giving it a clear Federal nexus. Wherever Federal policy directly affects the distribution of healthcare, there is a clear Federal interest in reducing the costs of such Federal policies.

The legislation before us today also protects any State law that otherwise caps damages—whether at a higher level or lower than the caps in the bill—or provides greater protections that lower healthcare costs.

When President Ronald Reagan established a special task force to study the need for Federal tort reform, that task force concluded as follows: "In sum, tort law appears to be a major cause of the insurance availability and affordability crisis which the Federal Government can and should address in a variety of sensible and appropriate ways."

Indeed, the Reagan task force specifically recommended "eliminate joint and several liability," "provide for periodic payments of future economic damages," "schedule"—that is, limit—"contingency fees" of attorneys, and "limit noneconomic damages to a fair and reasonable amount." All of these recommended reforms are part of the bill before us today.

I urge my colleagues to support this legislation that would enact much-needed commonsense and cost-saving litigation reforms that would increase healthcare accessibility for all.

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

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,

Washington, DC, March 21, 2017.

Hon. BOB GOODLATTE,
Chairman, Committee on the Judiciary,
Washington, DC.

DEAR CHAIRMAN GOODLATTE: I write in regard to H.R. 1215, Protecting Access to Care Act of 2017, which was referred in addition to the Committee on Energy and Commerce. I wanted to notify you that the Committee will forgo action on the bill so that it may

proceed expeditiously to the House floor for consideration.

The Committee on Energy and Commerce takes this action with our mutual understanding that by foregoing consideration of H.R. 1215, the Committee does not waive any jurisdiction over the subject matter contained in this or similar legislation and will be appropriately consulted and involved as this or similar legislation moves forward to address any remaining issues within the Committee's jurisdiction. The Committee also reserves the right to seek appointment of an appropriate number of conferees to any House-Senate conference involving this or similar legislation and asks that you support any such request.

I would appreciate your response confirming this understanding with respect to H.R. 1215 and ask that a copy of our exchange of letters on this matter be included in your committee's report on the legislation or the Congressional Record during its consideration on the House floor.

Sincerely,

GREG WALDEN,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON THE JUDICIARY,
Washington, DC, March 21, 2017.

Hon. GREG WALDEN,
Chairman, Committee on Energy and Commerce,
Washington, DC.

DEAR CHAIRMAN WALDEN: Thank you for consulting with the Committee on the Judiciary and agreeing to be discharged from further consideration of H.R. 1215, the "Protecting Access to Care Act," so that the bill may proceed expeditiously to the House floor.

I agree that your foregoing further action on this measure does not in any way diminish or alter the jurisdiction of your committee or prejudice its jurisdictional prerogatives on this bill or similar legislation in the future. I would support your effort to seek appointment of an appropriate number of conferees from your committee to any House-Senate conference on this legislation.

I will seek to place our letters on H.R. 1215 into the Congressional Record during floor consideration of the bill. I appreciate your cooperation regarding this legislation and look forward to continuing to work together as this measure moves through the legislative process.

Sincerely,

BOB GOODLATTE,
Chairman.

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

Mr. Chairman, H.R. 1215 will do little to protect Americans' access to safe and affordable healthcare. Instead, it will deny victims of medical malpractice and defective medical products the opportunity to be fully compensated for their injuries and to hold wrongdoers accountable.

This legislation imposes various restrictions on lawsuits against healthcare providers concerning the provision of healthcare goods or services that would apply regardless of the merits of the case, the misconduct at issue, or the severity of the victim's injury.

There are so many problems with this bill, but to begin with, this bill would cause real harm by severely limiting the ability of victims to be made whole. For instance, the bill's \$250,000 aggregate limit for noneconomic damages, an amount established more than

40 years ago pursuant to a California statute, would have a particularly adverse impact on women, children, the poor, and other vulnerable members of our society.

These groups are more likely to receive noneconomic damages in healthcare cases because they are less able to establish lost wages and other economic losses. Women, for example, are often paid at a lower rate than men, even for the same job. Also, they are more likely to suffer noneconomic loss, such as disfigurement or loss of fertility. Imposing a severe limit on noneconomic damages, therefore, hurts them disproportionately.

□ 1415

Finally, this bill is particularly harmful for veterans, members of the military, and their families. Because the bill prevents State tort law in any healthcare-related lawsuit that includes any coverage provided by a Federal health program, all cases arising from substandard care received in a Veterans Administration facility or a military hospital would be subject to the bill's restrictions.

As a diverse coalition of veterans organizations noted in their letter of opposition, H.R. 1215 would limit the ability of veterans and military families to hold healthcare providers, drug manufacturers, and medical products providers accountable for pain and suffering and death that result from substandard care, preventable medical errors, and defective drugs and devices.

For these and other reasons, I implore and urge my colleagues to oppose H.R. 1215.

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

Mr. GOODLATTE. Mr. Chairman, I yield 2 minutes to the gentleman from Florida (Mr. GAETZ), a member of the Judiciary Committee.

Mr. GAETZ. Mr. Chairman, I thank the gentleman for yielding.

Today, in the Congress, too many Republicans and Democrats are obsessed with health insurance, often at the expense of the reforms that could reduce the cost of healthcare. If we cut the cost of healthcare, we make solutions far more attainable for affordable coverage.

I support this tort reform legislation because it will make healthcare in America more accessible and less expensive.

Defensive medicine costs Americans over \$50 billion. Commonsense reform will eliminate these costs, help patients afford healthcare, all while reducing the Federal deficit.

It is no surprise that defensive medicine costs so much. One survey recently reported that 93 percent of doctors practice defensive medicine due to a broken tort system.

It is outrageous that we force doctors to subject patients to costly, unnecessary, and occasionally harmful tests just to avoid frivolous lawsuits.

Let's go back to performing medical tests when needed for the patient, not

to simply avoid exposure in litigation for insurance companies. This will lower healthcare costs.

The New England Journal of Medicine found that 1 in every 14 doctors gets sued each year. An earlier Harvard study revealed that 40 percent of these malpractice suits were groundless, yet over a quarter of these frivolous cases are settled, and the average payout was \$300,000.

Groundless cases overburden our legal system, making it harder for people with legitimate grievances to have their day in court.

Frivolous claims drive up the cost of insurance for all healthcare providers, driving many physicians away from the healthcare profession. We need more doctors and hospitals, not less. Without reform, we get higher costs, fewer doctors, a larger Federal deficit, and worse healthcare outcomes.

Let's pass this bill and start delivering on more accessible healthcare for the American people.

Mr. CONYERS. Mr. Chairman, I yield 3 minutes to the distinguished gentleman from Tennessee (Mr. COHEN).

Mr. COHEN. Mr. Chairman, I thank Ranking Member CONYERS for yielding me time. Mr. Chair, I share your grief over last night's loss. Sorry about that.

Mr. Chairman, this bill is a loss, too. It is a loss to people who have been injured by defective drugs, defective medical devices, been harmed in nursing homes, or been harmed by medical malpractice because it sets a cap on noneconomic damages of \$250,000, no matter whom the person is, whatever their position was, no matter what damages they suffered.

Trial lawyers aren't the most liked people in America. They are a little bit above Congress people, I think, but it is right in there with used car salesmen. None of the three of us are doing real good. So it is easy to kind of beat us up.

But people like their doctors. I see Dr. ROE over there. People like doctors. Doctors provide healthcare, if they are allowed to by Federal law and given the opportunity to get reimbursed and have a system. People don't generally like trial lawyers. But the fact is, trial lawyers do a public service because they represent people. When they do it on contingency fees, they do it for people who wouldn't have the money to hire a lawyer, necessarily, but have been harmed. And they go in on the idea that sometimes they will get nothing, but if they win, they get a contingency fee, and they give representation to people who otherwise couldn't afford it.

When they win, they win because a jury—which is like a little focus group of America—says there was a duty that the doctor breached and a harm done to the patient and the patient should be compensated.

My chairman says this is just like California, and there he goes again with that Reagan stuff. Reagan was 40 years ago, I think, 35 years ago. What-

ever. Californians thought this isn't California's law. This goes further than California on joint liability. The fact is, when you eliminate joint and several liability in certain places, a certain part of it is California, a certain part of it isn't, it is less likely that the injured party is going to be able to collect.

It goes further in terms of setting a statute of limitations, but the big picture is States' rights. Normally, the folks on the other side of the aisle are all for States' rights. They are for States' rights when it comes to voting rights. They are for States' rights when it comes to civil rights. They are for States' rights on all kinds of things that generally tend to tamp down the lower economic folk in our country, particularly in the South.

But here on medical malpractice, which has always been a province of the States, they want to usurp it and make a Federal standard that applies to everybody.

If a State hasn't set a cap on damages, then the Federal cap of \$250,000 would go into place. So if you have a State that says it is unconstitutional to have a cap because you have got a right to a jury trial, then you might not be able to have that cap, and you will have this \$250,000 cap set.

There are all kinds of problems with Federalism, all kinds of problems with people who have been injured getting compensated, and other problems.

Go Tigers.

Mr. GOODLATTE. Mr. Chairman, I yield 2 minutes to the gentleman from West Virginia (Mr. JENKINS).

Mr. JENKINS of West Virginia. Mr. Chairman, I thank the gentleman for this opportunity. I have been sitting here listening very carefully to this debate. It sounds like a partisan fight. Democrats say this is a bad bill. Republicans say it is a good bill. If you are watching at home, you think: Here we go again. Just gridlock in Washington. Can't get something done.

Well, let me tell you and let me suggest that preserving and protecting access to care should not be a partisan issue. Why do I say that? I am from West Virginia, and 14 years ago we passed medical liability reform very similar to what we are getting ready to pass today, including \$250,000 caps on noneconomic damages.

Why do I know it was not a partisan issue back then is because the Governor of West Virginia who introduced the bill, House Bill 2122, was Congressman Governor Bob Wise. Bob Wise had been a Member of Congress for 18 years as a Democrat here in Congress. He introduced the bill 14 years ago in West Virginia. He signed the bill. It was his bill.

The West Virginia Legislature, the House of Delegates, was 68 percent Democrat. The West Virginia Senate was 70 percent Democrat. A Democrat Legislature, a Democrat Governor, and the reform is just like what we are getting ready to pass today.

Here is what Democrat Governor Bob Wise said about the bill and why they did it. What was the goal? "To work together towards a common goal preserving the healthcare system that serves all West Virginians."

What else did Governor Democrat Bob Wise say? He said, "This is a prime example of how government can work for the people," when he passed this bill and signed it.

On the day he signed the bill, this is what Democrat Bob Wise's newsletter said: "My number one commitment is the health and safety of the citizens of West Virginia?"

The CHAIR. The time of the gentleman has expired.

Mr. GOODLATTE. Mr. Chairman, I yield an additional 1 minute to the gentleman.

Mr. JENKINS of West Virginia. Mr. Chair, this should not be a Democrat/Republican issue. This should be an American healthcare issue. This should be preserving and protecting access to quality care. Just like Democrat Congressman Bob Wise in West Virginia 14 years ago set the example, we ought to set the example here of passing this with strong bipartisan support. This is quality care for the American citizens.

Mr. CONYERS. Mr. Chairman, I yield 2 minutes to the gentleman from New York (Mr. NADLER), a senior member of the House Judiciary Committee.

Mr. NADLER. Mr. Chairman, I thank the gentleman for yielding.

Yes, the previous speaker is right. This shouldn't be a partisan issue, but the Republican Party in both houses has been doing its best to destroy healthcare for the American people in the last couple of months. This is just a different piece of the same plot. Bob Wise didn't always have the best judgment.

This cruel legislation does exactly the opposite of what its title states. It would place an artificial and very low cap on noneconomic damages in medical malpractice cases, and it would lock that figure into law without adjustment for inflation, which would reduce its value almost to zero over time.

By capping damages, this bill would ensure that many victims of medical malpractice will not be fairly compensated for their injuries. Many other victims may be unable even to file a case in the first place because they will be unable to retain a lawyer. That is because medical malpractice cases often require significant upfront costs, as high as \$100,000 on average, and few attorneys will take a case if the cap on damages means that there will be no reasonable likelihood of recouping their costs.

This bill's cap on noneconomic damages is particularly insidious because of its discriminatory effect on many women, children, and seniors. They often have little or no lost wages to calculate, and, therefore, they may recover very little in the form of economic damages. But they may still have suffered a real and lasting injury

that deserves compensation. This includes women who may have chosen to stay home and raise a family, children who have yet to begin their careers, or seniors who have retired and left the workforce.

Why should they be punished under this bill and get very little compensation for a lost limb or something else?

The law recognizes that pain and suffering, and other noneconomic damages, are worthy of compensation, but supporters of this bill think Congress, not juries, should decide what those injuries are worth, and it is shamefully little.

This legislation is based on the California law that includes a cap of \$250,000 for noneconomic damages, but it was enacted back in 1975. Whether or not that was an appropriate figure 40 years ago, in today's dollars, it is clearly inadequate.

After adjusting for inflation, the cap would need to be approximately \$1.128 million to be the same as the \$250,000 cap was when it was enacted.

The CHAIR. The time of the gentleman has expired.

Mr. CONYERS. Mr. Chairman, I yield the gentleman an additional 30 seconds.

Mr. NADLER. Thinking of it another way, that \$250,000 cap is now worth just over \$56,000, nearly a fifth as much.

Even assuming that \$250,000 is the appropriate figure today, fairness demands that this cap be indexed for inflation going forward so that we do not see a similar erosion of value. But this bill locks in an already low cap and lets it dwindle away until it is worth essentially zero.

I offered an amendment to adjust the cap to reflect 40 years of inflation, and to index it going forward, but the Rules Committee did not make it in order. Instead, we are forced to vote on a bill that, over time, will consider pain and suffering to be worth nothing at all.

This bill would not reduce the cost of malpractice insurance, it would not drive bad doctors out of practice, and it would certainly not protect patients.

What it would do is give a free ride to a healthcare provider, or a healthcare entity, that seriously harms a patient or a consumer.

I urge my colleagues to reject this unfair and unnecessary legislation.

Mr. KING of Iowa. Mr. Chairman, I yield 4 minutes to the gentleman from Tennessee (Mr. ROE).

Mr. ROE of Tennessee. Mr. Chairman, I rise today in support of H.R. 1215, the Protecting Access to Care Act of 2017, a much needed piece of legislation aimed at reforming medical malpractice law in order to help drive down the cost of providing healthcare and, thereby, making it more affordable for all Americans.

I had the privilege of practicing medicine in the great State of Tennessee for 31 years before coming to Congress. The one thing that took away some of the joy from that practice was the threat of frivolous lawsuits.

Because of trial attorneys, over the years, the premiums for malpractice insurance have ballooned to levels that make it difficult for providers to practice and are driving more people out of practice, away from small practices, and into large hospital systems just so they can survive as a practitioner. Worse still, the jury awards aren't going to the victims of actual malpractice.

□ 1430

In Tennessee, prior to implementing some malpractice reforms, over half the premium dollars were paid out to attorneys, and less than 40 cents of every dollar paid out have gone to people who have actually been injured. So we are not compensating the injured party.

Thankfully, States like my home State of Tennessee are taking action and have enacted much-needed reforms in the last decade, and the costs associated with providing care have plummeted since then. In 2008, the Tennessee Medical Malpractice Act was signed into law and created requirements that the plaintiff in a healthcare liability action provide the defendant with a pre-suit notice of the claim as well as a qualified expert to review the case and certify it has merit.

Adding onto these reforms, in 2011, the Tennessee Civil Justice Act was signed into law, and it included a \$750,000 cap for noneconomic damages and a cap on punitive damages at the greater of twice the compensatory damages or \$500,000.

With these changes, between 2008 and 2014, the number of medical malpractice lawsuits in Tennessee decreased by 36 percent, from 584 to just 374. And, Mr. Chairman, between 2009 and 2014, the annual medical malpractice premium for an OB/GYN doctor like myself decreased from \$52,000-plus to \$33,000-plus, nearly a \$20,000 decrease in premiums per year.

Those of us who were here in 2009 when the Affordable Care Act was debated remember that President Obama acknowledged that the cost of defensive medicine was a bipartisan concern and something that he wanted to address. Despite the fact that our legislation is modeled on a California law that has stood the test for 40 years through both Republican and Democratic Governors, Democrats made no serious attempt to address medical malpractice as their healthcare bill was pushed through, which is yet another flaw of the ACA.

Today's bill is common sense. With these reforms, we will ensure patients, not trial attorneys, are compensated for legitimate malpractice claims—and there are legitimate claims out there. But we will also prevent frivolous litigation from moving forward.

For those concerned about the 10th Amendment, this bill respects States' rights and only subjects claims with a Federal nexus to this law, while giving a great deal of latitude to States to act in their own accord.

Mr. Chairman, I loved what I did while I was in practice. I had the chance to deliver about 5,000 babies, and it never felt like a job. It is just what I did and enjoyed doing. But at a time when healthcare costs are spiraling out of control, an easy fix like H.R. 1215 just makes sense and is just another piece of the puzzle to help the costs of healthcare go down.

I strongly support the much-needed reforms in this legislation, and I urge my colleagues to vote in favor of final passage.

One final thing, Mr. Chairman. I have a list here of our premiums in the State of Tennessee, and under every specialty listed here—and there are numerous—there were dramatic decreases in each of these.

Mr. CONYERS. Mr. Chairman, I yield 2 minutes to the gentlewoman from Texas (Ms. JACKSON LEE), the most active Member in the 115th Congress.

Ms. JACKSON LEE. Mr. Chairman, I thank the gentleman for yielding.

Mr. Chairman, I would say to my colleagues that this is about bad medicine, not good medicine, and it is about undermining good healthcare, as we have seen in the TrumpCare saga, causing some 49 million people to lose their insurance. Here we go again.

I would offer to say that the most difficult, hurtful, and harmful aspect of this particular legislation is that it would make it more difficult for plaintiffs to seek redress for medical injuries that have been proven in court.

In addition, it proposes to make dangerous and potentially unconstitutional changes to our Nation's Federal system, intruding on State sovereignty, the very thing that Republicans seem to relish and to support, because this bill attempts to preempt the several areas of tort law that have been traditionally reserved to the States.

I would tell my good friends in Tennessee and West Virginia: Deal with your States, just as other individuals deal with their own States.

This bill, as well, has a very difficult impact on medical malpractice. Because it was written so vaguely, the broad language sweeps into not only doctors and other medical professionals, but hospitals and clinics and almost every entity that contributes in any way to making any healthcare product or service available. That clearly impacts the healthcare of Americans.

When your child is injured through no fault of their own or your own, you need relief for that child. Interestingly enough, the American Bar Association that represents all lawyers, trial lawyers, of which there is an attempt to impugn their work, contempt for trial lawyers and the good work that they do. But the ABA says they are opposed to this bill, and they represent lawyers who fight every day to make sure the injustices don't happen.

But here is the real cause of my angst for this particular bill: "Medical

Error Leaves Family With Unanswered Questions."

"Olivia was a senior in high school in Santa Monica, California, an accomplished scholar, actress, and musician who had earned early acceptance to Smith College."

The CHAIR. The time of the gentlewoman has expired.

Mr. CONYERS. Mr. Chairman, I yield the gentlewoman an additional 30 seconds.

Ms. JACKSON LEE. "Olivia was born with a congenital heart condition."

She was going into college, but had a condition that caused her to go into the hospital. When she went in, she had a small procedure. Her vitals were dropping. Hospital staff waited more than 10 minutes before attempting resuscitation, but it was too late. She remained in a coma and died.

Mr. Chairman, I include the article in the RECORD.

MEDICAL ERROR LEAVES FAMILY WITH UNANSWERED QUESTIONS

Research has found that 440,000 Americans die every year from preventable medical errors each year.

Olivia was a senior in high school in Santa Monica, California, an accomplished scholar, actress, and musician who had earned early acceptance to Smith College.

Olivia was born with a congenital heart condition that was monitored throughout her childhood.

The fall that Olivia was supposed to start college, she underwent a routine procedure to help doctors figure out if she could be considered for a surgery that would improve her condition.

The procedure was completed without complications, but while Olivia was still under anesthesia, a cardiology fellow-in-training pulled the catheter lines, causing Olivia's heart rate, pulse, and blood pressure to drop rapidly. Even though her vitals were dropping, hospital staff waited more than 10 minutes before attempting resuscitation. But it was too late.

Olivia would never regain consciousness and died that winter, never having lived her dream and attending college.

Her future was stolen from her, and immediately her family tried to understand what had gone wrong. They began to ask questions on how this could have happened, but they were given very few answers from the hospital.

Finally, the hospital gave her family incomplete medical records to sift through and find answers. They sought the help of an attorney because, despite their best efforts, they still did not fully understand what caused their daughter's death. But due to California's out dated \$250,000 cap on medical negligence damages, it was nearly impossible to find one.

Olivia's life was cut short by a preventable medical error, and unfortunately, she is not alone. In the U.S., preventable medical errors are the third leading cause of death.

Our focus should be on improving patient safety and preventing medical errors, not limiting the rights of injured patients and their families. Lawmakers who seek to limit the accountability of health care providers are seeking to limit our rights and our avenues to justice.

Don't our loved ones deserve better?

Ms. JACKSON LEE. Mr. Chairman, what do you want families to face—no relief? Or do you want these constant

errors to go unrecognized and reconciled? This bill will do that by denying the ability.

It provides immunity for healthcare providers who dispense defective or dangerous products. It makes it harder for victims to attain adequate legal representation, and it imposes a risk or loss on victims rather than wrongdoers. This bill undermines healthcare and it undermines good healthcare.

Mr. Chair, I include in the RECORD a letter from the American Bar Association opposing this bill.

AMERICAN BAR ASSOCIATION,
Washington, DC, February 27, 2017.

Re Concerns Regarding H.R. 1215, the "Protecting Access to Care Act of 2017."

Hon. BOB GOODLATTE,

Chairman, Committee on the Judiciary, House of Representatives, Washington, DC.

Hon. JOHN CONYERS, JR.,

Ranking Member, Committee on the Judiciary, House of Representatives, Washington, DC.

DEAR CHAIRMAN GOODLATTE AND RANKING MEMBER CONYERS: On behalf of the American Bar Association, which is the largest voluntary membership organization of legal professionals in the United States, consisting of more than 400,000 members from all 50 states, the District of Columbia and other jurisdictions, I am writing to express our opposition to H.R. 1215, the "Protecting Access to Care Act of 2017." I understand that your committee is scheduled to mark up this bill as early as tomorrow.

For over 200 years, the authority to determine medical liability law has rested in the states. This system, which grants each state the autonomy to regulate the resolution of medical liability actions within its own borders, is a hallmark of our American justice system. The states also regulate the insurance industry. Because of the roles they have played, the states are the repositories of experience and expertise in these matters. Therefore, the ABA believes that Congress should not substitute its judgment, as is proposed in H.R. 1215, for the systems that have evolved in each state over time.

Specifically, I would like to share with you the ABA's concerns and other views regarding key provisions in the proposed legislation relating to damages, proportionate liability, and contingent fees.

Damages. The ABA believes that compensatory damages should not be capped at either the state or federal level, and, as a result, we have serious concerns regarding Section 3(b) of H.R. 1215 that would cap noneconomic damages for a plaintiff's injuries at \$250,000 regardless of the number of parties against whom the action is brought or the number of separate claims or actions brought with respect to the same injury. For more than thirty years, the ABA has studied the research on federal and state legislative efforts to impose limits on noneconomic damages, including pain and suffering. Empirical research has shown that caps diminish access to the courts for low wage earners, like the elderly, children, and women; if economic damages are minor and noneconomic damages are capped, victims are less likely to be able to obtain counsel to represent them in seeking redress.

Those affected by caps on damages are the patients who have been most severely injured by the negligence of others. These patients who reside in communities around the country should not be told that, due to an arbitrary limit set by members of Congress in Washington, DC, they will be deprived of the compensation determined by a fair and impartial jury. The courts already possess

and exercise their powers of remittitur to set aside excessive jury verdicts, and that is the appropriate solution rather than an arbitrary cap. For these reasons, the ABA opposes those provisions in H.R. 1215, such as Section 3(b), which would place a dollar limit on recoverable damages and operate to deny full compensation to a patient in a medical liability action.

Proportionate Liability. Section 3(d) of H.R. 1215 would create a “fair share rule” under which each party would be liable only for its share of any damages, and, as a result, the provision would preempt existing state laws that provide for joint and several liability in medical liability cases. The ABA believes that, at the state level, the laws providing for joint and several liability should be modified to recognize that defendants whose responsibility is substantially disproportionate to liability for the entire loss suffered by the plaintiff should be held liable for only their equitable share of the plaintiff’s noneconomic loss. Although the ABA supports this principle and encourages other improvements to the tort laws at the state level, it opposes federal preemption of the medical liability laws of the states and territories. Therefore, the ABA opposes Section 3(d) to the extent that it would preempt existing state laws and to the extent that it would apply a proportionate liability rule to all damages, not just the plaintiff’s noneconomic damages.

Contingent Fees. Section 4(a) of H.R. 1215 would empower a court to reduce the contingent fees paid from a plaintiff’s damage award to an attorney, redirect damages to the plaintiff, and further reduce contingent fees in cases involving minors and incompetent persons. The ABA opposes sliding scales for contingent fees and other special restrictions on such fees. In 1985, the ABA created a Special Committee on Medical Professional Liability (“Special Committee”) to study the initiatives proposed at that time in an Action Plan of the American Medical Association Special Task Force on Professional Liability and Insurance. Among the initiatives was a recommendation of sliding scales on contingent fees, having effects comparable to the caps proposed here. After review, the Special Committee concluded the following:

“A sliding scale for contingency fees in medical malpractice litigation may very well reduce total awards for patient-victims by depriving them of representation by a trial lawyer sufficiently skilled at obtaining the highest appropriate award. Mandatory sliding scale systems could also inhibit claimants’ access to the court system by limiting the availability of counsel. And imposing sliding scales only in medical malpractice cases would, in effect, create different level of skills among available counsel for plaintiffs in medical malpractice cases from those available to claimants in other tort cases.”

As a result of this finding, the ABA adopted a policy in 1986 that “no justification exists for imposing special restrictions on contingent fees in medical malpractice actions.” Therefore, the ABA opposes the limits on contingent fees contained in Section 4 of H.R. 1215.

The American Bar Association remains committed to maintaining a fair and efficient justice system where victims of medical malpractice can obtain redress based on state laws, without arbitrary or harmful restrictions. We offer these perspectives for your consideration as you mark up H.R. 1215.

Sincerely,

THOMAS M. SUSMAN,

Director, Governmental Affairs Office.

Mr. CHAIR, as a senior member of the Judiciary Committee, I rise in strong opposition to

H.R. 1215, the so-called “Protecting Access to Care Act of 2017.”

I oppose this misguided and ill-considered legislation for several reasons.

Specifically, the bill before us should be rejected because:

1. H.R. 1215 violates state sovereignty;
2. H.R. 1215 applies well beyond medical malpractice;
3. Unjustifiably caps noneconomic damages, which will have a disproportionately adverse impact on women, the poor, and other vulnerable groups.
4. Provides unjustifiable immunity for health care providers who dispense defective or dangerous pharmaceuticals or medical devices;
5. Imposes an excessively short statute of limitations period;
6. Makes it harder for victims to obtain adequate legal representation; and
7. Inequitably imposes the risk of loss on victims rather than wrongdoers.

For over 200 years, the authority to determine medical liability has rested in the states.

This system, which grants each state the autonomy to regulate the resolution of medical liability actions within its own borders, is a hallmark of our American justice system.

H.R. 1215 would preempt state law in all 50 states with a rigid, uniform set of rules designed to make it more difficult for malpractice victims to obtain relief in the courts.

Victims injured by the negligent conduct of others, who have lost limbs, suffered traumatic brain injury, or lost their vision following medical procedures should not be subject to additional burdens of a possible limited recovery, currently available under state patients’ bills of rights and other protections under the Affordable Care Act.

The definitions in H.R. 1215 are written in such vague and broad language as to potentially sweep in not only doctors and other medical professionals, hospitals and clinics, but also every entity that contributes in any way to making any health care product or service available, including insurance companies, pharmaceutical manufacturers, health product manufacturers, pharmacists, nursing homes, assisted living facilities, and mental health treatment centers, and drug and alcohol rehabilitation facility, among others.

H.R. 1215 will do nothing to strengthen protections for patients.

It goes in the opposite direction, by excusing the health care industry from accountability for carelessness, and shifting the burden for shouldering the consequences of preventable medical injury to the injured patients, their families, their employers, their insurance companies, and taxpayers.

Current provisions of the Affordable Care Act prohibit insurance companies from denying coverage for preexisting conditions, mandate coverage for young adults and children under the age of 26, and secure lifetime coverage caps, ensuring patients receive the care they need.

Empirical research has shown that caps on damages, such as those envisioned by H.R. 1215, diminish access to the courts for the most vulnerable, such as low wage earners, like the elderly, children, and women.

The bill arbitrarily caps so-called “noneconomic loss”—which sweeps in essentially everything that is not loss of salary or additional medical expenses—at \$250,000 for the patient’s lifetime, punishing those patients with the most devastating, life-altering injuries.

The bill forces the injured patient to take the amounts received for future expenses resulting from the injury in a “structured settlement,” which may not match up with the patient’s actual needs as they arise, and would further reduce the amount the careless health care provider actually pays.

Preventable medical errors are the third-leading cause of death in the United States, with an estimated 440,000 deaths each year following a medical error or hospital-caused infection during a hospital stay.

Addressing this problem must be a national priority.

And although policies to promote and require safer practices are key to this effort, that is insufficient.

We cannot assign a government monitor to every hospital operating room and every doctor’s office.

Effective protection should also include enabling patients and their families to hold health care providers accountable for errors that cause harm.

H.R. 1215 would unfortunately take several major steps backward from this goal.

The bill twists important protections found in many state laws into an additional legal hurdle.

An extended statute of limitations protection allows patients who do not discover their injury until much later, sometimes many years after the medical procedure or intervention, to still have a chance to seek legal help.

But in the bill, the period in which an injured patient can seek legal help is actually shortened to one year.

The bill cuts off a patient injured as a young child if their family fails to bring legal action on their behalf, long before they are old enough to legally act on their own behalf.

This legislation would impose various restrictions on medical malpractice lawsuits, causing these restrictions to apply regardless of how much merit a case may have, the negligence at issue, or the severity of the issue.

If economic damages are minor and noneconomic damages are capped, victims are less likely to be able to obtain counsel to represent them in seeking redress in these personal injury malpractice cases that often operate under contingency fee.

Those affected by caps on damages are the patients who have been most severely injured by the negligence of others.

These patients who reside in communities around the country should not be told that, due to an arbitrary limit set by members of Congress in Washington, DC, they will be deprived of the compensation determined by a fair and impartial jury.

The courts already possess and exercise their powers of remittitur to set aside excessive jury verdicts, and that is the appropriate solution rather than an arbitrary cap.

I am concerned that H.R. 1215 would put patient safety at higher risk, by significantly undermining the accountability of those who provide patients with medical care.

H.R. 1215 undercuts patients in situations in which carelessness or misconduct by several health care providers combines to injure the patient.

It arbitrarily “divides” blame among those actors and then if one of them evades accountability for any reason, the others who caused the injury are excused from having to make up the difference, and the injured patient is short-changed.

H.R. 1215 shifts accountability away from the careless health care providers who caused the injury and onto “collateral sources,” such as the patient’s insurance company or employer, or the government, that pay for part of the patient’s medical expenses or other expenses resulting from the injury.

In effect, these other sources provide involuntary free insurance to careless health care providers.

The bill excuses doctors and other health care providers from any responsibility of looking into the safety and effectiveness of any medication or medical product, so long as it has been approved by the FDA.

Accordingly, I strongly oppose H.R. 1215 for these and many more reasons and urge my colleagues to reject this bill.

Mr. KING of Iowa. Mr. Chairman, I yield myself 5 minutes.

Mr. Chairman, first of all, the statement that this bill caps or limits States on economic or noneconomic damages is incorrect. In fact, I would point the gentlewoman from Texas to page 6 of the bill, that says, under State Flexibility, that specifies a particular monetary amount of economic or economic damages, there is no provision in this section that shall be construed to preempt State law. We wrote that specifically to respect the States’ rights.

I recall a number of these pieces of legislation that have come before this Congress. I can remember it back at least until 2007. I was uneasy about the constitutionality because it did reach in and preempt State law.

And I am a respecter of States’ rights, but we have a Federal interest in healthcare. That is the provision that is written into the bill. If there are Federal dollars involved, if it is a Federal program, then the Federal Government has an interest in limiting these damages.

We capped the damages in this bill, not the economic damages. Those real damages that are economic damages are fully compensated, without limit, without cap, and without the interference of this law, unless States choose to cap economic damages.

Noneconomic damages, however, are capped at \$250,000; and that \$250,000 cap is something that has existed in California State law for more than 40 years, signed into law by the very durable Jerry Brown. But if the States want to change that, if they want to raise the cap beyond \$250,000, that is their right to do so. We specify that in the bill.

I would like to discuss a need for this bill. It is necessary to preserve fiscal sanity in Federal healthcare policy. And I would like to point out, also, at the outset that this bill only applies to claims concerning the provision of goods and services for which coverage is provided in whole or in part by a Federal program, a Federal subsidy, or a Federal tax benefit. It is a clear, clear, Mr. Chairman, Federal nexus. Wherever Federal policy affects the distribution of healthcare, there is a clear Federal interest.

So, the bill’s commonsense reforms, which have been the law in California for over 40 years and that the CBO has scored a couple of times here—the previous score was \$54 billion; this score is \$50 billion—is over \$50 billion in savings to the people who are paying for healthcare in this country, and that includes our taxpayers and the healthcare users.

But the \$250,000 cap is reasonable. It has sustained itself over those 40 years in California, and it is good enough for other States to emulate.

When I hear some pushback from Texas, I am kind of thinking they want to keep the system they have, and they don’t want to have to compete with the rest of the country. I think we might lose a vote or two to from Texas on that alone: We have ours; we don’t want America to have anything like that because then we have to compete with all of America.

This bill will allow courts to require periodic payments for future damages instead of lump sum awards. That helps limit bankruptcies so plaintiffs that might receive only pennies on the dollar can be prevented. And it includes provisions creating a “fair share” rule by which damages are allocated fairly in direct proportion to fault. That has got to help a lot when you are thinking about the cost of healthcare.

The bill does all this without in any way limiting compensation for 100 percent of the plaintiffs’ economic losses, which include anything to which a receipt can be attached, including all medical costs, lost wages, future lost wages, rehabilitation costs, or any other economic out-of-pocket loss suffered as a result of a healthcare injury.

Far from limiting deserved recoveries in California, these reforms have led to medical damage awards in deserving cases. Mr. Chairman, in the area of the \$80 million to \$90 million range.

The Washington Post reported a few months ago: “U.S. healthcare spending . . . is projected to accelerate over the next decade. . . . A study by the Centers for Medicare and Medicaid Services projects that the average growth in health spending will be even faster in 2016” on up through the decade of 2025. “The projections are based on an assumption that the legislative status quo will prevail.”

If we don’t change the law, we are going to see these costs going up.

As Nate Silver pointed out in The New York Times, not my favorite document: “All the major categories of Federal Government spending have been increasing relative to inflation. But essentially all of the increase in spending relative to economic growth and the potential tax base has come from entitlement programs, and about half of all of that has come from healthcare entitlements specifically.”

Studies show that as healthcare costs rise, wages fall; and the more companies pay in healthcare costs, the less

they can pay in wages. So when healthcare costs increase and that growth increases, wages stagnate; and when healthcare costs growth slows, wages go up.

Members who want to see wages increase should vote for this bill—it is good for the healthcare workers—because one of the drivers of higher healthcare spending is so-called defensive medicine.

The CHAIR. The time of the gentleman has expired.

Mr. KING of Iowa. Mr. Chairman, I yield myself an additional 2 minutes.

That is a very real phenomenon confirmed by countless studies in which healthcare workers conduct many additional costly tests and procedures with no medical value. That is charged to our Federal taxpayers, and it is simply to avoid excessive litigation costs.

A survey published in the Archives of Internal Medicine found that 91 percent of the over 1,000 doctors surveyed “reported believing that physicians order more tests and procedures than needed to protect themselves from malpractice suits.”

The study also asked: “Are protections against unwarranted medical malpractice lawsuits needed to decrease the unnecessary use of diagnostic tests?” And the answer, an identical number: 91 percent of the doctors surveyed agreed.

But there is one Newsweek reporter who described the personal experience of individual doctors this way: “Typical was one doctor, who had a list as long as my arm of procedures ER docs perform . . . for no patient benefit. They include following a bedside sonogram . . . with an “official” sonogram because it’s easier to defend yourself to a jury if you’ve ordered the second one; a CT scan for every child who bumped his or her head, to rule out things that can be diagnosed just fine by observation; X-rays that do not guide treatment, such as for a simple broken arm; CTs for suspected appendicitis that has been perfectly well diagnosed without it.

“Although doctors may hate practicing defensive medicine, they do it so they don’t get sued. . . . Nationwide, physicians estimate that 35 percent of diagnostic tests they ordered were to avoid lawsuits, as were 19 percent of hospitalizations, 14 percent of prescriptions, and 8 percent of surgeries. . . . All told,” according to the Newsweek article, \$650 billion in unnecessary care every year was provided by these doctors. Another ER doctor said he ordered 52 CT scans in one 12-hour shift for a total of \$104,000 in a single day.

These are the things we are dealing with, Mr. Chairman.

The CHAIR. The time of the gentleman has again expired.

Mr. KING of Iowa. Mr. Chairman, I yield myself an additional 1 minute.

One of the most recent studies, published a few months ago in the Journal of the American College of Radiology studied the effects of tort reform on

just radiographic tests alone and found that there were “2.4 million to 2.7 million fewer radiographic tests annually attributed to tort reforms.”

Just imagine what savings would occur if such reforms were attached to all Federal healthcare programs, as this bill would do.

□ 1445

It causes me to think of an orthopedic surgeon who told me that he can diagnose an ACL almost every time, yet he is compelled by his liability insurance to do additional tests, 97 percent of which are unnecessary.

That is the kind of thing we are dealing with, Mr. Chairman, and it is time for us to bring sanity to this litigation that we have in this country.

I reserve the balance of my time.

Mr. CONYERS. Mr. Chairman, I yield 30 seconds to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Mr. Chair, I thank the gentleman very much. I think the question to the gentleman from Michigan, and the gentleman's comments from Iowa, is the question of good medicine, and additional tests may, frankly, just be good medicine.

Maybe, Mr. Chair, Mr. CONYERS would agree that we should gather about insurance reform and capping premiums so that we can help our doctors. And I would assure you that they would be very happy on that.

But to the gentleman's point, I'm sorry to say he was incorrect, because we note that there are almost 20 States that have a variety of noncaps on certain aspects, and now the Federal intrusion will come in and now tell them where they do not have caps, that they have to have caps.

In fact, he is incorrect, and this bill does skew the medical service or medical treatment in our States.

Mr. CONYERS. Mr. Chair, I yield 2 minutes to the gentleman from Rhode Island (Mr. CICILLINE), a distinguished member of the House Judiciary Committee.

Mr. CICILLINE. Mr. Chair, I thank the gentleman for yielding.

I rise in strong opposition to H.R. 1215, which should be more accurately called the taking away access to care and justice act. This bill will do nothing to strengthen patient protections and will make careless healthcare providers less accountable.

It will severely limit when an injured person is allowed to bring a healthcare lawsuit by shortening the time that injured people have to seek relief. It will also impose a one-size-fits-all cap on how much compensation victims of medical malpractice can receive for pain and suffering, regardless of the severity of a person's injury—in order to benefit insurance companies and wrongdoers.

This cap even applies to intentional acts of misconduct. This bill would unfairly limit a patient suing a healthcare provider for sexual assault, as well as a veteran who has received

substandard medical care. The bill is written so broadly, it shields both negligent doctors and manufacturers of dangerous drugs and medical devices from liability.

H.R. 1215 is before us at a time when Republicans in the Senate are working hard to pass a bill that eliminates health coverage for 22 million people in order to give the wealthiest Americans and insurance companies a huge tax cut. The American people deserve better than this.

Our legal and healthcare system should work for the benefit of hard-working Americans, the people we represent, not for the powerful special interests. Republicans are chomping at the bit for the opportunity to eliminate health coverage for honest, hard-working Americans and are making deep cuts to Medicaid just so they can give the richest people in this country a \$600 billion tax cut.

And now, they want to prevent injured people from getting justice when they are hurt. Middle class families need to see that we are on their side. They don't need bills like H.R. 1215, which will rig the healthcare and justice systems against them.

I strongly urge my colleagues to vote “no” on H.R. 1215.

Mr. KING of Iowa. Mr. Chairman, I yield myself 1 minute.

Mr. Chairman, it is just interesting to me to hear this discussion about the Senate addressing the healthcare situation in America. I stood on this floor time, after time, after time, and in 2010, March 23 of 2010, the final passage of ObamaCare was sent out of the Congress to the President of the United States, who signed it immediately before the sun could come up in the morning.

And I was sick at heart at what happened to our Constitution, our rule of law, our individual rights. And now we have a mess of a healthcare system in America. This is a component of the fix. We don't have a single Democrat in the House or Senate that is willing to even commit to work with us to put up a single vote to try to improve the healthcare system in America.

They made a mistake, and they passed ObamaCare. They served it over to us and said: Now you fix it. Well, we are going to declare it a mess no matter what you do. We are going to fix it. It is going to take some time.

I reserve the balance of my time.

Mr. CONYERS. Mr. Chairman, I am pleased to yield 2 minutes to the gentleman from Florida (Mr. DEUTCH), a distinguished member of the Judiciary Committee.

Mr. DEUTCH. Mr. Chair, I thank my friend, the ranking member from Michigan.

Mr. Chairman, I am thrilled to hear my colleague talk about the Constitution. I am sorry that the Constitution that he is talking about doesn't include the right to a jury trial because that is the Constitution that I read.

And this piece of legislation, H.R. 1215, will threaten that constitutional

right. We have been told there is nothing to worry about in this bill because it will cover 100 percent of economic costs—anything that comes with a receipt, we were told.

I am going to tell you what is wrong with this bill and the stories of four people: a young child who goes in for a simple procedure and leaves the hospital paralyzed; a young adult who requires the amputation of his left leg, but the doctor amputates the right leg and he leaves the hospital with neither; the woman whose physician used his power to sexually assault her while she is sedated; and the rape of a nursing home patient by a trusted healthcare provider.

Mr. Chairman, there will be no receipts that will cover the costs that those four individuals would suffer for the rest of their lives that could be turned in, compensated, and subject to this artificial cap.

Why is it that my colleagues believe that they are in a better position to determine how those wronged individuals should be compensated for the atrocities that happened to them instead of allowing a jury of their peers do the same?

This bill is not meant to help reduce costs. This is an assault on injured people. This is an assault on those who value access to the courtroom in order to see justice.

I urge my colleagues, in the strongest possible terms, to reject this anticonsumer, this terrible piece of legislation.

Mr. KING of Iowa. Mr. Chairman, I yield myself 1 minute.

Mr. Chairman, as you listen to the stories that are here that have been delivered by the gentleman from Florida, I am wondering why we haven't heard these stories come out of California. Because this legislation essentially mirrors California legislation. That was the model that we followed. And they have had over 40 years to repeal or amend it, and it has been sustainable.

There is a right to a jury trial under this. It is just that there are caps that are set, that are reasonable caps, and the States are free to change those caps up or down.

So I don't quite follow this, but I would say someone who is raped in a nursing home is not covered under this. This legislation doesn't affect it at all. It has to have an affect by a diagnosis, a prevention, or a treatment of a disease impairment; and a rape is not that. So it would not be covered under this legislation.

Mr. Chairman, I know that my opposition would like to have this legislation killed. I would just point out something that I heard on the floor of the House here about 10 years ago, and it was this: We can pass this legislation, but the Senate may not pass it. And I would urge them to take it up. There is a special interest, and it is the Trial Lawyers Association. They are the ones who will not come out of this very well.

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

Mr. CONYERS. Mr. Chairman, I yield 1 minute to the gentleman from Tennessee (Mr. DUNCAN).

Mr. DUNCAN of Tennessee. Mr. Chairman, I rise in opposition to this bill. As the House Liberty Caucus wrote, this bill violates the 10th Amendment that conservatives have always supported.

More troubling is the way this bill is worded. It could lead to what the Liberty Caucus describes as a "massive expansion of Federal authority" because it could make almost every medical malpractice case a Federal case. Every case should not be a Federal case.

The States have already put pretty severe limits on medical malpractice cases. I have two other problems with this bill. I am in my 29th year in Congress. The doctors were asking for this \$250,000 limit then, too. \$250,000 29 years ago is certainly not \$250,000 today.

Finally, this bill, in the end, is saying there are really no limits on suits against 99.8 percent of the people I represent, but we are going to have special protection for this one very respected group of people. Conservatives have traditionally had more faith in people than in government.

I was a judge for 7.5 years before coming to Congress. Conservatives used to believe strongly in the jury system, and still should believe in that today.

Mr. KING of Iowa. Mr. Chairman, I yield myself 1 minute.

Mr. Chairman, I point out also that this bill keeps these cases in State court. It doesn't move them to Federal court. Previous legislation that has been brought to this floor, a decade or so ago, did move a lot of these cases to Federal court. But it is carefully drafted to keep this with the maximum amount of respect for States' rights that can be held and still have a Federal interest.

There has to be a Federal interest in every dollar involved in this. In every single case, there has to be Federal dollars involved in it, or this bill wouldn't affect it at all. And so I am one who is also a great respecter of States' rights. And in this legislation, as drafted, there are provisions in there over and over again that protect as many of the States' rights as can be. And if you take the other side of this argument, then it is far stronger that the right of the Federal Government would be usurped by the States if we don't have this legislation.

That is what is taking place now—States that choose not to make a decision, not to set caps, and we are seeing huge settlements going on around the country. This is what we want to end, so that we can save the \$50 to \$54 billion for the taxpayers. But the thing that is even worth more than this is, how much of that \$650 billion in defensive medicine will no longer be used in this country, and how much safer and less expensive will our healthcare be in America?

I reserve the balance of my time.

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

I just have to add here that H.R. 1215 deeply intrudes on States' sovereignty. In particular, H.R. 1215 preempts State law governing joint and several liability, the availability of damages, the ability to introduce evidence of collateral source benefits, attorneys' fees, and periodic payments of future damages.

Members should not be fooled by assertions that the bill preserves State law. In fact, the rule of construction contained in the bill expressly states that it preempts State law, except in very limited circumstances where State law is more favorable to defendants.

Mr. Chair, I yield 2 minutes to the gentleman from Washington (Ms. JAYAPAL).

Ms. JAYAPAL. Mr. Chair, I thank the gentleman for yielding.

Mr. Chair, I rise today to express my strong opposition to H.R. 1215. First of all, my home State of Washington is one of those States where our Supreme Court has ruled and said that caps are not constitutional. So this bill is an intrusion of our States' rights.

This bill also clearly puts the interests of big corporations over everyday people and sends a signal to medical and health providers that they can act irresponsibly, perhaps to make more money, and get away with it.

Let me give you a very real example of what happens when hospitals put profit over people. The neurology program at Swedish Medical Center-Cherry Hill in Seattle is under investigation for negligent care arising out of a program designed to incentivize neuroscience doctors to take on heavy case-loads of complicated cases that lead to serious errors and even death.

One of the patients was Talia Goldenberg, a talented and vibrant young woman. Talia went in for a cervical spinal fusion with a neurosurgeon who had been embroiled in numerous investigations. And as a result of gross medical malpractice, Talia died.

According to a Seattle Times investigation, numerous problems surfaced around her care—or lack thereof—and attention to the surgery and medical complications that arose from it.

When Talia went in for her surgery, she was filled with hope. In thinking about the life that she might have after surgery, she wrote this: So who am I? I am an artist, a dreamer. I am a stationary biker. I am a woman, a girl, a person. I am a skier. I am an aspiring pole vaulter. I am a reluctant, yet faithful, believer of the power of lucky underwear. I am someone with a voice.

Talia died. She is one of the many tragic instances of people losing their lives to medical malpractice, and, even in my own office, two of my staffers have lost three of their grandparents due to medical malpractice. We have to make sure that we have consequences

when we entrust our healthcare to someone, and there are grave errors.

For the sake of Talia and so many others like her who have dreams that are violated by preventable errors, we must defeat this bill.

A "no" vote is a vote for the American people.

□ 1500

Mr. KING of Iowa. Mr. Chairman, I yield myself 1 minute.

Mr. Chairman, I was a little surprised to hear that a judge in the State of Washington had ruled that caps are unconstitutional. In fact, it is kind of curious to hear the same arguments—or conflicting arguments coming out of the other side. One of them says it is the States' rights to be able to set the caps. The other one says it is unconstitutional to set the caps. So I think that conflict, it would be good if that were resolved.

I think, in either case, that I disagree with both of those positions, Mr. Chairman.

If a Washington State judge says caps are unconstitutional, on what basis?

That would say, then, that a State legislature couldn't cap them; Congress can't cap them; that this is essentially, then, a function of the courts.

I remember a decision that came out of the State of Washington. It was a Federal judge that essentially ruled that the President's executive order on, let's say, migrants coming into the United States was unconstitutional, even though Congress specifically granted the authority to their President. So I am not going to defer to a single judge's opinion in that fashion.

I would point out, too, that we do protect States' rights. There is provision in this bill after provision, and it is titled State Flexibility. Look through their and find all the provisions of State Flexibility where we respect States' rights. And it is written as carefully as it can be to respect the maximum amount of States' rights.

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

Mr. CONYERS. Mr. Chairman, I yield 2 minutes to the gentleman from New York (Mr. JEFFRIES).

Mr. JEFFRIES. Mr. Chairman, let's be clear: this bill has nothing to do with litigation reform. It has nothing to do with a good faith attempt to improve our healthcare system.

In fact, this bill was described as phase 3 of an effort to improve our healthcare by the majority leader on the other side of the aisle. I put out a search committee. I still can't find phase 1 or phase 2. It has nothing to do with reforming our healthcare system.

This bill is an unprecedented attack on States' rights. It is a wolf in sheep's clothing. It is a solution in search of a problem. It is nothing more than a reckless legislative joyride guaranteed to crash and burn on the American people.

This bill, if enacted, will hurt working families, middle class people, senior citizens, the poor, the sick, the afflicted, veterans, and nursing home residents.

The American people deserve a litigation system that works for everyone, not simply the wealthy and the well-off. The American people deserve a litigation system that puts the public's interest ahead of special interests. The American people deserve a litigation system that promotes public health, not just excessive wealth.

This bill fails on all of those counts. It is mean-spirited, it is cruel, it is heartless. Mr. Chairman, that is why it must be defeated.

Mr. KING of Iowa. Mr. Chairman, I yield myself 15 seconds.

I would just point out to the body that I didn't hear a single fact in the previous 2 minutes. It is all opinion and hurled accusations. But I think it is important for this body to deliberate over the facts themselves, and I have delivered a lot of that data.

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

Mr. CONYERS. Mr. Chairman, I yield 2 minutes to the gentleman from Maryland (Mr. RASKIN), a distinguished member of the House Judiciary Committee.

Mr. RASKIN. Mr. Chairman, the floor leader has invited us to stick to the facts, so I want to stick to the facts in order to clear up some of the propaganda I have heard today for this terrible bill.

First of all, it has nothing to do with "groundless cases or frivolous claims," because the draconian new limits proposed in their legislation applied only to valid claims in serious cases. It has nothing to do with groundless cases and frivolous claims. That is an irrelevant distraction from their own legislation, which is an attempt to reduce what you can recover with a perfectly valid claim when a jury has awarded you damages.

Number two, the floor leader says that it would not apply in the case of someone being raped in a nursing home. Perhaps he thinks it wouldn't apply to my constituent, a 15-year-old girl who got raped by her dentist.

But as I read the bill, it says, "healthcare lawsuit means any action against a healthcare provider," and that includes anyone who is providing healthcare. So if a nursing home is providing healthcare or a dentist is providing healthcare, they would be covered by the law.

But I would invite the floor leader to clear this up, because if he is representing now that rapes of patients in a nursing home or in a dentist's office don't count, that should be definitive legislative history that we establish today because we tried to amend the bill to that effect in committee and the majority voted it down. But he has just represented that a rape would not count, and I want him to definitively commit whether or not a rape by a healthcare provider would count.

Finally, the gentleman from Iowa says it won't preempt the States, it will not impose Federal laws because it is still in the State courts. It is still in the State courts, but Federal law now applies.

There are 28 States which have said that you cannot limit people's access to noneconomic damages when a jury wants to award them those damages for pain and suffering. They have either said in their Constitution there can be no limits at all, or the legislatures have said it, or the State supreme courts have struck it down. And their legislation is a bulldozer that will run over the laws of 28 States.

And they claim, Mr. Chairman, that somehow they are acting in the guise of federalism. They are destroying federalism. That is why I was so happy that Mr. DUNCAN, a former State Judge from Tennessee, and a member of the GOP majority, got up to say this is antithetical to everything they stand for.

Mr. KING of Iowa. Mr. Chairman, I yield myself 1 minute.

Mr. Chairman, I would point out, first of all, the gentleman from Maryland must know that this isn't a criminal statute. This is civil law. It doesn't have anything to do with crime or criminal law, so let's keep our discussion to the civil actions that we are discussing here.

It is not propaganda. It is facts that we have delivered on this side. So I want to put this into the RECORD verbatim, Mr. Chairman. Regarding cases of rape or physical abuse, H.R. 1215 does not cover such cases at all. That is because the bill only applies to medical malpractice claims based on the provision or use of healthcare services; and healthcare services are defined in the bill as things related to the diagnosis, prevention, or treatment of any human disease or impairment.

Clearly, rape or any other physical abuse, and the neglect of basic sanitary conditions, is not related to the diagnosis, prevention, or treatment of any human disease or impairment. So in cases involving rape or physical abuse by anyone, or neglect of basic needs, the bill simply does not apply.

But it does respect States' rights. It is carefully written to protect States' rights. It is a significant and huge improvement upon some efforts we have seen in the past, and one of those reasons is because many of us care about States' rights, and we pay attention to the Constitution. There is a Federal nexus in everything that goes on here, and States are not limited from raising caps on economic or noneconomic damages or lowering those caps. We respect the States in every way possible, and still get a positive result out of H.R. 1215.

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

Mr. CONYERS. Mr. Chairman, I yield 30 seconds to the gentleman from Maryland (Mr. RASKIN).

Mr. RASKIN. Mr. Chairman, first of all, there are only three States in the

Union that set the limit where they want Congress to set it for every State, which is \$250,000. They are overriding the laws of 28 States which allow for unlimited damages.

Number two, the gentleman from Iowa says: Well, a rape is criminal, so it is not related.

But you can bring civil actions against the same conduct that constitutes a crime. So if you look at your own bill, it says any theory of liability, so that would include intentional acts.

Now, again, Mr. Chairman, is the majority representing that this will not apply to intentional torts?

Because they were very definitive in committee that it would apply to intentional torts, including rapes and assaults. So I would like to know: Does it apply or does it not?

Because this is a critical matter, because people have been—we are not talking about the good doctors. Everybody loves the good doctors. We are talking about doctors or nursing home providers or dentists who rape their patients and assault their patients.

They would be limited—juries could try to give millions of dollars, but their legislation would limit you to \$250,000 in noneconomic damages. We have got to clear this up, Mr. Chairman.

Mr. KING of Iowa. Mr. Chairman, I reserve the balance of my time.

Mr. CONYERS. Mr. Chairman, I yield 1 minute to the gentlewoman from Oregon (Ms. BONAMICI).

Ms. BONAMICI. Mr. Chairman, I rise today in strong opposition to H.R. 1215, a misguided and misnamed bill that will limit access to justice, especially for women.

The bill caps the amount of compensation a jury can award to a victim who suffers medical injuries, even catastrophic injuries, because it creates a lifetime cap of \$250,000 for noneconomic damages.

This means that women, or men, for that matter, who are at home raising their families, or children who are victims of devastating medical malpractice are told that the value of their injuries and their lives is less than that of their wage-earning counterparts. That is patently unfair. It disproportionately penalizes people who are family caregivers—a very important job, but one that does not involve wages.

Furthermore, many women across the country have been victims of medical malpractice that has left them unable to bear children.

How can we say to these women that the loss they have suffered, the loss of an opportunity to be a mother is without value?

That is unacceptable, and it is cruel.

Many medical errors are preventable. We should be focusing on improving patient safety, not taking away rights from victims.

I oppose this bill, and I will continue to fight back against attempts to limit access to justice for those who need it most. Please join me in voting "no."

Mr. KING of Iowa. Mr. Chairman, I yield myself 30 seconds.

Mr. Chairman, I have heard the gentleman from Maryland say that this legislation would override the laws of 28 States. That was a surprise to me to hear that when I heard the number before Rules Committee, which I think I actually recall it was 27. But 28, 27, it doesn't override laws. It is the absence of laws.

There are States that don't have caps. That is what we are talking about here. So it is not overriding State laws in States where there are no laws. It simply is setting a Federal foundation and a guideline for them.

And if I am in a State legislature, I know I have the authority to raise or lower the cap on economic and on non-economic damages, and that my laws are not being overridden, but they are being provided by the wisdom of the American people, then I am going to be thankful I have that to work with until I can amend it.

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

Mr. CONYERS. Mr. Chairman, I refer my colleague, the floor leader on the other side to section 9 of the bill. We have just looked at it.

Mr. Chairman, I yield 1 minute to the gentleman from California (Ms. BARRAGÁN).

Ms. BARRAGÁN. Mr. Chairman, I rise today in opposition to H.R. 1215 and to express my extreme concerns with this bill.

I am from California, and I am an attorney, and I can tell you that this bill goes beyond medical malpractice. It goes way beyond that. It includes cases involving unsafe drugs and nursing home abuse and neglect. That is not happening in California.

If passed, it would prevent cases where seniors have endured tragic deaths and injuries, like an 88-year-old California woman who was sexually assaulted by her nursing assistant after she suffered a stroke, resulting in lifelong mental and physical pain.

Over 80 senior and healthcare groups, including the American Association for Justice and the California Advocates for Nursing Home Reform, have come out against this bill. They recognize that we need to protect our vulnerable seniors.

Mr. Chairman, I urge my colleagues to oppose this bill.

Mr. KING of Iowa. Mr. Chairman, I reserve the balance of my time.

Mr. CONYERS. Mr. Chairman, I yield 1 minute to the gentleman from Pennsylvania (Mr. CARTWRIGHT).

Mr. CARTWRIGHT. Mr. Chairman, here we are dealing with some amount of irony with H.R. 1215. The year 1215 was the year the Magna Carta was signed, something that created the seeds of the American right to jury trial, for Heaven's sake.

You know, we were pleased to hear Representative DUNCAN from Tennessee say: "Conservatives believe strongly in the jury system." And I do, too, and

Americans do, too. Our Founding Fathers believed in it.

Here in America, where we trust juries to decide life and death for criminal defendants, why wouldn't we trust them to set a proper and fair dollar amount on a malpractice case?

By definition, these are meritorious cases, cases where there was actual negligence, actual recklessness, actual intentional harm by healthcare providers or nursing homes.

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But maybe most importantly, none of us, nary a soul in this House would deny that standing up for veterans and our military families is a core value for all of us. This is a bill that prevents accountability for harm done to military and veterans of the VA system.

Mr. KING of Iowa. Mr. Chairman, I reserve the balance of my time.

Mr. CONYERS. Mr. Chairman, I yield 1 minute to the gentleman from Maryland (Mr. RASKIN).

Mr. RASKIN. Mr. Chairman, I thank Mr. CONYERS very much for yielding.

The good gentleman from Iowa invites us to believe that the laws of the States are not being overridden because some of these States don't have laws. That's right, because their State supreme courts have said that their constitutions forbid the imposition of a cap on what juries would award people who are injured in medical cases.

So, in Arizona, Arkansas, Kentucky, Pennsylvania, and Wyoming, there are State constitutional prohibitions explicitly on damage caps. In New York and Oklahoma, there are explicit caps on damages in wrongful death cases. And in 11 States, State supreme courts have struck down statutorily enacted medical malpractice damage caps: Alabama, Florida, Georgia, Illinois, Missouri, New Hampshire, North Dakota, South Dakota, Utah, Washington, and Wisconsin.

Now, what is interesting in my State, the 15-year-old girl who was raped by her dentist could recover up to \$785,000 because we had a whole special session of our general assembly to arrive at that figure. But there are other States where they said you can't have any limits at all, and those are the States that are being attacked by this legislation because now they are reducing them from potentially \$20 million or \$10 million to \$200,000, an outrageous invasion in states' rights and the rights of juries to decide how people need to be compensated.

Mr. CONYERS. Mr. Chairman, I yield myself the balance of my time to close.

Numerous consumer, labor, veterans, and legal groups all oppose H.R. 1215, including the AFL-CIO, the American College of Physicians, the Consumers Union, Public Citizen, Vietnam Veterans of America, 12 other national veterans organizations, and the Liberty Caucus.

H.R. 1215 is an extremely flawed bill that will deny access to justice for victims of medical malpractice and espe-

cially those who are the most vulnerable among us. It would deny full compensation for injuries suffered by veterans and military families, children, the elderly, and the poor.

I hope my colleagues will join us in opposing this very unnecessary, mean-spirited bill.

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

Mr. KING of Iowa. Mr. Chairman, I inquire as to the amount of time I have remaining.

The CHAIR. The gentleman from Iowa has 4½ minutes remaining.

Mr. KING of Iowa. Mr. Chair, I yield myself the balance of my time.

First, I say in response to the gentleman from Maryland's discussion about the States courts that have prohibited caps. That is one of the reasons that we need this legislation, is that you have out-of-control liberal judges that have decided that even their State legislatures can't pass the laws. They want to come in and preempt the states' rights of we, the people, of the individual States who elect their general assemblies to make their decisions.

Often, the judges are set in lifetime appointments where they are not held accountable, so it would be interesting to look back into each of these States that the gentleman from Maryland has mentioned and address this thing from "we, the people" because we, the people, are the power in this country. Our rights come from God, and they are vested in we, the people.

I thought the gentleman from Pennsylvania's look at H.R. 1215 was a really deft way to focus on this and speak about the Magna Carta, but there wasn't anybody back in old England in that time that had any shot at filing a liability claim, let alone receiving a frivolous claim that would make one individual vastly wealthy at the expense of a lot of other folks. So this is something that has accumulated over the last 502 years since the Magna Carta was signed.

So I would say this: healthcare costs are out of control due in large part to unlimited lawsuits and other problems ObamaCare failed to solve or else ObamaCare made worse. H.R. 1215 is commonsense litigation reform legislation that will rein in overly aggressive and healthcare lawsuits while preserving the ability of plaintiffs to recover unlimited economic damages.

The bill applies only to claims concerning the provision of healthcare goods or services for which coverage is provided in whole or in part by a Federal program, a Federal subsidy, or a Federal tax benefit giving it a clear Federal nexus.

This isn't criminal legislation. It doesn't address the cases of rape. We should arrest those people and lock them up in prison and punish them to the max, but it is not the subject of this legislation.

So wherever the Federal policy directly affects the distribution of

healthcare, there is a clear Federal interest in reducing the cost of such Federal policy. This bill's commonsense reforms, which have been the law in California for over 40 years, are conservatively estimated by CBO to save at least \$50 billion. The previous estimate was \$54 billion in Federal healthcare dollars. At the same time, this bill doesn't in any way limit compensation for 100 percent of plaintiffs' losses.

As reported in The Washington Post last month, the U.S. healthcare spending is projected to accelerate over the next day. A study by the Centers for Medicare and Medicaid Services project that the average growth in healthcare spending will be even faster between 2016 and 2025. The projections are based on an assumption that the legislative status quo will prevail. Studies show that, as healthcare costs rise, wages fall. H.R. 1215 will save billions of dollars in healthcare costs and will, thereby, increase wages for workers nationwide.

Mr. Chairman, as I look at the picture of how I watched this defensive medicine grow over the years and over the decades, \$650 billion potentially, reported by a Newsweek article, in unnecessary defensive medicine tests that are done. A doctor that ordered CT scans in massive numbers in a single day, when I see 97 percent of the MRIs just to be sure that the diagnosis of an ACL knee injury is protected in the case of liability insurance, we are not going to see just \$50 billion in savings here. We are going to see hundreds of billions of dollars in savings.

And as an anesthesiologist told me that—he was practicing in Texas—when Texas passed the law that is roughly a mirror of California law, that his premium as an anesthesiologist was \$26,000 a year; and after the law passed in Texas, it dropped to \$6,500, exactly one-fourth. A 75 percent reduction in that particular case. He is now practicing in Iowa. Iowa passed mirror legislation as well.

Mr. Chairman, I urge all of my colleagues to join me in supporting this vital legislation, and I yield back the balance of my time.

The CHAIR. All time for general debate has expired.

Pursuant to the rule, the bill shall be considered for amendment under the 5-minute rule.

In lieu of the amendment in the nature of a substitute recommended by the Committee on the Judiciary, printed in the bill, it shall be in order to consider as an original bill for the purpose of amendment under the 5-minute rule an amendment in the nature of a substitute consisting of the text of Rules Committee Print 115-10. That amendment in the nature of a substitute shall be considered as read.

The text of the amendment in the nature of a substitute is as follows:

H.R. 1215

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Protecting Access to Care Act of 2017".

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Encouraging speedy resolution of claims.
- Sec. 3. Compensating patient injury.
- Sec. 4. Maximizing patient recovery.
- Sec. 5. Authorization of payment of future damages to claimants in health care lawsuits.
- Sec. 6. Product liability for health care providers.
- Sec. 7. Definitions.
- Sec. 8. Effect on other laws.
- Sec. 9. Rules of construction.
- Sec. 10. Effective date.

SEC. 2. ENCOURAGING SPEEDY RESOLUTION OF CLAIMS.

(a) STATUTE OF LIMITATIONS.—The time for the commencement of a health care lawsuit shall be 3 years after the date of injury or 1 year after the claimant discovers, or through the use of reasonable diligence should have discovered, the injury, whichever occurs first. In no event shall the time for commencement of a health care lawsuit exceed 3 years after the date of injury unless tolled for any of the following—

- (1) upon proof of fraud;
 - (2) intentional concealment; or
 - (3) the presence of a foreign body, which has no therapeutic or diagnostic purpose or effect, in the person of the injured person.
- Actions by a minor shall be commenced within 3 years from the date of the injury except that actions by a minor under the full age of 6 years shall be commenced within 3 years of injury, or 1 year after the injury is discovered, or through the use of reasonable diligence should have been discovered, or prior to the minor's 8th birthday, whichever provides a longer period. Such time limitation shall be tolled for minors for any period during which a parent or guardian and a health care provider have committed fraud or collusion in the failure to bring an action on behalf of the injured minor.

(b) STATE FLEXIBILITY.—No provision of subsection (a) shall be construed to preempt any state law (whether effective before, on, or after the date of the enactment of this Act) that—

- (1) specifies a time period of less than 3 years after the date of injury or less than 1 year after the claimant discovers, or through the use of reasonable diligence should have discovered, the injury, for the filing of a health care lawsuit;
- (2) that specifies a different time period for the filing of lawsuits by a minor;
- (3) that triggers the time period based on the date of the alleged negligence; or
- (4) establishes a statute of repose for the filing of health care lawsuit.

SEC. 3. COMPENSATING PATIENT INJURY.

(a) UNLIMITED AMOUNT OF DAMAGES FOR ACTUAL ECONOMIC LOSSES IN HEALTH CARE LAWSUITS.—In any health care lawsuit, nothing in this Act shall limit a claimant's recovery of the full amount of the available economic damages, notwithstanding the limitation in subsection (b).

(b) ADDITIONAL NONECONOMIC DAMAGES.—In any health care lawsuit, the amount of noneconomic damages, if available, shall not exceed \$250,000, regardless of the number of parties against whom the action is brought or the number of separate claims or actions brought with respect to the same injury.

(c) NO DISCOUNT OF AWARD FOR NONECONOMIC DAMAGES.—For purposes of applying the limitation in subsection (b), future noneconomic damages shall not be discounted to present value. The jury shall not

be informed about the maximum award for noneconomic damages. An award for noneconomic damages in excess of \$250,000 shall be reduced either before the entry of judgment, or by amendment of the judgment after entry of judgment, and such reduction shall be made before accounting for any other reduction in damages required by law. If separate awards are rendered for past and future noneconomic damages and the combined awards exceed \$250,000, the future noneconomic damages shall be reduced first.

(d) FAIR SHARE RULE.—In any health care lawsuit, each party shall be liable for that party's several share of any damages only and not for the share of any other person. Each party shall be liable only for the amount of damages allocated to such party in direct proportion to such party's percentage of responsibility. Whenever a judgment of liability is rendered as to any party, a separate judgment shall be rendered against each such party for the amount allocated to such party. For purposes of this section, the trier of fact shall determine the proportion of responsibility of each party for the claimant's harm.

(e) STATE FLEXIBILITY.—No provision of this section shall be construed to preempt any State law (whether effective before, on, or after the date of the enactment of this Act) that specifies a particular monetary amount of economic or noneconomic damages (or the total amount of damages) that may be awarded in a health care lawsuit, regardless of whether such monetary amount is greater or lesser than is provided for under this section.

SEC. 4. MAXIMIZING PATIENT RECOVERY.

(a) COURT SUPERVISION OF SHARE OF DAMAGES ACTUALLY PAID TO CLAIMANTS.—In any health care lawsuit, the court shall supervise the arrangements for payment of damages to protect against conflicts of interest that may have the effect of reducing the amount of damages awarded that are actually paid to claimants. In particular, in any health care lawsuit in which the attorney for a party claims a financial stake in the outcome by virtue of a contingent fee, the court shall have the power to restrict the payment of a claimant's damage recovery to such attorney, and to redirect such damages to the claimant based upon the interests of justice and principles of equity. In no event shall the total of all contingent fees for representing all claimants in a health care lawsuit exceed the following limits:

- (1) Forty percent of the first \$50,000 recovered by the claimant(s).
- (2) Thirty-three and one-third percent of the next \$50,000 recovered by the claimant(s).
- (3) Twenty-five percent of the next \$500,000 recovered by the claimant(s).
- (4) Fifteen percent of any amount by which the recovery by the claimant(s) is in excess of \$600,000.

(b) APPLICABILITY.—The limitations in this section shall apply whether the recovery is by judgment, settlement, mediation, arbitration, or any other form of alternative dispute resolution. In a health care lawsuit involving a minor or incompetent person, a court retains the authority to authorize or approve a fee that is less than the maximum permitted under this section. The requirement for court supervision in the first two sentences of subsection (a) applies only in civil actions.

(c) STATE FLEXIBILITY.—No provision of this section shall be construed to preempt any State law (whether effective before, on, or after the date of the enactment of this Act) that specifies a lesser percentage or lesser total value of damages which may be claimed by an attorney representing a claimant in a health care lawsuit.

SEC. 5. AUTHORIZATION OF PAYMENT OF FUTURE DAMAGES TO CLAIMANTS IN HEALTH CARE LAWSUITS.

(a) **IN GENERAL.**—In any health care lawsuit, if an award of future damages, without reduction to present value, equaling or exceeding \$50,000 is made against a party with sufficient insurance or other assets to fund a periodic payment of such a judgment, the court shall, at the request of any party, enter a judgment ordering that the future damages be paid by periodic payments, in accordance with the Uniform Periodic Payment of Judgments Act promulgated by the National Conference of Commissioners on Uniform State Laws.

(b) **APPLICABILITY.**—This section applies to all actions which have not been first set for trial or retrial before the effective date of this Act.

(c) **STATE FLEXIBILITY.**—No provision of this section shall be construed to preempt any State law (whether effective before, on, or after the date of the enactment of this Act) that specifies periodic payments for future damages at any amount other than \$50,000 or that mandates such payments absent the request of either party.

SEC. 6. PRODUCT LIABILITY FOR HEALTH CARE PROVIDERS.

A health care provider who prescribes, or who dispenses pursuant to a prescription, a medical product approved, licensed, or cleared by the Food and Drug Administration shall not be named as a party to a product liability lawsuit involving such product and shall not be liable to a claimant in a class action lawsuit against the manufacturer, distributor, or seller of such product.

SEC. 7. DEFINITIONS.

In this Act:

(1) **ALTERNATIVE DISPUTE RESOLUTION SYSTEM; ADR.**—The term “alternative dispute resolution system” or “ADR” means a system that provides for the resolution of health care lawsuits in a manner other than through a civil action brought in a State or Federal court.

(2) **CLAIMANT.**—The term “claimant” means any person who brings a health care lawsuit, including a person who asserts or claims a right to legal or equitable contribution, indemnity, or subrogation, arising out of a health care liability claim or action, and any person on whose behalf such a claim is asserted or such an action is brought, whether deceased, incompetent, or a minor.

(3) **COLLATERAL SOURCE BENEFITS.**—The term “collateral source benefits” means any amount paid or reasonably likely to be paid in the future to or on behalf of the claimant, or any service, product, or other benefit provided or reasonably likely to be provided in the future to or on behalf of the claimant, as a result of the injury or wrongful death, pursuant to—

(A) any State or Federal health, sickness, income-disability, accident, or workers’ compensation law;

(B) any health, sickness, income-disability, or accident insurance that provides health benefits or income-disability coverage;

(C) any contract or agreement of any group, organization, partnership, or corporation to provide, pay for, or reimburse the cost of medical, hospital, dental, or income-disability benefits; and

(D) any other publicly or privately funded program.

(4) **CONTINGENT FEE.**—The term “contingent fee” includes all compensation to any person or persons which is payable only if a recovery is effected on behalf of one or more claimants.

(5) **ECONOMIC DAMAGES.**—The term “economic damages” means objectively verifiable monetary losses incurred as a result of the provision or use of (or failure to

provide or use) health care services or medical products, such as past and future medical expenses, loss of past and future earnings, cost of obtaining domestic services, loss of employment, and loss of business or employment opportunities, unless otherwise defined under applicable state law. In no circumstances shall damages for health care services or medical products exceed the amount actually paid or incurred by or on behalf of the claimant.

(6) **FUTURE DAMAGES.**—The term “future damages” means any damages that are incurred after the date of judgment, settlement, or other resolution (including mediation, or any other form of alternative dispute resolution).

(7) **HEALTH CARE LAWSUIT.**—The term “health care lawsuit” means any health care liability claim concerning the provision of goods or services for which coverage was provided in whole or in part via a Federal program, subsidy or tax benefit, or any health care liability action concerning the provision of goods or services for which coverage was provided in whole or in part via a Federal program, subsidy or tax benefit, brought in a State or Federal court or pursuant to an alternative dispute resolution system, against a health care provider regardless of the theory of liability on which the claim is based, or the number of claimants, plaintiffs, defendants, or other parties, or the number of claims or causes of action, in which the claimant alleges a health care liability claim. Such term does not include a claim or action which is based on criminal liability; which seeks civil fines or penalties paid to Federal, State, or local government; or which is grounded in antitrust.

(8) **HEALTH CARE LIABILITY ACTION.**—The term “health care liability action” means a civil action brought in a State or Federal court or pursuant to an alternative dispute resolution system, against a health care provider regardless of the theory of liability on which the claim is based, or the number of plaintiffs, defendants, or other parties, or the number of causes of action, in which the claimant alleges a health care liability claim.

(9) **HEALTH CARE LIABILITY CLAIM.**—The term “health care liability claim” means a demand by any person, whether or not pursuant to ADR, against a health care provider, including, but not limited to, third-party claims, cross-claims, counter-claims, or contribution claims, which are based upon the provision or use of (or the failure to provide or use) health care services or medical products, regardless of the theory of liability on which the claim is based, or the number of plaintiffs, defendants, or other parties, or the number of causes of action.

(10) **HEALTH CARE PROVIDER.**—The term “health care provider” means any person or entity required by State or Federal laws or regulations to be licensed, registered, or certified to provide health care services, and being either so licensed, registered, or certified, or exempted from such requirement by other statute or regulation, as well as any other individual or entity defined as a health care provider, health care professional, or health care institution under state law.

(11) **HEALTH CARE SERVICES.**—The term “health care services” means the provision of any goods or services by a health care provider, or by any individual working under the supervision of a health care provider, that relates to the diagnosis, prevention, or treatment of any human disease or impairment, or the assessment or care of the health of human beings.

(12) **MEDICAL PRODUCT.**—The term “medical product” means a drug, device, or biological product intended for humans, and the terms “drug”, “device”, and “biological product”

have the meanings given such terms in sections 201(g)(1) and 201(h) of the Federal Food, Drug and Cosmetic Act (21 U.S.C. 321(g)(1) and (h)) and section 351(a) of the Public Health Service Act (42 U.S.C. 262(a)), respectively, including any component or raw material used therein, but excluding health care services.

(13) **NONECONOMIC DAMAGES.**—The term “noneconomic damages” means damages for physical and emotional pain, suffering, inconvenience, physical impairment, mental anguish, disfigurement, loss of enjoyment of life, loss of society and companionship, loss of consortium (other than loss of domestic service), hedonic damages, injury to reputation, and all other nonpecuniary losses of any kind or nature incurred as a result of the provision or use of (or failure to provide or use) health care services or medical products, unless otherwise defined under applicable state law.

(14) **RECOVERY.**—The term “recovery” means the net sum recovered after deducting any disbursements or costs incurred in connection with prosecution or settlement of the claim, including all costs paid or advanced by any person. Costs of health care incurred by the plaintiff and the attorneys’ office overhead costs or charges for legal services are not deductible disbursements or costs for such purpose.

(15) **REPRESENTATIVE.**—The term “representative” means a legal guardian, attorney, person designated to make decisions on behalf of a patient under a medical power of attorney, or any person recognized in law or custom as a patient’s agent.

(16) **STATE.**—The term “State” means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Northern Mariana Islands, the Trust Territory of the Pacific Islands, and any other territory or possession of the United States, or any political subdivision thereof.

SEC. 8. EFFECT ON OTHER LAWS.

(a) **VACCINE INJURY.**—

(1) To the extent that title XXI of the Public Health Service Act establishes a Federal rule of law applicable to a civil action brought for a vaccine-related injury or death—

(A) this Act does not affect the application of the rule of law to such an action; and

(B) any rule of law prescribed by this Act in conflict with a rule of law of such title XXI shall not apply to such action.

(2) If there is an aspect of a civil action brought for a vaccine-related injury or death to which a Federal rule of law under title XXI of the Public Health Service Act does not apply, then this Act or otherwise applicable law (as determined under this Act) will apply to such aspect of such action.

(b) **OTHER FEDERAL LAW.**—Except as provided in this section, nothing in this Act shall be deemed to affect any defense available to a defendant in a health care lawsuit or action under any other provision of Federal law.

SEC. 9. RULES OF CONSTRUCTION.

(a) **HEALTH CARE LAWSUITS.**—Unless otherwise specified in this Act, the provisions governing health care lawsuits set forth in this Act preempt, subject to subsections (b) and (c), State law to the extent that State law prevents the application of any provisions of law established by or under this Act. The provisions governing health care lawsuits set forth in this Act supersede chapter 171 of title 28, United States Code, to the extent that such chapter—

(1) provides for a greater amount of damages or contingent fees, a longer period in which a health care lawsuit may be commenced, or a reduced applicability or scope

of periodic payment of future damages, than provided in this Act; or

(2) prohibits the introduction of evidence regarding collateral source benefits, or mandates or permits subrogation or a lien on collateral source benefits.

(b) **PROTECTION OF STATES' RIGHTS AND OTHER LAWS.**—Any issue that is not governed by any provision of law established by or under this Act (including State standards of negligence) shall be governed by otherwise applicable State or Federal law

(c) **STATE FLEXIBILITY.**—No provision of this Act shall be construed to preempt any defense available to a party in a health care lawsuit under any other provision of State or Federal law.

SEC. 10. EFFECTIVE DATE.

This Act shall apply to any health care lawsuit brought in a Federal or State court, or subject to an alternative dispute resolution system, that is initiated on or after the date of the enactment of this Act, except that any health care lawsuit arising from an injury occurring prior to the date of the enactment of this Act shall be governed by the applicable statute of limitations provisions in effect at the time the cause of action accrued.

The CHAIR. No amendment to that amendment in the nature of a substitute shall be in order except those printed in House Report 115-179. Each such amendment may be offered only in the order printed in the report, by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question.

AMENDMENT NO. 1 OFFERED BY MR. SESSIONS

The CHAIR. It is now in order to consider amendment No. 1 printed in House Report 115-179.

Mr. SESSIONS. Mr. Chairman, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 1, strike line 7 and all that follows through page 2, line 18 and insert the following:

(a) STATUTE OF LIMITATIONS.—

(1) **IN GENERAL.**—Except as provided in paragraph (2), the time for the commencement of a health care lawsuit shall be, whichever occurs first of the following:

(A) 3 years after the date of the occurrence of the breach or tort;

(B) 3 years after the date the medical or health care treatment that is the subject of the claim is completed; or

(C) 1 year after the claimant discovers, or through the use of reasonable diligence should have discovered, the injury.

(2) **TOLLING.**—In no event shall the time for commencement of a health care lawsuit exceed 3 years after the date of the occurrence of the breach or tort or 3 years after the date the medical or health care treatment that is the subject of the claim is completed (whichever occurs first) unless tolled for any of the following—

(A) upon proof of fraud;

(B) intentional concealment; or

(C) the presence of a foreign body, which has no therapeutic or diagnostic purpose or effect, in the person of the injured person.

(3) **ACTIONS BY A MINOR.**—Actions by a minor shall be commenced within 3 years

after the date of the occurrence of the breach or tort or 3 years after the date of the medical or health care treatment that is the subject of the claim is completed (whichever occurs first) except that actions by a minor under the full age of 6 years shall be commenced within 3 years after the date of the occurrence of the breach or tort, 3 years after the date of the medical or health care treatment that is the subject of the claim is completed, or 1 year after the injury is discovered, or through the use of reasonable diligence should have been discovered, or prior to the minor's 8th birthday, whichever provides a longer period. Such time limitation shall be tolled for minors for any period during which a parent or guardian and a health care provider have committed fraud or collusion in the failure to bring an action on behalf of the injured minor.

The CHAIR. Pursuant to House Resolution 382, the gentleman from Texas (Mr. Sessions) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Texas.

Mr. SESSIONS. Mr. Chairman, I am pleased to offer this amendment with Dr. MICHAEL BURGESS, also a member of the House Rules Committee, and also a gentleman from my home State of Texas.

The goal of our amendment is to strengthen the underlying legislation by clarifying the point at which the statute of limitations begins to run.

In Texas, the statute of limitations begins to run from the date the alleged negligence occurs or date of last treatment. This is a certain date that does not leave room for controversy. I believe aligning the underlying text with this approach will benefit both physicians and patients to clarify exactly where harm might occur.

My amendment clarifies that when the date of the breach or tort is known, the statute runs from that date. When the date of the breach or tort is not known, the statute runs from the last date of treatment. By this method, certainty is provided to defendant, plaintiff, and the court. Easy understanding. For example, if there is a surgical mishap, the statute would run from that date. On the other hand, if the injury is from the prescription medication over a long period of time, it would run from the date of last treatment.

I am pleased that the Texas Medical Association, the Texas Alliance for Patient Access, the Health Coalition of Liability and Access, as well as the National Physicians' Council for Healthcare Policy support this process and this amendment. I hope my colleagues on both sides of the aisle will support this commonsense, reasonable reform that comes to us today in an amendment.

I thank Chairman BOB GOODLATTE from Virginia and his awesome staff for their work to make sure this amendment and the underlying legislation conform with their ideas consistent with the legislation.

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

Mr. COHEN. Mr. Chairman, I rise in opposition to the amendment.

The CHAIR. The gentleman from Tennessee is recognized for 5 minutes.

Mr. COHEN. Mr. Chairman, the amendment does even more damage than the bill does because it makes it possible that there will be even less time for a plaintiff, once they are aware of their injury, to bring action.

This is something that lessens the statute of limitations. That is what the bill is trying to do, is to see that less people get their opportunity to get to court, which is what statute of limitations are intended to do. That is the purpose.

When somebody has been injured from a medical malpractice case or negligence from a nursing home, we should encourage people to get relief and let a jury decide.

These bills—and I suspect these amendments because they are aimed at the same thing—are opposed by the AFL-CIO; the American Federation of State, County, and Municipal Employees; the American Bar Association—not exactly a liberal lion—the Center for Justice and Democracy; and the National Conference of State Legislatures. Also, because this is a foray into federalism—unheard of before, making this a Federal issue, not a State issue—the Consumer Federation of America, the Consumers Unions, Public Citizen, and Vietnam Veterans of America. There are many other groups as well.

This amendment does more to see that folks don't get access to a jury. And the irony of it is that the national Republican effort seems to be to talk badly about Washington and Congress and drain the swamp and believe in the individuals back home and folks at home.

Well, the most pure form of justice comes from a jury where you have a jury of your peers in your own community who are chosen to determine what happened, to determine the facts, and to determine the damages. Instead, they are proposing that the Republicans in Congress know better what to do to put limits on what a jury can award their fellow citizens.

And they are also putting limitations on the statute of limitations and lessening that, and on joint and several liability, which go toward helping people who have gotten judgments be able to collect on judgments, which is so important. A judgment is no good unless you can collect on it. It is just counter to what the Republican Party philosophy generally is and has been, that I have kind of perceived recently, about being against Washington and laws coming on down high from Washington, D.C.

□ 1530

Much of what we heard at our discussion from a gentleman from West Virginia was about a West Virginia law. That is what you are supposed to have is a West Virginia law. Then somebody else talked about a Texas law, and they are holding up a California law.

Each State is supposed to make its own laws. We have got 50 States. They

talk a lot about the 50 States and the electoral college, and the States have an important function in our system of government. They are supposed to be areas where they have provinces and act. Juries, jury trials, and trial courts, that is all State law, and that should be determined by West Virginia, Texas, California, and Florida, not up here.

This bill, when it went through committee, passed by one vote because a couple of folks—I think it was Judge POE and Judge GOHMERT; I am pretty sure it was the two of them—two judges from the State of Texas felt it went too far in encroaching on the States' province dealing with tort law. This amendment just goes the same direction.

This is just unfortunate that what we are trying to do is help, really, insurance companies; it is not so much doctors. Doctors might benefit some, but it is the insurance companies that would benefit the most, and that is who this is about.

So we oppose the amendment and we oppose the bill. We support the American people and the right of the people and the juries to dispense justice that the facts dictate and that justice demands.

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

Mr. SESSIONS. Mr. Chairman, perhaps the debate that the gentleman from Iowa (Mr. KING) had was completely clear, which I would disagree with that statement. The gentleman from Iowa stated very clearly that there are surgeries, there are procedures, and there are processes that cost the Federal Government hundreds of millions, and the gentleman even went into the billions of dollars, which are parts of practices of medicine that doctors do as a defensive part of medicine to avoid exactly what we are talking about: getting sued. It is costing the Federal Government an enormous amount of money.

The gentleman did refer to two Members of Congress from Texas. We will see how they vote.

But the clarifying amendments that we are offering now, amendment No. 1 and amendment No. 2, come directly from negotiations with and understanding with the Texas Medical Association and the National Physicians' Policy Council to ensure that, in fact, the compliance is made that people not only in Texas, but also in other States, would have that would offer a physician the ability for them to use their knowledge, their training, and their expertise as opposed to practicing defensive medicine that harms every single taxpayer. That is why we are offering this today.

I am delighted. I believe what we have done is right.

Mr. Chairman, I yield such time as he may consume to the gentleman from Iowa (Mr. KING).

Mr. KING of Iowa. Mr. Chairman, I thank the gentleman from Texas for yielding.

I want to express, Mr. Chairman, how much I appreciate the work that has been done by so many people and their part in this bill.

I rise in support of this improving amendment—it comes out of the minds of Texas, I might add—which would clarify the timing of the statute of limitations in the provision base of the bill.

Mr. Chairman, I urge the adoption of the Sessions amendment.

Mr. SESSIONS. Mr. Chairman, I reserve the balance of my time.

Mr. COHEN. Mr. Chairman, this is an amendment—a bad amendment—that makes a bad bill worse. All those folks from Texas ought to be going to Austin. Where this belongs is in Austin, not in Washington. These are State issues.

We had an amendment that said that these defensive measures that you say that they are taking that waste all this money and time, we had an amendment that said these caps wouldn't apply if you cut off the wrong arm, and you all wouldn't take it. So I don't know how many defensive measures they have got.

This is the right arm; this is the left arm. When you go in to do surgery and you have to amputate an arm, take off the right arm or the left arm, but not the wrong arm. If you take off the wrong arm—damages big time. You all didn't accept that amendment.

This is shutting the courthouse door, closing down juries, and not having faith in the American people to be able to ascertain facts and damages as they have throughout time immemorial. It is a power grab from Washington. It is the swamp draining over to flood the State houses of all 50 of our States.

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

Mr. SESSIONS. Mr. Chairman, I believe the gentleman, Mr. KING, has argued the point very successfully, and that is we believe it is in the best interests of not only the taxpayers, but physicians, physicians who have used their training, their expertise, and their knowledge to perform the necessary missions that are necessary. When those physicians do make mistakes—and mistakes will happen—then we believe that the rights of those that are reported in California and Texas would be consistent with those that would be great for the country. We are willing to share, and we appreciate the opportunity to present this.

Mr. Chairman, I would ask my colleagues to support this amendment that I have presented today, and I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from Texas (Mr. SESSIONS).

The amendment was agreed to.

AMENDMENT NO. 2 OFFERED BY MR. SESSIONS

The CHAIR. It is now in order to consider amendment No. 2 printed in House Report 115-179.

Mr. SESSIONS. Mr. Chairman, I have an amendment at the desk as the des-

ignee of the gentleman from Texas (Mr. BURGESS).

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 12, line 13, insert after "goods or services" the following: "(including safety, professional, or administrative services directly related to health care)".

The CHAIR. Pursuant to House Resolution 382, the gentleman from Texas (Mr. SESSIONS) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Texas.

Mr. SESSIONS. Mr. Chairman, I offer my thanks not only to Chairman BOB GOODLATTE, but also the distinguished gentleman from Iowa (Mr. KING) for his work on behalf of all Members on the floor today, for his work not only for the Judiciary Committee, but people of faith and confidence that this country can address the issues and needs.

Mr. Chairman, I offer this amendment with Dr. MICHAEL BURGESS, who is also from my home State of Texas as well as a member of the Rules Committee.

The goal of our amendment is to clarify that healthcare liability claims covered by the legislation include safety, professional, and administrative services directly related to healthcare. In other words, we are bringing in the entire scope, not just necessarily the medical procedure.

I was glad to see that H.R. 1215 adopts many of the reforms that States across this country have thoroughly tested in their efforts to improve medical liability law, including my home State of Texas.

Not all claims asserted against healthcare providers arise from the direct provision of medical care. My amendment addresses the full spectrum of healthcare claims by following the model that Texas has successfully implemented.

Common examples of administrative claims related to healthcare are cases for negligence involving credentialing fraud against hospitals and those serving on their professional committees. In these cases, the plaintiff typically is not a patient of the physician serving on the committee; however, there is significant exposure to liability for the physician.

Safety claims are another necessary component in the scope of this bill. In these cases, a patient's injury does not arise out of the rendition of healthcare, but pertains to the safety of the patient.

The Texas Medical Association, the Texas Alliance for Patient Access, and the National Physicians' Policy Council are among those organizations who not only support this narrowly tailored amendment, but also their support of the entire bill and the inclusions of this amendment.

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

Mr. COHEN. Mr. Chairman, I claim the time in opposition.

The CHAIR. The gentleman from Tennessee is recognized for 5 minutes.

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

Mr. Chairman, this is called the Protecting Access to Care Act, but that is really a misnomer because the purpose of these amendments in the bill takes as a given that there are going to be allegations that doctors, medical device companies—not exactly limited financial resources or in potential for harm—and nursing homes are going to be alleged to have committed torts against individuals and that when that happens, if this becomes law, there will be less opportunity for individuals to get their day in court.

Because most people in the United States are not wealthy, most of the people that get injured not being wealthy are going to bear the brunt of this when they don't get to court within the statute of limitations or they don't collect because of the joint and several liability changes in the law or they get less with noneconomic damages because of the \$250,000 cap.

Who is going to benefit from this? Who is going to benefit? It is going to be the person who a jury has found to have been negligent and violated their duty of care: a nursing home, a medical device company, or a physician. They are going to have less damages, less judgments against them, and less costs. Insurance companies can then make more money, and doctors will have lesser premiums.

Who loses? People who have been injured by medical device defective merchandise, nursing home negligence, or medical malpractice.

We are not talking about limiting damages and the ability to recover by having a lesser joint and several liability law. We are not talking about people who have not gotten a judgment. We are talking about people who have gotten a judgment for negligence.

Just like the Republican healthcare bill, this gives billions of dollars to the richest people in America with tax cuts at the expense of poor people who get Medicaid, people with disabilities, pregnant women, poor people, and seniors in nursing homes. They suffer.

This is a microcosm of the healthcare proposals that the Senate can't get 50 votes for—and they didn't even try for 60, which they normally do, because they knew it was not going to be that sufficient, but now they can't even get 50 under reconciliation—and it is a microcosm of hurting the poor and enriching the rich.

These are cases where there will be judgments—juries finding negligence, harm, and damages—if you get to the courthouse on time, and then you won't be able to collect as much.

So who wins? The rich, the medical device companies, the nursing homes, and the physicians. Who loses? Those who have suffered, those whom juries have found to be victims, and victims who should be able to collect but we are limiting how much they can collect

and we are making it more difficult for them to collect.

That is not what this Congress should be doing is enriching the wealthy and hurting those who have been harmed by negligence. If it is going to happen, it ought to happen in the States. So it is an attack on the 10th Amendment.

Mr. DUNCAN from Tennessee came here and gave beautiful testimony about a consistent life protecting the 10th Amendment, and that is what Mr. GOHMERT and Judge POE also did about what is left to the States. That is why this amendment and the bill are both bad.

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

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

Mr. Chairman, the gentleman I respect very much, not only the perspective that the gentleman holds, but perhaps some of his argument could be true.

Mr. Chairman, what we are trying to do is to balance out the opportunity for the American people to have access to healthcare where, many items, they are denied.

I was reminded by the gentleman, the young chairman of the Veterans' Affairs Committee, Dr. PHIL ROE, who served his great State of Tennessee and the American people as an obstetrician and gynecologist, I was reminded of the facts of the case, as it were, where, when Texas passed this, counties all along our Texas borders received, instead of midwives and others who might perform these important services to deliver babies, all of a sudden medical professionals, doctors, came into play who had been shut out because of the fear of malpractice lawsuits against them. Texas added, in the first year, some 4,500 doctors who came to Texas knowing that it was a level playing field.

In this case, Mr. Chairman, we are arguing that the United States of America and the citizens would not have to pay outrageous amounts of money for defensive medicine, whereby physicians, in order to protect themselves and to protect themselves in a difficult circumstance, might order, as a defensive mechanism, excessive amounts of either X-rays or other procedures that really cost the government money instead of providing better healthcare.

□ 1545

This has been an advantage in the State of California, and in the State of Texas, where physicians use not only their training and their professional conduct, but they use what is in the best interest of the patient. That is why we are here today.

Mr. Chair, I yield such time as he may consume to the gentleman from Iowa (Mr. KING).

Mr. KING of Iowa. Mr. Chair, I thank the gentleman from Texas for his lead-

ership on the Rules Committee and in many other ways; and I also thank Dr. BURGESS, another gentleman from Texas on the Rules Committee whose amendment is being offered by Mr. SESSIONS.

As I listen to this dialogue, Mr. Chairman, I am just thinking that States do have rights. They have the right to control any of the healthcare services that are funded by individuals or States. This only affects that because it has Federal dollars in it. We drive at a 55-mile-an-hour speed limit because the Federal Government sets that.

So I rise in support of this amendment, but the States are not funding Medicare, Medicaid, or ObamaCare.

Mr. COHEN. Mr. Chairman, how much time do I have remaining?

The CHAIR. The gentleman from Tennessee has 1 minute remaining.

Mr. COHEN. Mr. Chair, I yield 1 minute to the gentleman from Iowa (Mr. KING), because I think it helps my case.

Mr. KING of Iowa. Mr. Chair, I am happy to accept the time from the gentleman from Tennessee and make the point that hasn't been made very well here today that—apparently, not well enough or the gentleman wouldn't have yielded the time to me, I don't believe—where there are Federal dollars involved, there have been Federal regulations that have matched along with that.

We have written all kinds of legislation in this Congress, a lot of which I disagreed with. But there was a Federal nexus, and it hasn't been litigated successfully time after time after time.

We saw ObamaCare itself was litigated over and over again and the Supreme Court came down with rulings that let that legislation stand. That is one of the reasons why we have the angst that we have today.

But the case that this usurps States' rights is thin. It is not without some consequence, but it is very thin. We have gone way over to the other side, and we have written everything that we can possibly write into this bill that respects the rights of States. There is always a Federal nexus—we can count on that—and it is so small in comparison to so many other Federal things. Some of the things in our Federal Government are overreach. This is not. This is a minimal, de minimis reach in order to regulate over-the-top trial lawyers, who are the ones who are the only losers today, Mr. Chairman.

Mr. SESSIONS. Mr. Chair, I yield back the balance of my time.

Mr. COHEN. Mr. Chair, I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from Texas (Mr. SESSIONS).

The amendment was agreed to.

AMENDMENT NO. 3 OFFERED BY MR. ROE OF TENNESSEE

The CHAIR. It is now in order to consider amendment No. 3 printed in House Report 115-179.

Mr. ROE of Tennessee. Mr. Chairman, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Add, at the end of the bill, the following (and amend the table of contents accordingly):

SEC. 11. LIMITATION ON EXPERT WITNESS TESTIMONY.

(a) IN GENERAL.—No person in a health care profession requiring licensure under the laws of a State shall be competent to testify in any court of law to establish the following facts—

(1) the recognized standard of acceptable professional practice and the specialty thereof, if any, that the defendant practices, which shall be the type of acceptable professional practice recognized in the defendant's community or in a community similar to the defendant's community that was in place at the time the alleged injury or wrongful action occurred,

(2) that the defendant acted with less than or failed to act with ordinary and reasonable care in accordance with the recognized standard, and

(3) that as a proximate result of the defendant's negligent act or omission, the claimant suffered injuries which would not otherwise have occurred,

unless the person was licensed to practice, in the State or a contiguous bordering State, a profession or specialty which would make the person's expert testimony relevant to the issues in the case and had practiced this profession or specialty in one of these States during the year preceding the date that the alleged injury or wrongful act occurred.

(b) APPLICABILITY.—The requirements set forth in subsection (a) shall also apply to expert witnesses testifying for the defendant as rebuttal witnesses.

(c) WAIVER AUTHORITY.—The court may waive the requirements in this subsection if it determines that the appropriate witnesses otherwise would not be available.

The CHAIR. Pursuant to House Resolution 382, the gentleman from Tennessee (Mr. ROE) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Tennessee.

Mr. ROE of Tennessee. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, medical malpractice lawsuits in this country have gotten out of hand, which is hurting both providers and patients. Something must be done.

I have spent 31 years practicing medicine in Tennessee before coming to Congress. In that time, I saw my medical malpractice insurance premiums increase from \$4,000 a year to over \$50,000 a year, by the time I left practice.

Why were the premiums so expensive? My practice group took everyone: private insurance, Medicare, Medicaid, TRICARE, and the uninsured. Some practices limit their patient populations, but when you are in rural Appalachia, you take all comers.

The reality is, when you are taking care of patients with elevated risk, you get more frequent negative outcomes, increasing your risk for lawsuits, and this creates an issue for patient access to care.

Finally, right when I was leaving practice in 2008, Governor Haslam signed into law some of the best reforms we have in Tennessee, in the Tennessee Medical Malpractice Act, which created a 60-day notice statute and a certificate of good faith certifying a case has merit before it can be filed.

In 2011, Governor Haslam then signed the Tennessee Civil Justice Act into law, which contained a restriction on who could testify as an expert witness in medical malpractice litigation.

Too often, physicians practicing medicine are pitted in litigation against a professional witness who has gone to medical school but specialized in a different field and wasn't even licensed to practice in their State or a contiguous State. Mr. Chairman, that is absolutely wrong.

The fact is, these changes work. In Tennessee, we saw medical malpractice premiums reduced from 2009 to 2014 by between 25 and 40 percent, depending on the specialty. OBs saw average premiums reduced from over \$52,000 to just over \$33,000; neurosurgeons saw average premiums reduced from \$49,000 to \$35,000; cardiovascular surgeons saw their premiums go down from \$44,000 to \$31,000. There were other changes that were put into place that helped, including caps, but the fact was, this change had a major impact.

My amendment follows Tennessee's law and strengthens the changes contained in the underlying text of the bill, H.R. 1215, by adding further restrictions to those individuals who would qualify as an expert witness for medical malpractice litigation. My amendment limits who can be called as an expert witness, not only by the individual's professional accreditation, but also by his or her geographic location.

The fact is, as Tennessee's law proved, we needed medical professionals from the area where the incident in question occurred to testify as an expert, not a foreign jurisdiction hundreds of thousands of miles away. If that proves to be impossible, the court can waive this requirement if a witness that fits these criteria is otherwise unavailable.

Mr. Chairman, no one knows the people or healthcare providers in an area better than the people and healthcare providers in that area. Whether testifying for the plaintiff or defendant, it is important that those individuals called as experts really know the people in the area and aren't simply flown in from a faraway place just to get a paycheck.

We all want improved quality and lower costs of care. Reforming the litigation process is a step in the right direction.

Mr. Chairman, I encourage Members to support my amendment, and I reserve the balance of my time.

Mr. COHEN. Mr. Chairman, I claim the time in opposition.

The CHAIR. The gentleman from Tennessee is recognized for 5 minutes.

Mr. COHEN. Mr. Chair, this is the Tennessee law. I remember it. It is probably not such a wonderful law, even in Tennessee, even though some of us didn't care because Tennessee is an unusual State.

You see it when you go to Rock City. From Rock City, you see seven, eight, or nine States. That is pretty good, even without the help of the Southern College of Optometry.

If you are in Memphis, the bill would say that you could have an expert from Arlington, Virginia, come to Memphis. That is a long way, yet we are so much closer to Springfield, Illinois, or even to Dallas, Texas, or we are much closer to Baton Rouge, where they have got a lot of great doctors. Those doctors from Baton Rouge could come to Memphis. They would be closer to Memphis than somebody from Arlington, Virginia.

The fact is, the State should decide this. Tennessee made this contiguous State or your own State law. For Alaska, that means you have got Alaska. For Hawaii, it means you have got Hawaii. The States should decide who is an expert and who isn't.

It also says you have got to be in practice for the previous year. If somebody is not in practice and they are a professor at a medical school and maybe the outstanding expert on cardiovascular diseases, and they happen to be someplace like Harvard, they wouldn't be able to go to a State that is not contiguous to Massachusetts. If they weren't practicing, they wouldn't be able to be an expert at all.

These arbitrary time limits, arbitrary requirements, and arbitrary demographic limitations are not aimed at justice or saving costs. They are aimed at reducing the number of experts who might be available.

In a State, it is more difficult to get an expert to come testify because you may get ostracized by your fellow professionals. It might be easier for a plaintiff to find an expert from a State that is a little bit of a distance.

I am not that familiar with Maine. Does it touch maybe Vermont and New Hampshire? It kind of limits itself, too. In Tennessee, you would have 9 or 10 States; in Alaska, none; Hawaii, none; Maine, two. Minnesota has got to be limited because we wouldn't go to Canada because that is not part of our system.

Of course, this isn't really part of our system either because our system is a Federal system, where we give States the right to make these decisions and not make them up in Washington with a one-size-fits-all way to stop people who have been damaged by medical malpractice, medical device defects, or nursing home negligence from getting whole compensation.

We put a limit from Washington on the old person who is being taken advantage of by some individual in a nursing home or some individual who has been given a defective valve in their heart because of a medical device problem.

We in Washington, under this bill, think we know more than what a jury should know about the effects and the damages when that person testifies in that courtroom in front of that jury and before that judge and have their damages proven. You can see that individual and know the harm they have been caused, but their damages are going to be limited because of something that goes on here in Washington, D.C.

That is something the other side argues against constantly. They say things should be decided back home in the States—things like voting rights and trying to limit the opportunity for people in the Justice Department to see to it that people get a chance to vote. They say that States' rights are primary when it suits their purposes.

In Tennessee, the doctors own the medical malpractice insurance company. I think it has the word "Volunteer" in it. It is the doctors who own it. So they will be direct beneficiaries.

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

Mr. ROE of Tennessee. Mr. Chairman, where the subsidies were going in our State were to the lawyers, since they got over 60 percent of any medical malpractice settlement. The poor patients got less than forty cents on the dollar.

Mr. Chairman, I yield 1 minute to the gentleman from Iowa (Mr. KING).

Mr. KING of Iowa. Mr. Chairman, I thank Dr. ROE, the gentleman from Tennessee, for bringing this amendment.

Looking at the language here, it is interesting that the concern was that the witnesses may not be available within a large State. I notice, as I read the language, that unless the person was licensed for practice in the State or a contiguous border State—that is pretty good. If you are Hawaii, maybe not so good. But Dr. ROE, typical to his style, anticipated these things by putting the waiver authority in the last provision in the amendment, which says: "The court may waive the requirements in this subsection if it determines that the appropriate witnesses otherwise would not be available."

So this is a sound, well thought-out directive that ensures that we have a high level of professionalism.

When the gentleman earlier talked about a jury of your peers, what about having professionals who are highly credentialed that do understand the locality and the normal practices within the region?

So not only do I support this amendment, but I encourage its adoption. It requires expert witnesses to have knowledge of the standard of care in their local communities. It is a commonsense amendment, and I urge its adoption.

Mr. COHEN. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, I was going to try to find that language.

Years ago, a trial lawyer named J.D. Lee told me when I was just a 28-year-

old constitutional convention delegate: Don't go down rabbit trails. The gentleman from Iowa is throwing rabbit trails out there, and I am not going to go down one.

The fact is, this is a State issue that should be determined by the States and should be determined by judges and jurors in their jurisdiction who see the defendant and see the plaintiff with their own eyes and determine the facts as the facts dictate and justice demands, is what we hear and what we live by in jury cases. That is what we should live by in Washington in determining what damages are, and not making the decisions up here in Washington, D.C.

This is a bad amendment. It is a bad bill. It is contrary to the mantra that you normally hear from the other side.

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

Mr. ROE of Tennessee. Mr. Chairman, I wish the damages did go to patients in Tennessee. They don't. The majority goes to lawyers.

Mr. Chairman, I yield the balance of my time to the gentleman from Kansas (Mr. MARSHALL), my good friend and a fellow OB/GYN.

□ 1600

Mr. MARSHALL. Mr. Chairman, I rise in support of this amendment offered by gentleman from Tennessee. Like Dr. ROE, I, too, have been an OB-GYN.

The standard of care is defined by local physicians. Let me say that again. The standard of care should be defined by local physicians, and how medicine is practiced may vary from location to location. No matter what, all physicians, especially in rural settings, don't have access to all the luxuries in tertiary centers. Demanding that experts representing either side of a dispute practice medicine in the State of jurisdiction is just common sense.

Mr. ROE of Tennessee. Mr. Chair, I yield back the balance of my time.

Mr. BUCSHON. Mr. Chair, as a physician I have seen firsthand how frivolous lawsuits against experienced physicians have hindered the health care system and increased costs to all patients.

It is imperative we address this through common sense legislation.

This amendment would require expert witnesses in medical malpractice negligence cases to have practiced in the same specialty and geographical area as the physician defendant.

This limitation ensures that the expert witness has the qualified experience with and knowledge of the standard of care recognized in their local communities. I was a heart surgeon. I was not qualified to testify in a dermatology case.

I ask my colleagues to join me in voting yes on Dr. ROE's amendment and the Protecting Access to Care Act.

The CHAIR. The question is on the amendment offered by the gentleman from Tennessee (Mr. ROE).

The amendment was agreed to.

AMENDMENT NO. 4 OFFERED BY MR. HUDSON

The CHAIR. It is now in order to consider amendment No. 4 printed in House Report 115-179.

Mr. HUDSON. Mr. Chair, I have an amendment that the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Add, at the end of the bill, the following:

SEC. 11. COMMUNICATIONS FOLLOWING UNANTICIPATED OUTCOME.

(a) PROVIDER COMMUNICATIONS.—In any health care liability action, any and all statements, affirmations, gestures, or conduct expressing apology, fault, sympathy, commiseration, condolence, compassion, or a general sense of benevolence which are made by a health care provider or an employee of a health care provider to the patient, a relative of the patient, or a representative of the patient and which relate to the discomfort, pain, suffering, injury, or death of the patient as the result of the unanticipated outcome of medical care shall be inadmissible for any purpose as evidence of an admission of liability or as evidence of an admission against interest.

(b) STATE FLEXIBILITY.—No provision of this section shall be construed to preempt any State law (whether effective before, on, or after the date of the enactment of this Act) that makes additional communications inadmissible as evidence of an admission of liability or as evidence of an admission against interest.

SEC. 12. EXPERT WITNESS QUALIFICATIONS.

(a) IN GENERAL.—In any health care lawsuit, an individual shall not give expert testimony on the appropriate standard of practice or care involved unless the individual is licensed as a health professional in one or more States and the individual meets the following criteria:

(1) If the party against whom or on whose behalf the testimony is to be offered is or claims to be a specialist, the expert witness shall specialize at the time of the occurrence that is the basis for the lawsuit in the same specialty or claimed specialty as the party against whom or on whose behalf the testimony is to be offered. If the party against whom or on whose behalf the testimony is to be offered is or claims to be a specialist who is board certified, the expert witness shall be a specialist who is board certified in that specialty or claimed specialty.

(2) During the 1-year period immediately preceding the occurrence of the action that gave rise to the lawsuit, the expert witness shall have devoted a majority of the individual's professional time to one or more of the following:

(A) The active clinical practice of the same health profession as the defendant and, if the defendant is or claims to be a specialist, in the same specialty or claimed specialty.

(B) The instruction of students in an accredited health professional school or accredited residency or clinical research program in the same health profession as the defendant and, if the defendant is or claims to be a specialist, in an accredited health professional school or accredited residency or clinical research program in the same specialty or claimed specialty.

(3) If the defendant is a general practitioner, the expert witness shall have devoted a majority of the witness's professional time in the 1-year period preceding the occurrence of the action giving rise to the lawsuit to one or more of the following:

(A) Active clinical practice as a general practitioner.

(B) Instruction of students in an accredited health professional school or accredited residency or clinical research program in the same health profession as the defendant.

(b) **LAWSUITS AGAINST ENTITIES.**—If the defendant in a health care lawsuit is an entity that employs a person against whom or on whose behalf the testimony is offered, the provisions of subsection (a) apply as if the person were the party or defendant against whom or on whose behalf the testimony is offered.

(c) **POWER OF COURT.**—Nothing in this subsection shall limit the power of the trial court in a health care lawsuit to disqualify an expert witness on grounds other than the qualifications set forth under this subsection.

(d) **LIMITATION.**—An expert witness in a health care lawsuit shall not be permitted to testify if the fee of the witness is in any way contingent on the outcome of the lawsuit.

(e) **STATE FLEXIBILITY.**—No provision of this section shall be construed to preempt any State law (whether effective before, on, or after the date of the enactment of this Act) that places additional qualification requirements upon any individual testifying as an expert witness.

SEC. 13. AFFIDAVIT OF MERIT.

(a) **REQUIRED FILING.**—Subject to subsection (b), the plaintiff in a health care lawsuit alleging negligence or, if the plaintiff is represented by an attorney, the plaintiff's attorney shall file simultaneously with the health care lawsuit an affidavit of merit signed by a health professional who meets the requirements for an expert witness under section 14 of this Act. The affidavit of merit shall certify that the health professional has reviewed the notice and all medical records supplied to him or her by the plaintiff's attorney concerning the allegations contained in the notice and shall contain a statement of each of the following:

- (1) The applicable standard of practice or care.
- (2) The health professional's opinion that the applicable standard of practice or care was breached by the health professional or health facility receiving the notice.
- (3) The actions that should have been taken or omitted by the health professional or health facility in order to have complied with the applicable standard of practice or care.
- (4) The manner in which the breach of the standard of practice or care was the proximate cause of the injury alleged in the notice.
- (5) A listing of the medical records reviewed.

(b) **FILING EXTENSION.**—Upon motion of a party for good cause shown, the court in which the complaint is filed may grant the plaintiff or, if the plaintiff is represented by an attorney, the plaintiff's attorney an additional 28 days in which to file the affidavit required under subsection (a).

(c) **STATE FLEXIBILITY.**—No provision of this section shall be construed to preempt any State law (whether effective before, on, or after the date of the enactment of this Act) that establishes additional requirements for the filing of an affidavit of merit or similar pre-litigation documentation.

SEC. 14. NOTICE OF INTENT TO COMMENCE LAWSUIT.

(a) **ADVANCE NOTICE.**—A person shall not commence a health care lawsuit against a health care provider unless the person has given the health care provider 90 days written notice before the action is commenced.

(b) **EXCEPTIONS.**—A health care lawsuit against a health care provider filed within 6 months of the statute of limitations expiring as to any claimant, or within 1 year of the

statute of repose expiring as to any claimant, shall be exempt from compliance with this section.

(c) **STATE FLEXIBILITY.**—No provision of this section shall be construed to preempt any State law (whether effective before, on, or after the date of the enactment of this Act) that establishes a different time period for the filing of written notice.

The CHAIR. Pursuant to House Resolution 382, the gentleman from North Carolina (Mr. HUDSON) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from North Carolina.

Mr. HUDSON. Mr. Chairman, access to a fair and just court system is a vital part of the makeup of the United States. It is important that courts are used to seek justice, not for the financial benefit of lawyers looking to take advantage of patients. Basic protections these amendments provide from frivolous lawsuits will provide peace of mind for the vast majority of physicians who work so hard to protect and heal their patients.

Patients in States that have enacted comprehensive medical liability reform have seen their healthcare costs decrease and their access to quality medical care increase. Enacting these reforms at the Federal level will benefit patients nationwide.

All provisions within this amendment defer to State laws and directly address the issues covered.

The first provision is called the Sorry Provision. This provision would allow a physician to apologize to a patient for an unintended outcome without having that apology count against them in a court of law. Thirty-two States plus the District of Columbia have an apology provision in place.

The second issue in this amendment is Notice of Intent. This provision would require a plaintiff to provide a notice of intent to the physician 90 days before a lawsuit is filed. Cases are often settled before reaching a verdict, and this provision would encourage settlement before court proceedings begin.

The third provision is Affidavits of Merit. This provision would require a plaintiff to have a physician in the same specialty as the defendant physician to sign an affidavit certifying the merits of the case before the lawsuit could be brought to court. Twenty-seven States have some form of affidavits of merit, though the standards vary from State to State.

The final provision in the amendment is Expert Witness Qualifications. This provision would require that any expert witness called to testify during a trial would need to meet the same licensing requirements as the defendant physician. Forty-eight States plus the District of Columbia have some form of expert witness qualification, though the standards vary from State to State.

So you see, these are very common-sense provisions. They are provisions that many States already have, and they will lead to lower costs and better

care for patients, which ought to be our goal in the end.

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

Mr. COHEN. Mr. Chairman, I rise in opposition to my friend's amendment.

The CHAIR. The gentleman from Tennessee is recognized for 5 minutes.

Mr. COHEN. Mr. Chairman, this amendment prohibits the introduction of apologies as evidence of liability, imposes on States the qualifications for expert witnesses in a healthcare lawsuit, requires plaintiffs to obtain a certificate of merit from a healthcare professional in order to pursue a healthcare lawsuit, and has a 90-day pre-suit notification requirement.

This amendment is very, very difficult in that it says that, if you apologize, a doctor apologizes, the hope is that the doctor can apologize and the patient may think: Oh, he apologized. That is nice. I won't sue him. But then if you decide to sue him or her, you can't put that apology in evidence against him. So it is kind of maybe crocodile tears, a crocodile apology.

But it also requires a plaintiff to get a certificate of merit from a healthcare professional to pursue a healthcare lawsuit—not from a lawyer, but from a healthcare professional. You have got to go to the fraternity to sue a fellow fraternity brother. That is a strange one.

This amendment would add numerous problematic provisions that significantly expand this bill beyond what was even discussed in the Judiciary Committee and in Rules, and it violates State sovereignty, all without any proper legislative vetting before coming to the floor. This is the first I have seen it or I think anybody has seen this proposal—not necessarily regular order.

Its apology provision is overly broad and undermines the legal right of patients. This provision states any apology by a healthcare provider given to a patient or their family is inadmissible for any purpose as evidence of liability or an admission against interest. If it is a true apology, it should be admitted, but it won't be.

The purpose of so-called apology laws that occur sometimes at the State level, which is where they should be, is to encourage a doctor to apologize to the patient for any harm while preserving that patient's ability to offer evidence of wrongdoing. Yet this amendment upends this balance by prohibiting the admission of all expressions of empathy or apology for any purpose of evidence or admission of liability.

This overbroad language undermines the patient's ability to offer evidence that he or she was harmed by wrongdoing. By making inadmissible admissions of fault by the provider, the amendment goes further than many State laws that do not prohibit admissions of fault and would still allow apology evidence to be used for purposes other than proving liability, such as impeaching a witness.

Second, the amendment imposes highly restrictive expert witness qualifications on State courts, which we just discussed with Mr. ROE's amendment. This amendment requires the expert witness to be an exact carbon copy of the defendant. The expert must teach or practice in the same specialty and must have been doing so at the time of the occurrence that forms the basis of the lawsuit and for 1 year preceding the occurrence.

Under this provision, someone with 30 years of professional experience may not qualify; whereas, a person with 1 year of experience could qualify as an expert. Indeed, this rule excludes retired professionals, many academics, and researchers from testifying as experts. It should be up to a judge in the courtroom or to a State that has province over this jurisdiction, not the Federal Government.

Third, this amendment imposes further burdens on injured plaintiffs beyond the already onerous requirements of the underlying bill before they can even file a lawsuit. The amendment requires an injured patient to obtain a certificate from a healthcare professional attesting to the legal merit of the case. This requires injured plaintiffs to find a healthcare professional, not a lawyer, to evaluate the legal merits of the case at the time of filing—closed frat house.

Certificates of merit are a costly, unnecessary obstacle and only serve to block injured plaintiffs access to the courts. There is little proof that such requirements reduce frivolous litigation or costs to medical providers, and certainly they don't help people who have been harmed by negligent treatment.

This requirement overrides State supreme court decisions in Arizona, Arkansas, Ohio, Oklahoma, and Washington, which held that similar lawsuit certification laws violated their State constitutions.

The amendment also requires an injured plaintiff to provide a healthcare provider 90 days' written notice before commencing the lawsuit. This notice requirement is another unnecessary hurdle intended to increase the cost of litigation for injured plaintiffs and dissuade them from filing suit. There is scant evidence that such notice reduces frivolous litigation or facilitates the compensation of the injured party.

Finally, the amendment represents the extreme intrusion on States' rights, which this whole bill does, and is such a flip from the normal Republican thought processes.

Each previously described provision includes the so-called State flexibility provisions in an attempt to brush off federalism concerns that these provisions are mostly one-way preemptive. They only preserve State laws that mirror the amendments' requirements and State laws which include requirements in addition to those imposed by the amendment. While it preserves State notice requirements, it overrides State laws that do not have such.

The States, not Congress, should determine the qualifications for appearing as an expert witness in State court proceedings, determine the appropriate uses of apology evidence, and decide whether certificates are proper or not.

For these reasons, I, unfortunately, have to oppose the amendment by my good friend Mr. HUDSON, who is a great Tar Heel.

I yield back the balance of my time. Mr. HUDSON. Mr. Chairman, may I ask how much how time I have remaining.

The CHAIR. The gentleman from North Carolina has 3 minutes remaining.

Mr. HUDSON. Mr. Chairman, I yield 1 minute to the gentleman from Iowa (Mr. KING).

Mr. KING of Iowa. Mr. Chairman, I thank the gentleman for yielding time to me.

Mr. Chairman, I rise in support of this improving amendment which would save even more Federal taxpayer dollars by requiring the filing of affidavits of merit from an appropriately qualified specialist, requiring that expert witnesses have specialty backgrounds relevant to the case, allowing doctors to apologize without fear of penalty, and requiring a 90-day cooling-off period before lawsuits can be filed to facilitate voluntary settlements.

I urge its adoption by the House, and I would point out that, as the gentleman from Tennessee referred to a fraternity of healthcare professionals as if somehow they couldn't come to an objective decision on their own profession, there has to be a fraternity of lawyers that are making these decisions for all of America right now. What we are seeking to do today is to bring this back to common sense, bring it back to we the people, keep it within the bounds of the Constitution, and reduce the cost of healthcare across America \$54 billion, and we are looking at a potential for \$650 billion a year.

Mr. Chairman, I urge its adoption.

Mr. HUDSON. Mr. Chairman, I thank the gentleman for his leadership on this issue, and I also would like to express my appreciation to my colleague from Tennessee.

We all care about patients and we all care about patients seeking justice, but I just think maybe we disagree how to get there at this point.

The one point he raised about the crocodile tears, the way he describes the Sorry Provision, look, doctors are human beings and sometimes things happen. It should be appropriate for a physician to be able to express those feelings that they are sorry that that happened without that being seen as some sign that there is guilt involved. So I think the Sorry Provision is important because the doctor-patient relationship is very important, and these are human beings.

The other argument that was raised, that it is an undue burden to have to have an expert witness, listen. A lot of these cases are very detailed and very

specific. If you are talking about a cardiothoracic event, you need a cardiothoracic surgeon to discuss that. A lot of these specialty fields, it is important that you have someone from that field as an expert.

Frankly, there are folks out there who have the profession of being professional witnesses. They travel around the country and testify on behalf of the plaintiff bar. Frankly, I think we need to have experts testifying that are qualified to talk about those very specific cases that they are testifying against.

The other thing that was raised is that the 90-day notice is an unfair burden on a patient. Frankly, I believe that having a little bit of time where individuals can talk could actually help that patient get to a settlement, get some redress earlier.

I don't think you are delaying any kind of justice for individuals, but I think it is important that there is notification time, there is time for both parties to communicate. I think, in the end, you might end up having justice delivered much quicker than going through a lengthy trial that could have been avoided if you had a notice in the beginning.

This amendment simply is seeking to provide justice for those who deserve it much more quickly with much less expense, but also to preserve our healthcare system.

Mr. Chairman, I urge my colleagues to support this amendment, and I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from North Carolina (Mr. HUDSON).

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

Mr. COHEN. Mr. Chairman, I demand a recorded vote.

The CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from North Carolina will be postponed.

AMENDMENT NO. 5 OFFERED BY MR. BARR

The CHAIR. It is now in order to consider amendment No. 5 printed in House Report 115-179.

Mr. BARR. Mr. Chair, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Add, at the end of the bill, the following (and amend the table of contents accordingly):

SEC. 11. AFFIRMATIVE DEFENSE.

(a) IN GENERAL.—In the case of a health care lawsuit, it shall be an affirmative defense to any health care liability claim alleged therein that the defendant complied with a clinical practice guideline that was established, published, maintained, and updated on a regular basis by an eligible professional organization and that is applicable to the provision or use of health care services or medical products for which the health care liability claim is brought.

(b) DEFINITIONS.—For purposes of this section:

(1) CLINICAL PRACTICE GUIDELINE.—The term “clinical practice guideline” means systematically developed statements based on the review of clinical evidence for assisting a health care provider to determine the appropriate health care in specific clinical circumstances.

(2) ELIGIBLE PROFESSIONAL ORGANIZATION.—The term “eligible professional organization” means a national or State medical society or medical specialty society.

The CHAIR. Pursuant to House Resolution 382, the gentleman from Kentucky (Mr. BARR) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Kentucky.

Mr. BARR. Mr. Chairman, I first want to commend Chairman GOODLATTE and Congressman KING and others who worked on H.R. 1215, the Protecting Access to Care Act, which aims to address the real problem of junk lawsuits in the context of medical care.

Seventy-five percent of the doctors will face a malpractice lawsuit over the course of their careers, and many of these claims are frivolous, which drives up the cost of healthcare, encourages defensive medicine, and contributes to the Nation’s severe shortage of doctors and nurses, especially in high-risk areas such as obstetrics, neurosurgery, and emergency medicine.

We need to enact sensible medical malpractice reform, and given the clear Federal interest in reducing taxpayer costs wherever Federal policy affects the distribution of healthcare, I support H.R. 1215.

However, H.R. 1215 does not go far enough to discourage the practice of defensive medicine, the provision of health services, tests, and procedures designed to shield the provider from legal liability but which may not be medically necessary or in the best interests of the patient.

Defensive medicine is a major driver of healthcare costs and also reduces the quality of patient care.

□ 1615

In that spirit, I offer this amendment, which would expand upon the reforms in H.R. 1215, to protect physicians from frivolous lawsuits, while promoting the practice of evidence-based medicine to lower costs and improve healthcare quality.

My amendment offers a legal safe harbor in the form of an affirmative defense for defendants who can show that they adhered to clinical practice guidelines in their area of medical practice. Rather than Washington-based care, the guidelines would be developed by the physician community-based on the best available scientific evidence. This allows doctors to focus on practicing medicine and improves healthcare quality by encouraging the practice of evidence-based, not defensive medicine.

A New England Journal of Medicine study on clinical practice guidelines and tort reform stated that “Safe harbor rules hold promise for realigning legal incentives with good medical practice and promoting fast uptake of

proven modes of care.” By promoting adherence to clinical practice guidelines that are already maintained by medical specialty groups, this amendment would encourage physicians to provide higher quality care, while reducing medical errors and waste.

Several States have already adopted safe harbor legislation and have significantly lowered the length and costs associated with medical malpractice cases. My amendment would build on the success of State safe harbor laws by expanding it to a national level, while not infringing on States’ ability to implement additional tort reform.

Americans deserve healthcare reform that will help lower the cost of care and protect the sacred doctor-patient relationship. The current reforms within H.R. 1215 are an important first step to reducing the high costs of medical malpractice claims. My amendment will further strengthen this legislation to promote affordable evidence-based patient care, reduce defensive medicine, and allow health professionals to focus on patients’ actual needs.

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

Mr. COHEN. Mr. Chairman, I claim the time in opposition to my friend’s misguided amendment.

The Acting CHAIR (Mr. COLLINS of Georgia). The gentleman from Tennessee is recognized for 5 minutes.

Mr. COHEN. Mr. Chairman, this is incongruous with the rest of the discussion we have had. It is consistent in that it is an attempt to say that people who have been harmed won’t be able to recover, and it makes it harder to recover; and it protects the physicians—and the people—who basically are determined to have been negligent.

But, it says that, it is an affirmative defense to any healthcare liability claim—that is not just to a doctor. A healthcare liability claim could be to a nursing home or a medical device company—where the defendant complied with a clinical practice guideline developed by a national or State medical society or medical specialty society that is applicable.

They have just argued that for the plaintiff to have an expert witness, that expert witness has to come from the State where the action is brought, or a contiguous State. But, for the defendant, you can have a national practice guideline as an affirmative defense. So when you are in Memphis, you can’t get an expert witness from Harvard or the University of Michigan or the University of Southern California because those States aren’t contiguous, but the physician could get a medical society’s or a national society’s perspective and have it be an affirmative offense.

It is inconsistent. The whole purpose of this law is inconsistency, to give an advantage to those who have much and who do harm at the expense of those who have been harmed and have less. We see this continual attack on the poor and the injured.

In the healthcare bill, we talk about less opportunity because of diminution in Medicaid for the poor, disabled, seniors, and pregnant women to get healthcare. Here, we are talking about people who have been injured—actually, in fact, injured. And we are saying that a medical society’s rule should be an affirmative defense, no matter where they are. We limit the experts you can have, and we limit the damages you can collect.

And this isn’t to some specious group. This is to people who have actually been injured, and the juries in their home districts have found them to be plaintiffs who proved by a preponderance of the evidence that the defendant tort fees, or doctor, nursing home, or medical device company, breached the standard of care to which they were held to. It is giving them protections of the law given by Washington, almighty Washington.

Once again, I submit to you that the swamp is not being drained but is overflowing to flood the courthouses and not allow justice to come to those who have been harmed by negligence. For time and memorial, it has been the province of the States, the Tenth Amendment. Tort liability and court systems should be determined by legislators and bar associations, maybe medical societies, but back home, not national medical specialty societies or national medical societies as defenses, which is what this particular amendment brings forth.

I heard my friend from Tennessee say that in Tennessee, 60 percent of the verdicts go to lawyers. That is not true. He first talked about a law passed in 2008, that limits attorneys’ fees. So since then, it certainly has not been 60 percent, and even before then it wasn’t 60 percent. The typical contingency fee is a third, and nothing if you don’t win, and there are great expenses incurred.

This is closing the courthouse door to injured parties who juries have found to be injured and limiting their access to recovery. This allows a national medical society to be a part of a fraternity to give an affirmative defense to another frat brother.

I oppose the amendment, I oppose the bill, and I am in favor of an open and free court system that punishes malfeasance and rewards those who have been injured by people who do not practice up to the standard of care that is dictated for them in their own State.

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

Mr. BARR. Mr. Chairman, in brief response to my friend from Tennessee, the safe harbor legislation would not supplant the standard of care, but it would allow for evidence-based medicine to improve healthcare quality. Those standards would be developed by local doctors participating in their medical societies.

Mr. Chairman, I yield to the gentleman from Iowa (Mr. KING), my friend.

Mr. KING of Iowa. Mr. Chairman, I thank the gentleman for yielding.

Mr. Chairman, I have a statement before me from Chairman GOODLATTE, the chairman of the full Judiciary Committee. I am going to represent this as his statement, but the chairman thanks the gentleman from Kentucky for his clarification while he remains opposed to the amendment because it provides an overly broad definition of the eligible professional organizations authorized to issue the guidelines that would be used as an affirmative defense, and because it is not supported by the wider coalition of medical groups supporting the base bill. He looks forward to working with the gentleman to further refine and improve his legislative proposal.

That concludes Chairman GOODLATTE's statement that he would like read into this RECORD.

And I would say on my own behalf, Mr. Chairman, that I very much appreciate the work that Mr. BARR has brought to this. The language that he presented originally, that had to be amended in order to conform with the parliamentarian, I believe, does define this with clarity. So I am inclined to support the gentleman from Kentucky. We will see what happens if there is a recorded vote.

Mr. BARR. Mr. Chairman, I thank the gentleman for those comments.

Mr. Chairman, the clinical practice guideline safe harbor policies have been supported by the American for Tax Reform, American College of Radiology, Healthcare Leadership Council, American Academy of Orthopedic Surgeons, American Society of Anesthesiologists, American Academy of Neurology, American Urological Association, American College of Surgeons, American Health Care Association, American College of Obstetricians and Gynecologists, American Association of Neurological Surgeons, Alliance of Specialty Medicine, Third Way, American College of Physicians, American College of Emergency Physicians, American Osteopathic Association, American College of Cardiologists, and the American Academy of Ophthalmology.

As originally drafted, the amendment set forth the procedure in detail.

Nevertheless, the process by which clinical practice guidelines are proved and published is well established and well known. The text of the amendment clearly references that existing and well-defined process that provides for guidelines to be proposed, submitted, approved, and published through the National Guideline Clearinghouse under the Agency for Healthcare Research and Quality. This is a process that ensures the integrity and quality of the applicable guidelines.

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

Mr. COHEN. Mr. Chairman, I thank Mr. GOODLATTE for his honest testimony and submitting it. For that reason, among others, I will be voting "no" on this amendment, and I hope

that it will be found to be "no" by the Chair. Because when the chairman of the Judiciary Committee, a fine Republican lawyer, says that the amendment is beyond what they intended, it shouldn't really be part of the bill.

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

The Acting CHAIR. The question is on the amendment offered by the gentleman from Kentucky (Mr. BARR).

The question was taken; and the Acting Chair announced that the noes appeared to have it.

Mr. BARR. Mr. Chairman, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from Kentucky will be postponed.

ANNOUNCEMENT BY THE ACTING CHAIR

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, proceedings will now resume on those amendments printed in House Report 115-179 on which further proceedings were postponed, in the following order:

Amendment No. 4 by Mr. HUDSON of North Carolina.

Amendment No. 5 by Mr. BARR of Kentucky.

The Chair will reduce to 2 minutes the minimum time for any electronic vote after the first vote in this series.

AMENDMENT NO. 4 OFFERED BY MR. HUDSON

The Acting CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentleman from North Carolina (Mr. HUDSON) on which further proceedings were postponed and on which the ayes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The Acting CHAIR. A recorded vote has been demanded.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 222, noes 197, not voting 14, as follows:

[Roll No. 334]

AYES—222

| | | |
|-------------|---------------|---------------|
| Abraham | Bucshon | Dent |
| Aderholt | Budd | DeSantis |
| Allen | Burgess | DesJarlais |
| Arrington | Byrne | Donovan |
| Babin | Calvert | Duffy |
| Bacon | Carter (GA) | Duncan (SC) |
| Banks (IN) | Carter (TX) | Dunn |
| Barletta | Chabot | Emmer |
| Barr | Chaffetz | Estes (KS) |
| Barton | Cheney | Farenthold |
| Bera | Coffman | Faso |
| Bergman | Cole | Ferguson |
| Biggs | Collins (GA) | Fitzpatrick |
| Bilirakis | Collins (NY) | Fleischmann |
| Bishop (MI) | Comer | Flores |
| Bishop (UT) | Comstock | Fortenberry |
| Blackburn | Conaway | Fox |
| Blum | Cook | Franks (AZ) |
| Bost | Correa | Frelinghuysen |
| Brady (TX) | Costello (PA) | Gaetz |
| Brat | Cramer | Gallagher |
| Bridenstine | Crawford | Gianforte |
| Brooks (AL) | Cuellar | Gibbs |
| Brooks (IN) | Culberson | Gohmert |
| Buchanan | Davis, Rodney | Goodlatte |
| Buck | Denham | Gosar |

| | | |
|-----------------|-----------------|---------------|
| Gowdy | Luetkemeyer | Ross |
| Granger | MacArthur | Rothfus |
| Graves (GA) | Marchant | Rouzer |
| Graves (LA) | Marino | Royce (CA) |
| Graves (MO) | Marshall | Ruiz |
| Grothman | Mast | Rutherford |
| Guthrie | McCarthy | Schweikert |
| Handel | McCaul | Scott, Austin |
| Harper | McClintock | Sensenbrenner |
| Harris | McHenry | Sessions |
| Hartzler | McKinley | Shimkus |
| Hensarling | McMorris | Shuster |
| Herrera Beutler | Rodgers | Simpson |
| Hice, Jody B. | McSally | Smith (MO) |
| Higgins (LA) | Meadows | Smith (NE) |
| Hill | Meehan | Smith (TX) |
| Holding | Messer | Smucker |
| Hollingsworth | Mitchell | Stefanik |
| Hudson | Moorenar | Stewart |
| Huizenga | Mooney (WV) | Taylor |
| Hultgren | Mullin | Tenney |
| Hunter | Murphy (PA) | Thompson (PA) |
| Hurd | Newhouse | Thornberry |
| Issa | Noem | Tiberi |
| Jenkins (KS) | Norman | Tipton |
| Jenkins (WV) | Nunes | Trott |
| Johnson (LA) | Olson | Upton |
| Johnson (OH) | Palazzo | Valadao |
| Johnson, Sam | Palmer | Wagner |
| Jordan | Paulsen | Walberg |
| Joyce (OH) | Pearce | Walden |
| Katko | Peters | Walker |
| Kelly (MS) | Peterson | Walorski |
| Kelly (PA) | Pittenger | Walters, Mimi |
| King (IA) | Poliquin | Weber (TX) |
| King (NY) | Ratcliffe | Webster (FL) |
| Kinzinger | Reed | Wenstrup |
| Knight | Reichert | Westerman |
| Kustoff (TN) | Rice (SC) | Williams |
| Labrador | Roby | Wilson (SC) |
| LaHood | Roe (TN) | Wittman |
| LaMalfa | Rogers (KY) | Womack |
| Lamborn | Rohrabacher | Woodall |
| Lance | Rokita | Yoder |
| Latta | Rooney, Francis | Yoho |
| Lewis (MN) | Rooney, Thomas | Young (AK) |
| Loudermilk | J. | Young (IA) |
| Love | Rosen | Zeldin |
| Lucas | Roskam | |

NOES—197

| | | |
|-----------------|----------------|----------------|
| Adams | DelBene | Kilmer |
| Aguilar | Demings | Kind |
| Amash | DeSaulnier | Krishnamoorthi |
| Barragán | Deutch | Kuster (NH) |
| Bass | Diaz-Balart | Larsen (WA) |
| Beatty | Dingell | Larson (CT) |
| Beyer | Doggett | Lawrence |
| Bishop (GA) | Doyle, Michael | Lawson (FL) |
| Blumenauer | F. | Lee |
| Blunt Rochester | Duncan (TN) | Levin |
| Bonamici | Ellison | Lewis (GA) |
| Boyle, Brendan | Engel | Lieu, Ted |
| F. | Eshoo | Lipinski |
| Brady (PA) | Españillat | LoBiondo |
| Brown (MD) | Esty (CT) | Loeb |
| Brownley (CA) | Evans | Lofgren |
| Bustos | Foster | Lowenthal |
| Butterfield | Frankel (FL) | Lowey |
| Capuano | Fudge | Lujan Grisham, |
| Carbajal | Gabbard | M. |
| Cárdenas | Gállego | Luján, Ben Ray |
| Carson (IN) | Garamendi | Lynch |
| Cartwright | Garrett | Maloney, |
| Castor (FL) | Gonzalez (TX) | Carolyn B. |
| Castro (TX) | Gotthelmer | Maloney, Sean |
| Chu, Judy | Green, Al | Massie |
| Cicilline | Green, Gene | Matsui |
| Clark (MA) | Griffith | McCollum |
| Clarke (NY) | Grijalva | McEachin |
| Clay | Gutiérrez | McGovern |
| Cleaver | Hanabusa | Meng |
| Clyburn | Hastings | Moore |
| Cohen | Heck | Moulton |
| Connolly | Higgins (NY) | Murphy (FL) |
| Conyers | Himes | Nadler |
| Cooper | Hoyer | Neal |
| Costa | Huffman | Nolan |
| Courtney | Jackson Lee | Norcross |
| Crist | Jayapal | O'Halleran |
| Crowley | Jeffries | O'Rourke |
| Curbelo (FL) | Johnson (GA) | Pallone |
| Davidson | Kaptur | Panetta |
| Davis (CA) | Keating | Pascarelli |
| Davis, Danny | Kelly (IL) | Payne |
| DeFazio | Kennedy | Pelosi |
| DeGette | Khanna | Perlmutter |
| Delaney | Kihuen | Perry |
| DeLauro | Kildee | Pingree |

Pocan
Poe (TX)
Polis
Posey
Price (NC)
Quigley
Raskin
Rice (NY)
Richmond
Ros-Lehtinen
Roybal-Allard
Ruppersberger
Rush
Russell
Ryan (OH)
Sanchez
Sanford
Sarbanes
Schakowsky
Schiff

Schneider
Schrader
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sinema
Sires
Slaughter
Smith (NJ)
Smith (WA)
Soto
Speler
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—14

Amodei
Black
Cummings
Johnson, E. B.
Jones

Langevin
Long
McNerney
Meeks
Napolitano

Renacci
Rogers (AL)
Scalise
Stivers

□ 1646

Ms. TSONGAS changed her vote from “aye” to “no.”

So the amendment was agreed to.

The result of the vote was announced as above recorded.

Stated against:

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Chair, I was unavoidably detained. Had I been present, I would have voted “nay” on rollcall No. 334.

AMENDMENT NO. 5 OFFERED BY MR. BARR

The Acting CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentleman from Kentucky (Mr. BARR) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The Acting CHAIR. A recorded vote has been demanded.

A recorded vote was ordered.

The Acting CHAIR. This is a 2-minute vote.

The vote was taken by electronic device, and there were—ayes 116, noes 310, not voting 7, as follows:

[Roll No. 335]

AYES—116

Abraham
Aderholt
Allen
Amodei
Barletta
Barr
Bera
Bergman
Billirakis
Bishop (UT)
Brooks (AL)
Bucshon
Budd
Carter (GA)
Cheney
Cole
Comstock
Correa
Costello (PA)
Cuellar
Davidson
Davis, Rodney
Dent
DeSantis
DesJarlais
Duffy

Duncan (SC)
Dunn
Farenthold
Ferguson
Fitzpatrick
Fleischmann
Fortenberry
Foxy
Franks (AZ)
Gaetz
Gallagher
Gianforte
Gosar
Graves (GA)
Graves (LA)
Graves (MO)
Guthrie
Harris
Hice, Jody B.
Holding
Hollingsworth
Hudson
Huizenga
Hunter
Jenkins (KS)
Jenkins (WV)

Johnson (LA)
Joyce (OH)
Kaptur
Kelly (PA)
King (IA)
Kustoff (TN)
Labrador
LaMalfa
Lamborn
Loudermilk
MacArthur
Marchant
Marino
Marshall
Mast
McCaul
McMorris
Rodgers
Meadows
Meehan
Mooney (WV)
Mullin
Norman
Nunes
Palmer
Pearce

Peters
Rice (SC)
Roe (TN)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Thomas J.
Rosen
Roskam
Ross
Rothfus
Rouzer
Ruiz

Schrader
Schweikert
Scott, Austin
Sessions
Simpson
Sinema
Smith (MO)
Smith (NE)
Smucker
Stewart
Tenney
Thompson (PA)
Tiberi
Valadao

NOES—310

Adams
Aguilar
Amash
Arrington
Babin
Bacon
Banks (IN)
Barragan
Barton
Bass
Beatty
Beyer
Biggs
Bishop (GA)
Bishop (MI)
Black
Blackburn
Blum
Blumenauer
Blunt Rochester
Bonamici
Bost
Boyle, Brendan F.
Brady (PA)
Brady (TX)
Brat
Bridenstine
Brooks (IN)
Brown (MD)
Brownley (CA)
Buchanan
Buck
Burgess
Bustos
Butterfield
Byrne
Calvert
Capuano
Carbajal
Cárdenas
Carson (IN)
Carter (TX)
Cartwright
Castor (FL)
Castro (TX)
Chabot
Chaffetz
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Coffman
Cohen
Collins (GA)
Collins (NY)
Comer
Conaway
Connolly
Conyers
Cook
Cooper
Costa
Courtney
Cramer
Crawford
Crist
Crowley
Culberson
Curbelo (FL)
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DeBene
Demings
Denham
DeSaulnier

Deutch
Diaz-Balart
Dingell
Doggett
Donovan
Doyle, Michael F.
Duncan (TN)
Ellison
Emmer
Engel
Eshoo
Españillat
Estes (KS)
Esty (CT)
Evans
Faso
Flores
Foster
Frankel (FL)
Frelinghuysen
Fudge
Gabbard
Gallego
Garrett
Gibbs
Gohmert
Gonzalez (TX)
Goodlatte
Gottheimer
Gowdy
Granger
Green, Al
Green, Gene
Griffith
Grijalva
Grothman
Gutiérrez
Hanabusa
Handel
Harper
Hartzler
Hastings
Heck
Hensarling
Herrera Beutler
Higgins (LA)
Higgins (NY)
Hill
Himes
Hoyer
Huffman
Hultgren
Hurd
Issa
Jackson Lee
Jayapal
Jeffries
Johnson (GA)
Johnson (OH)
Johnson, E. B.
Johnson, Sam
Jones
Jordan
Katko
Keating
Kelly (IL)
Kelly (MS)
Kennedy
Khanna
Kihuen
Kildee
Kilmer
Kind
King (NY)
Kinzinger
Knight
Krishnamoorthi
Kuster (NH)
LaHood
Lance
Langevin
Larsen (WA)

Wagner
Walberg
Walker
Webster (FL)
Wenstrup
Westerman
Williams
Wilson (SC)
Woodall
Yoder
Young (AK)
Young (IA)

Larson (CT)
Latta
Lawrence
Lawson (FL)
Lee
Levin
Lewis (GA)
Lewis (MN)
Lieu, Ted
Lipinski
LoBiondo
Loeback
Lofgren
Love
Lowenthal
Lowey
Lucas
Luetkemeyer
Lujan Grisham, M.

Luján, Ben Ray
Lynch
Maloney,
Carolyn B.
Maloney, Sean
Massie
Matsui
McCarthy
McClintock
McCollum
McEachin
McGovern
McHenry
McKinley
McNerney
McSally
Meeks
Meng
Messer
Mitchell
Moolenaar
Moore
Moulton
Murphy (FL)
Murphy (PA)
Nadler
Neal
Newhouse
Noem
Nolan
Norcross
O'Halleran
O'Rourke
Olson
Palazzo
Pallone
Panetta
Pascarella
Paulsen
Payne
Pelosi
Perlmutter
Perry
Peterson
Pingree
Pittenger
Pocan
Poe (TX)
Poliquin
Polis
Posey
Price (NC)
Quigley
Raskin
Ratcliffe
Reed
Reichert
Rice (NY)
Richmond
Roby
Rogers (AL)
Rooney, Francis
Ros-Lehtinen

Roybal-Allard
Royce (CA)
Ruppersberger
Rush
Russell
Rutherford
Ryan (OH)
Sánchez
Sanford
Sarbanes
Schakowsky
Schiff
Schneider
Scott (VA)
Scott, David
Sensenbrenner
Serrano
Sewell (AL)
Shea-Porter
Sherman
Shimkus
Shuster

Sires
Slaughter
Smith (NJ)
Smith (TX)
Smith (WA)
Soto
Speier
Stefanik
Suozzi
Swalwell (CA)
Takano
Taylor
Thompson (CA)
Thompson (MS)
Thornberry
Tipton
Tonko
Torres
Trott
Tsongas
Turner

NOT VOTING—7

Cummings
Garamendi
Long

Napolitano
Renacci
Scalise

Stivers

ANNOUNCEMENT BY THE ACTING CHAIR

The Acting CHAIR (during the vote). There is 1 minute remaining.

□ 1653

Mr. MICHAEL F. DOYLE of Pennsylvania changed his vote from “aye” to “no.”

Messrs. RICE of South Carolina and DENT changed their vote from “no” to “aye.”

So the amendment was rejected.

The result of the vote was announced as above recorded.

Stated against:

Mr. LANGEVIN. Mr. Chair, on rollcall vote 335, I was unavoidably detained. Had I been present, I would have voted “no.”

The Acting CHAIR (Mr. YODER). The question is on the amendment in the nature of a substitute, as amended.

The amendment was agreed to.

The Acting CHAIR. Under the rule, the Committee rises.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. COLLINS of Georgia) having assumed the chair, Mr. YODER, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 1215) to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system, and, pursuant to House Resolution 382, he reported the bill back to the House with an amendment adopted in the Committee of the Whole.

The SPEAKER pro tempore. Under the rule, the previous question is ordered.

Is a separate vote demanded on any amendment to the amendment reported from the Committee of the Whole?

If not, the question is on the amendment in the nature of a substitute, as amended.

The amendment was agreed to.

The SPEAKER pro tempore. 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.

MOTION TO RECOMMIT

Ms. KUSTER of New Hampshire. Mr. Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentlewoman opposed to the bill?

Ms. KUSTER of New Hampshire. I am opposed to the bill in its current form.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Ms. KUSTER of New Hampshire moves to recommit the bill H.R. 1215 to the Committee on the Judiciary with instructions to report the same back to the House forthwith with the following amendment:

Add, at the end of the bill, the following (and conform the table of contents accordingly):

SEC. 11. COMBATTING THE OPIOIDS EPIDEMIC.

For purposes of this Act, the term “health care lawsuit”, as defined in section 7, does not include a claim or action which pertains to the grossly negligent prescription of opioids.

Mr. GAETZ (during the reading). Mr. Speaker, I ask unanimous consent to dispense with the reading.

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

There was no objection.

The SPEAKER pro tempore. The gentlewoman is recognized for 5 minutes.

Ms. KUSTER of New Hampshire. Mr. Speaker, this is the final amendment to the bill, which will not kill the bill or send it back to committee. If adopted, the bill will immediately proceed to final passage as amended.

Like so many communities and States across this country, New Hampshire has been devastated by the heroin and opioid epidemic. Last year alone, my State lost 500 people to substance use disorder.

Helping families, first responders, treatment providers, law enforcement officials, and family advocates in the Granite State confront this crisis has been my number one priority in Congress.

In 2015, Mr. Guinta and I founded the Bipartisan Congressional Heroin Task Force to raise awareness of this crisis and to advocate in a collaborative way for solutions at the Federal level. I am proud to report that our bipartisan task force is now 90 members strong, and we have made important progress in passing legislation and securing critical funding.

But the causes of this crisis are complex, requiring a multifaceted approach addressing every angle of the epidemic, from treatment to recovery, from education and prevention to law enforcement and interdiction.

A primary cause of opioid misuse resulting in heroin dependence is the overprescribing of opioid pain medication.

The data is astonishing. A December 2016 study found that opioids were prescribed to 91 percent of patients after they had experienced an overdose, and, in fact, 63 percent of patients on high-

dose opioids were still prescribed high-dose opioids after overdosing.

We have all heard the stories: teens who had their wisdom teeth removed receiving 30-day supplies of opioids, or a person with back pain receiving prescriptions for extended release opioids even though Tylenol would keep them comfortable.

America consumes 80 percent of the global supply of opioid medication, and 650,000 opioid prescriptions are written every single day.

Earlier this year, a study by the Centers for Disease Control and Prevention found the following extraordinary fact: if 100 people take opioid medication for 1 day, 6 percent will still be using 30 days later; and if 100 people take opioid medication for 30 days, 35 percent of those patients will still be using opioids a year later.

Our task force is working closely with the medical community to strengthen prescribing practices so that patients can manage their pain in an effective and responsible way.

Through my role on the Veterans' Affairs Committee, I am working with my colleagues to improve pain management practices at the VA and to better understand alternative methods for pain management.

The White River Junction VA facility in Vermont serving New Hampshire veterans is a great example where they have cut opioid prescriptions nearly in half by incorporating alternative treatments.

While there is much work that we can do to understand this issue, there remain bad actors across this country who are exploiting those who suffer from substance use disorder for their own financial gain.

In rural communities and elsewhere, pill mills churn out opioid prescriptions with no regard for the well-being of their patients. And just last month, a doctor in New England pled guilty to healthcare fraud for overprescribing opioids, including writing more than 1,100 Oxycodone prescriptions in a single month.

Victims of exploitative prescribing practices must have the unencumbered capacity of our legal system to recoup their damages and to deter negative industry practices.

I am concerned that arbitrary limitations in this legislation on legal damages could limit their ability to effectively respond to the opioid epidemic, and that is why my amendment would simply exempt from the legislation any claim or action that pertains to grossly negligent prescription of opioids. Should this bill become law, this provision will help protect those who have been exploited by predatory physicians operating pill mills.

There is so much we should do to roll back this crisis, and I look forward to our continued bipartisan work. But today I urge my colleagues to approve this motion.

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

Mr. GAETZ. Mr. Speaker, I rise to oppose the motion to recommit.

The SPEAKER pro tempore. The gentleman from Florida is recognized for 5 minutes.

Mr. GAETZ. Mr. Speaker, the motion to recommit is ambiguous, as there is no legal standard currently for that which constitutes gross negligence in the area of prescriptions.

Already this legislation does not apply to circumstances in which there is criminal conduct. That means that bad doctors with bad intent will be prosecuted, and in every State in America, there are legal standards by which those very doctors would lose their license were they to engage in the conduct that the gentlewoman highlighted.

Mr. Speaker, healthcare costs are rising at alarming rates due to the failures of ObamaCare. This bill will reduce healthcare costs. It will improve the quality of care received.

Mr. Speaker, through this underlying legislation, we will enhance the relationship between patients and doctors. We will reduce frivolous litigation. And by ultimately addressing the challenges that arise with increasing healthcare costs, we will make it more easy to get to the affordability challenges with healthcare coverage.

This will ultimately increase wages for the American worker because, due to the failures of ObamaCare, more businesses are having to put money into healthcare premiums and not into wages, not into job creation, and not into the success of the American people.

Mr. Speaker, if what we really aspire to are better healthcare outcomes and more doctors able to treat people who are dealing with the challenges of opioid addiction, I would ask my colleagues to oppose this motion to recommit, support this bill, and get better healthcare outcomes for the American people.

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

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

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

RECORDED VOTE

Ms. KUSTER of New Hampshire. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 5-minute vote on the motion to recommit will be followed by 5-minute votes on:

Passage of the bill, if ordered; and

The motion to suspend the rules and pass H.R. 1500.

The vote was taken by electronic device, and there were—ayes 191, noes 235, not voting 7, as follows:

[Roll No. 336]

AYES—191

| | | |
|-----------------|----------------|----------------|
| Adams | Gallego | O'Halleran |
| Aguilar | Garamendi | O'Rourke |
| Barragán | Gonzalez (TX) | Pallone |
| Bass | Gottheimer | Panetta |
| Beatty | Green, Al | Pascarell |
| Bera | Green, Gene | Payne |
| Beyer | Grijalva | Pelosi |
| Bishop (GA) | Gutiérrez | Perlmutter |
| Blumenauer | Hanabusa | Peters |
| Blunt Rochester | Hastings | Peterson |
| Bonamici | Heck | Pingree |
| Boyle, Brendan | Higgins (NY) | Pocan |
| F. | Himes | Polis |
| Brady (PA) | Hoyer | Price (NC) |
| Brown (MD) | Huffman | Quigley |
| Brownley (CA) | Jackson Lee | Raskin |
| Bustos | Jayapal | Rice (NY) |
| Butterfield | Jeffries | Richmond |
| Capuano | Johnson (GA) | Rosen |
| Carbajal | Johnson, E. B. | Royal-Allard |
| Cárdenas | Kaptur | Ruiz |
| Carson (IN) | Keating | Ruppersberger |
| Cartwright | Kelly (IL) | Rush |
| Castor (FL) | Kennedy | Ryan (OH) |
| Castro (TX) | Khanna | Sánchez |
| Chu, Judy | Kihuen | Sarbanes |
| Cicilline | Kildee | Schakowsky |
| Clark (MA) | Kilmer | Schiff |
| Clarke (NY) | Kind | Schneider |
| Clay | Krishnamoorthi | Schrader |
| Cleaver | Kuster (NH) | Scott (VA) |
| Clyburn | Langevin | Scott, David |
| Cohen | Larsen (WA) | Serrano |
| Connolly | Larson (CT) | Sewell (AL) |
| Conyers | Lawrence | Shea-Porter |
| Cooper | Lawson (FL) | Sherman |
| Correa | Lee | Sinema |
| Costa | Levin | Sires |
| Courtney | Lewis (GA) | Slaughter |
| Crist | Lieu, Ted | Smith (WA) |
| Crowley | Lipinski | Soto |
| Cuellar | Loeb sack | Speier |
| Davis (CA) | Lofgren | Suo zzi |
| Davis, Danny | Lowenthal | Swalwell (CA) |
| DeFazio | Lowe y | Takano |
| DeGette | Lujan Grisham, | Thompson (CA) |
| Delaney | M. | Thompson (MS) |
| DeLauro | Luján, Ben Ray | Titus |
| DelBene | Lynch | Tonko |
| Demings | Maloney, | Torres |
| DeSaulnier | Carolyn B. | Tsongas |
| Deutch | Maloney, Sean | Vargas |
| Dingell | Matsui | Veasey |
| Doggett | McCollum | Vela |
| Doyle, Michael | McEachin | Velázquez |
| F. | McGovern | Visclosky |
| Ellison | McNerney | Walz |
| Engel | Meeks | Wasserman |
| Eshoo | Meng | Schultz |
| Españillat | Moore | Waters, Maxine |
| Esty (CT) | Moulton | Watson Coleman |
| Evans | Murphy (FL) | Welch |
| Foster | Nadler | Wilson (FL) |
| Frankel (FL) | Neal | Yarmuth |
| Fudge | Nolan | |
| Gabbard | Norcross | |

NOES—235

| | | |
|-------------|---------------|---------------|
| Abraham | Budd | Diaz-Balart |
| Aderholt | Burgess | Donovan |
| Allen | Byrne | Duffy |
| Amash | Calvert | Duncan (SC) |
| Amodei | Carter (GA) | Duncan (TN) |
| Arrington | Carter (TX) | Dunn |
| Babin | Chabot | Emmer |
| Bacon | Chaffetz | Estes (KS) |
| Banks (IN) | Cheney | Farenthold |
| Barletta | Coffman | Faso |
| Barr | Cole | Ferguson |
| Barton | Collins (GA) | Fitzpatrick |
| Bergman | Collins (NY) | Fleischmann |
| Biggs | Comer | Flores |
| Bilirakis | Comstock | Fortenberry |
| Bishop (MI) | Conaway | Foxx |
| Bishop (UT) | Cook | Franks (AZ) |
| Black | Costello (PA) | Frelinghuysen |
| Blackburn | Cramer | Gaetz |
| Blum | Crawford | Gallagher |
| Bost | Culbertson | Garrett |
| Brat | Curbelo (FL) | Gianforte |
| Bridenstine | Davidson | Gibbs |
| Brooks (AL) | Davis, Rodney | Gohmert |
| Brooks (IN) | Denham | Goodlatte |
| Buchanan | Dent | Gosar |
| Buck | DeSantis | Gowdy |
| Bucshon | DesJarlais | Granger |

| | | |
|-----------------|-----------------|---------------|
| Graves (GA) | MacArthur | Ross |
| Graves (LA) | Marchant | Rothfus |
| Graves (MO) | Marino | Rouzer |
| Griffith | Marshall | Royce (CA) |
| Grothman | Massie | Russell |
| Guthrie | Mast | Rutherford |
| Handel | McCarthy | Sanford |
| Harper | McCaul | Schweikert |
| Harris | McClintock | Scott, Austin |
| Hartzer | McHenry | Sensenbrenner |
| Hensarling | McKinley | Sessions |
| Herrera Beutler | McMorris | Shimkus |
| Hice, Jody B. | Rodgers | Shuster |
| Higgins (LA) | McSally | Simpson |
| Hill | Meadows | Smith (MO) |
| Holding | Meehan | Smith (NE) |
| Hollingsworth | Messer | Smith (NJ) |
| Hudson | Mitchell | Smith (TX) |
| Huizenga | Moolenaar | Smucker |
| Hultgren | Mooney (WV) | Stefanik |
| Hunter | Mullin | Stewart |
| Hurd | Murphy (PA) | Taylor |
| Issa | Newhouse | Tenney |
| Jenkins (KS) | Noem | Thompson (PA) |
| Jenkins (WV) | Norman | Thornberry |
| Johnson (LA) | Nunes | Tiberi |
| Johnson (OH) | Olson | Tipton |
| Johnson, Sam | Palazzo | Trott |
| Jones | Palmer | Turner |
| Jordan | Paulsen | Upton |
| Joyce (OH) | Pearce | Valadao |
| Katko | Perry | Wagner |
| Kelly (MS) | Pittenger | Walberg |
| Kelly (PA) | Poe (TX) | Walden |
| King (IA) | Poliquin | Walker |
| King (NY) | Posey | Walorski |
| Kinzinger | Ratcliffe | Walters, Mimi |
| Knight | Reed | Weber (TX) |
| Kustoff (TN) | Reichert | Webster (FL) |
| Labrador | Rice (SC) | Wenstrup |
| LaHood | Roby | Westerman |
| LaMalfa | Roe (TN) | Williams |
| Lamborn | Rogers (AL) | Wilson (SC) |
| Lance | Rogers (KY) | Wittman |
| Latta | Rohrabacher | Womack |
| Lewis (MN) | Rokita | Woodall |
| LoBiondo | Rooney, Francis | Yoder |
| Loudermilk | Rooney, Thomas | Yoho |
| Love | J. | Young (AK) |
| Lucas | Ros-Lehtinen | Young (IA) |
| Luetkemeyer | Roskam | Zeldin |

NOT VOTING—7

| | | |
|------------|------------|---------|
| Brady (TX) | Napolitano | Stivers |
| Cummings | Renacci | |
| Long | Scalise | |

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 1712

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

Stated against:

Mr. BRADY of Texas. Mr. Speaker, on roll-call no. 336, I was unavoidably detained to cast my vote in time. Had I been present, I would have voted "no."

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. CONYERS. 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 218, noes 210, not voting 6, as follows:

[Roll No. 337]

AYES—218

| | | |
|----------|--------|-----------|
| Abraham | Allen | Arrington |
| Aderholt | Amodei | Babin |

| | | |
|---------------|-----------------|-----------------|
| Bacon | Graves (GA) | Palmer |
| Banks (IN) | Graves (LA) | Paulsen |
| Barletta | Graves (MO) | Pearce |
| Barr | Grothman | Perry |
| Barton | Guthrie | Pittenger |
| Bergman | Handel | Poliquin |
| Biggs | Harper | Ratcliffe |
| Bilirakis | Harris | Reed |
| Bishop (MI) | Hartzler | Reichert |
| Bishop (UT) | Hensarling | Rice (SC) |
| Black | Herrera Beutler | Roby |
| Blackburn | Hice, Jody B. | Roe (TN) |
| Blum | Higgins (LA) | Rogers (AL) |
| Bost | Hill | Rogers (KY) |
| Brady (TX) | Holding | Rohrabacher |
| Brat | Hollingsworth | Rokita |
| Bridenstine | Hudson | Rooney, Francis |
| Brooks (AL) | Huizenga | Rooney, Thomas |
| Brooks (IN) | Hultgren | J. |
| Buchanan | Hunter | Roskam |
| Buck | Hurd | Ross |
| Bucshon | Issa | Rothfus |
| Budd | Jenkins (KS) | Rouzer |
| Burgess | Jenkins (WV) | Royce (CA) |
| Byrne | Johnson (LA) | Rutherford |
| Calvert | Johnson (OH) | Ryan (WI) |
| Carter (GA) | Johnson, Sam | Sanford |
| Carter (TX) | Jordan | Schweikert |
| Chabot | Joyce (OH) | Scott, Austin |
| Chaffetz | Katko | Sensenbrenner |
| Cheney | Kelly (MS) | Sessions |
| Coffman | Kelly (PA) | Shimkus |
| Cole | King (IA) | Shuster |
| Collins (GA) | King (NY) | Simpson |
| Collins (NY) | Kinzinger | Smith (MO) |
| Comer | Knight | Smith (NE) |
| Comstock | Labrador | Smith (NJ) |
| Conaway | LaHood | Smith (TX) |
| Cook | LaMalfa | Smucker |
| Cramer | Lamborn | Lance |
| Crawford | Lance | Stewart |
| Culbertson | Latta | Taylor |
| Davidson | Lewis (MN) | Tenney |
| Davis, Rodney | LoBiondo | Thompson (PA) |
| Denham | Loudermilk | Thornberry |
| Dent | Love | Tiberi |
| DeSantis | Lucas | Tipton |
| DesJarlais | Luetkemeyer | Trott |
| Diaz-Balart | MacArthur | Turner |
| Donovan | Marchant | Upton |
| Duffy | Marshall | Valadao |
| Duncan (SC) | Mast | Wagner |
| Dunn | McCarthy | Walberg |
| Estes (KS) | McCaul | Walden |
| Farenthold | McClintock | Walker |
| Faso | McHenry | Walorski |
| Ferguson | McKinley | Walters, Mimi |
| Fitzpatrick | McMorris | Weber (TX) |
| Fleischmann | Rodgers | Wenstrup |
| Flores | Flores | Westerman |
| Fortenberry | Messer | Williams |
| Foxx | Mitchell | Wilson (SC) |
| Franks (AZ) | Moolenaar | Wittman |
| Frelinghuysen | Mooney (WV) | Womack |
| Gaetz | Mullin | Woodall |
| Gallagher | Murphy (PA) | Yoder |
| Gianforte | Newhouse | Yoho |
| Gibbs | Noem | Young (AK) |
| Goodlatte | Norman | Young (IA) |
| Gosar | Nunes | Zeldin |
| Gowdy | Olson | |
| Granger | Palazzo | |

NOES—210

| | | |
|-----------------|---------------|----------------|
| Adams | Castro (TX) | DeLauro |
| Aguilar | Chu, Judy | DelBene |
| Amash | Cicilline | Demings |
| Barragán | Clark (MA) | DeSaulnier |
| Bass | Clarke (NY) | Deutch |
| Beatty | Clay | Dingell |
| Bera | Cleaver | Doggett |
| Beyer | Clyburn | Doyle, Michael |
| Bishop (GA) | Cohen | F. |
| Blumenauer | Connolly | Duncan (TN) |
| Blunt Rochester | Conyers | Ellison |
| Bonamici | Cooper | Emmer |
| Boyle, Brendan | Correa | Engel |
| F. | Costa | Eshoo |
| Brady (PA) | Costello (PA) | Españillat |
| Brown (MD) | Courtney | Esty (CT) |
| Brownley (CA) | Crist | Evans |
| Bustos | Crowley | Foster |
| Butterfield | Cuellar | Frankel (FL) |
| Capuano | Curbelo (FL) | Fudge |
| Carbajal | Davis (CA) | Gabbard |
| Cárdenas | Davis, Danny | Gallego |
| Carson (IN) | DeFazio | Garamendi |
| Cartwright | DeGette | Garrett |
| Castor (FL) | Delaney | Gohmert |

Gonzalez (TX) Lujan Grisham, Roybal-Allard
 Gottheimer M. Ruiz
 Green, Al Luján, Ben Ray Ruppertsberger
 Green, Gene Lynch Russell
 Griffith Maloney, Ryan (OH)
 Grijalva Carolyn B. Sánchez
 Gutiérrez Maloney, Sean Sarbanes
 Hanabusa Marino Schakowsky
 Hastings Massie Schiff
 Heck Matsui Schneider
 Higgins (NY) McCollum Schrader
 Himes McEachin Scott (VA)
 Hoyer McGovern Scott, David
 Huffman McNerney Serrano
 Jackson Lee McSally Sewell (AL)
 Jayapal Meehan Shea-Porter
 Jeffries Meeks Sherman
 Johnson (GA) Meng Sinema
 Johnson, E. B. Moore Moulton
 Jones Murphy (FL)
 Kaptur Nadler Smith (WA)
 Keating Neal Soto
 Kelly (IL) Nolan Speier
 Kennedy Norcross Suozzi
 Khanna O'Halleran Swalwell (CA)
 Kihuen O'Rourke Takano
 Kildee Pallone Thompson (CA)
 Kilmer Panetta Thompson (MS)
 Kind Pascrell Titus
 Krishnamoorthi Payne Tonko
 Kuster (NH) Pelosi Torres
 Kustoff (TN) Perlmutter Tsongas
 Langevin Peters Vargas
 Larsen (WA) Peterson Veasey
 Larson (CT) Pingree Vela
 Lawrence Pocan Velázquez
 Lawson (FL) Poe (TX) Visclosky
 Lee Pollis Walz
 Levin Posey Wasserman
 Lewis (GA) Price (NC) Schultz
 Lieu, Ted Quigley Waters, Maxine
 Lipinski Raskin Watson Coleman
 Loeb sack Rice (NY) Webster (FL)
 Lofgren Richmond Welch
 Lowenthal Ros-Lehtinen Wilson (FL)
 Lowey Rosen Yarmuth

NOT VOTING—6

Cummings Napolitano Scalise
 Long Renacci Stivers

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 1719

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

ROBERT EMMET PARK ACT OF 2017

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 1500) to redesignate the small triangular property located in Washington, DC, and designated by the National Park Service as reservation 302 as “Robert Emmet Park”, and for other purposes, 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. Cook) that the House suspend the rules and pass the bill.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 423, nays 0, not voting 10, as follows:

[Roll No. 338]
 YEAS—423
 DeGette Johnson (GA)
 Delaney Johnson (LA)
 DeLauro Johnson (OH)
 DelBene Johnson, E. B.
 Demings Johnson, Sam
 Denham Jones
 Dent Jordan
 DeSantis Joyce (OH)
 DeSaulnier Kaptur
 DesJarlais Katko
 Deutch Keating
 Diaz-Balart Kelly (IL)
 Dingell Kelly (MS)
 Doggett Kelly (PA)
 Donovan Kennedy
 Doyle, Michael Khanna
 F. Kihuen
 Duffy Kildee
 Duncan (SC) Kilmer
 Duncan (TN) Kind
 Dunn King (IA)
 Ellison King (NY)
 Emmer Kinzinger
 Engel Knight
 Eshoo Krishnamoorthi
 Espallat Kuster (NH)
 Estes (KS) Kustoff (TN)
 Esty (CT) Labrador
 Evans LaHood
 Farenthold LaMalfa
 Faso Lamborn
 Ferguson Lambo
 Fitzpatrick Lance
 Fleischmann Langevin
 Flores Larsen (WA)
 Fortenberry Larson (CT)
 Foster Latta
 Foxx Lawrence
 Frankel (FL) Lawson (FL)
 Franks (AZ) Lee
 Frelinghuysen Levin
 Fudge Lewis (GA)
 Gabbard Lewis (MN)
 Gaetz Lieu, Ted
 Gallagher Lipinski
 LoBiondo LoBiondo
 Gallego Loeb sack
 Garamendi Lofgren
 Garrett Loudermilk
 Gianforte Love
 Gibbs Lowenthal
 Gohmert Lowey
 Gonzalez (TX) Lucas
 Goodlatte Luetkemeyer
 Gosar Lujan Grisham,
 Gottheimer M.
 Gowdy Luján, Ben Ray
 Granger Lynch
 Graves (GA) MacArthur
 Graves (LA) Maloney,
 Graves (MO) Carolyn B.
 Green, Al Maloney, Sean
 Green, Gene Marchant
 Griffith Marino
 Grijalva Marshall
 Grothman Massie
 Guthrie Mast
 Gutiérrez Matsui
 Hanabusa McCarthy
 Handel McCaul
 Harper McClintock
 Harris McCollum
 Hartzler McEachin
 Hastings McGovern
 Heck McHenry
 Hensarling McKinley
 Herrera Beutler McMorris
 Hice, Jody B. Rodgers
 Higgins (LA) McNerney
 Higgins (NY) McSally
 Hill Meadows
 Himes Meehan
 Holding Meeks
 Hollingsworth Meng
 Hoyer Messer
 Hudson Mitchell
 Huffman Moolenaar
 Huizenga Mooney (WV)
 Hultgren Moore
 Hunter Moulton
 Hurd Mullin
 Issa Murphy (FL)
 Jackson Lee Murphy (PA)
 Jayapal Nadler
 Jeffries Neal
 Jenkins (KS) Newhouse
 Jenkins (WV) Noem

Nolan Rothfus Thompson (CA)
 Norcross Rouzer Thompson (MS)
 Norman Roybal-Allard Thompson (PA)
 Nunes Royce (CA) Thornberry
 O'Halleran Ruiz Tiberi
 O'Rourke Ruppertsberger Tipton
 Olson Rush Titus
 Palazzo Russell Tonko
 Pallone Rutherford Torres
 Palmer Ryan (OH) Trotter
 Panetta Sánchez Tsongas
 Pascrell Sanford Turner
 Paulsen Sarbanes Upton
 Payne Schakowsky Valadao
 Pearce Schiff Vargas
 Pelosi Schneider Veasey
 Perlmutter Schrader Vela
 Perry Schweikert Velázquez
 Peters Scott (VA) Visclosky
 Peterson Scott, Austin Wagner
 Pingree Scott, David Walberg
 Pocan Sensenbrenner Walden
 Poe (TX) Serrano Walker
 Poliquin Sessions Walorski
 Polis Sewell (AL) Walters, Mimi
 Posey Shea-Porter Walz
 Price (NC) Sherman Wasserman
 Quigley Shimkus Schultz
 Raskin Shuster Waters, Maxine
 Ratcliffe Simpson Watson Coleman
 Reed Sinema Weber (TX)
 Reichert Sires Webster (FL)
 Rice (NY) Slaughter Smith (MO)
 Rice (SC) Smith (NE)
 Richmond Smith (NJ)
 Roby Smith (TX)
 Roe (TN) Smith (WA)
 Rogers (AL) Smucker Wilson (FL)
 Rogers (KY) Soto Wilson (SC)
 Rohrabacher Speier Wittman
 Rokita Stefanik Womack
 Rooney, Francis Stewart Yarmuth
 J. J. Stewart Yoder
 Ros-Lehtinen Suozzi Yoho
 Rosen Swalwell (CA) Young (AK)
 Roskam Takano Young (IA)
 Ross Taylor Zeldin
 Tenney

NOT VOTING—10

Burgess Napolitano Stivers
 Castor (FL) Pittenger Woodall
 Cummings Renacci
 Long Scalise

□ 1727

Ms. ROYBAL-ALLARD changed her vote from “nay” to “yea.”

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mrs. NAPOLITANO. Mr. Speaker, I was absent during rollcall votes No. 334, No. 335, No. 336, No. 337, and No. 338 due to my spouse's health situation in California. Had I been present, I would have voted “nay” on the Hudson Amendment. I would have also voted “nay” on the Barr Amendment. I would have also voted “yea” on the Democratic Motion to Recommit H.R. 1215. I would have also voted “nay” on the Final Passage of H.R. 1215—Protecting Access to Care Act of 2017. I would have also voted “yea” on H.R. 1500—Robert Emmet Park Act of 2017.

RECOGNIZING THE CENTRAL ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED

(Ms. TENNEY asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. TENNEY. Mr. Speaker, I rise today to recognize the Central Association for the Blind and Visually Impaired.

Established in Utica in 1929, CABVI, as it is known, provides a wide range of opportunities for the blind and visually impaired, helping them to acquire job skills and training, good wages and benefits, and a greater independence and quality of life.

In their important mission, CABVI employs a segment of our population that experiences among the highest levels of unemployment in the country.

CABVI also provides vital health and rehabilitation services for people experiencing vision loss. Their resources and services have improved the quality of life for many in our region, including my late father who spent the last 7 years of his life legally blind and confined to a wheelchair. My family is forever grateful to them for their care and kindness.

Today I was honored to welcome to Washington my good friend Rudy D'Amico, president and CEO of CABVI; Robert Porter, public policy director; and Leta Laukitis, executive assistant. Joining them from the southern tier, colleague Ken Fernald, CEO of the Association for Visual Rehabilitation and Employment in Binghamton, New York. All joined by Jennifer Small, chief operating officer; John Ellzey, assistive technology instructor; Katie Lawson, switchboard operator; and Chervelle Amaker, purchasing agent and buyer.

Mr. Speaker, I thank them for their important work and their continued dedication to our community. I look forward to continuing to advocate for them throughout my time in Congress.

□ 1730

LET'S GET IT DONE

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

Mr. CICILLINE. Mr. Speaker, yesterday, Senate Republicans delayed a vote on their bill to repeal the Affordable Care Act. This is a bill that Republicans wrote in secret. They allowed no input from the public or members of the Democratic Caucus, yet they still could not find the votes to pass their bill.

Maybe that is because it eliminates health insurance for 22 million Americans; it imposes an age tax on older Americans; it allows insurance companies to discriminate based on pre-existing conditions; it slashes Medicaid and leaves Medicare to wither on the vine. But no matter the reason, the lesson is clear: it is time for Republicans to give up on their effort to repeal the Affordable Care Act.

The American people are benefiting from this law. Seniors like that they are saving money on prescriptions. Parents like that their kids can stay on their plan until they are 26. Workers

like that their employers have to offer healthcare coverage.

It is not perfect, but let's work together to approve the Affordable Care Act to make sure it works even better for the American people. Democrats are willing to do that. If Republicans will give up the idea of repeal, we can work together to make the Affordable Care Act even better. Let's get this done for our constituents and the American people.

WAYZATA GIRLS CHAMPS

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

Mr. PAULSEN. Mr. Speaker, I rise today to congratulate the Wayzata High School girls synchronized swimming team, who recently won the Minnesota High School State Championship.

The Trojans triumphed at the State meet last month, where the undefeated team earned the championship title for the 11th consecutive year. They faced tough competition, but Wayzata's excellent figure scores put them over the edge to secure the win.

This talented team of dedicated girls, led by Head Coach Hensel, worked hard all season, winning each of their meets by at least 11 points. That commitment didn't stop at the pool. It is also in the classroom, where each of these students excelled as well.

Mr. Speaker, congratulations to all the members, athletes, students, teachers, coaches, families, and fans of the Wayzata High School girls synchronized swimming team on their outstanding performance this season.

TAX BILL DISGUISED AS A HEALTHCARE BILL

(Ms. MICHELLE LUJAN GRISHAM of New Mexico asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. MICHELLE LUJAN GRISHAM of New Mexico. Mr. Speaker, I am angry.

I am angry that Republicans are trying to fool the American people. The Republican healthcare bill is nothing more than a tax bill disguised as a healthcare bill.

TrumpCare is an almost \$570 billion tax break for health insurance companies, pharmaceutical companies, and the extremely wealthy. It is a bill that asks working families to pay more for less: less coverage, less access, and less care.

Recently, a concerned constituent called my office after discovering that his son would need surgery at birth for a heart defect and then subsequent surgeries later on. He wanted to know what he could do to stop TrumpCare and protect his son, who would be born with a preexisting condition and face thousands of dollars of cost throughout his life.

Mr. Speaker, let's pass healthcare legislation that invests in and protects the healthcare of all Americans, holds the healthcare industry accountable, and lowers cost.

1-YEAR ANNIVERSARY OF DALLAS POLICE SHOOTING

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

Mr. BURGESS. Mr. Speaker, July 7, 2016, is forever marked by the sadness and loss our community suffered when five Dallas police officers were gunned down in the deadliest attack for law enforcement in the United States since the September 11 attacks.

These officers were killed as they protected Dallas citizens exercising their constitutional right to protest. They put their own lives on the line for the safety of others.

Reflecting on the events of last July 7, what stands out to me is the heroism of those who answered when duty called and a community that banded together during this tragic event. We are in the midst of an environment that can be deeply divided. We should all seek to follow the example of the Dallas community.

I want to acknowledge former Dallas Chief of Police David Brown and offer my sincere gratitude for his leadership; as well as the Dallas Police Department; first responders; the Parkland hospital; Baylor University hospital, where this iconic photograph was taken, for providing excellent emergency care; and others who helped the victims of this attack.

Mr. Speaker, we must recognize the sacrifice of the men and women and the critical role they played to protect our communities.

RECOGNIZING KELLY CRAFT AS U.S. AMBASSADOR TO CANADA

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

Mr. COMER. Mr. Speaker, I rise to applaud President Trump's selection of Ms. Kelly Craft as the next U.S. Ambassador to Canada.

Canada is the number one export market for my home State of Kentucky. Agriculture is the major industry in my congressional district, and Canada is a critical export market for Kentucky farm products. As a result of our successful history of trade with the nation of Canada, I cannot think of a better person to lead relations between these two countries than my dear friend, Kelly Craft.

Kelly was raised in Glasgow, Kentucky, which is 30 miles from my hometown. She has a lifetime of achievements and is extremely qualified. On a personal note, Kelly has always been there for and believed in me, and I am very appreciative of her support and friendship.

I look forward to Kelly Craft's great leadership as Ambassador to Canada, and I urge a swift confirmation process in the Senate.

SENATE BILL A MARCH BACK TO BAD OLD DAYS FOR WOMEN

(Mrs. CAROLYN B. MALONEY of New York asked and was given permission to address the House for 1 minute.)

Mrs. CAROLYN B. MALONEY of New York. Mr. Speaker, some of my friends and colleagues on the other side of the aisle continue to claim that, under the Senate's healthcare plan, women will be protected from discrimination. They won't be charged more for their healthcare than men. However, the facts show that nothing could be further from the truth.

The Senate bill actually targets women for the cruelest cuts of all. It does so by allowing States to do away with guaranteed access to essential health services, now available under the Affordable Care Act. They are services like maternity care, no-cost birth control, and mammogram screening.

But the Senate plan would allow States to completely waive any guarantee of service. States could, once again, allow insurers to consider pre-existing conditions, like pregnancy, in setting fees and allow them to charge more. Plus, \$800 billion in Medicaid cuts and defunding Planned Parenthood disproportionately harms women.

Mr. Speaker, no matter how many times they say otherwise, they are marching back to the bad old days for women.

DEBT AND DEFICIT

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

Mr. SCHWEIKERT. Mr. Speaker, I yield to the gentlewoman from Ohio (Ms. KAPTUR), who has always treated me very kindly.

NAFTA NEGOTIATIONS

Ms. KAPTUR. Mr. Speaker, as NAFTA renegotiation approaches, I rise to call attention to the mammoth U.S. trade deficit with our NAFTA nation partners.

Our current deficit with NAFTA nations is \$74 billion. This red on the chart translates into tens of thousands of lost U.S. jobs, all while wages are depressed for North America's struggling workers. Since NAFTA's passage, there hasn't been a single year of trade balance for this country. That translates into lost jobs.

Thus far, President Trump has failed to correct these trade deficits. In fact, the trade deficit this year has ballooned to more than \$22 billion from the same period in 2016.

Balanced trade accounts in 5 years should be first on our agenda. My bill,

the Balancing Trade Act, H.R. 2766, requires the administration to address trade deficits of more than \$10 billion with any nation.

As negotiations near, let's focus on key principles such as vigorously enforcing a first world rule of law; including labor provisions that allow workers across this continent to improve their standard of living and outlaw labor trafficking; enact environmental standards for human health and forge an agricultural labor agreement that helps displaced farmers; reform the unaccountable tribunals called Investor-State Dispute Settlements so that they work for people, not just big corporations; address currency manipulation; and, finally, stamp out the illegal drug trade that is plaguing this continent.

The wealth NAFTA created has not been shared by all, but only a very few, and often only the very rich. Our foundational principle for NAFTA reform must be free and fair trade among free people with a rule of law.

Mr. SCHWEIKERT. Mr. Speaker, this is one of those things I partially do, I think, as therapy. About once every other month, I ask for a block of time to try to take a bunch of very complex numbers and try to find ways to put them on boards and demonstrate them.

I am going to take a little divergence just for a moment or two, in response to some of the things I have heard today. We are actually going to focus on debt and deficit and what is actually demographically driving them, what is really happening in this country, and what is going to drive all public policy in our life.

You have had a handful of things said about the ACA—many people know it as ObamaCare—and our replacement. I know some of the things that the Senate is working on.

There is a math problem—and it is very simple—in the individual market. So if you hear someone turn to you and say, This is about healthcare for everyone or this is employer-based, or Medicare, it is not.

In my congressional district, less than 2 percent of my population actually purchased in the individual market. So you have to start putting this in perspective.

Here is your math problem. Because the prices kept moving up and the deductibles kept becoming larger and larger, half of our population—that 50 percent that only uses 3 percent of healthcare dollars—stopped buying.

I came across a number earlier this week—I haven't had a chance to vet it, but it was in a publication—saying that, of the 18- to 30-year-old population that would be in the individual purchasing market, only about 17 percent of them were actually buying the insurance.

So those of you who do math, you start to understand what happens in a world where half the population that really uses very little healthcare services doesn't buy a product and those who are purchasing it are those who are the high users of it.

Remember, 50 percent of all healthcare dollars are used by 5 percent of the population. So you start to see it is this hockey stick curve that shoots up. That is the math problem that is trying to be fixed.

In the last 3 years, if you are from Arizona, you have had a 190 percent price hike in the mean plan and you have a single choice. So if we are going to be intellectually honest, should we hold our brothers and sisters around here to their own words and their own promises? You remember the promises a few years ago about keep your doctor, \$2,500 discount, lots of choices, lots of options, well, in Arizona, your prices have skyrocketed, you didn't get to keep your doctor, and you now have a single choice.

□ 1745

That is the reality of the math. Sometimes it is just so hard sitting here when you hear people just pulling things out of the air, and then you go to the bill and say: But I can't find that.

And you get these weird logic trains that if this happened and a meteor hit here and this and that. At some point we need to be honest with the American people saying it is a math problem. This is not about removing costs from the healthcare system. It is actually moving around, how you fairly distribute the cost of it.

This summer now we are starting to work on it, just like we voted on about an hour ago a piece of legislation that starts to remove cost out of the system. It is these future pieces of legislation, like the tort liability bill that was just passed out of the House here, that will actually start to drive down costs.

Remember a really important conceptual idea: in 1986, there was a law passed here, signed by President Reagan, that said you cannot deny an American health services if they show up at the emergency room, if they show up at the hospital.

So if you actually look at the number of procedures in society in the last 30, 31 years, pre-ACA, after the ACA came into effect, what we see in the future, we haven't removed procedures and costs. We have just moved the money around.

All right. So what is happening in our country? Do you remember when the President introduced his budget, what, about 6 weeks ago, 2 months ago, and the gnashing of teeth and the wailing and the crying?

We have a math problem, and it is based on demographics. We are going to see this multiple times in these slides. I am one of them. I am at the very tail end. I am a baby boomer. There are 76 million of us who are baby boomers, who are heading towards retirement. That demographic curve is changing the cost structure of government.

On the slide you see next to me, this is 9 years from now. Remember, we are

working on, what, the 2018 budget? So actually less than that. This is what the world will look like in 2026.

Do you see the Social Security being 24 percent of all spending? Do you see Medicare being 19 percent of all spending? Do you see interest on the debt?

If you start to add up everything, you have to understand the world we are in is we are heading toward a time where three-quarters of spending—actually, even more than that are what we call mandatory. They are formulas. You get this benefit because you turned a certain age. You get this benefit because you fell under a certain income. You get this benefit because you served in the military.

But what so many of us talk about as being government is becoming tiny. In 2026, which is not that long from now, 11 percent of the budget is going to be defense; 11 percent of the budget will be nondefense. So that is your parks, that is your medical research, that is your education. That is this branch of government. That is all the branches of government. So 22 percent will be what we call discretionary. It is what I get to come down here and vote on because everything else is run by a formula.

So if you are someone who comes to me and says: I really think we should be going to Mars. I really think we should be doing this type of healthcare research. I really think we need this money in education.

Okay. I agree they are all incredibly important in our society. Are you going to help me find a way to reform what we call mandatory spending, entitlements?

Entitlements—because of the aging of our population—is the primary driver, are consuming every incremental dollar.

In a decade, this government will be spending \$1 trillion more, and every dime of that will functionally have gone into entitlements. We will have gone 10 years where what we call discretionary spending—you know, these little two parts here—has stayed flat for a decade.

This huge growth in government is actually in Medicare, Medicaid, Social Security. Certain other entitlements are things you get because you fell below a certain income, and interest on the debt. Until we are actually honest about this—because it is so dangerous for a political person to even say the words “Medicare”—we have to look at the numbers and understand the trust funds are bleeding.

If you really want to protect our brothers and sisters and protect retirees, some of these are things we should have done a decade ago. And we keep avoiding them because so often Washington cares more about the political up side of attacking each side from even mentioning what is going on demographically and in these numbers.

We are going to try to run through a bunch of these slides. Some of them, I apologize, when you blow them up on the big printer, they are going to get a

little fuzzy, but we are going to just try to walk through these numbers. Hopefully, they will make some sense.

Why is this slide up?

This one is really important.

When you get down to the very last bar chart, do you happen to notice something? You notice how they basically touch each other.

That is 2027.

How many years from now—how many budget years from now?

So about 9 budget years from now.

Do you see the lighter blue?

Okay. That is Social Security. The gray is the Medicare. Then the Medicaid. Then you get up to net interest. Then you see the green at the very top, and that is other mandatory.

Oh, heaven. Do you understand what that slide is telling you?

That is saying, in 9 years, just the mandatory spending consumes all revenues, meaning defense will be on borrowed money, meaning almost everything you think of as government—once again, the Park Service, medical research, education—will be on borrowed money.

At that point we are going to be borrowing probably a little over \$1 trillion a year every year, and it gets worse and worse.

I am incredibly blessed. I have a 20-month-old, and since the blessing of her coming into my life and my wife's life, I think constantly: In the time I am spending here in Congress, what am I handing to her?

Because right now the game is we spend it today, we consume it today, and we are going to let our kids and our grandkids pay it back.

How does this become ethical?

Yet if you listen to the speeches that happened on this floor today, it was speech after speech of: We want more money for something.

At the same time—this is important—do you know how much we are going to borrow today?

We are going to borrow over \$1.6 billion today.

I have 1 hour to speak here to you. Hopefully, if we are all blessed, I won't go that long.

Okay. So \$1.6 billion divided by 24. Sixty-six million dollars an hour.

Start to divide that and just think about that is just the borrowing side of spending, because we are going to spend about \$11 billion today on a \$4 trillion-plus budget. So just understand that this is where we are going. This is already baked into the cake. This is the math.

It is time for almost revolutionary thoughts on we need to look at the budget holistically. That means no longer having this little silo over here of this is discretionary, this is mandatory; and if you even talk about mandatory, you lose your political office.

In many ways, this one is sort of doing the same thing but letting you see what is happening on the debt side.

Now, why is the debt side so incredibly important to also focus on?

We have to pay interest on it. We are borrowing money from your retirement, from the Union retirement, from the State retirement, but we are also borrowing money from a thrifty family in China, and we owe interest on it. We also make ourselves, as a nation, much more fragile to the world markets.

We have been incredibly lucky the last few years of these stunningly low interest rates.

How many of you actually believe the interest rates when you look at a 10-year instrument today that I think was at 2.2 and believe that is normal?

If we actually just moved back to nominal interest rates, our interest would grow very quickly in the next couple of years to be greater than our entire defense budget.

As you look at this slide, look out to 2026, many years from now, except it is not that long from now. Do you see the green bar up there?

That is total debt. That total debt is starting to crash in on \$30 trillion.

A bit of trivia. You often hear the differential people say: Well, there is public debt and there is publicly issued debt, and then there is debt where we borrow from the trust funds. Okay. And many of the economists really only score debt that is sold in the open markets.

Okay. Fine. I understand that is the practice, but there is something that is intellectually lazy, because we still owe the money back to the Medicare trust fund, to the Social Security trust fund. It has been a while since I checked this, but I think last year I checked, and we were paying a 3.1 percent interest spiff. So we pay a higher interest rate for borrowing those monies out of those trust funds.

Do we have an obligation to pay that back?

Of course we do. But for the intellectually lazy, it is just so much more comforting to say: Well, let's just not look at that because, if we look at that, we are already over 100 percent of debt-to-GDP when we put in those dollars we have loaned to the general fund. Let's just call it that.

Let's move on to the next one. If you look at this slide, you notice there is starting to be a theme here. I am trying desperately to get my brothers and sisters in this body to understand the greatest threat to our society is the money we are spending that we actually don't have a way to pay for. If you actually look at demographics and where this debt curves, it just blows off the charts.

This is an interesting little slide. This is a CBO slide for 2027. When you actually look at it saying: Okay. What does the world look like if mandatory—Okay. Do you see the blue?

That is mandatory and defense spending. Because many people say: Look, we are going to spend on defense.

We will be down to only—11 percent of this budget will be things you think of as government. Everything else will be entitlements or defense.

Just as a perspective, we did this slide just so you could sort of see. I hear candidates running for office say: We are going to take care of waste and fraud, and that will balance the budget.

Really? When only 11 percent of the budget in just a few years will be everything that isn't mandatory or isn't defense?

You have got to understand the scale.

This one is a little hard to read. I am going to reach over to it and play with my pen.

When you actually look at this, what I am begging of you also to understand is—I think this is the 2016 year—we spent actually a bit over \$3.9 trillion, but we only took in \$3.3 trillion.

You see the nature of the differential?

□ 1800

And when you start to look at, first off, the beige there in the upper, we have been really blessed with incredibly low interest rates. So at a time where we should have actually been having an interest bill that would have been approaching a few hundred billion, we had less than \$250 billion.

Now, the dear Lord and the interest markets have been very, very kind to us. When you actually look at the curve, so much of the spending, once again, is what we call mandatory. But if you actually look at—we will call it the rust over there, something most people don't understand. I am going to reach over and point to what is the individual income tax portion. What most people don't understand is the individual income tax is the majority of the income to this country that is not intended for one of the trust funds.

If you actually look at the corporate income tax, it has been going up, but it is still a fairly small sliver. Now, why did that change? And so often I will get people that bring me charts and say: "David, 25, 30 years ago, the corporations paid so much more." Well, also, 25, 30 years ago, there was this new concept of pass-throughs: LLCs and partnerships.

So what happened is many things that used to be corporations in the fifties, sixties, seventies, up and through the eighties, at the end of the eighties there was this revolution where States all over said: Hey, why don't we create these pass-through entities; they're more tax efficient.

How many of you actually have had an LLC? Well, that is a pass-through entity. But that is where you actually see the shift of corporate taxes going down and individual taxes going up. It is not that corporations all of a sudden start escaping taxes. It is their taxes now were actually booked as individual income. Just to understand, so when you see those charts, you have got to be able to sort of process and think that through.

This is sort of important to understand where the taxes are. But, do you see that circle there, that 40 percent of

the entire curve? That is payroll taxes. That is the income that goes into your unemployment, your Social Security disability, your Social Security, your Medicare. Those are revenues that are specifically for either your retirement future, if you have a break in your employment, or, God forbid, you become permanently or temporarily disabled, with Social Security disability having its definition of what temporarily disabled is.

Just to understand, those are our revenue sources.

Then you will see the little slivers on the bottom, and some of that is tariffs and some of the other fees that come in, partially through trade.

I know, sometimes these slides are a little hard to see, so we actually blew a couple of them up. The idea here was just so you could actually see the total revenues.

Now, this is for 2017, so this is our projection of what is going on this year.

And my wife, right about now is when she would typically start texting me and saying I am putting everybody to sleep. But I am married to an accountant, so that could explain why we have no friends.

That is the payroll taxes.

Do you see the far side? Let's call it turquoise. That is the individual income tax. That is why those of us on the Ways and Means Committee, when we are actually working on tax reform, many of us believe we have to sort of do an organic, a unified budget or a tax reform proposal that actually does everything from what you see here, corporate, which actually is much of our job engine, over to the individual, which is also now a huge portion of our job engine.

Do not let someone just talk about lowering rates and not also understand that what you see on the individual side may be what you pay as a worker, but also, if you are an employer but you are organized as an LLC or partnership or pass-through, you are also on that side, just to know it is out there.

Now we get to some of the more fun stuff.

You were just looking at some of our revenues. We already know that this year, if you use the President's budget—or Office of Budget and Management—we are about \$600 billion short. If we use that of the Congressional Budget Office, we are, let's just call it, \$550 billion short, meaning we are spending that much more money than we are taking in.

But, once again, let's actually just look at where we are spending the money. So the turquoise, Social Security, Medicare, and other health programs, so Medicare and Medicaid. National defense is this. Then come over here. This is everything else, and this is interest.

So, last year, we spent about \$245 billion in interest. This year, we are still blessed with incredibly low interest

rates. We are only expecting about \$266 billion in interest. Still stunning amounts of money. But the little white area is what most people will think of as government.

So if you look at last year—and the nice thing about using this one is it is booked. We know what it is. We took in \$3.3 trillion; we spent \$3.9 trillion. You already start to see the structural difference.

So, if you actually start to come over here, now this is much better than it was a few years ago. The problem is, in this fairly strong economy, it is closed, and now, demographically, it is about to start to move away from us. This is the line you always have to constantly think about.

If that is my revenues and I drop my line down, you have to start understanding that everything beyond that line is borrowed money. Just visually, I have always found this easiest when you actually start to show different groups saying: "Look, this is just where we are at." And then you will stand up and say: "Hey, why don't we do this? Tell me what I can cut because you want a balanced budget this year."

All right. Understand the math. If we are going to borrow \$600 billion, that is most of defense.

Okay. How about the other side, everything else we call discretionary? We could actually eliminate all of it and, believe it or not, you still don't have enough money to cover the borrowing. So, if you are borrowing \$600 billion this year, I believe that is greater than all of the nondefense spending in the government this year.

So let's actually start going through a little bit more where we are at and what is actually about to happen. The frustrating thing here is we have a number of charts that we have worked on about why we have been so off on our economic growth projections. If you go back a couple of years ago, we had these fairly rosy pictures where we were going to be, yet the country has not grown nearly fast enough.

We are hoping this year, with the new administration, you are actually starting to see economic growth that will take care of a lot of these sins. I think GDP now, as of a couple of days ago, the Atlanta Fed's calculator was at about 2.9 percent of GDP. You would like to be substantially higher, but if we could hold 2.9 through the rest of the year, we will take it because it is so much healthier than where we have been the last few years.

Why this is important is, I just want to show, the Congressional Budget Office's baseline for 2017, \$559 billion more spending than we are taking in. But I am going to reach way over here and say, hey, what does the world look like 10 years from now? Ten years from now it is saying the annual shortfall, the annual borrowing, will be 1.4—actually, let's be accurate—\$1.408 trillion.

So just the borrowing in 9 budget years will be greater than all of the discretionary spending of this year.

And it is growth in entitlements; it is growth in mandatory spending.

Why isn't that what you hear behind these microphones all day long? I have to believe that those of us who get behind those microphones, we love our kids and we love our grandkids, but this is absolute decimation of the future.

And do not blame the parts of the government that we vote for, the discretionary, because the math doesn't show that. When you actually take a look at this, you see the darker and the lighter. The darker is defense, the lighter is nondefense.

One more time, I know this is sort of geeky. But if you actually look from 1996 to 2001, yes, we have had certain economic upheavals; we have had an attack on our country. But if you actually look at the percentages of gross domestic product, which is how so many economists sort of look at our spending and say, "Hey, you are spending 3 percent over here of your GDP on defense," it is pretty much identical where we were last year as to where we were 10 years or 20 years earlier.

So, once again, what is exploding on us? Well, if you want to break it down, if you actually look at the different categories—and we are only going to do this slide for a second—the different categories will have stayed almost flat in the discretionary area for 10 years.

So what is happening in our society? We are getting older. Something I thought was just fascinating because I have a great interest in the reality: We knew people were going to be turning 65. We knew baby boomers were going to be turning 65 for how many years? This body knew we had 76 million of our brothers and sisters who were born in an 18-year period that would be moving into their time with their earned benefits, and we did what to prepare for it? So we are now about our fifth year into the baby boomers retiring, and we are now beyond the inflection point.

If you went to school many years ago and you sat in a demographics class, they talked about, oh, in the 2000s, there is going to be this time where you are coming up against this inflection where the spending is going to explode.

You are going to see a couple of slides in a moment where I am going to show you what has happened now where, when I was a child, for every \$4 spent for children, \$1 was spent for seniors. Today, that is reversed. There is some math difference in there and there is some population difference, but that is where we are at.

This is an interesting slide. You do understand, as a nation, we functionally have zero population growth without immigration. In about 25 or 30 years, the country of Nigeria will have more population than the United States. So when you hear someone talk, saying, "Well, I am uncomfortable with trade," they have got to understand, if we need consumers for our products, we need to be finding these

countries that are going to have lots of young people, and they are our future markets.

We in the United States are moving down. I think our average age this year is 37.2, and that will continue to go up for about the next 25 years.

I just put this up because it is fascinating seeing where the young people are going to be in the world, and we need to start thinking about, if we are getting older as a society, how do we still use our intellectual prowess, our creativity, our manufacturing prowess to make things that are desirable to growing populations, and let's make sure we have built a world and environment here where we can sell things to them.

□ 1815

Because if we don't, we don't have the market ourselves. We are not going to have enough young consumers. So you have got to take that into reality.

Once again, this one is a tough chart. It is on here just basically to understand what is happening in the world. What is incredibly fascinating is many Americans see China as our primary competitor, and in many products they are.

On high-value products, countries like Germany, actually, are more of a competitor. But do you see this line here, this collapse? That is the Chinese demographics. If you understand that line, you understand a lot of things that China is doing around the world in trying to buy assets that produce income so they will actually have an income stream to start paying for their senior population.

The United States is this dark here, and you will see—here is where we are at. We are sliding. But look at how many of our trading partners also are in the same demographic curve. It is just worth understanding that when you see many of us who lean towards being free traders, we are looking for where there are populations in the world that we can go sell things to. I am an American; I want to sell you something.

Now, within the Nation, just fascination, if year 2000 the average age in the United States was 35.3, 16 years later, we are 37.9, that is a huge shift. I know that may not seem like a big difference when you start talking about two-and-a-half some points. That is a big shift in 16 years on average age.

But also what is fascinating is for those of us out in the West, we will actually be somewhat younger than the middle of the country and back East. I am blessed to be from Maricopa County, Arizona, the fastest growing county in the country. Come visit us. But it is also to understand that this aging of America also is going to require different societal needs, and different States are going to have very different approaches.

If you actually look at a State like Utah, it remains fairly young. Some of our States back East actually get quite

old and are going to actually have very different societal needs.

This is the mandatory spending chart. I actually wanted to spend just a moment over here on some of the percentages. This one I know is really hard to read, but if you actually start to look at the second part over here, "discretionary," do you see all of those little tiny percentages? This is where a lot of our discussions get very disingenuous around here.

We will have people coming behind these microphones almost acting like their hair is on fire because some dollars have been removed from this agency, or dollars are going to be removed from this spending program, and the unwillingness to understand the scale that we are talking about. It is just real simple.

If that is every dollar of discretionary spending plus defense, and every dollar of mandatory, the mandatory is what, two-and-a-half times bigger? So if you are going to have a discussion of spending priorities, are we going to be a mature enough group to actually deal with the reality where the dollars are at? I promise, we are down to the last couple of these.

So the share of the budget outlays, and this one is more—I am not being judgemental on this. It is just more of a thought experiment. This is actually from the Urban Institute, which it is always interesting to see a Republican using charts from the Urban Institute. This is a couple of years old, and the chart now is actually more aggressive. I just couldn't get the newest one printed.

Do you see this little edge right here? This is sort of the Federal spending. Ten percent is going to children. Forty-one percent of the spending goes to seniors. It is just a thought experiment. We want to honor and keep our commitments to the earned entitlements, but the reality of the demographics keep moving up, and as we keep those commitments, the pressure on everything else is going to get much more cantankerous, much more cranky, much more difficult.

We have a saying in our office: It is always about the money. Some of the disharmony you hear around here is going to get louder because, as you have already seen, the trillion-dollar engine over the next few years that consumes the next trillion dollars is all mandatory spending, is all demographics. So that is just another thought experiment.

Every once in while we will get the people who come to us and say: Hey, David, why don't you remove this program or that program? One more time, we are borrowing—so much for my writing—\$1.6 billion every single day. And that is just the borrowing side, and we are spending close to \$11 billion every single day.

So on occasion, you will get a group that comes in and says: David, we want you to get rid of all foreign aid, but we want to make sure you still protect

Israel, and we still want to help the countries that are trying to help us deal with narcotics.

And you start to get down and say: Okay, so you want us to cut half of the foreign aid budget?

Okay, great. Well, that would be about 14 days of borrowing—not spending, borrowing. Because remember, we are borrowing \$1.6 billion every day. And there becomes the intellectual problem where you will get an individual who comes in and says: David, just take care of the waste and fraud. And there is waste and fraud out there, and we are going to have to do it. And we are going to have to be much more disciplined in the adoption and the use of technology.

But a lot of that language is gimmickry until you have someone who is willing to step up and actually just talk about the demographics that are our Nation.

So think about this: I will have stood behind this microphone—let's just pretend it is an hour. Do you feel like you got \$66 million worth of speechifying? Because we are borrowing \$66 million a minute, \$1.6 billion a day, and it is just not that.

One of the reasons this is such a powerful chart—and this is from a private organization that does the U.S. debt clock. You do realize, the majority of debt in this country is borrowed.

There was an article in *Politico* a couple of years ago that did this brilliant job. If you actually think about this, all of the student loans, all of the mortgages that have Fannie Mae, Freddie Mac, Ginnie Mae, SBA, all of these things, it was somewhere around 63 or 64 percent of all debt in the United States, you and I as taxpayers guarantee.

The unfunded liabilities in Medicare itself over the 75 years, many actuaries have over \$100 trillion. So when you see us fussing with each other down here, it is almost always about the money. And until we are willing to start talking about these numbers that are spinning out of control, the fussing is just going to get more and more angry until we step up and deal with the reality of what is driving our future, and that is demographics.

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

PRIDE RESOLUTION

The SPEAKER pro tempore (Mr. HIGGINS of Louisiana). Under the Speaker's announced policy of January 3, 2017, the gentleman from Texas (Mr. AL GREEN) is recognized for 60 minutes as the designee of the minority leader.

Mr. AL GREEN of Texas. Mr. Speaker, I rise tonight, and I am proud to do so, to present the Pride Resolution as June is Pride Month.

I am also very proud tonight to have with me a member of the LGBT Equality Caucus, who happens to be the co-chair—one of the co-chairs. There are 6 co-chairs and 11 vice chairs, 109 members.

So at this time, I yield to the gentleman from Colorado (Mr. POLIS), the co-chair, after which I shall make some additional comments.

Mr. POLIS. Mr. Speaker, I thank the gentleman, AL GREEN of Texas, for bringing forward a resolution simply acknowledging the importance of this month to the millions of gay, lesbian, bisexual, and transgender Americans across the country.

AL GREEN's resolution stands in stark contrast to the silence of the Trump administration. For the first time in nearly a decade, there was no White House proclamation to celebrate Pride. And, you know what, Mr. Speaker, we are all proud of being Americans, and we all are proud of our heritage, and we are proud of who we are. Just as people are proud of their Irish-American heritage, or their Catholic heritage, or they are proud to be women or proud to be men, people who are LGBT in our country no longer need to stay in the closet.

They can be fully authentic with who they are, and they can celebrate in a spirit of brotherhood and sisterhood with their allies, and other LGBT Americans.

Mr. Speaker, I got to participate in the Pride festivities in Denver this year, and I am looking forward next week to, for the very first time, being the grand marshal of a parade, the Colorado Springs Pride Parade. I have never had the opportunity to be a grand marshal before.

But I am glad that AL GREEN and his cosponsors, including myself, are lending their voice, to say that this body, the House of Representatives, wants to, of course, honor and respect the full diversity of our country, and in the inclusive spirit, celebrate the civil rights accomplishments of the LGBT movement as well as recognize the work ahead to make sure that LGBT Americans are fully equal under the law.

Mr. AL GREEN of Texas. Mr. Speaker, I thank the gentleman for his kind words, and I especially thank him for coming to the floor tonight. It means a lot that a member of the caucus would be here, and I want to let him know that I wish him the very best with the Pride parade next year.

In Houston, we had our Pride parade. It is one of the largest events in Houston, Texas. Literally, thousands upon thousands of people line the streets, and everybody is celebrating a rich history that is American history. Again, I thank the gentleman for his attendance.

Mr. Speaker, the resolution has 26 original cosponsors, and this resolution is one that we have presented for many years. As I am grateful to the many who have signed on to this resolution, I have to mention Senator SHERROD BROWN because he has presented a resolution on the Senate side to acknowledge June as Pride Month.

He has done so because of the circumstance that was called to our attention by Mr. POLIS. The White House

has not issued a resolution, breaking with an 8-year tradition. This is something that is expected. It is something that has occurred, and people tend to look to the top for the tone and tenor of our behavior to be demonstrated.

I regret that we did not get the resolution from the White House. My prayer is that at some point the White House will have a change of heart, a change of mind, and will present a resolution.

But be that as it may, tonight we are proud to present this resolution, and it is important that I present it as an ally of the LGBTQ community. I am an ally of the community for good reason, Mr. Speaker.

Mr. Speaker, I know what discrimination smells like. I know what it talks like. I know what it walks like. I know what it looks like. I have been the victim of invidious discrimination. I lived in the South. I am a son of the South, and the rights that were accorded me under the Constitution of the United States of America, Mr. Speaker, were denied by my fellow citizens of the South.

I lived in the South, Mr. Speaker, born in Louisiana, lived in the South at a time when I had to drink from colored water fountains. And I must tell you, a good many of them were not the kinds of fountains that you would want to drink from. They were filthy, to be quite frank with you.

I lived in the South at a time when I had to sit in the back of the bus. There could be many seats available in the front of the bus, but I had to make my way to the back to claim my seat.

I lived in the South at a time when I had to sit in the balcony of the movie. It didn't matter that there were seats in the lower level. I was always shown the balcony.

□ 1830

At a time when I had to receive my food from the back door, couldn't go in to many restaurants, and if I did have a restaurant that I could go in, it was some room in the back that was set aside for coloreds only—colored water fountains, colored restrooms, back of the bus, balcony of the movie, and, when we were locked up at that time, it was in the bottom of the jail.

I know what invidious discrimination is like, Mr. Speaker, which is why I am here tonight, because I believe that, until all of us are free of invidious discrimination, every one of us is at risk of being a victim of invidious discrimination.

This resolution is important because it speaks of the many gains that have been made in the LGBTQ community: Barney Frank, the first openly gay Member of Congress; Annise Parker, first openly gay mayor in the city of Houston; speaks of Stonewall; speaks of many accomplishments; speaks of a lot of the tears that have been shed.

But tonight I want to really focus on the very end of the resolution. Rather than go through all of the whereases, I want to go to the be it resolved.

Resolved: That the House of Representatives recognizes that lesbian, gay, bisexual, transgender, and queer—LGBTQ—rights are human rights and are protected by the Constitution, the Constitution of the United States of America; recognizes that all Americans should be treated fairly and equally, regardless of sexual orientation or gender identity.

This is important, Mr. Speaker, because in this country today, in the United States of America today, we still have people who are being discriminated against because of who they are.

In the United States of America, there are still people who have rights that are accorded them under the Constitution, very similar to my circumstances—not the same, but very similar, very similar, not the same, to my circumstances—wherein the rights that were accorded under the Constitution were denied by my fellow Americans, and people today are having rights denied by their fellow Americans.

Mr. Speaker, Mr. CICILLINE, DAVID CICILLINE, Representative CICILLINE, has a bill, H.R. 2282, the Equality Act. This bill has 195 cosponsors. This bill would address the inequalities that we see in America.

Examples are always good. In this country, the Supreme Court has made marriage equality the law of the land. One would think that, if it is the law of the land, all persons who are married would be treated the same as all other persons who are married. All persons who happen to be of the LGBTQ community would be treated like I would be treated if I were married, as a person who is not a member of the community, but an ally.

That is not the case, Mr. Speaker. In the United States of America, if you are married and you are of the LGBTQ community and you wear your ring to work the next day and proudly announce that you are married, you can be fired. You can be fired for engaging in an act that is constitutional in the United States of America.

Why? Because we have about 31 States that have not clearly defined the fact that all persons are to be treated equally, endowed by their Creator with these certain inalienable rights, among them, life, liberty, and the pursuit of happiness. All persons, this would include people who are of the LGBTQ community. But, unfortunately, in a good many States, they can be fired for just showing up to work and announcing that they are of the LGBTQ community.

Mr. Speaker, no one should be denied the right to work because of who the person happens to be when it is a lawful—lawful—status that you occupy. Marriage is lawful in this country. People ought not be punished for being married.

People ought not be punished for their sexual orientation in this country. In this country, you can be denied

service, certain services, because of your sexual orientation. One would think that we were long past the time when people would judge you and draw conclusions about who you are and what you represent simply because of your sexual orientation.

Sexual orientation is not a limitation on a person's dignity, on a person's humanity. Sexual orientation does not divest a person of citizenship, does not divest a person of rights supported under the Constitution. Sexual orientation is but a means by which a person was born into this world.

I believe that my God doesn't make any junk. I believe that my God created people purposefully and created them as they are to be who they are in a world where all persons should be treated equally, created equally by God, treated fairly and equally by humanity.

So since I believe this and I have had these experiences, it is appropriate that I stand here on the floor of the House of Representatives to say to the world that we as a great nation should not allow ourselves to continue to deny human rights and human dignity to people because of their status, a status that they were born with, a status that the Supreme Court recognizes, a status that is to be protected under the Constitution of the United States of America.

I am proud to stand here and take up the challenge and the cause. I am a person who believes that, until we have paid the debts to others for the work that they have done to accord us our freedom, we still have a job to do. There is still great work to be done.

I didn't get here because of my work alone. I didn't get here because I am the person who ought to have this position. There were people who sacrificed and made it possible for me to have this opportunity. There were people who surrendered their lives so that I would have the opportunity to stand here tonight.

So I owe a debt, and I am standing here tonight to continue to repay the debt I owe to others who made it possible for me to have the rights and enjoy the rights—to be more specific, enjoy the rights—that I enjoy in this country, and I want others to enjoy these rights as well.

This is not to say that all of the discrimination against African Americans is over and the world is a perfect place. It is not. But it is perfect enough for me to come to the floor of the House of Representatives and stand for justice for others just as persons have stood for justice for me.

So I thank you for the time, Mr. Speaker. It has been time well spent, in my opinion. I am honored that this resolution has been presented. I am honored that it has cosponsors—26.

My prayer is that one day the House of Representatives will pass this resolution; my prayer is that one day Mr. BROWN's resolution will pass in the Senate; and my prayer is that one day

this President will issue a proclamation, if you will, a resolution of a sort, recognizing June as Pride Month, LGBTQ Pride Month.

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

BILL PRESENTED TO THE PRESIDENT

Karen L. Haas, Clerk of the House, reported that on June 27, 2017, she presented to the President of the United States, for his approval, the following bill:

H.R. 1238. To amend the Homeland Security Act of 2002 to make the Assistant Secretary of Homeland Security for Health Affairs responsible for coordinating the efforts of the Department of Homeland Security related to food, agriculture, and veterinary defense against terrorism, and for other purposes.

ADJOURNMENT

Mr. AL GREEN of Texas. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 6 o'clock and 42 minutes p.m.), under its previous order, the House adjourned until tomorrow, Thursday, June 29, 2017, at 10 a.m. for morning-hour debate.

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:

Mr. ROE of Tennessee: Committee on Veterans' Affairs. H.R. 91. A bill to amend title 38, United States Code, to make permanent the pilot program on counseling in retreat settings for women veterans newly separated from service in the Armed Forces (Rept. 115-197). Referred to the Committee of the Whole House on the state of the Union.

Mr. MCCAUL: Committee on Homeland Security. H.R. 2825. A bill to amend the Homeland Security Act of 2002 to make certain improvements in the laws administered by the Secretary of Homeland Security, and for other purposes; with an amendment (Rept. 115-198). 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 Mrs. CAROLYN B. MALONEY of New York (for herself, Mr. KING of New York, Ms. MAXINE WATERS of California, Mr. ROYCE of California, and Ms. MOORE):

H.R. 3089. A bill to amend title 31, United States Code, to ensure that persons who form corporations or limited liability companies in the United States disclose the beneficial owners of those corporations or limited liability companies, in order to prevent wrongdoers from exploiting United States corporations and limited liability companies for criminal gain, to assist law enforcement in detecting, preventing, and punishing terrorism, money laundering, and other misconduct involving United States corporations and limited liability companies, and

for other purposes; to the Committee on Financial Services.

By Mr. MCHENRY (for himself and Mr. ARRINGTON):

H.R. 3090. A bill to amend the Internal Revenue Code of 1986 to prevent individuals receiving work authorizations under certain deferred action programs from being eligible for the earned income tax credit; to the Committee on Ways and Means.

By Mr. POCAN (for himself and Mr. CONYERS):

H.R. 3091. A bill to amend the National Voter Registration Act of 1993 to limit the authority of State election officials to remove registrants from the official list of eligible voters in elections for Federal office in the State on the basis of interstate cross-checks, and for other purposes; to the Committee on House Administration.

By Mrs. HARTZLER (for herself, Ms. KUSTER of New Hampshire, and Mrs. WALORSKI):

H.R. 3092. A bill to amend part D of title IV of the Social Security Act to require the Secretary of Health and Human Services to modify the Federal Parent Locator Service to improve search functions and include State responsible father registry search functions, and for other purposes; to the Committee on Ways and Means.

By Mr. CAPUANO (for himself, Mr. STIVERS, Mr. MEEKS, Mr. FOSTER, and Mr. GONZALEZ of Texas):

H.R. 3093. A bill to amend the Volcker Rule to permit certain investment advisers to share a similar name with a private equity fund, subject to certain restrictions, and for other purposes; to the Committee on Financial Services.

By Mr. CROWLEY:

H.R. 3094. A bill to authorize a national grant program for on-the-job training; to the Committee on Education and the Workforce.

By Mr. MOULTON (for himself and Mr. BANKS of Indiana):

H.R. 3095. A bill to prohibit or suspend certain health care providers from providing non-Department of Veterans Affairs health care services to veterans, and for other purposes; to the Committee on Veterans' Affairs.

By Mrs. NOEM:

H.R. 3096. A bill to implement a mandatory random drug testing program for certain employees of the Indian Health Service, and for other purposes; to the Committee on Natural Resources, 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. RICE of South Carolina (for himself, Mr. RENACCI, and Mr. KELLY of Pennsylvania):

H.R. 3097. A bill to amend title II of the Social Security Act to prohibit credit for service for purposes of a Federal annuity to employees of the Social Security Administration for certain violations, and for other purposes; to the Committee on Ways and Means, and in addition to the Committee on Oversight and Government Reform, 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. SANCHEZ (for herself, Ms. MICHELLE LUJAN GRISHAM of New Mexico, Ms. ROYBAL-ALLARD, Mr. LOWENTHAL, Mr. CONYERS, Ms. CLARKE of New York, and Mr. LARSEN of Washington):

H.R. 3098. A bill to amend title XVIII of the Social Security Act to provide for coverage of certified adult day services under the Medicare program, and for other purposes; 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. SANFORD:

H.R. 3099. A bill to establish Fort Sumter and Fort Moultrie National Park in the State of South Carolina, and for other purposes; to the Committee on Natural Resources.

By Ms. SINEMA (for herself, Mr. BUDD, Mr. JEFFRIES, Mr. STIVERS, Mr. LYNCH, Mr. KILDEE, Mr. ROSS, Mr. MESSER, Mr. AUSTIN SCOTT of Georgia, Mr. SHERMAN, Mr. DELANEY, and Mr. GOTTHEIMER):

H.R. 3100. A bill to require the President to develop a national strategy for combating the financing of terrorism and related forms of illicit finance, and for other purposes; to the Committee on Financial Services.

By Mrs. TORRES:

H.R. 3101. A bill to enhance cybersecurity information sharing and coordination at ports in the United States, and for other purposes; to the Committee on Homeland Security, and in addition to the Committee on Transportation and Infrastructure, 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. VEASEY (for himself, Mr. TAKANO, Mr. GUTIERREZ, Mr. GONZALEZ of Texas, Mr. CORREA, Ms. JACKSON LEE, Mr. RASKIN, Mr. AL GREEN of Texas, Mr. VELA, Ms. MCCOLLUM, and Mrs. DEMINGS):

H.R. 3102. A bill to amend title 10, United States Code, to improve the provision of naturalization assistance to members of the uniformed services, including new recruits, who are not citizens of the United States, and for other purposes; to the Committee on Armed Services.

By Mr. VEASEY (for himself, Mr. TAKANO, Mr. GUTIERREZ, Mr. GONZALEZ of Texas, Mr. CORREA, Ms. JACKSON LEE, Mr. RASKIN, Mr. AL GREEN of Texas, Mr. VELA, Ms. MCCOLLUM, and Mrs. DEMINGS):

H.R. 3103. A bill to direct the Secretary of Defense and the Secretary of Homeland Security to jointly conduct a study and submit a report on deported veterans; to the Committee on the Judiciary, and in addition to the Committee on Armed Services, 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. SMITH of New Jersey (for himself and Ms. PELOSI):

H. Con. Res. 67. Concurrent resolution urging the Government of the People's Republic of China to unconditionally release Liu Xiaobo, together with his wife Liu Xia, to allow them to freely meet with friends, family, and counsel and seek medical treatment wherever they desire; to the Committee on Foreign Affairs.

By Mr. DUFFY (for himself, Mr. SENBRENNER, Mr. GALLAGHER, Mr. GROTHMAN, and Mr. KIND):

H. Res. 418. A resolution urging the Secretary of the Interior to recognize the cultural significance of Rib Mountain by adding it to the National Register of Historic Places; to the Committee on Natural Resources.

By Mr. AL GREEN of Texas (for himself, Mr. SHERMAN, Ms. BLUNT ROCH-ESTER, Mr. PANETTA, Ms. SPEIER, Mr. NORCROSS, Ms. JACKSON LEE, Mr. SEAN PATRICK MALONEY of New York,

Mr. CARBAJAL, Mr. JOHNSON of Georgia, Mr. CORREA, Ms. CLARK of Massachusetts, Mr. GALLEGOS, Ms. BARRAGAN, Mr. CARSON of Indiana, Mr. TAKANO, Mr. MOULTON, Mr. VARGAS, Ms. MOORE, Mrs. DAVIS of California, Mrs. WATSON COLEMAN, Mr. WELCH, Mr. KIHUEN, Mr. SCOTT of Virginia, Ms. HANABUSA, Mr. POLIS, Mr. SCHIFF, Mr. RASKIN, Mr. QUIGLEY, Ms. NORTON, Ms. JAYAPAL, and Mr. POCAN):

H. Res. 419. A resolution encouraging the celebration of the month of June as LGBTQ Pride Month; to the Committee on the Judiciary.

By Mr. LEVIN:

H. Res. 420. A resolution expressing support for the designation of the week of July 9 through July 15, 2017, as "Sarcoma Awareness Week" and July 15, 2017, as "Leiomyosarcoma Awareness Day"; to the Committee on Energy and Commerce.

By Mr. SMITH of New Jersey (for himself and Ms. BASS):

H. Res. 421. A resolution urging the Administration to develop more effective and timely responses to famine in Africa, especially efforts to end the conflicts in South Sudan, Nigeria, and other countries that cause or exacerbate famine; to the Committee on Foreign Affairs.

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 Mrs. CAROLYN B. MALONEY of New York:

H.R. 3089.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3

By Mr. MCHENRY:

H.R. 3090.

Congress has the power to enact this legislation pursuant to the following:

Article I, 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 Defence and general Welfare of the United States, but all Duties, Imposts and Excises shall be uniform throughout the United States.

By Mr. POCAN:

H.R. 3091.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 18 of the Constitution of the United States, which states:

The Congress shall have 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 Mrs. HARTZLER:

H.R. 3092.

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) of the United States Constitution.

By Mr. CAPUANO:

H.R. 3093.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3

By Mr. CROWLEY:

H.R. 3094.

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 . . ."

By Mr. MOULTON:

H.R. 3095.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 of the United States Constitution

By Mrs. NOEM:

H.R. 3096.

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. RICE of South Carolina:

H.R. 3097.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 18 of the United States Constitution.

By Ms. SANCHEZ:

H.R. 3098.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I, Section 8, Clause 3 of the United States Constitution.

By Mr. SANFORD:

H.R. 3099.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 of the U.S. Constitution

By Ms. SINEMA:

H.R. 3100.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8.

By Mrs. TORRES:

H.R. 3101.

Congress has the power to enact this legislation pursuant to the following:

According to Article 1: Section 8: Clause 18: of the United States Constitution, seen below, this bill falls within the Constitutional Authority of the United States Congress.

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. VEASEY:

H.R. 3102.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 14

By Mr. VEASEY:

H.R. 3103.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 4

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions, as follows:

H.R. 19: Mr. KENNEDY, Mr. COOK and Mr. YOUNG of Alaska.

H.R. 25: Mr. DUNCAN of South Carolina.

H.R. 95: Mr. COHEN.

H.R. 112: Ms. WILSON of Florida.

H.R. 173: Ms. HANABUSA.

H.R. 187: Ms. BASS.

H.R. 203: Mr. CARTWRIGHT.

H.R. 291: Mr. ROE of Tennessee and Mr. FRANCIS ROONEY of Florida.

H.R. 377: Mr. KINZINGER and Mr. CHABOT.

H.R. 392: Mr. HARRIS.

H.R. 490: Mr. WALKER, Mr. GOWDY, Mr. BROOKS of Alabama, Mr. JOHNSON of Ohio, and Mr. GRAVES of Georgia.

H.R. 525: Mr. FERGUSON, Mr. PAULSEN, and Mr. MEADOWS.

H.R. 535: Mr. FARENTHOLD.

H.R. 579: Mr. BUTTERFIELD, Mr. CLAY, Mr. RICHMOND, Mr. HASTINGS, and Mrs. DEMINGS.

H.R. 631: Mr. COSTELLO of Pennsylvania.

H.R. 664: Mr. RODNEY DAVIS of Illinois.

H.R. 750: Mr. POSEY.

H.R. 757: Mr. SOTO.

H.R. 807: Mr. DENT, Mr. HIGGINS of New York, and Ms. ESTY of Connecticut.

H.R. 825: Mr. KIHUEN.

H.R. 828: Mr. HOLDING and Mrs. NOEM.

H.R. 849: Mr. BARTON and Mr. STIVERS.

H.R. 880: Ms. JAYAPAL, Ms. MATSUI, and Mr. BILIRAKIS.

H.R. 931: Mrs. McMORRIS RODGERS, Mr. POLIS, Mrs. NAPOLITANO, Ms. MENG, Mr. SMUCKER, Ms. FRANKEL of Florida, Ms. CLARKE of New York, Mr. GOSAR, Ms. MOORE, Mr. SESSIONS, Ms. HANABUSA, Mr. KHANNA, and Mr. ISSA.

H.R. 947: Ms. ESTY of Connecticut.

H.R. 959: Mr. PETERS.

H.R. 986: Mr. PEARCE.

H.R. 997: Mr. ALLEN and Mr. FERGUSON.

H.R. 1002: Mr. COLLINS of New York.

H.R. 1017: Mr. FITZPATRICK.

H.R. 1038: Mr. YOUNG of Iowa.

H.R. 1057: Mr. PASCARELL, Mr. MOONEY of West Virginia, Mr. THOMAS J. ROONEY of Florida, Mr. MARCHANT, and Mr. HARRIS.

H.R. 1094: Mr. CUMMINGS, Ms. ADAMS, Mr. SMITH of Washington, and Mr. PALLONE.

H.R. 1098: Mr. KRISHNAMOORTHY and Mr. CAPUANO.

H.R. 1148: Mr. CUELLAR.

H.R. 1149: Mr. FERGUSON.

H.R. 1160: Mr. TIPTON.

H.R. 1164: Mr. MESSER and Mr. BISHOP of Michigan.

H.R. 1168: Ms. PINGREE.

H.R. 1200: Mr. RENACCI.

H.R. 1223: Mr. SIREN and Mr. SWALWELL of California.

H.R. 1225: Mr. COHEN, Mr. HILL, and Mr. MCGOVERN.

H.R. 1227: Mr. HUNTER and Ms. JAYAPAL.

H.R. 1261: Mr. FARENTHOLD.

H.R. 1311: Mr. ROSKAM.

H.R. 1326: Mr. CICILLINE.

H.R. 1444: Mr. RODNEY DAVIS of Illinois.

H.R. 1456: Mr. GOSAR, Mr. CARTWRIGHT, Mrs. TORRES, Ms. JAYAPAL, and Mr. VALADAO.

H.R. 1478: Mr. RUSH and Mr. SUOZZI.

H.R. 1487: Mr. CARSON of Indiana.

H.R. 1583: Mr. MCNERNEY.

H.R. 1599: Mr. LAMALFA, Mr. COLE, Mr. POSEY, Mr. DESANTIS, Mr. POLIQUIN, Mr. ROE of Tennessee, Mr. DUFFY, Mr. DUNN, Mr. GIBBS, Mr. HARRIS, Mr. YOHIO, Mr. DUNCAN of South Carolina, Mr. WEBER of Texas, and Mr. ISSA.

H.R. 1606: Mr. TIPTON.

H.R. 1626: Mr. POSEY and Mr. DUFFY.

H.R. 1639: Mr. OLSON.

H.R. 1651: Mr. CARTER of Georgia, Ms. ROYBAL-ALLARD, Mr. HURD, and Mr. DEFazio.

H.R. 1661: Mr. KENNEDY.

H.R. 1676: Mrs. BEATTY and Mr. FITZPATRICK.

H.R. 1697: Mr. NEWHOUSE, Ms. STEFANIK, Mr. TROTT, Mr. JEFFRIES, and Mr. RICE of South Carolina.

H.R. 1698: Mr. MCEACHIN, Mr. NEWHOUSE, Mr. COLLINS of Georgia, Mr. PANETTA, Mr. AUSTIN SCOTT of Georgia, Mr. LOUDERMILK, Mr. TAKANO, Ms. SANCHEZ, and Mr. LARSEN of Washington.

H.R. 1699: Mr. COLE and Mr. MULLIN.

H.R. 1753: Mr. TED LIEU of California.

H.R. 1810: Ms. DELBENE.

H.R. 1811: Mr. HUIZENGA.

H.R. 1814: Mr. WITTMAN.

H.R. 1820: Mr. COSTELLO of Pennsylvania.

H.R. 1823: Ms. LOFGREN and Ms. JAYAPAL.

H.R. 1825: Mr. CRAWFORD and Mr. CARTWRIGHT.

H.R. 1838: Mrs. McMORRIS RODGERS.

H.R. 1905: Mr. CONNOLLY.

H.R. 1928: Mr. MASSIE.

H.R. 1957: Ms. STEFANIK.

H.R. 1970: Mr. DONOVAN and Mr. RASKIN.

H.R. 2029: Mr. WILLIAMS.

H.R. 2101: Mr. WOMACK and Mr. GROTHMAN.

H.R. 2123: Mr. BUTTERFIELD.

H.R. 2149: Mr. RENACCI and Mr. BABIN.

H.R. 2193: Mr. DENT and Ms. NORTON.

H.R. 2200: Ms. GABBARD and Mr. HASTINGS.

H.R. 2287: Mr. LAMBORN, Mr. CULBERSON, Mr. SESSIONS, Mr. CRAWFORD, Mr. CRAMER, and Mr. BIGGS.

H.R. 2315: Mr. KING of New York, Mr. EMMER, and Mr. RICE of South Carolina.

H.R. 2322: Mr. THOMPSON of Pennsylvania.

H.R. 2356: Mr. ELLISON.

H.R. 2383: Mr. KILMER.

H.R. 2386: Mr. PETERSON.

H.R. 2401: Mrs. NAPOLITANO, Ms. LOFGREN, Mr. COLLINS of New York, Mr. DEUTCH, Mr. CONYERS, Mr. BRADY of Pennsylvania, Mr. TAKANO, Mr. LOEBSACK, Ms. LEE, Mr. SCHNEIDER, Mr. LANGEVIN, Mr. NOLAN, Mr. BRENDAN F. BOYLE of Pennsylvania, Mr. BROWN of Maryland, Mrs. WATSON COLEMAN, Mr. DAVID SCOTT of Georgia, Mr. LEWIS of Georgia, Mr. NADLER, Mr. RYAN of Ohio, and Mr. YARMUTH.

H.R. 2404: Ms. BASS.

H.R. 2422: Mr. KEATING, Mr. RUSSELL, Mr. NOLAN, Mr. BILIRAKIS, Mr. LOEBSACK, Mr. CARTER of Georgia, Mr. GOSAR, Mr. PRICE of North Carolina, Mr. VELA, Mr. JOHNSON of Georgia, Mr. VEASEY, Mr. QUIGLEY, Mrs. BUSTOS, Mr. HIGGINS of New York, Mr. DANNY K. DAVIS of Illinois, Ms. STEFANIK, Ms. ESTY of Connecticut, and Mr. BARTON.

H.R. 2432: Mr. PETERSON.

H.R. 2480: Mr. DONOVAN.

H.R. 2499: Mrs. LOWEY.

H.R. 2535: Ms. MCCOLLUM, Mr. MCGOVERN, Ms. SCHAKOWSKY, Mr. GARAMENDI, Mr. DEFazio, and Mr. RUPPERSBERGER.

H.R. 2544: Mr. RASKIN.

H.R. 2550: Ms. LOFGREN.

H.R. 2587: Mr. WALZ and Mr. LEWIS of Georgia.

H.R. 2589: Mr. AMODEI.

H.R. 2640: Mr. SEAN PATRICK MALONEY of New York, Ms. CASTOR of Florida, Mr. PASCARELL, Mr. TED LIEU of California, Mr. CARBAJAL, Mr. VARGAS, Ms. MCCOLLUM, and Mr. PETERS.

H.R. 2646: Mr. DONOVAN and Ms. GRANGER.

H.R. 2651: Ms. MCSALLY and Mr. MOONEY of West Virginia.

H.R. 2657: Mr. BIGGS.

H.R. 2695: Mr. NADLER, Mr. HASTINGS, Mr. PAYNE, Ms. JACKSON LEE, Mr. EVANS, Ms. NORTON, Mr. JOHNSON of Georgia, and Mr. KHANNA.

H.R. 2696: Mr. NADLER, Mr. HASTINGS, Mr. PAYNE, Ms. JACKSON LEE, Mr. EVANS, Ms. NORTON, Mr. JOHNSON of Georgia, and Mr. KHANNA.

H.R. 2723: Mr. CARTER of Georgia.

H.R. 2735: Ms. BONAMICI.

H.R. 2738: Mr. COSTELLO of Pennsylvania.

H.R. 2740: Mr. MEADOWS.

H.R. 2747: Mr. FRANCIS ROONEY of Florida.

H.R. 2749: Mr. DUNN.

H.R. 2777: Mrs. TORRES.

H.R. 2781: Mr. BERGMAN.

H.R. 2801: Mr. WESTERMAN.

H.R. 2806: Ms. KAPTUR.

H.R. 2820: Mr. KINZINGER.

H.R. 2823: Mr. PAULSEN and Mr. MARCHANT.

H.R. 2838: Mr. TED LIEU of California, Ms. VELÁZQUEZ, and Mrs. NAPOLITANO.

H.R. 2839: Ms. VELÁZQUEZ and Mrs. NAPOLITANO.

H.R. 2851: Mr. SMITH of Texas.

H.R. 2862: Mr. REICHERT and Mr. FORTENBERRY.

H.R. 2901: Mrs. WALORSKI, Mr. SCHWEIKERT, and Mr. SOTO.

H.R. 2902: Mr. SCOTT of Virginia.

H.R. 2907: Mr. GOSAR.

H.R. 2909: Mr. MARCHANT, Mr. MESSER, Mr. KING of Iowa, and Mr. DUNCAN of Tennessee.

H.R. 2918: Mr. BILIRAKIS.

H.R. 2936: Mr. STEWART.

H.R. 2939: Mr. LABRADOR and Mr. PEARCE.

H.R. 2940: Mr. DUNCAN of South Carolina.

H.R. 2944: Ms. SLAUGHTER.

H.R. 2972: Mr. DOGGETT, Ms. DELAURO, and Mr. SWALWELL of California.

H.R. 2973: Mr. DOGGETT, Ms. DELAURO, Mr. CONNOLLY, and Mr. SWALWELL of California.

H.R. 2976: Mr. SWALWELL of California.

H.R. 2983: Mr. SENSENBRENNER and Mrs. BEATTY.

H.R. 3003: Mr. ARRINGTON.

H.R. 3004: Mr. GARRETT.

H.R. 3009: Mr. RODNEY DAVIS of Illinois.

H.R. 3058: Mr. LUETKEMEYER.

H.R. 3084: Mr. KIND and Ms. ESHOO.

H.R. 3087: Ms. SLAUGHTER.

H.R. 3088: Mr. O'HALLERAN.

H.J. Res. 51: Mr. BARTON and Mr. STIVERS.

H.J. Res. 106: Mr. KING of Iowa.

H. Con. Res. 27: Mr. LARSEN of Washington.

H. Con. Res. 51: Mr. DONOVAN.

H. Con. Res. 57: Mr. SMITH of New Jersey.

H. Con. Res. 61: Mr. RODNEY DAVIS of Illinois.

H. Res. 161: Mr. KHANNA.

H. Res. 185: Mr. KEATING.

H. Res. 218: Mr. FRANKS of Arizona, Mr. COSTELLO of Pennsylvania, Mr. VARGAS, Mr.

RUSSELL, Mr. COSTA, Mr. SESSIONS, Mr. SIRES, Mr. CORREA, Mr. ROYCE of California, Mr. PAULSEN, and Mr. BIGGS.

H. Res. 219: Mr. KING of New York.

H. Res. 274: Mr. COOK.

H. Res. 279: Mr. ENGEL.

H. Res. 317: Mr. SIRES, Mr. COOK, Mr. ELLISON, Mr. GRIFFITH, and Mr. SUOZZI.

H. Res. 359: Mr. SUOZZI.

H. Res. 362: Ms. VELÁZQUEZ, Mr. BROWN of Maryland, Mr. NADLER, Mr. HASTINGS, Mr. PAYNE, Ms. MOORE, Ms. JACKSON LEE, and Mr. EVANS.

H. Res. 400: Mr. JOYCE of Ohio, Ms. SINEMA, Mr. DAVID SCOTT of Georgia, Mrs. TORRES, Mr. YOUNG of Iowa, Mr. VARGAS, Mr. HIMES, and Mr. CLAY.



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No. 111

Senate

The Senate met at 12 noon and was called to order by the President pro tempore (Mr. HATCH).

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Gracious God, Ruler of all nature, Your strong right hand continues to sustain us.

Lord, remind our lawmakers of their accountability to You. Provide them with such a passion to please You that they will maintain a conscience void of offense toward You and humanity. In the flurry of legislative activities, may they not forget those on life's margins.

Lord, guide our Senators to perform those actions that bring the greatest glory to Your Name. Remind them of that Golden Rule, which states: What you don't want done to you don't do to someone else. May integrity and honesty protect them as they put their hope in You.

We pray in Your great Name. Amen.

PLEDGE OF ALLEGIANCE

The President pro tempore 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.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER (Mr. MORAN). Under the previous order, the leadership time is reserved.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to executive session to resume consideration of the Rao nomination, which the clerk will report.

The senior assistant legislative clerk read the nomination of Neomi Rao, of the District of Columbia, to be Administrator of the Office of Information and Regulatory Affairs, Office of Management and Budget.

RECOGNITION OF THE MAJORITY LEADER

The PRESIDING OFFICER. The majority leader is recognized.

HEALTHCARE LEGISLATION

Mr. McCONNELL. Mr. President, yesterday, Senate Republicans gathered down at the White House for another discussion on the way forward on healthcare. We had a productive conversation. I appreciate the administration's engagement, and I look forward to more discussions in the days that lie ahead.

We will continue working so that we can bring legislation to the floor for debate and, ultimately, a vote. We know that we cannot afford to delay on this issue. We have to get this done for the American people. That is a sentiment that is widely shared in our conference, and I think I speak for everyone in acknowledging, once again, that the ObamaCare status quo is unacceptable and that it simply cannot continue.

ObamaCare has caused premiums to increase by an average of 105 percent in the vast majority of States on the Federal exchange. Next year, premiums will again increase across the country—by as much as 43 percent in Iowa, 59 percent in Maryland, and 80 percent in New Mexico.

ObamaCare has led to 70 percent of our counties having little or no choice of insurance on the exchange this year. Next year, dozens of counties are pro-

jected to have no choice at all, which could leave thousands trapped, forced by law to purchase ObamaCare insurance but left without the means to do so. Seven years after Democrats forced ObamaCare on our country, these are the painful realities for countless families across our country.

It is unfortunate that our Democratic colleagues have refused to work with us in a serious way to comprehensively address ObamaCare's failures in the 7 years since they passed it. I regret that they continue to demonstrate an unserious attitude about all of this today, but it is increasingly clear that ObamaCare's negative trends will only get worse, hurting even more Americans all along the way, unless we act. This should not be acceptable to anyone.

Sitting on the sidelines and accepting the status quo will not bring help to anyone's constituents. We have the opportunity to provide relief to those struggling families, and we should take it. Senators will have more opportunities to offer their thoughts as we work toward an agreement, and every Member will have the ability to engage in a robust debate out here on the Senate floor.

But, if one thing is clear, it is this: ObamaCare is a direct assault on the middle class. It is getting worse, and we have to act to finally move beyond its failures.

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. DURBIN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. DURBIN. Mr. President, the Senate will be going home this week for the Fourth of July recess, and most of us will be back in our homes with our families and in our hometowns and

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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moving around. I still think the topic of conversation is going to be healthcare.

I think this conversation and debate in Washington has really touched a lot of families and businesses and individuals across this country. The reason I say that is because about 6 years ago, I voted for the Affordable Care Act, what is known as ObamaCare. For the longest time, I was sure it was the right vote, and I am still sure today, but I wondered why people didn't appreciate it because what we tried to do—and we achieved some success—was to provide health insurance for a lot of people in America who didn't have it. In my State of Illinois, we cut the percentage of uninsured people in half because of the Affordable Care Act. A large number of them are now covered by Medicaid, and a large number are able to buy health insurance through private insurance exchanges.

But for the longest time, when we asked people across America "What about ObamaCare? What about the Affordable Care Act?" we got mixed reviews. Less than a majority supported it.

Then we embarked on this conversation, this debate in Washington in the Senate over the last 6 months, and an interesting thing happened. When the Republicans, who are in the majority in the Senate and the House, who were determined to repeal ObamaCare, set out to do it, they found out it was a big, heavy lift.

So now, today, we have an interesting thing that has happened. For the first time in the last several weeks, a majority of the American people support the Affordable Care Act. All of those years after we passed it, when we were talking about the good things it did, people were skeptical, but when the notion of repealing it came up, people started saying: Well, what would I lose if you repealed it? And when they thought about what they would lose, they decided those things were valuable to them personally and to their families. And what were those things? Some pretty basic things—first, that you would have access to health insurance.

I have repeatedly told the story of my friend Judy. Judy is in hospitality. She works in a motel down in Southern Illinois that I have stayed in from time to time. She is a sweetheart of a lady. She is 62 years old and has had jobs that don't pay a lot of money, but she goes to work every day—there is not a lazy bone in her body. She is 62 years old, and Judy had never had health insurance in her life until we passed the Affordable Care Act. Now she qualifies for Medicaid, and thank goodness she does because she has been diagnosed with diabetes, and she needs a good doctor she can count on, and she needs good medical advice.

So when we said that we were passing the Affordable Care Act so that more people would have access to health insurance, it happened.

We also said we were going to change the health insurance policies you buy so that you don't get tricked into buying something that is going to provide protection but only enough and not enough when you really need it.

For example, there used to be lifetime limits. People would buy health insurance and say: I am going to keep the premium low. I will sign up for a lifetime limit. How could I ever need health insurance for more than \$100,000 a year?

Well, it is an eye-opener, but there are many diagnoses or accidents that could happen to you next week that would cost more than \$100,000. So a lot of people found themselves facing personal bankruptcy because they had a limit on their health insurance policy and faced a cancer diagnosis and knew they would have to spend \$150,000 or \$200,000 for the most basic care.

We also said: When you sell health insurance, you can't discriminate against people because of a preexisting condition.

Well, it turned out that insurance companies defined "preexisting condition" to include everything, such as acne when you were a teenager or asthma—you name it. In fact, they went so far as to say that being a woman was a preexisting condition. Some of those things made no sense, so we said: That is over. We are not going to let that happen anymore.

One out of three Americans has a preexisting condition. You can't discriminate against a person because they are of a family with a child who has survived diabetes or is living with diabetes or a spouse who survived cancer surgery. So we said that from now on, under the Affordable Care Act, when you buy a health insurance policy, it is going to cover the basics.

We did something else that I want to mention because I don't want it overlooked. There used to be a Senator who sat back here in the last row, in the second seat, named Paul Wellstone of Minnesota. Paul Wellstone was a great guy. You couldn't help but love him whatever your politics. Over here was Pete Domenici, and he was a conservative Republican Senator from New Mexico. Wellstone from Minnesota, Domenici from New Mexico—what would those two have in common? What they had in common was that each of them had someone in their family with a mental illness, and they watched what happened to their loved one in their family. The two teamed up and said: From this point forward, when you buy health insurance in America, it is not going to be just physical health that it is going to cover, it is going to cover mental health as well.

So many families are touched by mental illness, some very serious forms, some not so serious but need medical help, and they all should be covered. So they put that provision in the Affordable Care Act so that now, when you buy a health insurance pol-

icy in America, it is not hit or miss; it covers mental illness, as it should.

Then they added a provision that most of us didn't pay attention to, and we should, and we do now: mental illness and substance abuse treatment. Think of this opioid and heroin epidemic and the people who are dying right and left. Think of families who are absolutely consumed by the addiction of a child, of a teenager, wondering if they can get them into treatment so they can save their lives. For many of them, that health insurance plan is paying for that treatment—treatment that otherwise would come out of their pocket if they could afford it.

So we put all of these things into the law, and the law took place, and when the Republicans said they were going to repeal it, people stood up and said: Wait a minute. I have to face lifetime limits again? I have to face preexisting condition prejudice again? I am not going to have mental illness covered automatically or maternity care covered automatically?

Well, when people reflected on this, they realized their vulnerability. So simple repeal was not enough; the Republicans needed to replace. If they were going to eliminate ObamaCare and all the people protected by it, they needed to replace, and that is when the process fell apart. In the House of Representatives, they went through a process of writing the replacement. When it was all over, they didn't wait for the Congressional Budget Office to analyze it because they knew what was coming. The Congressional Budget Office announced that some 23 or 24 million Americans would lose their health insurance because of the plan that passed the House of Representatives. They also knew that people could again face discrimination based on preexisting conditions. They knew basic health insurance didn't include the protections all of us really need to count on.

Do you remember the provision in the Affordable Care Act that said your son or daughter could stay on your family health insurance plan until you reached the age of 26? It is pretty valuable, isn't it? That son or daughter, whom you like a lot and helped get through college, doing internships and looking for a job—you wanted to make sure they have health insurance, didn't you? That was part of the Affordable Care Act, and we want to make sure the guarantee remains in any future change of the law too.

The House of Representatives passed their measure, and, unfortunately, it was a partisan roll call; only Republicans voted for it. It passed by four votes. If two Republican Congressmen had changed their votes, it would not have passed.

Then the measure came over to the Senate, as we remember from our civics lessons, and the Senate had its chance. So what happened? We had a chance to take this question to the committees of the U.S. Senate—Labor

and the Health and Education Committee, which is chaired by Senator LAMAR ALEXANDER, a friend of mine, Republican of Tennessee, and the ranking member, Senator PATTY MURRAY of Washington. We had a chance to take the bill to the committee and to debate a better approach in the Senate, to have public hearings and witnesses. But we didn't do that.

Instead, the Republican majority said: We are going to do this on our own. We don't need any Democratic input. Thirteen Republican Senators will meet in a room and write the alternative to the House healthcare replacement bill, and they did. It went on for weeks, and no one saw it. There were no reports of what it included and what was inside of it. Then, 6 days ago—6 days ago—it was announced. We took a look at it, and it wasn't that much different from what the House had done.

The Congressional Budget Office released a report on Monday of this week and said that 22 million Americans would lose their health insurance under the Republican healthcare plan—22 million. And—this part was really troubling—there would be a dramatic increase in premium costs for people between the ages of 50 and 64. Some of them would see increases of up to \$8,400 a year in premium costs because of the Senate Republican plan.

What was the reaction of the medical professionals across my State to both the House Republican plan and the Senate Republican plan? It was the same reaction. They said: Senator, vote against it.

The Illinois Hospital Association said that if we cut back on Medicaid, hospitals—particularly rural hospitals and downstate hospitals—will have to cut back in services and may face closure.

The doctors in my State, the Illinois State Medical Society, came forward and said: Vote against the Senate Republican plan and the House Republican plan because we know what happens when people lose health insurance. They still get sick. They don't come to see us early on when we can prevent things from getting worse; they come to see us when things are pretty bad and pretty expensive and pretty dangerous.

So the doctors opposed it, the nurses opposed it, the pediatricians opposed it. Not one single medical advocacy group in Illinois supported the Republican bill, which was unveiled 6 days ago.

When it came to preexisting conditions, it wasn't just the medical groups that opposed the Senate bill. The cancer society, the heart association, the lung association—most of the major disease groups stepped up and said: The preexisting condition provisions in this bill are unacceptable, and, sadly, the policies that are going to be sold may not cover the basics that people absolutely need.

Then the other thing came out. What drove this whole debate, what started

healthcare reform in the House of Representatives and in the Senate was not healthcare reform, but a tax cut. You see, the Affordable Care Act imposed new taxes, particularly on higher income individuals, and the money from those taxes went into sponsoring people into Medicaid and helping people pay their health insurance premiums. The Republicans in both the House and the Senate said: The first thing we will do is cut those taxes—about \$700 billion worth of taxes. Ultimately, they took \$1.1 trillion out of our healthcare system with this tax cut and other cuts. When you pull that kind of money out of healthcare in America, fewer people have health insurance, fewer people have a helping hand when it comes to paying their premiums.

The reaction to the Senate Republican bill over the last 6 days has been growing opposition—growing opposition, until yesterday. Senator MCCONNELL announced: We are not going to vote on it this week. We were supposed to, but we are not going to vote on it this week. He said that he may return to it when we come back from the July 4th recess.

Here is the point I wanted to make on the floor today. I am glad we have reached the point that these proposals from the House and the Senate are not going to move forward quickly to become the law of the land. Too many people would be hurt—too many innocent people. Too many families would lose their health insurance. The cost of health insurance would go up dramatically. The premiums would go up, particularly for people over the age of 50. We would see hospitals facing closure across our States. We would see cutbacks in treatment for mental illness and substance abuse. The list goes on and on. It would have been a terrible outcome, and certainly doing this in order to give a tax cut to the wealthy people of this country makes no sense.

Incidentally, how much is the tax cut? If your annual income is \$1 million a year, under the Republican plan, your tax cut is over \$50,000 a year. The people who are wealthy aren't asking me for that tax cut, and the people who will suffer because of it are folks who aren't making anywhere near \$1 million a year.

Here is what we need to acknowledge: The current healthcare system in America needs to be improved. There are things in the Affordable Care Act that need to be addressed, and we need to do it in an honest fashion, and we need to do it on a bipartisan basis.

I have talked to some Republican Senators. Senator MCCONNELL has pulled this bill back, and they want to sit down and talk.

Senator MCCONNELL said that there will be no conversations with Democrats; Republicans will do it by themselves. I hope over the Fourth of July he reflects on that because there are Democratic Senators who, in good faith, want to sit down and make a better healthcare system for America so

that more people have the peace of mind and security of health insurance and so that it is more affordable for families all across the board.

The biggest, toughest part of healthcare today is the so-called individual health insurance market; 5 or 6 percent of people who need to buy health insurance plans don't have it where they work, and they don't qualify for Medicaid. Those are the ones who are seeing their premiums spike. Can't we take the collective wisdom of Senators—Democrats and Republicans—and sit down and address that problem effectively? Of course we can, but we need to have a starting point.

So my plea to the Republican leadership is to listen carefully, as our Democratic leader, CHUCK SCHUMER, said yesterday. Once you take repeal off the table, once you take this massive tax cut for the wealthy off the table, we are ready to pull up a chair and sit down at the table.

Wouldn't it be a breath of fresh air in America in this day and age, in light of all that is going on, if Democrats and Republicans worked constructively together to make the healthcare system better, more affordable, and stronger for families and businesses across our Nation? I think that is why we were sent here. I think that is the reason we are supposed to be here, and I sincerely hope that happens next.

So we are ending the debate in the Senate this week, but we are not ending the debate in America. I urge those who think this is an important issue, and I am one of them, to speak up and to go home—I am going home soon—and to meet with people and have a conversation about where we go next as a nation. We can solve this problem, and I know we can do it in a constructive way.

If we show that kind of bipartisan leadership in the Senate, I think the House will join us. I think they will do the same thing. I think they can have a bipartisan approach too. What a relief it would be, with all of the breakdown in comity, all of the breakdown in communications politically, the warring camps that have become the American political scene. If we can show why there is a Senate and why there is a House and why people run for these offices—it is to solve problems, not to put out a press release, not to stake out a political position, but to solve a problem. This is a problem that needs solving.

I hope that over the next week, both parties will reflect on it, and when we return after the Fourth of July recess, we can roll up our sleeves and go to work.

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.

Mr. SCHUMER. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

RECOGNITION OF THE MINORITY LEADER

The Democratic leader is recognized.

HEALTHCARE LEGISLATION

Mr. SCHUMER. Mr. President, yesterday afternoon, my friend the Republican leader announced that the majority would delay the vote on the motion to proceed to this particular Senate Republican healthcare bill. We Democrats take no solace in that fact. Unfortunately, the majority seems intent on continuing their efforts to pass this healthcare bill.

Over the next few days and weeks, I expect to see buyouts and bailouts, backroom deals and kickbacks to individual Senators to try and buy their vote. What I don't expect to see yet is a dramatic rethink of the core of the Republican healthcare bill, but I am hopeful we can get to that point.

So far, every single version of the Republican TrumpCare bill in the House and the Senate has the same basic core to it. The details have changed a bit around the edges, but the core remains the same in each and every version: slash Medicaid to the bone in order to give a massive tax break to a very small number of wealthy Americans, cut support for Americans in nursing homes, those suffering from opioid addiction, and those with a preexisting condition to pay for a tax break for the wealthiest few.

The basic premise of every Republican healthcare bill so far is to cut back on healthcare for Americans who need it most in order to give a tax break to the people who need it the least. There is just no moral calculus to justify it. It doesn't fix any of the problems in our current healthcare system like high premiums, high deductibles, counties where there are not enough insurance options, and it is not what the American people are for. The American people are not for tax breaks to the wealthiest of Americans, nor are they for cutting Medicaid.

A USA TODAY poll this morning showed only 12 percent of Americans support this bill. At a level of 12 percent, even huge numbers of Trump supporters are opposed to this bill. The level of popular support is not going to change one bit with a tweak that wins over this Senator or that. A bill with this twisted idea at its core will fail time and time again. That is why the vote had to be pulled yesterday. You can be sure, if it were popular with the American people, it wouldn't have had to be pulled.

I make my friends on the Republican side and President Trump an offer. Let's turn over a new leaf. Let's start over. Let's abandon more tax breaks for the rich. Let's abandon cuts to Medicaid, and discuss what the American people are really concerned about: premiums, deductibles, the cost and quality of healthcare.

President Obama invited both parties, Democrats and Republicans, to Blair House to discuss healthcare re-

form in front of the American people early in his first term as President. President Trump, I challenge you to invite us—all 100 of us, Republicans and Democrats—to Blair House to discuss a new bipartisan way forward on healthcare in front of all the American people. It would focus on what you, Mr. President, have talked about in your campaign: lower costs, better healthcare, covering everybody—not on tax cuts for the rich, not on slashing Medicaid. President Trump, you said you wouldn't cut Medicaid. We don't want to either.

We Democrats are genuinely interested in finding a place where our two parties can come together on healthcare. We want to bring down premiums. We want to bring down deductibles too. We want to stabilize the marketplace. We want to control the outrageous costs of prescription drugs—another thing the President talked about in his campaign.

There is plenty of common ground for us to come together around. We believe our healthcare system has made important progress over the past 8 years, but it still needs to be improved in many ways. We admit the Affordable Care Act isn't perfect. There are ways we can improve on that law and on our entire healthcare system. So let's talk together about how we can achieve that in a bipartisan way.

If my Republican friends abandon cuts to Medicaid, highly unpopular with the American people; abandon tax breaks for the wealthiest few, highly unpopular with the American people, we Democrats are more than willing to meet with them and the White House to talk about how to improve healthcare for the American people, how to lower deductibles, how to provide better healthcare for more people at a lower cost because that is what we Democrats are fighting for: the average American family, not the wealthy few.

Today, we can turn over a new leaf and discuss healthcare legislation the way our Founders intended our government to discuss legislation: as a true debate between all of our country's representatives.

Yesterday, the majority leader reminded Republican Senators that if they failed on their partisan healthcare bill, they would have to negotiate with me, the minority leader, and by implication, our Democratic colleagues. When did the prospect of bipartisanship become a cudgel instead of an opportunity? When did bipartisanship become a threat? That is not how Congress is supposed to work. Negotiations with the minority to seek a compromise should be the first option, not the last resort.

Let's start over and get back to legislating in a way deserving of the grand tradition of the Senate as the world's greatest deliberative body. Providing affordable and quality healthcare is an issue we should grapple with, all of us together. It is one of the most important things we can do for our country.

We can do it but only if we do it together and put the partisan ideology aside.

So I challenge the President, invite us all to Blair House. Let's see what we can come up with. Let's try. We Democrats have, on several occasions, sent letters to our Republican colleagues asking for bipartisan talks on healthcare. So far we have been rebuffed. Now, with the demise of this bill yesterday—its inability to get enough votes to proceed—we have an opportunity to go back to the drawing board.

We are willing to debate and compromise on healthcare, but we have to be included, and it has to be a discussion on how to actually improve our healthcare system for the American people, not slash Medicaid to pay for tax cuts for the wealthy. We can meet, and we can try or the Republicans can stick to the same partisan approach on healthcare, which so hurts working families and so benefits millionaires.

President Trump, my Republican friends, the choice is yours.

Thank you.

I yield the floor.

The PRESIDING OFFICER (Mr. TILLIS). The Senator from Indiana.

Mr. DONNELLY. Mr. President, for all of the discussion about delays, politics, the process, vote counts, budget scores and analysis, it is critical we remember that this healthcare debate is first and foremost about people, our friends and neighbors, and their families. It is about moms and dads, sons and daughters, sisters and brothers, grandmas and grandpas.

We all agree everyone needs access to quality, affordable healthcare. Regardless of how healthy you are today, everyone needs the peace of mind that if they get sick, they will be able to get the care they need. We all know someone who has fought cancer, diabetes, multiple sclerosis, or has a child battling a chronic condition or disease.

In our shared experiences and relationships are shared values. Each of us wants our loved ones to be healthy and to live long, full, happy lives. We want what is in the best interests of our families, our friends, and our neighbors.

I have seen these values firsthand through the stories of Hoosiers who recently wrote to me out of desperate concern about the Senate healthcare bill. I have heard from everyone—from working parents to students, to seniors—that access to quality and affordable healthcare is critical to their ability to raise a healthy family, to contribute to our communities, and to live our final years in dignity.

Take Conor, who is a lawyer, and Sarah, a nurse practitioner, and their family in Fort Wayne, as an example. In 2015, Sarah was diagnosed with multiple sclerosis, an autoimmune disease that attacks the nerves in her brain and spinal cord. As Conor wrote me, "Like everyone else who suffers from MS, my wife didn't make this choice."

She did not choose this disease . . . sometimes people get sick or are diagnosed with chronic conditions through no fault of their own.”

If untreated, she would become severely disabled, and her condition would get progressively worse. The best possible outcome for Sarah is controlling the disease and limiting the spread of the symptoms because there currently is not any cure.

Conor and Sarah worry that under the Senate healthcare proposal, they would be subject to annual and lifetime caps, making Sarah’s treatment unaffordable. Through the Senate healthcare bill, States could seek waivers that would allow them to get rid of essential health benefits and implement annual and lifetime caps, even for health insurance plans that people receive through their work, just like Sarah does. For Conor and Sarah and others who suffer from conditions like MS, the reforms that prohibit limits on coverage allow them to have the peace of mind that they can live full lives, despite their disease and their diagnosis.

It is stories like Sarah’s and Conor’s that remind us why this is such an important debate. It is inherently personal. It is about the health, the well-being, and it is even about the life and death of our loved ones. It is about not going to the ER just to visit a doctor. It is about financial security. It is about financial security so our families aren’t one illness or one sickness away from bankruptcy.

Take, for example, Beth and Brad from Plainfield, IN. They are the proud parents of Kyle. Kyle has special needs, and he relies on Medicaid, not only for his healthcare but literally to help keep the family together. Beth recently wrote me:

Kyle is on a home and community-based Medicaid waiver, which is not mandated. If Medicaid is cut, Kyle and others like him are in real danger of losing coverage for home nursing and nutrition among many other things. Without home nursing, Brad or I will also have to quit working. And without enough income to pay for it ourselves, we’ll be placed in the horrific situation of either not being able to give our child what he needs at home, or institutionalizing our precious boy. We want to care for our son at home. We want to work and pay for his primary insurance that reduces the amount of Medicaid money needed. We want the independence, freedom and responsibility that the minimal supports through Medicaid allows.

And Lori from Kokomo, IN, wrote to me about her 3-year-old daughter Savannah:

She has a long list of medical issues. She has had 2 open-heart surgeries, 8 heart catheterizations, 1 pacemaker placement, and countless other procedures. Her medical bills, at 3 years old, are in the millions, and she still will need more cardiac surgery in the future. Her annual care—just her medications, appointments with specialists, therapies, etc—are more than our annual income, despite my husband working 3 jobs. The Senate GOP bill puts her life in grave danger.

Lifetime limits and waiving of Essential Health Benefits means she will lose her pri-

vate insurance. Allowing alteration or waiver of Essential Health Benefits will be catastrophic for Savannah and others with pre-existing or chronic conditions. I will be forced to look at my child and say, “I’m sorry honey, Mommy and Daddy don’t have enough money for your surgery.”

As a dad, the health and well-being of my family is on my mind every day, and I know that every mom and dad across our country feels the same way. My faith teaches me that we are all God’s children, and every man, woman, and child should have a shot at being able to live up to their God-given potential. We will move Heaven and Earth to take care of our kids. These values are shared across Indiana and across our entire beloved country.

My faith also teaches me that we all deserve to live with dignity.

Claudia from Muncie wrote to me:

I am a 55-year-old, medically-retired flight paramedic and RN. My career was cut short when I was diagnosed with ALS—Lou Gehrig’s Disease—in 2005. Without Medicaid and the waiver I would be institutionalized. Because of the things Medicaid covers, I am still able to be a mother.

For two decades, I was the person who came to the aid of others. Please, don’t fail me or my family now.

This bill would fail Claudia and millions of others. It would force Claudia’s family and families across the country to pay more, not less, or to even put critical healthcare out of reach. You don’t have to take my word for it, though.

The American Heart Association calls this bill “heartless.” The Catholic Health Association says the bill is “devastating.” The American Academy of Pediatrics says it “fails children.” The American Cancer Society says the bill could “greatly harm millions of cancer patients, survivors, and those at risk for the disease.” AARP, the American Medical Association, the American Hospital Association, and Catholic Charities oppose this bill.

Here in the Senate, we have been hired by the people we represent to continue the proud American tradition of leaving our children a country that is even better than when it was given to us. We owe it to the people we serve to ensure they have healthcare that is affordable and accessible.

Ohio’s Governor, John Kasich, recently said, when he talked about the challenges with our healthcare system, that this will never, ever be solved with a one-party approach. He is right.

In order to strengthen our healthcare system, we would be a lot better served by working together with a bipartisan effort and with input from those who provide healthcare every single day—the doctors, the nurses, the hospitals in urban communities and in rural communities all across our country. Most importantly, we need to remember the patients and the caregivers who rely on our healthcare system. We can do this together, and a big dose of Hoosier common sense would be a huge part of it.

I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan.

Mr. PETERS. Mr. President, I have always believed that elected officials should do more listening than talking.

The breadth of issues that we address here in the Senate is as vast and diverse as our Nation. We rely on input from experts, from stakeholders, and from constituents to craft responsible, meaningful policy. In the past month alone, I have had the opportunity to attend bipartisan hearings on cyber security, countering violent extremism, self-driving cars, rural broadband, nuclear defense policy, and the posture of our Armed Forces, just to name a few. These issues are vital to our economy and our national security, and they are worthy of the time and effort that went into convening these very important hearings.

But over the same timespan, the Senate did not hold a single hearing on healthcare, while a handful of Republican Members drafted a flawed healthcare bill behind closed doors.

Healthcare policy is unique. It is very complex, while also being deeply personal. Throughout our lives, doctors and nurses are with us for some of our most significant moments. Whether it is responding to trauma in an emergency, helping us live with chronic conditions, devising treatment plans for an ailing parent, or delivering a newborn child, our medical professionals are there for us when we are at our most vulnerable.

We are all vulnerable. Life does not discriminate. Anyone can get in a car accident and need months of physical therapy. Anyone can be diagnosed with cancer and require surgery, radiation, or chemotherapy. Anyone can have a son or daughter born with cystic fibrosis. But in this great country, I believe no one should ever go bankrupt because they get sick, and no one should ever die because they cannot afford quality health insurance.

I believe healthcare policy is very complex, and we have to work very hard at it, but I am also guided by a very simple moral concept: No matter who you are and no matter where you live in this country, no citizen should ever be forced into bankruptcy because they are sick and no one should ever die because they can’t afford quality insurance.

I urge my colleagues to use the coming days to think about their goals for healthcare in our Nation and be guided by their own moral conscience. Passing a politically expedient proposal that can get 51 Republican votes after significant arm-twisting so that the Senate can move on to tax reform is not in the best interest of the American people, and I believe it is simply irresponsible.

I believe that we should provide the best care possible to as many Americans as possible while making sure that it is affordable. Now, I honestly can’t say whether my Republican colleagues share these goals, but I can say

that the Senate healthcare bill that we saw this week does not hit the mark. I urge my colleagues to use the coming days to really think about what this bill will mean for the families in their State.

I feel fortunate that Michiganders have been willing to share their heart-felt stories with me in recent years. They are fearful that repealing the Affordable Care Act will not only put them in jeopardy but also their friends, family, and neighbors.

I have heard from Amy from Metro Detroit. She is 53 years old and has type 1 diabetes, also known as juvenile diabetes. Amy is a self-employed small business owner. Before the Affordable Care Act, insurance companies viewed her diabetes diagnosis as a preexisting condition and were able to charge her more because of it. After the Affordable Care Act was implemented, Amy was able to shop around and find a much more affordable plan with the same level of benefits that she had before. While Amy does not qualify for subsidies to help purchase insurance, she was still able to cut her healthcare costs in half because of the Affordable Care Act. Amy fears—and rightfully so—that if the Republican healthcare bill passes, her costs may skyrocket, jeopardizing her business and everything she has worked her entire life for.

I have heard from Tammy, who lives in Marne, MI. Tammy's daughter Erin is 10 years old. Erin was diagnosed with cystic fibrosis at 18 months. She takes 23 pills and does 2 hours of breathing treatments each and every day. She is a fighter, and her whole family has pulled together to support her, but they are also very worried about her future. Erin's family has private insurance, but they supplement the high cost of her care through Medicaid. Tammy is afraid that the \$800 billion cut to Medicaid will jeopardize their ability to afford Erin's care and would cast an absolutely devastating blow to their family.

Finally, take Stefanie from Livonia, MI. Stefanie worked her entire life in the customer service industry, primarily in retail and in restaurants. She was never offered health insurance by her previous employers, and, until the Affordable Care Act, she never had health insurance as an adult. Then, in December 2015, Stephanie's third floor apartment caught fire, and she was left to make a horrific decision about whether to jump from her third floor apartment or die inside the burning building. Well, Stefanie jumped from the window to save her life, and she sustained serious injuries, including a broken back and a shattered foot. Because of the Affordable Care Act, she was able to receive treatment for her injuries, which included a month's stay in the hospital, multiple surgeries, and absolutely excruciating physical therapy to finally heal in the end. Stephanie's treatment came in close to \$700,000, an amount that would surely bankrupt nearly any American.

These stories and many more are what health insurance is truly about. For people like Stefanie, Amy, and Erin, we should do more listening than talking. We should listen to Stefanie, Amy, and Erin, and we should listen to the hundreds of healthcare experts who have expressed their strong opposition to this bill and the impact that it will have on the healthcare system in this country.

I would urge my colleagues to listen to the AARP, the American Academy of Pediatrics, the American Diabetes Association, the American Hospital Association, the American Heart Association, the American Medical Association, the Children's Hospital Association, the National Alliance on Mental Illness, the National Breast Cancer Coalition, and the National Council on Aging, just to name a few.

I am not just hearing from these national groups. I am also hearing from local healthcare professionals all across my State. Hospitals and community clinics in Michigan—particularly, the ones in the rural areas—are telling me this bill could cause them to close their doors. This will jeopardize access to care in communities that are already medically underserved. Costs will go up for seniors and individuals with preexisting conditions, like Amy.

No one chooses to get sick. But when we are confronting a disease or injury, health insurance is a lifeline. It allows us to get better, to get back on our feet, and it simply allows us to keep living.

In American society, healthcare coverage is our promise that if you work hard and you play by the rules, you will have the healthcare you need when you need it the most. As I have already said, no one in this great country should be forced into bankruptcy because they are sick, and no one—no one—should ever die because they can't afford quality insurance.

The Republican healthcare bill is irresponsible. This bill will strip away health insurance from 22 million Americans. This bill would put more and more Americans at risk of financial ruin from unpaid medical bills, and it would put more Americans at risk of dying because they can't afford the care they so desperately need.

This bill cannot and should not be salvaged with minor tweaks and arm-twisting to win a few votes.

I urge my colleagues to go back to the drawing board and begin an open, bipartisan process where we all listen to our constituents, hold hearings with experts, and work together to keep what works and to fix what doesn't. Let's let common sense rule the day and not partisan ideology. We should do what is best for our folks back home and ensure that everyone has access to quality, affordable healthcare. Michiganders and all Americans deserve nothing less.

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.

Mr. BARRASSO. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. COTTON). Without objection, it is so ordered.

Mr. BARRASSO. Mr. President, I come to the floor today as the pain of ObamaCare around the country continues to worsen. Healthcare prices continue to rise. ObamaCare is collapsing, basically, more and more every day. People in every State of this Union have seen their healthcare costs skyrocket. It has happened everywhere around the country.

We must do something to help the American people who are suffering under the heavy weight that ObamaCare has placed on their lives.

I was at a hospital this past weekend in Casper, WY, my hometown, and I talked to doctors, nurses, and patients. What I hear at home in Wyoming is that there is an urgent need to do something about the high costs and the limited choices under the Obama healthcare law. We are having discussions right now about the very best way to do that. Whatever we come up with, it is going to be a fundamental change in a direction away from ObamaCare. That is what America wants. That is what America needs. It is what the American people are asking us to do.

One of the biggest steps we need to take is to get rid of the ObamaCare mandates and penalties. I hear about it day in and day out. I heard about it in my office yesterday from a woman who was in town visiting on another matter, but she talked about her experience with the ObamaCare situation where her premiums have gone way up, and the deductibles are up so high that even though they are counted under ObamaCare as having insurance, her husband would tell you that he will not go to a doctor because, with a \$6,500 deductible, he feels he cannot afford to. But he is counted under ObamaCare. He wants more choices. He wants more control of his own life. And he wants to eliminate the taxes and the mandates.

I am sure the Presiding Officer hears this at home: People hate the fact that there is a mandate that says they have to buy insurance that Washington says they have to buy—that the Democrats have said they have to buy—rather than what might work for them and their family and be cheaper and work better for them and be more tailored to their family's needs.

There are more than 19 million people across the country who have decided that they are going to pay a penalty to the IRS or they received a waiver so they didn't have to get ObamaCare insurance—either pay the penalty or get a waiver. These are people who made the fundamental decision that ObamaCare insurance was not a good deal for them.

The second thing we need to do, I believe, is to repeal the burdensome and

expensive ObamaCare taxes. Healthcare costs have been soaring under ObamaCare. One of the reasons is because the healthcare law added almost \$1 trillion of additional taxes on to the backs of hard-working Americans. These are the taxes that specifically raised the cost for people needing health insurance and healthcare. They put taxes on things needed by people who are in need of medical care. Somebody who needs a pacemaker, someone who needs a walker, a wheelchair, an artificial joint—additional taxes on all of these users of medical devices, medical supplies, of over-the-counter pain medicines, over-the-counter medicine for fever, sore throat, as well as prescription medications. The taxes are on just about everything, and then, of course, the tax on health insurance itself. So if you buy health insurance, you have to pay a tax on that. What is that going to do to the cost of health insurance? It is going to raise the cost for people who have health insurance.

When the Democrats were debating and voting in support of the ObamaCare law on this floor of the Senate, they conveniently failed to mention all of these new taxes to the American people.

The third important thing that Republicans are committed to doing is to give much more flexibility to the States when it comes to making and developing healthcare solutions for the future.

I served 5 years in the Wyoming State Senate. We always felt that we could do a lot better job if we just had a little more local control, a little less in terms of government mandates, and make that same amount of money work that much better and go that much further and take care of that many more people.

Medicaid is the prime example. I had a State legislator in from Wyoming today, and in the office we were talking about Medicaid and what role the States play and what role the Federal Government plays, how to make dollars go further at home. ObamaCare increased the amount of money that Washington sends to States that chose to expand their Medicaid Programs. Of course, that is taxpayer money. Then ObamaCare paid a bonus—a bonus—to States that decided to not focus on the area where Medicaid was intended originally to be focused, which was on poor women, children, and the disabled. They didn't get a bonus—not at all. No bonus money to help those people. The bonus money went to help able-bodied, working-age adults. That is not whom Medicaid was set up to help in the first place.

Why should Washington collect money from people at home and then send it back out to the States with all of these new Washington mandates and restrictions on how the money is spent? I have much more confidence in the people of my home State of Wyoming and in the people of the Presiding Officer's State of Arkansas than I do in

any bureaucrat in Washington, DC. When it comes to developing good ideas about improving America's healthcare, I always believe in more flexibility and local control and patient control. The more we are working with doctors and communities, working with State legislators, the better. We need more flexibility in every State; we don't need Washington telling all of us what to do. If we give people and States more options, there will be more affordable options for insurance as well as for care.

Democrats tried their goal of a one-size-fits-all, Washington-mandated approach. That is what ObamaCare was all about, and it did not work.

I want to talk about one other thing Republicans are committed to doing with our healthcare reform plan, and that is stabilizing insurance markets while other reforms can take effect.

The ObamaCare exchanges are completely falling apart. Week after week, there is another story, another headline about the disaster that is ObamaCare. We look at a headline in a Chicago paper: "Another Obamacare rate shock." "Another" and "shock" with rates—that is what people are seeing around the country.

Last week, we learned that another 77,000 people in Indiana will lose their ObamaCare plans. Two more insurance companies are leaving the market there. Across the country, there are more than 40 counties where no one will be selling ObamaCare insurance next year—no one.

Premiums have already doubled because of ObamaCare in the last 4 years. Next year, people's rates may go up another 40 percent, 50 percent—well above that in other places. We cannot allow this to continue. The American people cannot afford it, it is not good for our country, and it is not good for the people living in this country.

We need to make sure we help support people who do need help paying their premiums. We need to give insurance companies more flexibility to offer the kinds of plans that people actually want to buy. We need to give States the ability to support their markets in ways that make sense for people in that State.

The discussion draft of our plan includes ideas to help keep the individual market going in a much stronger way than it is under ObamaCare today. It stabilizes the markets.

The insurance company Anthem put out a statement on Monday. The company said that these kinds of ideas "will markedly improve the stability of the individual market and moderate premium increases."

Anthem has been dropping out of exchanges across the country because the markets are unsustainable under ObamaCare. That has to be one of our goals as we continue to discuss legislation—stabilizing the markets and reducing premiums. There are a lot of good ideas on ways to do it. We are committed to exploring those ideas and

putting together a plan that will help give people the care they need, from a doctor they choose, at lower costs. That is what the American people want us to do. That is what we are working on.

There are limits under the Senate rules that keep us from doing some things we would all like to do. If Democrats are ready to work with us and to be part of the conversation, I think we can do some things to make this bill even better. But the situation we have today in this country for healthcare is not working. ObamaCare has collapsed. Healthcare is in a state of crisis. Those who supported ObamaCare and voted for it have caused it. We are just trying to clean up the mess.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, after weeks of secrecy, after not engaging with the public, after an effort to prevent not only Democrats in this body but women in this body from participating in putting together a new healthcare bill, last week we saw Senate Republican leaders put forward their bill to repeal the Affordable Care Act.

Like its companion bill in the House, this legislation imposes draconian cuts to Medicaid, our Nation's principal program for insuring children, people with disabilities, and seniors in nursing homes. It drives up costs for middle- and low-income Americans while delivering huge new tax cuts to the wealthiest in this country.

I start with the premise that you can't take health insurance away from 22 million Americans and call it reform or better care. I think President Trump was accurate when he described this approach simply as mean. The fact is, this legislation is a direct threat to the health and well-being of millions of Americans, including tens of thousands in New Hampshire.

The opioid epidemic in the country and in New Hampshire is the worst public health crisis in modern history. In New Hampshire, thanks to the expansion of Medicaid, done by a Republican legislature and a Democratic Governor, my colleague from New Hampshire who is now in the Senate, who is here with me today—thanks to their bipartisan work, nearly 11,000 Granite Staters have been able to access lifesaving treatment under the Medicaid Program for substance use disorders. By completely reversing the Medicaid expansion, the Senate bill released last week would cost who knows how many lives and would be a crippling setback in our fight against the opioid crisis.

Medicaid covers one out of three children in New Hampshire, as well as people with disabilities and seniors in nursing homes.

In concert with the President's budget, this bill being proposed by the Senate would cut Medicaid funding in half by the year 2027. Cuts of that magnitude simply cannot be done without

having devastating effects on children and other vulnerable people across New Hampshire.

Then, of course, this legislation blocks all Federal funding for Planned Parenthood. We have more than 12,000 Granite State women and men who depend on Planned Parenthood for essential health services, including cancer screenings.

According to the nonpartisan Congressional Budget Office, nearly 45,500 Granite Staters would lose coverage under the Republican leader's bill. These are people who rely on that coverage for basic care, as well as for treatment of cancer, heart disease, diabetes, and other chronic illnesses, and they are deeply afraid that they will be among the 22 million Americans who will lose their health coverage if the Senate bill becomes law.

Last Friday, Senator HASSAN and I convened an emergency public field hearing in Concord. We wanted to hear directly from Granite Staters who would be affected by the Senate bill. I have to say—and I am sure my colleague agrees with me—it was an extraordinary event, with over 200 attendees. They overflowed the overflow room. This is a picture of the room where we held the hearing, and we can see people lined up on either side of the room, waiting to take their turn to testify.

Senator HASSAN and I heard firsthand from healthcare providers, from people in recovery from substance use disorders, from parents of children with chronic diseases and disabilities, and so many others who are concerned about this legislation. We listened to emotional, heartfelt statements about the uncertainty, anxiety, and anger this Senate bill has caused. I was especially moved by testimony from parents who are worried their children will lose access to the lifesaving treatment they need that for so many of these kids is the difference between life and death.

People like Paula Garvey, of Amherst, NH, who talked about her 19-year-old daughter Rosie, who was diagnosed with cystic fibrosis just 2 weeks after birth. Rosie also suffers from juvenile rheumatoid arthritis. Rosie must follow a strict regimen of medications to keep the cystic fibrosis under control. Paula fears that the repeal of the Affordable Care Act and cuts to Medicaid will leave her daughter without coverage for her preexisting condition and that insurance companies will once again impose a lifetime dollar limit on benefits.

For Paula, and for any parent, the prospect of not being able to access lifesaving care for a child is profoundly upsetting. Paula said: I don't know what I am going to do if the Affordable Care Act goes away. What will Rosie do when she is off of our insurance and she is not able to find insurance again?

Sarah Sadowski of Concord, NH, testified about her 9-year-old daughter who has cerebral palsy. She said:

The Affordable Care Act was a huge moment of hope. I cannot face what life would

look like with pre-existing conditions, lifetime limits, and countless hours on the phone with insurance companies.

At the field hearing, we also heard important testimony about others who rely on Medicaid. For example, Medicaid provides coverage for more than 10 million Americans with disabilities and nearly 6 million seniors in nursing homes. In fact, these two groups alone account for nearly two-thirds of all Medicaid expenditures. Yet the Republican leader's plan to cut Medicaid funding in half over the next decade would have dire consequences for these Americans.

Brendan Williams, CEO of the New Hampshire Health Care Association, told our hearing that 63 percent of nursing home residents in New Hampshire rely on Medicaid. As was reported on Sunday in the New York Times, the deep cuts to Medicaid included in the Senate bill would force many retirees out of nursing homes or lead States to require residents' families to help pay for care. For many families, this is just not an option. They don't have the finances to be able to do that. So what happens? Their loved ones get kicked out of their residential care.

We also heard compelling testimony from healthcare providers who treat people with substance use disorders. Melissa Fernald is a private clinician in Wolfeboro, NH. She told us:

For the majority of [Medicaid expansion] patients, it is the first time they have had health insurance. It allowed me to assist them in properly diagnosing their mental health conditions . . . and securing primary care providers to treat their medical needs. It has been a powerful experience to watch them heal and grow as a result of receiving proper care. . . . My clients are more motivated and capable of getting a job and gaining financial independence.

Again, if your heart is not moved by the morality of these kinds of stories and by the values I think we should have in this country to help people who need help, we should be moved by the economics of this. It is going to cost a whole lot more when we kick people with substance use disorders off of their insurance, when they go to emergency rooms to get their care, or when they die than to make sure they get the help they need.

The Senate bill to repeal the Affordable Care Act and radically cut Medicaid is a threat to healthcare coverage for people in New Hampshire and in every other State in this country. I am so grateful to all of those Granite Staters who attended our field hearing on Friday. I know that in other States across this country, large numbers of people are turning out to express overwhelming opposition to the Republican leader's bill. I heard this morning that polling shows that just 17 percent of Americans support this legislation. We need to listen. We need to stop this headlong rush to pass a cruel and heartless bill.

For ordinary people in New Hampshire—the people whom Senator HASSAN and I heard from on Friday—re-

pealing the Affordable Care Act and gutting the Medicaid Program isn't about politics. It is a matter of life and death. We need to listen to the voices of ordinary people whose lives and finances would be turned upside down by this bill.

There is a better way forward for both the Senate and our country. It is time for Republicans and Democrats to put ideology and partisanship aside and come together to do what is right for ordinary working people in this country.

The majority leader's decision to delay a vote on the bill is an opportunity for all of us in the Senate. When we come back after next week's July 4th recess, let's come together in an open and inclusive process. The right way forward is for Republicans and Democrats to work together to strengthen the parts of the Affordable Care Act that are working, including Medicaid expansion, and to fix what is not working.

According to poll after poll, this is what the majority of the American people want us to do. It is time now to respect their wishes and to strengthen the Affordable Care Act so it works for all Americans.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Ms. HASSAN. Mr. President, I rise today to join my friend and colleague, Senator SHAHEEN, to discuss the stories and concerns we heard from our constituents in New Hampshire about how they would be hurt if TrumpCare becomes law.

Even though Republican leadership has delayed a vote on TrumpCare this week, we know that the fundamentals of what is wrong with TrumpCare will not change.

TrumpCare would force Granite Staters to pay more for worse insurance, all to give billions of dollars in tax breaks to corporate special interests—including Big Pharma—at the expense of hard-working Americans and the programs they rely on. This is the basic principle of TrumpCare, and it is unacceptable.

TrumpCare would be a disaster for people in New Hampshire. Granite Staters know this, and they have been standing up and speaking out against this dangerous bill.

As Senator SHAHEEN discussed, we held an emergency hearing last week in Concord to hear from our constituents about how TrumpCare would impact them. We held this emergency hearing at 2 p.m., on a Friday afternoon, in the summer, and with just a day's notice. Yet hundreds of people showed up.

Over 50 people shared their personal stories about the importance of healthcare, of how they have benefited from the important protections that are provided under current law—including maternity care, prescription drug coverage, and coverage for substance use disorder services—of the protections against insurance company

abuses, of Medicaid expansion, and of traditional Medicaid. They told us what their lives were like and why TrumpCare would be devastating to them and their families. I wish to share some of those stories today.

We heard from Ariel, from Rochester, NH, a mother who is benefiting from substance use disorder services that are included in Medicaid expansion and would be taken away under TrumpCare. Ariel said:

I am a mother of 3 children and I have a substance abuse disorder. I come from a long line of women who never had much opportunity. With the opportunity to have Medicaid I have been given the chance of treatment.

Without the chance of treatment I wouldn't have been taught that there is a solution and a way to live a full, beautiful life as a woman in recovery . . . as a mother of 3 beautiful children. . . . As a woman of dignity and grace. . . .

If the opportunity of Medicaid is taken away, the chance of positive change in this world is going to drastically drop. . . . Women like me may never know a world out-side of drug use and hopelessness.

She goes on to say:

Today because of the opportunity of change, I am able to be a positive role model to my children and most importantly our future.

When we met Ariel, she was pregnant with that third child, and she went into labor immediately following our field hearing. She told us over the weekend that she had a healthy baby boy. Because of the treatment Ariel received through Medicaid, she is in a better position to take care of that new baby boy.

Our Medicaid Program is not only critical to providing key support to combat the substance misuse crisis, but, as Senator SHAHEEN mentioned, it also helps seniors and those who experience disabilities get the care they need—services that would be taken away under TrumpCare.

This is something we heard from a Granite Stater named Jeff, who has a form of muscular dystrophy. Jeff said:

I am able to live a life that's independent in my own home, pursuing my own career, only by virtue of the fact that I am able to receive Medicaid services. Specifically, all this discussion about private insurance is well and good, but I think what some Senators aren't remembering or don't know is that private insurance doesn't cover many of the types of services that Medicaid does. . . . Especially personal care services that allow us to live independently in our homes and communities, which is where all of us would like to be, if we're able to. So, I'm concerned about that.

He continued:

I'm concerned about the fact that my understanding is that this bill would allow states to opt out of providing optional Medicaid services, many of which are the waiver programs here in the state that frankly are so vital to folks with physical disabilities, developmental disabilities, acquired brain injuries, and all sorts of other conditions. So that part concerns me.

Medicaid coverage makes it possible for Jeff and so many others to work and participate in their communities.

Jeff also said that he was concerned about the fact that TrumpCare cuts and caps Medicaid, which we know is really just code for massive cuts that would force States to choose between slashing benefits, reducing the number of people who can get care, or both.

Senator SHAHEEN and I also heard from several Granite Staters who have benefited from the Affordable Care Act and who are concerned that TrumpCare would reduce the care they receive while raising their costs. One of these people was Enna, from Exeter, NH. Enna said:

I am self-employed and purchase health insurance through the Marketplace here in New Hampshire. The ACA had given me the opportunity to purchase affordable health insurance for myself and my family of four.

She explained:

We were unable to maintain insurance consistently prior to the ACA, and even when we did have it, critical preventative care—for myself, as a woman—was not covered by our previous policy.

She said this about TrumpCare:

[It] would make our health coverage less comprehensive and less affordable. I am certain that our risk of financial and/or health catastrophe would be significantly greater [under TrumpCare].

There is no doubt that we should all be working together in order to improve the Affordable Care Act, build on the progress we have made, and lower healthcare costs for all of our citizens. I am willing to work with any of my colleagues on bipartisan solutions in order to make that happen, but we know that TrumpCare is not the answer. While my Republican colleagues have delayed a vote on this bill, no one believes that TrumpCare is dead yet.

I am going to continue to share the stories of Granite Staters who would have to pay more money for less care under TrumpCare. I will keep working to ensure that TrumpCare never becomes law. I urge my colleagues to take the time to listen to their constituents who would be hurt under TrumpCare.

The people of New Hampshire have been so brave. They have come forward, and they have talked about their most personal, difficult, and challenging experiences. They have laid themselves bare before the rest of us so we could understand what they have gone through and so we could understand that if we are not committed to a healthcare system in which every American—citizens in a democracy—have meaningful, truly affordable access to the type of care that each of us would want for our own family, then we are not doing our job as a democracy at all.

We need to protect and defend what we have, and, then, we need to improve what we have. We need to come together and make sure that healthcare is truly available to every one of us, so that we can be healthy and productive and so that we can lead together.

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. KING. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. KING. Mr. President, I want to talk about the healthcare bill, the healthcare issue, and talk a bit about how we can find a solution and then what the solution should look like.

For the last 2 days, as a member of the Armed Services Committee, I have been in our markup. In that markup, we considered somewhere in the neighborhood of 250 to 300 amendments. Of those 250 amendments, approximately 210 of them were either compromised—an agreement was worked out between the proponents of the amendment and those who had reservations—and they were either withdrawn or became part of the bill by unanimous consent. Of the 25 or 30 that were left for votes, however, we had good debate. The members talked about their point of view. The people who opposed them gave their points of view. We had a vigorous discussion and debate and then we voted. The important thing to me—and I am pretty sure I am right about this, I kept a mental note as we went through the votes—I don't believe there was a single party-line vote in the Armed Services Committee on any amendment. The votes were sometimes more Republicans, more Democrats, but there wasn't a single party-line vote. In other words, the process worked as it was intended to work, as it should work, and as it can work.

So I have a radical suggestion for those who are seeking a solution to this healthcare issue; that is, submit a bill and put it before the requisite committees, have hearings, have debates, have information, get information from around the country, from experts, from people who know about the topic, and that is how we make good laws. A bill that doesn't go through any of that process, that is concocted in secret and sprung on the Congress at the last minute, almost by definition will not be a good bill. Bad process—bad bill, and that is what we had happen in this case.

I think this is a time—we are going into a recess at the end of this week. Let's take a deep breath, and instead of trying to tinker around and attract a few extra votes and find something that will barely pass by the skin of its teeth, let's step back and submit this issue to the Finance Committee and the HELP Committee. Let's try to work through to find a real solution involving both parties, involving all of the wisdom that has been accumulated in this country on this incredibly complex and difficult and incredibly important issue. We don't have to try to do it in the dark. Let's do it in the light of day. Let's have open hearings and considerations, votes and amendments, discussion and debate, and then as our system is designed, we can come to a good result.

Let's talk about the bill that is currently before us. I guess it is before us. It hasn't really been submitted to any of the committees, but I am told it is coming to the floor. It was going to be this week. Now it is going to be the week, I guess, after the recess—at least that is what we were told yesterday.

Why is this a bad bill? I have been watching some of the commentary on this bill, and there is a lot of discussion about the Congressional Budget Office analysis: Is it correct, did they use the right baseline, are they good at projecting how many people are going to sign up for healthcare, and all of those kinds of questions. People are questioning the Congressional Budget Office. I happen to think they tend to be pretty nonpartisan, straightforward, good, scientific, and quantitative analysts of these kinds of issues. They issued their report saying 22 million people lose their healthcare. This is about people. It is not about ideology. It is about real people.

There is a really easy way to cut through all of the questions about whether they analyzed it properly and who is going to lose and who is going to win; that is, to look at a simple chart that is on, I think, the third page of the Congressional Budget Office analysis. This is really all you need to know about this bill: Medicaid loses \$772 billion over the next 10 years, and the tax credit and selective coverage provisions—that is the ACA—loses \$400 billion. It is \$1.1 trillion out of the healthcare system. You cannot take \$1.1 trillion out of the healthcare system and not hurt people. You can't do it. We don't have to argue about how many here, what age, and all of that kind of thing. We are talking about a massive cut to the support that is enabling American people to get healthcare.

In Maine, if you cut all these numbers back, as near as I can tell, it is about \$400 to \$500 million a year. I was the Governor of Maine. I know that \$400 and \$500 million a year is huge. People talk about: Well, we are going to cut Medicaid back. We are going to trim the growth rate. We are going to lower the way it is calculated and make it a per capita cap, all of these things, and we are going to give the States flexibility. The magic word "flexibility"—as if the flexibility enables you to somehow conjure up \$1 trillion. What you are really giving the States is the flexibility to decide between the elderly and the disabled or children. That is what this is all about.

There is another option, by the way. The States can always raise taxes to make up for this difference, and that is one of the most frustrating things to me, again, as a former Governor. We are talking about this reduces the Federal deficit by \$330 billion over 10 years. Yes, because you shifted almost a trillion dollars to the States. That is nice work if you can get it. That is balancing the Federal books on the backs of the States. If we want to make the

Federal budget look better, why don't we just let the States pay for the Air Force? That is a Federal expenditure. Shift that to the States. That will help us with our budget deficit, but it is a fake balancing of the budget because you are simply shifting the cost over to somebody else—another level of government.

The shorthand for that is shift and shaft. That is what we are talking about, either the State government is going to be shafted because they are going to have to raise taxes or the people who are going to lose the support are going to be shafted. We are talking about real people.

Let me talk about Medicaid for a minute. Medicaid is sometimes characterized—and I have even heard some of my colleagues use Medicaid and welfare in the same breath, as if Medicaid is a welfare program. It is not. It is a critically necessary support for healthcare for people who need it, many of whom are not welfare people—as we would denote them—not welfare recipients. They are getting a lifeline, a true lifeline that is actually keeping them alive.

In Maine, 70 percent of the people in nursing homes are on Medicaid. Nationwide, the number is 62 percent. So when you talk about Medicaid and cutting Medicaid, you are talking about Aunt Minnie in the nursing home. You are not talking about some welfare recipient who is ripping off the system. You are talking about your relatives who are in nursing homes, and 70 percent of the people in nursing homes are being supported by Medicaid. In Maine, we call it MaineCare.

So you can't shrink this amount of money and think it is not going to have impacts on people, and that is why this bill is so pernicious. Here is what the bill is all about: a one-half trillion-dollar tax cut to the top 2 percent of wage earners in America. Let's be clear what is going on here. There is an equation of one-half trillion dollars of tax cuts and more than one-half trillion dollars of cuts to benefits—money to the wealthy; healthcare away from those who need it. That is the equation. That is what this bill is all about. This isn't a healthcare bill. This is a tax cut bill dressed up like a healthcare bill, and it is also an ideological bill because people don't like Medicaid.

Here is the problem: Our healthcare system is the most expensive in the world. We pay the most per capita for healthcare as anyone on the planet, by far—just about twice as much as most other countries. If you do the math and you take the annual healthcare bill and divide it by the number of people in America, you get about \$8,700 a year per person. That is what we spend on healthcare. So for a family of four, that is \$35,000 a year. That is what healthcare costs us. By the way, that is the real problem. When we are talking about Medicaid and Medicare, Anthem and private insurance, and all of those

things, we are really talking about who pays. The deeper issue is how much we are paying. The problem is—and the reason we need Medicaid and the reason we need Medicare and the reason we need the Affordable Care Act—American people can't afford it without help. It is as simple as that. They can't afford it. The government has to provide some support. If it doesn't, it would break every family in America. We have to have the support. Right now, in the private sector, it is breaking our companies that are trying dutifully to keep up with the increase in costs of healthcare.

Don't fall for this idea that somehow the Affordable Care Act caused all the increases. I remember—again, harking back to when I was the Governor of Maine in the late 1990s, early 2000s—healthcare costs were going up 6 percent, 8 percent a year—10 years before the Affordable Care Act went into place. The private—the individual market for health insurance was already on a drastic upward climb. So to blame it somehow on the Affordable Care Act just doesn't wash in terms of the history.

The deep problem, as I say, is the overall cost of healthcare. We have to start talking about that issue. That is a separate issue from what we are talking about here as to who pays. We have to talk about different kinds of delivery systems. We have to talk about a huge increase in preventive care. We have to talk about helping people stay out of the hospital, stay out of the medical system. The cheapest medical procedure of all is the one you don't have to perform. So many of our diseases—our chronic diseases like diabetes—are based upon the choices people are making and their lack of adequate care early in the disease. That is a separate discussion. I think that is one we really have to look at. However this debate is resolved in the next few weeks or few days, we have to talk about the deeper issue of the overall cost. If we don't get a handle on that, then all of this other stuff is going to be—it is not going to solve the problem because the deeper issue is the enormous cost we pay in this country, which is almost twice as much as anybody in the world per capita.

You could say: But we have the best healthcare in the world. Yes, we do, for the people who can afford it. But for millions of people who can't afford it, who have either no or skimpy care, it is not the best healthcare system in the world.

There are no statistical indicators that tell us we are doing very well. On things like longevity, prenatal care, infant mortality, we are way down. We are like 17th, 20th. You would think that if we are spending the most money in the world, we ought to have great results. We don't. So that is something we have to talk about.

The cost of pharmaceuticals, the cost of drugs is higher here than anywhere else in the world. Why is that? That is a problem we have to discuss.

I had a tele-townhall Monday night. It was sponsored by the AARP of Maine. At the peak, they tell me there were 10,000 people on that call. I took questions, and the questions from seniors in Maine were full of concern—"fear" may be too strong a word, although in several cases it wasn't, but very deep concern about what the effect of this will be on them, on their mothers, on people who are depending on Medicaid for their care.

One lady who called pays \$8,000 a month for her chemotherapy drugs. If it weren't for her support under the Affordable Care Act and Medicaid, she said on the phone, "I'd be dead." That is what we are talking about here. We are talking about real people.

The final sort of general point I want to make before I talk about some of the people who are going to be affected by this is that I hear sometimes the proponents saying: The free market is going to solve this problem. The free market is miraculous; it can solve all problems.

I am a huge believer in the free market. I am a thoroughgoing capitalist. I started a business. I ran a business. I understand the free market. The problem is that healthcare is not a free market. If you go to buy a car, that is a free market. You can go online and compare. You can test drive. You can find the prices at the four dealers that are in your neighborhood. You can do all of those things. That is a free market. You don't have that in healthcare.

No. 1, you don't know the price. You call your local hospital and say: What will it cost me to get my knee replaced? Nobody can tell you. You don't know the price.

No. 2, it is very hard to compare products. You can do it if you can really dig and get word of mouth on who is a good doctor and who isn't.

No. 3, you don't say what you want; the provider tells you what you need. Imagine going into a car dealership and the car dealer saying: I am going to tell you I think you need this Mercedes over here. I think that is what you need, and by the way, you pay for it.

Our system is set up such that providers are paid for delivering a service, not keeping you well. They get paid by procedures, fee-for-service, not for keeping you well. There is no money in prevention. We have to change that. We have to change that.

Now let me talk about people. These are some people I have talked about before, and I just want to sort of go through them.

You know who this is. This is a Maine lobsterman. This is a guy; his name is David Osgood. The ACA gave them a chance to get insurance. It gave them an opportunity to get insurance where before it was practically impossible. He said it has given them some comfort, some reassurance. He said: "We'll be okay." That is the Maine way. "We'll be okay." This is one of the most independent, toughest professions there is in this country, but he is

not part of a big corporation, and he doesn't have somebody to pay part of his healthcare. He has to make it work, and the ACA gave him an opportunity that he didn't have before to give some confidence to his family and to his life.

By the way, there are about 75,000 people in Maine just like him who got coverage under the ACA, many of them for the first time, and those are the calls we are getting in my office.

This is Jonathan Edwards and Jen Schroth. This is sort of a funny story; it tells you what Maine is like. I know Jen's mother. I worked with Jen's mother in the early eighties. Maine is a big small town with very long roads. We all know each other. And it just happens that here we are, 25 years later, and I have become acquainted with Jen.

She and her husband are farmers. They are small farmers in coastal Maine. She thinks it is irresponsible to go without health insurance, especially when you have a family, but it was so expensive, they couldn't get it. They couldn't acquire health insurance in the individual market because they are not a member of a big corporation. The ACA gave them access to insurance for the first time—real insurance that covers what they need, not skinny insurance that only covers certain things and doesn't cover other things and just gives you the illusion of coverage until you go to make a claim.

Jonathan Edwards and Jen Schroth are farmers in Brooklin, ME—that is the real Brooklin, by the way, Brooklin, ME. Forget about that place in New York; this is Brooklin with an i-n. They are farmers in Maine to whom the ACA gave an opportunity to get insurance for the first time for their family.

Cora and Jim Banks from Portland raised four boys. This is amazing. They raised four boys, and every single one was an Eagle Scout. That is amazing. I mean, to be an Eagle Scout is a real achievement in this day and age. Cora worked at her home. She developed Alzheimer's in her late fifties. That is a tragic disease. When Jim could no longer care for her safely at home, she went to a nursing home, and Medicaid helped her be there. Medicaid helped her be there. If you start taking away Medicaid, what will become of Cora? What will become of Jim? He took care of her as long as he could. If she has to go home, if she has to leave that home, that will be a tragedy for her and for her family.

Again, as I mentioned before, 70 percent of the residents in nursing homes in Maine are on Medicaid. That is the kind of difference it makes in real life.

Here is Dan Humphrey. Dan Humphrey is a young man with autism who volunteers at local soup kitchens and delivers Meals on Wheels in Lewiston, ME. He depends on a Medicaid waiver to support his independent living. If it weren't for Medicaid, Daniel would be in an institution, or he would be with his parents. They wouldn't be able to

work because he would need care 24 hours a day. He does need care and support 24 hours a day. Under Medicaid, he is able to lead a real life and feel good about it. You can tell he is a great guy; look at his smile. Medicaid is a lifeline.

I talked about Dan 2 or 3 weeks ago, and since then, I have had an outpouring from people across the country and especially in Maine, people who have children or relatives or friends with disabilities, on what this has meant for them and how terrifying it is that anybody wants to take three-quarters of a trillion dollars out of Medicaid, which is providing an opportunity for Daniel to lead a decent life. Why would anybody want to do that? I don't get it. I don't get it.

Of course it can be made more efficient. Of course the ACA can be made more efficient but not three-quarters of a trillion dollars more efficient. That is a huge amount—\$450 million a year in Maine.

Daniel waited 8 years, under the current program, for the services he gets now. And if we put in caps and block grants—that sounds good in Washington: We are going to put in caps. Caps mean Daniel may not get his services next year or the year after or another guy like Daniel in Peoria or Philadelphia or San Francisco. That is a tragedy. These are real people. We are not talking ideology; we are talking real people.

Here is Lydia Woofenden. She lives near where I live. She just graduated from Mount Ararat High School in Topsham. Two of my boys graduated from Mount Ararat. She even has a job she was offered after years of volunteering. Everything she has achieved has been accomplished with help from her family and dedicated teachers and therapists almost exclusively funded through special education in the public schools and Medicaid.

By the way, having a child with disabilities has nothing to do with your income. You could be high income, low income, middle income. It has to do with the luck of the draw. It has to do with bad fortune, and it could hit anybody. So, again, this idea that Medicaid is some kind of welfare program is just not true. It is not true.

So, Mr. President, the reason I am here is because of these people. The reason I am here is to stand up for these people because they can't be here to do it themselves.

We can do better. The failure to get the votes to vote on this bill this week gives us all a chance to take a deep breath, to step back and say: Sure, there are things wrong with the Affordable Care Act. There are things we can debate. There are things we can argue about. We can have amendments. We can do what we did in the Armed Services Committee over the last 2 days and have a real discussion and debate. I know it is possible because I sat there and saw it happen. It can be done, and we can do it here.

Let's take a week not to try to browbeat and push and make special deals

to try to get 51 votes or 50 votes and then the Vice President breaks the tie. It goes to the House, and they don't even look at it—they will pass it. And then we will be embarked on a path that is really going to hurt the American people.

We have to have help. Healthcare is too expensive, and regular people in this country can't afford it. We have to have help, and this is the place where people are looking to find that help. Let's try to work together. I am certainly willing to work with anybody who will listen. But if they are starting from a premise of gutting Medicaid and giving somebody else a huge tax cut, that doesn't work. Let's talk about the real problem. You want to talk about healthcare, let's talk about it. Let's talk about how we can lower the cost of healthcare, how we can lower the cost of deductibles, how we can lower premiums, and how we can provide new options to people in the health insurance system. But let's not talk about what we are going to do that is going to have such tragic results on individuals and families and on the fabric of our society.

Mr. President, I believe we can do better. I believe we can do better, and we have an opportunity to do so. It sort of dropped into our laps this week. We have 10 days to work on this, to think about it, to try to come up with a solution or at least begin the process of a solution. There is no deadline here next week, but let's begin the process.

As we begin, I have this radical idea of referring these bills to committees here in the Senate, having hearings, getting expert opinions, listening to the country, listening to the hospital association that says this is a terrible bill. The American Medical Association says this bill violates the basic principle of the medical profession: First, do no harm. This bill will do harm.

There is no group whom I have heard of who is for it—only people who have an agenda to cut Medicaid because they don't like Federal support or people who have an agenda to change the Affordable Care Act because it has Obama's name on it. That is not a good enough reason to strike at the heart of our people, our communities, and our society.

One final point. I have been talking about people; let me talk about jobs. In Maine, in 8 of our 16 counties, the hospital is the largest employer. I talked to a hospital director an hour ago. They are desperate about what is going on down here because it is going to make it difficult for them to survive and serve their communities—the rural hospitals especially. I have met with them across Maine—in Farmington, Bridgton, Skowhegan, Lincoln. Maybe you haven't heard of those towns because they are small towns in Maine, but they have a hospital that is the heart of the community and the biggest employer in the community. They all told me the same thing. This idea of this bill, this approach, is going to kill

them. It is going to cause them to at least shrink their services or close. In Maine, because we are a rural State with far-flung communities, that means people are going to be a long way from available care—1 hour, 2 hours—and that is a tragedy for our communities in terms of economic development, in terms of jobs, but mostly, as I keep saying, because of people.

People say: Why are you so impassioned about this, ANGUS?

It is because this is what the people of Maine sent me to do. They sent me down here to help them, not hurt them. They sent me down here to speak for them, not stifle their voices. They sent me down here to do the right thing, to do the ethical thing, to protect them when nobody else will. That is why I am here, and I believe that this Senate, this Congress, this government, can do better, and I hope we will.

Thank you, Mr. President.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. TOOMEY). The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. INHOFE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

CONGRATULATING THE UNIVERSITY OF OKLAHOMA WOMEN'S SOFTBALL TEAM ON WINNING THE 2017 WOMEN'S COLLEGE WORLD SERIES NATIONAL CHAMPIONSHIP

Mr. INHOFE. Mr. President, this is a little out of character. Confession is good for the soul. One of my very favorite—maybe my most favorite—of spectator sports is, of all things, girls' softball.

Now, a lot of people don't even know anything about the sport. It is pretty incredible. I am pleased to tell you that Oklahoma City is the home of a very famous ASA Hall of Fame stadium, which is the world's No. 1 softball field. This is where the Big 12 Softball Championship and the Women's College World Series are held.

This past May, the Sooners won the championship game at the Big 12 softball tournament between Oklahoma and Oklahoma State, which also has a great team, at this impressive stadium. The Sooners won.

Then, on June 6, they became the 2017 Women's College World Series national champions in Oklahoma City.

After facing diversity in the earlier game against North Dakota State in the NCAA regionals, the Sooners proceeded to win 11 consecutive games—think about that, 11 consecutive games—ultimately achieving a 5-to-4 victory over the University of Florida Gators.

In the first game of the championship series, Oklahoma outlasted Florida in a recordbreaking—I was here; we were actually in session at that time—17 innings. It went until 3 o'clock in the morning. Of course, we won. It was the longest game in the history of women's college series of all time.

This win is the women's softball team's second consecutive national championship and the third in the last 5 years. This is a big deal. These girls come from all over the country and end up playing softball there. It is something where they are clearly national champions. It makes me very proud to see that they are doing so well.

I would like to take a moment to congratulate all of the players. Their hard work clearly paid off. It is important to thank the coaches as well. Thank you for your skills, your tenacity, and your dedication, which helped lead these ladies to victory.

Their remarkable head coach, Patty Gasso, has been with OU since 1995, and was inducted into the National Fast Pitch Coaches Association Hall of Fame in 2012. I bet you didn't even know there was such a thing, but there is. She and her staff have worked together over the last few decades to build a legacy that has a strong community following. These women will continue to make Oklahoma proud through their various roles as students, athletes, and leaders.

Just last week, junior pitcher Paige Parker was warming up before she threw the ceremonial first pitch of the game between the Kansas City Royals and the Boston Red Sox. It was during this warmup that the Royals players were able to see firsthand how impressive girls' softball pitchers are. The catcher even missed some of them and almost fell over.

I wish the best of luck to these players and the coaches for next year's softball season. Enjoy your success, and bring home another national championship next year.

Mr. President, I ask unanimous consent that the team roster of all the players and coaches, who made this a great championship victory, be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

The players: Kelsey Arnold, Falepolima Aviu, Caleigh Clifton, Alissa Dalton, Macey Hatfield, Shay Knighten, Mariah Lopez, Paige Lowary, Kylie Lundberg, Nicole Mendes, Melanie Olmos, Paige Parker, Nicole Pendley, Raegan Rogers, Sydney Romero, Hannah Sparks, Vanessa Taukeiaho, and Lea Wodach.

The coaches: Patty Gasso, Melyssa Lombardi, JT Gasso, Jackie Bishop, Lacey Waldrop, Brittany Williams, and Andrea Gasso.

Mr. INHOFE. Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. GARDNER). The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. BLUMENTHAL. 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. BLUMENTHAL. Mr. President, over the last 10 days, I have conducted

emergency field hearings, giving my constituents in Connecticut an opportunity to be heard, a chance for their voices and faces to be part of considering the Republican healthcare or really, more accurately, wealth care bill. Indeed, that label or characterization of the bill came from one my constituents who said: This plan is not healthcare, it is wealth care because it produces a massive transfer of wealth from the poor and middle-class Americans, whose healthcare would be deeply harmed, to the richest Americans, who would enjoy the benefits of hundreds of billions of dollars in tax cuts.

That kind of voice and criticism deserves to be heard here. Yet my Republican colleagues and their leadership have gone from total secrecy to total chaos. They are in chaos because they have refused to heed the voices and faces of ordinary, average working people—middle-class people, the most vulnerable people—who would be deeply harmed by this proposal.

One woman at one of my hearings in Connecticut, knowing what would happen under this bill, said to me:

Do the right thing. Save the Affordable Care Act and save our lives.

She was not exaggerating when she said lives are at stake. She is right. This very eloquent woman, Amy Etkind, knows all too well what this bill means for Americans like her, and the man she described, literally, as the “love of her life.” She told me about him during a hearing in New Haven Friday afternoon—about how he has struggled with addiction, mental health issues, and now diabetes. He is alive today because of Medicaid, and he has access to the services he needs. As she said, “If Medicaid were to go away, he would be literally dead in a very short period of time.”

When we say the Republican plan would cost lives—it would kill people—it is no hyperbole, no exaggeration. It is plain, simple fact. As Ronald Reagan said, “Facts are stubborn things.” The fact is, this bill would cost the State of Connecticut nearly \$3 billion in Federal funding over the next 10 years. These cuts, mainly to Medicaid, cannot and will not be replaced, as the CBO has predicted. It would leave States like Connecticut in an impossible position: either raise taxes to pay the difference or cut Medicaid enrollment to insurers, putting people like Amy’s husband at risk, literally, of death; putting out on the streets the senior citizens living in the Monsignor Bojnowski Manor in New Britain, where they are enjoying great care—a high-quality environment because of Medicaid. Many of them are middle-class folks who worked hard, played by the rules, and exhausted their savings. They are vulnerable now because of the cost of healthcare and their care, in particular. The focus ought to be on them, on the people who are affected, not so much the numbers, but we know from the numbers that the Republican plan would disastrously raise pre-

miums by 20 percent and would cut enrollment impact on the individual market—premiums and enrollment, apart from Medicaid, on the individual market. These numbers are from the Center on Budget and Policy Priorities. They are fact. Facts are stubborn things.

We know also what the effects would be—what the numbers are for people who are middle income. The elimination of the tax credits for middle-income people paying their premiums would be nothing short of disastrous.

We focused on Medicaid. I talked to you about Amy and the love of her life and what the effects would be of the decimation of Medicaid, but here we are talking about the elimination of tax breaks that help middle-income people. I don’t need to explain this graph. For someone with \$26,500 in income, their premiums under the Senate plan would jump to \$6,500 from the present \$1,700. For somebody earning in the midfifties, the jump is even greater, and it is true even for people who are earning \$68,200. They will have to pay more, a larger share of their income, and receive less. It is not only that the Senate plan is disastrous because it is more costly, it is also going to impact the quality of care by reducing the standards; eliminating the strict requirements on preexisting conditions, the protections on annual and lifetime caps for coverage, defunding Planned Parenthood, continuing the war on women’s healthcare. The long and short of it is that this measure is bad for America.

Tia spoke to me at these hearings about the opioid epidemic. If there is one example that breaks our hearts and wrenches our guts, it is the effect on people who are trying to recover from opioid addiction and abuse. Their recovery would be shredded—maybe stopped—by gutting Medicaid coverage.

Another woman who spoke at my hearing, Donna Sager, called herself “the perfect example as to why our healthcare plans must include preexisting conditions and not punish people like me with high premiums.” Donna, as she told me, is 63 years old and not yet eligible for Medicare. When she was 36, she was diagnosed with a rare form of hereditary colon cancer. For 27 years she has been undergoing major surgeries, constant screening, doctor visits to make sure she can remain as healthy as possible. Then she told me about her husband, a man in his seventies, and she said this:

He would like to retire, but how can he with all my medical expenses? I am frightened what I will do if the Republican healthcare bill gets passed. Changes to preexisting coverage will be extremely damaging to me, how will I pay these costs and high premiums? The Republican healthcare plan wants to punish me for having cancer.

She closed by saying:

It is as though Washington wants to punish me again for having cancer and being older. . . . I never would have expected that the greatest country in the world would treat me like this.

There is a path forward, and it requires our Republican colleagues very simply to start over, to work with Democrats, to abandon this misguided, myopic effort to repeal, repeal, repeal. That mantra simply is not a policy for American healthcare.

What is needed is to build on the Affordable Care Act, to improve it, to correct its defects. We can do it if we work together and if we focus on the rising costs of medical care and try to bring them down, if we focus on the regulatory barriers to entering insurance markets and seek to eliminate them, if we focus on the FDA drug approval process and seek to responsibly and safely expedite new drugs coming to market, if we enable Medicare to negotiate drug prices as the VA does. Those examples of improving the present system are doable. They require leadership, which has been lacking and most particularly lacking at the White House.

Yesterday, we saw a picture that is worth a thousand words: the President of the United States sitting with Members of this body, but only Members of this body from the other side of the aisle—only Republican Senators. It was almost the entire membership on the Republican side. Not a single Democrat was invited, not a single Democrat consulted, not a single Democrat involved in the continuing process now of producing yet another plan behind closed doors in secrecy.

The majority leader announced it just today. The effort is to have another version to be submitted to the CBO by Friday, but that process simply continues the present fatal flaw in my Republican colleagues’ thinking, which is that they can do it with only one party. I want to give credit to our Republican colleagues who had the courage and strength to say no because they saw it was bad for America.

In closing, I want to say that my Republican colleagues will be going home this weekend. They have been looking at themselves in the mirror, at their consciences, and they have been seeing something they don’t like—a moral failing in this bill, not just a political failing or a policy defect but a real moral failing.

Healthcare is a right, and even if my Republican colleagues disagree on that point, they have to recognize that taking away healthcare, decimating Medicaid, waging war on women’s health, depriving children of the preventive care they need so they can go to school and learn properly, evicting seniors from nursing homes, putting the burden of billions of dollars on my State of Connecticut and every State represented in this body, and other grotesque, cruel, costly impacts of this bill are the wrong ways to go. They know that when they look in the mirror, but they will know it even more powerfully when they look in the eyes of their constituents this week—if they have the guts and courage and heart to do so.

This wealth care plan is doomed to failure. Even if it passes, it is doomed to fail America. It is a moral failing, not just a policy failing. The health of our consciences, as well as our physical well-being, hangs in the balance.

Thank you.

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.

Mr. UDALL. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. UDALL. Mr. President, I rise to defend the essential healthcare that 300,000 New Mexicans and millions of Americans depend on.

Leader MCCONNELL calls his TrumpCare bill the Better Care Reconciliation Act, but actually the bill will mean worse care for seniors, children, the disabled, rural communities, and working families all trying to make ends meet. It will mean no care for 22 million people, according to the latest Congressional Budget Office report. The bill cancels health insurance and slashes Medicaid funding, all so Republicans can give big tax breaks to the richest Americans.

President Trump called the original House bill mean. The Senate Republicans' healthcare bill isn't just mean; it is cruel. It is cruel to take away nursing home care that seniors depend on, cruel to take away necessary medical services from disabled children. Make no mistake, this bill will cost lives.

This version of TrumpCare is a massive redistribution of wealth from working families, seniors, and the disabled to the wealthy. But the Republicans' bill is not Robin Hood in reverse. TrumpCare doesn't just take money away from the poor to give to the rich; it takes away people's healthcare and robs families of their health and ability to work, care for their families, contribute to society, and lead happy and healthy lives.

This bill was drafted in secret. Only a handful of Republicans and their lobbyist friends got to see the bill. It is no wonder the American people hate what TrumpCare would do to them and to their families. TrumpCare is cruel; there is no doubt about it.

It is good that Leader MCCONNELL decided not to call a vote this week on this terrible bill, but I am by no means satisfied. We need to hear from the Republican leadership that they are ready to work with Democrats to improve the Affordable Care Act, not gut it, and to truly improve our healthcare system. This is what the American people are demanding, and this is what we in Congress should be working toward on a bipartisan basis.

We created Medicaid in 1965 to serve a critical need. Since then, Medicaid has become one of the most successful

programs for making sure low-income people get the healthcare they need. People get treatment for illnesses that once were a death sentence.

The American people support a government that doesn't leave its most vulnerable to suffer and die, but the current Senate bill cuts Medicaid by more than \$770 billion. Let's be clear, these cuts have nothing to do with better healthcare. They are a ruthless tactic to fund tax cuts for the wealthy.

On the campaign trail, the President vowed not to cut Medicaid. He said it a number of times. Last week, he tweeted that he is "very supportive" of the bill. Yesterday, he met with the Republican caucus and told them to pass the bill. By supporting this bill, the President breaks the promise he made during the campaign.

Medicaid expansion has allowed millions of Americans and over 265,000 people in my State to see a doctor. Many of these folks work but don't have health insurance through their jobs or can't afford private health insurance. Medicaid expansion is literally a lifeline, but TrumpCare wipes this out. I can't believe that our Republican friends are doing this to New Mexico children and families.

Take 1½ year old Rafe—this is Rafe. Rafe is here with his mom Jessica and his dad Sam, a veteran. They are from Albuquerque, NM. Rafe was born with cortical visual impairment—a kind of legal blindness—and significant developmental delays. He faced monumental medical challenges. But Jessica and Sam have been able to access the intensive medical care, early intervention services, medical equipment, and therapies he needs through a combination of their military insurance and Medicaid.

Now Rafe's parents are scared he will lose his Medicaid services. Their military insurance alone doesn't cover all the services and equipment Rafe needs. They need Medicaid. Without it, Rafe's chances for a better life are threatened. They worry about—and this is their quote—"dealing with insurance, finding healthcare, tracking down specialty doctors, keeping up with therapy appointments and doctor's appointments." They worry whether Rafe will be able to walk, feed himself, graduate from high school, and get a job. Now they must worry whether he will get the medical care he needs to give him the opportunity to do all of those things.

Let's talk about Carmen and her three children. Carmen is a single parent. She serves Native American students as a teacher, a coach, dorm parent, and higher education administrator. The small nonprofit organization Carmen works for doesn't offer health insurance. For the past 4 years, Medicaid has helped pay for the healthcare for her two sons.

Her kids are healthy, but two have nut allergies and need EpiPens at school and at home. According to Carmen, "When I renewed their EpiPen

prescription for school this past fall, I was astounded that the price sky-rocketed to \$741 to fill one prescription!"

Now Carmen is worried; she doesn't know whether her kids will lose Medicaid or how she will pay for prescriptions. She asked me: "Please continue to fight for the Affordable Care Act because you are fighting for me and my family's well-being."

It is cruel to threaten Rafe's chances for a healthier life, cruel that Carmen might not be able to pay for EpiPens for her kids. TrumpCare threatens these two families and millions more.

TrumpCare will hurt seniors, so it is not surprising that AARP strongly opposes it. AARP opposes the TrumpCare age tax that allows insurance companies to charge seniors up to five times more for their premiums. The age tax, combined with reducing tax credits for premiums, will price seniors out of health insurance needed to supplement their Medicare. AARP is calling on every Senator to vote no on the Senate Republicans' bill.

Medicaid pays for an astounding 62 percent of all nursing home care. By cutting Medicaid, the Republicans threaten our mothers, our fathers, and our grandmothers and grandfathers in nursing homes. States can't bear the burden of these costs. Republicans want to shift them.

I know the State of New Mexico can't handle this. This cost-shift sets States up to cut reimbursement rates and reduce eligibility for services at nursing homes. Medicaid pays 64 percent of nursing home care in my State. New Mexico's 74 nursing homes will be impacted by these cuts.

Many of the folks in nursing homes are middle-class Americans who worked all their lives, paid taxes, and saved for retirement. They did everything right, but because skilled nursing care is so expensive, they have outlived their life savings, and now Medicaid pays the cost of care at the end of their lives, allowing them to live with dignity.

Senate Republicans may say that one improvement in their bill over the House bill is it protects people with preexisting conditions, but the American people shouldn't be fooled. People with preexisting conditions are not protected under the Senate bill the way they are now protected under the ACA.

The Senate Republican bill still allows States to waive the essential health benefits that all insurance companies must now provide under the ACA. These benefits include prescriptions, hospital stays, rehabilitative services, and laboratory services. If States waive these benefits, people with serious illnesses would have to pay out of pocket for these services or buy additional insurance, or if these services are covered but are not essential health benefits, insurance companies can put annual or lifetime limits on the services, and people with serious illnesses could end up with no coverage or be priced out of services.

All this sends us back to the time when people faced not getting care or going bankrupt if they got sick. We passed the ACA because the American people agreed no one should go broke to pay for lifesaving care and that insurance companies shouldn't be able to place limits on the care someone could get in their lifetime. Why do Republicans want to take us back?

Finally, the steep cuts to Medicaid would devastate hospitals, especially rural hospitals. Make no mistake—rural hospitals are already struggling. Medicaid cuts will force some to close their doors if TrumpCare becomes law.

In New Mexico, our rural hospitals are often an economic anchor for the community. Hospital administrators in my State are very worried. Medicaid has helped the Guadalupe County Hospital cut its uninsured payer rate from 14 percent to 4 percent from 2014 to 2016. Its uncompensated care decreased 23 percent in the same period. The hospital's administrator, Christina Campos, fears what might happen if TrumpCare becomes law. She is urging me to protect access to care in rural areas.

I will fight hard to keep residents in our rural areas insured and to keep rural hospitals open in New Mexico and across the Nation.

The President and congressional Republicans want to take us back to the days when healthcare was a privilege for those who could afford it. The American people do not support the Republicans' cruel plans. Congress should listen to the pleas of our constituents. The American people reject the framework of TrumpCare. They reject gutting Medicaid and the Medicaid expansion. They reject making seniors pay more for healthcare. They reject making healthcare inaccessible for those with fewer resources.

The Republicans need to go back to the drawing board and begin to work with Democrats. I say to my colleagues across the aisle, do not take healthcare and the opportunity to lead a productive and happy life away from millions of Americans. Together, we can make affordable healthcare a reality for all.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from North Dakota.

Ms. HEITKAMP. Mr. President, one of the things that the healthcare law changes here have demonstrated is that partisanship in Congress has reached a new high—or I would say a new low. I am tired of reading about who is to blame for what, and I know Americans and North Dakotans are too. Most importantly, it certainly doesn't do anything to help American families' healthcare get any better.

We should all want to improve our healthcare system so it works better for families and for businesses. It should be a bipartisan discussion, not a political exercise. I am here, as are many of my colleagues, because that is what we hope to accomplish.

For years, I have been offering reasonable reforms to make the current

health reform law work better. I want such reforms to be bipartisan. I want to have a larger conversation about healthcare in this country. But the Republican Senate bill, the Better Care Reconciliation Act, is simply not the way to have those discussions. Frankly, this bill is a nonstarter.

I have heard from so many North Dakota children with disabilities, seniors in nursing homes, men and women with preexisting conditions in my State, and hospitals, doctors, and nurses, especially in rural communities, who are deeply concerned—in fact, I can tell you, deeply panicked—about how this bill would make care less available and less affordable.

There are commonsense actions we can and should take right now to make sure American families aren't hurt in the near term. That is why we are here today.

Action and uncertainty caused by the administration, as well as House Republicans, exacerbated instability in the insurance markets, threatening significant cost increases for consumers in 2018. The administration has been unwilling to commit funding for cost-sharing reduction payments, and some Republicans have been working to dismantle the health reform law by not funding critical reinsurance programs. These actions make it extraordinarily difficult for insurers to plan and make business decisions for 2018—yes, 2018, the year we are talking about today. If insurers can't rely on these funds to support healthcare programs that make it possible for health insurance costs to remain affordable for families, the health insurance premium filings for the next term year will reflect that uncertainty. Health insurance rates for 2018 that have already been filed in some of our States demonstrate that fact.

Let's talk about the facts. Independent reports from the Congressional Budget Office and Standard & Poor's have said that the insurance markets were expected to stabilize this year and could stabilize this year unless the administration causes disruption. If you look at the numbers from last year, you will see that health plans were offered in every county in this country.

Today, we are here to offer a few bills that will make an immediate and real difference for families to address health insurance rate increases that we expect in 2018. These are commonsense bills that should be bipartisan.

We hope our colleagues across the aisle will work with us in a bipartisan way so we can provide immediate relief and guarantee stability for the individual market—stability that will enable individuals and families in all of our States to avoid serious increases in their health insurance rates.

No family should face bankruptcy to cover their healthcare costs because in Washington, DC, we can't implement the bill that we have and instead continue to stall and play the game of politics against the interests of the Amer-

ican people and, certainly in many cases, some of the sickest among us and people who have a whole lot of healthcare insecurity. This is politics. We cannot continue to play politics with people's health.

Some of the issues we are working to address were included, interestingly enough, in the Senate healthcare bill—a clear acknowledgment from the Republicans that these changes are necessary for the health market to function in 2018.

Right now, we are standing here because time is of the essence. I hope our colleagues will join us in this effort. We want to work with them. We hope they will work with us. We hope we can at least at a minimum get together and solve the problem for 2018 while we are debating the future of healthcare delivery in this country.

I will call on my friend, the great Senator from New Hampshire, Senator JEANNE SHAHEEN, to offer what I think is a terrific idea and to talk about a bill on which I am a cosponsor.

The PRESIDING OFFICER (Mr. LEE). The Senator from New Hampshire.

UNANIMOUS CONSENT REQUEST—S. 1462

Mrs. SHAHEEN. Mr. President, I am very pleased to join my colleague from North Dakota, Senator HEITKAMP, and appreciate all of the efforts she is making to try to address the challenges we are facing in the healthcare markets across this country. Like her and like so many of my colleagues who are going to be here, I have come to the floor this afternoon because we want to take urgent steps and we can take steps today to address the uncertainty in our health insurance markets. We can take steps today that can hold down premiums.

I have heard Senators on both sides of the aisle who have expressed concern about looming premium increases in the Affordable Care Act marketplaces. We all need to understand, as Senator HEITKAMP pointed out, what some of the causes of these premium increases are.

Insurers regularly cite the Trump administration's refusal to commit to making cost-sharing reduction payments, also known as CSRs. These CSR payments were included in the Affordable Care Act in order to help Americans afford insurance once they had it. The ACA requires insurers to reduce deductibles and copayments for working families who are buying insurance in the marketplace. Because of the cost-sharing reduction payments, the CSRs, patients pay less for their care and the government reimburses the insurers.

These reductions and payments are built into the rates insurers are charging for 2017. Yet the Trump administration has refused to commit to paying these reimbursements because of a partisan lawsuit that has been brought by House Republican leaders.

Because of the radically uncertain landscape insurers are facing right now, many of them are doing one of

two things: Some are pulling out of the ACA marketplaces altogether, and others are dramatically increasing premiums. The end result is fewer choices and higher costs for American families.

Last year in my State of New Hampshire—and Senator HASSAN is here. We represent New Hampshire, and we have been very concerned about what is happening right now. Last year, the insurance markets were stable, and health insurance premiums increased an average of just 2 percent—the lowest annual increase in history. Today is a radically different story, in large part because of the uncertainty this administration is causing by refusing to guarantee insurers cost-sharing reduction payments. What we are seeing is that those insurance companies are protecting themselves by raising premiums on patients.

The same thing is happening in other States. In some cases, insurers are filing two different sets of rates—a set that is premised on the administration continuing to make cost-sharing reduction payments and an alternative set with higher premiums to account for continuing uncertainty and the possibility that this administration will stop making those payments.

Unfortunately, the Trump administration continues to send mixed signals to insurers, and of course it has threatened to stop paying cost-sharing reduction payments altogether. If this were to happen, insurers could immediately exit the markets for breach of contract.

So we are kind of in this perverse limbo situation. The administration creates uncertainty by refusing to commit to continuing the CSR payments, and the insurers protect themselves by exiting the markets or raising rates. And it is the premium holders, the families out there, who are hurt by this political football that the administration seems to be intent on continuing.

That is why I have introduced the Marketplace Certainty Act, which is a bill to appropriate funding for the cost-sharing reduction payments in order to make good on our commitment to help working families with their deductibles and cost sharing.

I believe that the House Republican leaders' lawsuit has no merit but that the chaos it has caused by allowing the Trump administration to waver on these promised payments requires that we act now.

I am pleased to be joined in this legislation by Senators BALDWIN, BLUMENTHAL, CARDIN, CARPER, COONS, KAINE, HASSAN, HEITKAMP, CORTEZ MASTO, KING, LEAHY, MARKEY, WYDEN, STABENOW, and I am sure that by tomorrow, we will have even more Senators on this bill.

We could pass it right now. Right now, we could end this manufactured crisis. We could immediately restore certainty and stability to the health insurance markets for all of our constituents. That would be good for the

Republicans, and it would be good for the Democrats. Mostly, it would be good for the families out there who are experiencing this uncertainty.

We could do this. It would give us the breathing space we need to come together on a bipartisan basis to improve the law, to strengthen what is working and to fix what is not. In poll after poll, that is what the American people want us to do. They want us to stop the partisan bickering. They want us to work together. They want us to make commonsense improvements so that this law works for every American.

Mr. President, at this point, I ask unanimous consent that the Senate proceed to the immediate consideration of S. 1462, the Marketplace Certainty Act; that the bill be considered read a third time and passed; and that the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Is there objection?

The Senator from Wyoming.

Mr. BARRASSO. Mr. President, reserving the right to object, I just had an opportunity to read the legislation of the Senator from New Hampshire. It appears that the legislation was just filed today. Instead of giving the American people time to read the bill, the Senate is being asked to pass the legislation now. At a minimum, shouldn't the American people have at least a day to read the proposal?

Putting that aside, this bill seeks to address another major failure of ObamaCare. That is what they are trying to do here. As a doctor, I want insurance to be affordable for patients all across the country. This bill confirms what we all know—that ObamaCare is not affordable.

The Senator is well aware of the large premium increases in her own State. It is not just the premiums that are skyrocketing. This week, I spoke to a woman in Wyoming. She told me that the deductible under her ObamaCare plan is so high that her husband refuses to go visit the doctor. She said that it is \$6,500 for her and \$6,500 for him and that he will not go to a doctor with that kind of a deductible. According to supporters of ObamaCare, this person is actually covered under ObamaCare, but as a doctor, I see things differently in that healthcare must be more affordable for everyone.

The Senator's proposal seeks to throw more money at a systemic problem with ObamaCare. Instead, we should be passing bills that actually bring down the cost of care.

When the Senator mentions the CSRs, I will point out that absolutely every payment has been made—every one—all the way up until today.

People also talk about the sabotaging of the market. To me, the sabotaging of the insurance companies and the insurance market in this country has been because of ObamaCare's mandating that people buy insurance—buy more than they want, more than they

need, and more than they can afford in so many cases, and it is insurance that provides very hollow opportunities to actually use the insurance.

Again, I appreciate the acknowledgment that ObamaCare is clearly not working; however, our focus should be on policies that make healthcare more affordable to all Americans.

I object.

The PRESIDING OFFICER. Objection is heard.

The Democratic leader.

Mr. SCHUMER. Mr. President, I ask unanimous consent that we get our full amount of time and that the time my friend from Wyoming uses be from the Republicans' time at some point later.

The PRESIDING OFFICER. There is no order for divided time.

Mr. SCHUMER. Oh. So we have as much time as we need?

The PRESIDING OFFICER. There is no order.

Mr. SCHUMER. I thank the Presiding Officer.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, while I am disappointed, I am not surprised that my colleague from Wyoming has objected to our effort to move forward. He is objecting to ending the uncertainty we have experienced, which is forcing insurers to raise rates because of the uncertainty with which this administration is administering the Affordable Care Act. They have been very clear that they want marketplaces to implode so that the act does not work for people. Senator BARRASSO is objecting to a commonsense step to stabilize the insurance marketplaces.

This is not going to be the last word because this is a commitment we made to American families. The instability here in Washington is what is causing the instability not only in insurance markets but in the country at large.

We are approaching the Fourth of July, which is next week. When our Founders declared independence on July 4, 1776, Benjamin Franklin warned that we must all hang together or we will all hang separately. It is no different today. We all need to come together. We need to work across the aisle. We need to improve the healthcare system so that it works for all Americans. That is our goal. That is why we are here on the floor today, and we need to start by making sure the insurers have some certainty so that they can keep rates low for American families. We will be back, have no doubts about that.

The PRESIDING OFFICER. The Senator from Missouri.

Mrs. MCCASKILL. Mr. President, I have to say that there are a lot of things my friend from Wyoming could have said in his objection, but to lecture us about bringing out a bill that people have not had a chance to read or study is rather rich at this moment in our legislative journey on healthcare. I do not know if he thought that through before he said it, but I can assure you

that when it came out of his mouth, all of us on this side were saying: You have got to be kidding me. Really? It was just a little much.

I know we are all talking around the obvious, and that is that we need to fix the healthcare system in America so that people do not have to go into their pockets as often, so that insurance is reliable, and so that the markets are more stable. We are going to have a lot of opportunity, I hope, to come together and do just that. I hope my friend from Wyoming and my other friends on the other side of the aisle will be part of that.

UNANIMOUS CONSENT REQUEST—S. 1201

We have a very simple solution to the bare counties, and I hope people will think this through before they just object. I am going to have 25 bare counties, mostly as a result of the sabotaging of the exchanges by this administration. People in those counties are looking to me for an answer, and I do not blame them for being worried. How can we solve that problem today? S. 1201, the Health Care Options for All Act, which I have introduced, will solve that problem today.

All we have to do is say to anyone who is in a county in America—and I know my colleague from Ohio, Senator BROWN, has some counties, and I know my colleague from Indiana has some counties—if you do not have an insurer in your county, you can come with your subsidy and buy insurance from the same places our staffs buy it and most Members of Congress buy it. Those are national plans. They are in every State in the Union because Members of Congress have staff members in every State in the Union. There is no need to attract more plans. There is no need to do anything complicated. You just take the subsidies that you are entitled to and you buy insurance at the same place Congress buys it.

We can do that today. If we do not do it today, do you know what we are saying to the people who live in Ohio and Indiana and Missouri? We are saying that we are entitled to something better than they have and that they should not be allowed to buy what we can buy. Now, that takes some nerve. If we are not willing to take this simple, basic step, people in these counties should be angry and take up pitchforks—metaphorically, of course.

The national plans that are out there that my staff uses that are in Springfield, Cape Girardeau, Columbia—and I am sure my colleagues could talk about their staffs using these plans all over the country—I would like to make those available to regular folks in my State who want to be able to lay their heads on their pillows tonight and not worry about whether they are going to have insurance next year.

Mr. President, I ask unanimous consent that the Committee on Finance be discharged from further consideration of S. 1201, the Health Care Options for All Act; that the Senate proceed to its immediate consideration; that the bill

be considered read a third time and passed; and that the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

THE PRESIDING OFFICER. Is there objection?

The Senator from Wyoming.

Mr. BARRASSO. Mr. President, reserving my right to object, before coming to the Senate, I practiced medicine in Wyoming for over 20 years. That is why I am passionate about improving the quality of care and lowering the cost of healthcare. Unfortunately, we know healthcare is in a crisis. Premiums and deductibles are skyrocketing, and insurance is unaffordable.

It is interesting to hear the comments when we are talking about the sabotaging of the marketplace. It is ObamaCare that has sabotaged the marketplace. The Presiding Officer knows fully well, as do I, that when you look at the co-ops that were set up all around the country under ObamaCare, one after another went bankrupt—belly-up, shut down—and left people uncovered. That was before we even knew who the Republican nominee for President was going to be in 2016. That is ObamaCare. That was at a time when all there was out there was the Obama healthcare law. One co-op after another failed, and it cost the taxpayers billions of dollars—guaranteed loans that will never be paid back.

Just like the bill we just discussed, this proposal is an important acknowledgment by the Senator from Missouri. It is the acknowledgment that ObamaCare's collapsing insurance markets are affecting people all around the country. In Missouri, 18,000 people in 25 counties will have zero options on the ObamaCare exchanges—zero. They have been promised that their preexisting conditions will be covered, and no one is selling insurance in those counties in that State. They have basically been misled by ObamaCare that they will be covered for preexisting conditions. In the Republican plan, what we are doing is covering people who have preexisting conditions.

Let me say again that next year thousands of people in Missouri will have no insurance company that will be willing to sell insurance in the ObamaCare exchange. It is clear that insurance markets in Missouri are collapsing, as they are all around the country.

This bill is not the solution. Instead of giving people more choices in Missouri, what does the bill do? It sends people to Washington, DC, to buy their health insurance—a typical solution from the other side of the aisle. Instead of empowering States with more flexibility and the authority at the State level, they think once again that Washington knows best. They think that the people they represent would rather call a bureaucrat who is hundreds of miles away than talk with local people who live and work in their communities.

The simple fact is that ObamaCare is not providing patients with the increased choices they were promised. We need to rescue people in Missouri and across the country from ObamaCare. This bill is the wrong approach.

I object.

THE PRESIDING OFFICER. Objection is heard.

Mrs. MCCASKILL. Mr. President, will the Senator yield for a question?

THE PRESIDING OFFICER. The Senator from Wyoming does not have the floor.

The Senator from Missouri.

Mrs. MCCASKILL. Mr. President, the next time I will know, when he is giving a speech, before he objects, to start then.

I am pretty sure that his staff in Wyoming is not coming up to Washington to buy their insurance. I am pretty sure that all of our staffs—I am pretty sure the Presiding Officer's staff, those who work for him in Utah—are not coming to Washington to buy their insurance. I am pretty sure Senator MANCHIN's staff and Senator PATTY MURRAY's staff and all of our staffs who live all over this great country are not coming to Washington to buy their insurance. They are getting good health insurance plans.

I just think it takes incredible nerve to lecture me about people in Missouri having no insurance while the Senator from Wyoming is objecting to letting them get the same insurance he has. Really? That is what this has come to, this partisan exercise?

We don't have to fix this permanently this way, but we could do it just temporarily to give people peace of mind until we figure out the right way forward. But how dare Members of this Chamber tell people in my State they are not entitled to buy what we have, when they have no other options at this moment.

Let's move forward together and fix it—all of it. But to get a lecture that people in my State don't deserve what my staff has or what Senator BARRASSO's staff has—no wonder people are upset with Washington.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Minnesota.

HEALTHCARE LEGISLATION

Ms. KLOBUCHAR. Mr. President, I thank the Senator from Missouri for her good idea and for her passion for this issue and for her correct statement that when people sign up for these exchanges, they don't have to go by train, plane, or automobile to Washington, DC, to get their insurance.

I heard, when I was home this weekend, over and over, concern from people whom I was surprised to see come up to me. Several people in Winona, MN, came up to me and said: We are Republicans, but we don't think it is fair if seniors have to pay more when tax cuts are going to the wealthiest.

I heard from people in Lanesboro, MN, small business owners who were

worried about what was happening with the proposal from the other side. In Northfield, MN, the town of “Cows, Colleges and Contentment,” I can tell you that they were not very content at the Northfield Hospital as they saw the devastating impact this bill would have on rural hospitals.

So that is why I so appreciate my colleague from North Dakota, Senator HEITKAMP, bringing people together today to talk about the fact that there is another way forward.

There is another way forward, and the people in this Chamber have done this before. Senator MCCONNELL negotiated with Senator Boxer on a major transportation bill. The last time we had an issue with doctors’ fees, we were able to get that done on a bipartisan basis. So what we are simply asking our colleagues to do is to start afresh and to look at what we could do together to help the people of this country without sabotaging the current healthcare delivery system and without taking this out on the most vulnerable through Medicaid cuts.

Here are some ideas. As to prescription drug prices, why would we not allow the 41 million seniors in this country to use their bargaining power—to harness their bargaining power—as my friend Senator NELSON from Florida understands because he knows there are a lot of seniors in Florida—to harness that bargaining power to negotiate for lower costs on prescription drugs. The current law bans us from doing that. So all we want to do is to lift that ban and let our seniors negotiate. That is not in this bill we are considering from the Republican side. This is something we can come together and work on.

We can get less expensive drugs in the form of generic drugs. Yet, right now, we have a situation where major prescription drug companies are paying generic companies to keep their products off the market. It is called pay for delay. Senator GRASSLEY and I have a bill to eliminate that. We can bring in less expensive drugs from other countries if, in fact, we have a situation where the prices have ballooned, as they have for the top 10 selling drugs in America. Four of them have gone up over 100 percent.

The exchanges are another area where we have agreement. Senator COLLINS has been working on this. Senator KAINE and Senator CARPER have a bill on this, and Senator SHAHEEN is working on the cost-sharing issue. We can work together to make insurance more affordable for people who are in the exchange.

As to our small business rates, we must work on that.

I truly believe we can come together.

I will end with this. I got to be at that baseball game in the crowd with the 25,000 people who were watching the two teams play each other. Senator DONNELLY of Indiana was on the field. At the end of the game, after the Democratic team won, they didn’t keep

the trophy. They handed the trophy to the Republican team and asked them to place that trophy in Congressman SCALISE’s office.

We are not two teams. We are one team, and that is for our country, for America. So let’s work together on this bill.

Thank you very much, Mr. President. I yield the floor.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. CARPER. Mr. President, I love what the Senator from Minnesota just said. I am a retired Navy captain. For years we had healthy competition among the different branches of our services. I salute the folks in the Army, the Marines, the Air Force, and Coast Guard. I always say: The Navy salutes you. Then I also say: a different uniform, the same team. To the extent that we wear different uniforms, we really are on the same team, and I think the American people are anxious for us to start acting that way.

What I hope we will do is to hit the pause button right now on the legislation that the Republicans have pulled off the floor and that we will use this time as an opportunity not to go to our separate corners and figure out how to do the other team in when we return here in 10 days. I hope we will, as some of our colleagues have suggested, explore some ideas where we can work together.

Some have talked about how to make the marketplaces work. It is not a Democratic idea. It is a Republican idea. There are the tax credits for the exchange, which is a Republican idea. The individual mandate and the idea that there cannot be prohibitions on insurers denying coverage are Republican ideas too. Those are all ideas from 1993, taken from Mitt Romney, who put them in RomneyCare in Massachusetts, and we put them in the Affordable Care Act.

We didn’t just do this and shut out the Republicans. We had 80 days where we worked on the legislation. I was on the Finance Committee with Senator SCHUMER and others, and we had, I think, a dozen or more hearings and dozens of amendments—over 300 amendments in all. Some 160 Republican amendments were included in the bill. To somehow say that they were being shut out is nonsense. That is a reinvention of history.

Let’s do it the right way. At the end of the day, we will do what President Trump has been calling for, for the last 5, 6, 7, 8 months, as I recall. He said: Why don’t we cover everybody, why don’t we provide better coverage, and why don’t we do it in a more affordable way.

Unfortunately, what Republicans have offered and what they pulled off the floor doesn’t do that. It provides less coverage for more money. It says to people—the least well off in our society: We are going to provide you less coverage in order to give folks who make a lot of money, and really don’t need a tax break, a tax break.

That is not consistent with the Golden Rule. The Presiding Officer knows it well. We are supposed to treat other people the way we want to be treated. That is an example of a failure with respect to the Golden Rule.

I didn’t come here to waste my time and other people’s time. I came here to get things done. We tried hard to involve the Republicans 8 years ago. They may not acknowledge that. The people in this country still want us to really bear down and work together, and we can do that. At the end of the day, we will be better as a party, we will be better as a body, and we will be better as a country.

I want to thank Senator WARNER for letting me speak before him. Thank you so much. I will say to Senator KAINE: Thank you for allowing me to be your partner on a great reinsurance plan that will help stabilize the exchanges. I am delighted to be your wingman. Thank you.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. WARNER. Mr. President, I urge my friend, the Senator from Delaware, to get to the train station.

First of all, I wish to thank Senator HEITKAMP for bringing this group together. There has been a lot of talk about what ideas can fix the Affordable Care Act, and here we are hearing some of the ideas that we will offer.

Senator KAINE has had to hear this story before, but before I was in politics, I had a pretty long career in venture capital and invested in a lot of businesses. Some of those businesses managed to eke out a living, but the thing that was remarkable about the companies is that the companies that were the most successful weren’t the ones that had the perfect business plan. They weren’t the ones that had the newest ideas. The companies that were the most successful were the ones that were able to adapt and change. I never, ever invested in a business that ever met its business plan. Every one had to change in some way—alter.

The truth of the matter is, as to the Affordable Care Act, for all its good things, there were things we got wrong. I will be the first to acknowledge that. There have been a lot of us in this body who over the last couple of years—again, I thank the Senator from North Dakota, who has been a part of these efforts—have said that maybe we need to do a little less bureaucracy in the ACA in terms of reporting requirements. Maybe we ought to have a cheaper option. We have gold and silver and bronze. I remember working with the former Senator from Alaska on this. Maybe we ought to have a copper plan, as well, to try to get those young people invested in buying that first plan.

We said that maybe we ought to take an idea that came from the other side of the aisle, and, as long as we have appropriate consumer protections, go ahead and let insurance products get sold across State lines so there is more

competition. Then, we saw more problems arise. Unfortunately, problems arose with the ACA, as we have seen this administration and others try to knock out some of the building blocks that built up the ACA—risk corridors, cost sharing, or more recently the administration saying that we may just ignore part of the bill that says there is an individual mandate. Consequently, that means the insurance company had to charge a heck of a lot more money because they weren't sure whether the law was going to be in force.

We have had people like the Senator from New Hampshire say: Well, I had an idea on cost sharing that might fix it. My dear friends, the other Senator from Virginia and the Senator from Delaware said: Let's go out and do that reinsurance plan, so that if there are extraordinarily high-cost plans, maybe that will be a secondary backdrop so premiums will not have to be so high. I am proud to support and be a cosponsor on both of those pieces of legislation.

Then, as only the Senator from Missouri can do, she came up with the most obvious of, at least, a short-term solution that says: My gosh, if for some reason, because there have been efforts to sabotage the ACA, we don't have enough offerings for at least some stop-gap period, we ought to allow all the folks in our States, if they don't have any coverage, to at least get the same kind of coverage we get. That is kind of Harry Truman basic common sense—Missouri common sense.

So I hope our colleagues, after they get out of one more secret meeting in one more basement or secret location, will come back and start talking about these solutions—solutions that don't start with the premise that we are going to give folks like me a tax cut or that we are going to take a meat ax to Medicaid or that we are going to come up with a proposal that will take 22 million Americans off of health insurance.

The ACA didn't get it entirely right. There is a lot of room for improvement. We have asked our friends on the other side to meet us halfway and to try to bring the kind of bipartisan spirit we all talk about on this issue that affects each and every American and one-sixth of our economy. We can do it. We can do it right, but it is going to take the kind of cooperation and the kinds of good ideas that are being offered by my colleagues on the floor.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Florida.

Mr. NELSON. Mr. President, all of the Florida people walk up to me and say: BILL, what is going on? Why can't Congress get together? Why can't we work together? We do in our committees. We usually work together. We certainly do with Senator THUNE, who is the chairman of the Commerce Committee. This Senator is the ranking member. We get a lot of things out. We

are going to mark up the FAA bill tomorrow. There are a lot of controversial issues. We are going to get that out. Why can't we do it with healthcare?

So, last night, I had a telephone townhall meeting in my State of Florida and 6,000 people joined. They asked questions for an hour. Often, they would get through asking their question and they would say: I wish you guys could work together. So that is what we have been hearing in all of these speeches.

Well, let me give one suggestion that would lower premiums in the existing law, the Affordable Care Act, 13 percent. I had it costed out in Florida. Every now and then, you are going to have a catastrophic loss. It is kind of like when I was the elected insurance commissioner of Florida, and I inherited the mess after the monster hurricane. Hurricane Andrew was such a monster hurricane that it took down a number of insurance companies because the losses were so big. So we had to try to get insurance companies to come back into Florida. We created a reinsurance fund. We called it the Florida Hurricane Catastrophic Fund, which would reinsure, or insure, the insurance companies against catastrophic loss.

That is what we can do right here. We could be like my poor constituent, Megan, who fought cancer for 2 years, with two transplants, and ultimately lost the battle, but the bill was \$8 million. That is hard for any insurance company to swallow, but those are going to be limited, isolated cases.

Why don't we create a reinsurance fund for the marketplace in the Affordable Care Act to help the insurance companies with catastrophic loss? I asked: If we did that in Florida, with the Florida marketplace, what would it mean? It would reduce the insurance premiums under the marketplace in Florida by 13 percent. That is just one suggestion.

Every one of us has a suggestion. Put all of these suggestions together, and we are talking about really fixing the current law, instead of this roadway we see our friends on the other side of the aisle going down—a solution that is going to take coverage away from 22 million people and is going to cut \$800 billion out of Medicaid and eviscerate Medicaid or that is going to charge older Americans over younger Americans five times as much as the younger. We don't have to do that. Let's come up with a creative idea to fix the existing law.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Virginia.

Mr. Kaine. Mr. President, I also rise with my colleagues to speak in favor of commonsense solutions. I think the GOP leadership made a wise decision—and I thank them for it—to pull the vote on their healthcare bill this week when the CBO came out and said that 22 million people would lose health in-

surance, 15 million in the first year, and Medicaid cuts would be significant. Obviously, the public was very concerned, and I am glad the GOP has taken a step back. I think we now have a chance to get this right.

I want to tell a personal story about my own involvement in this in the last few months. The story, to me, exemplifies an important principle, and that is a bad process will produce a bad product. This bill was the subject of a very bad process.

The bill that was put on the floor was a bill that ignored and shut out all Democrats from participating. More importantly, it shut out the committees from participating. Most importantly, it shut out the public from participating. That led to a bill that was destined to be bad. So we ought to fix it.

Our Democratic leader is just exiting the Chamber. He asked me after I came back from the national ticket—as a consolation prize, I guess—can you be on the HELP Committee? This is the committee I have wanted to be on since I came to the Senate—Health, Education, Labor, and Pensions.

I have been a mayor, and I have been a Governor. I have been in local and State government for 60 years. Education is the biggest line item, and health is the second biggest line item. This is what I actually know something about. I was so thrilled to join the committee. But, boy, was I naive. I assumed that being on the HELP Committee meant we would get to have a hearing about a healthcare bill.

I got on the committee on the 3rd of January. On the 5th of January, with many of my colleagues, we wrote a letter to the Republican leader and to the Republican chair of Health and Finance—13 of us; we had been on the committee for 2 days—and said: If you want to talk about improving healthcare, we have ideas. We want to sit down with you right now and talk about improvements to healthcare.

I guess I am a naive 58-year-old. I thought, now I am on the committee. Now I am where things will happen, and we will get to actually fix healthcare. But instead, since I have been on the committee—and I have committee colleagues here who will attest to this—we have had hearings on higher ed, we have had hearings on Cabinet nominees, we have had hearings on FDA reform issues. But the one taboo topic on our committee is that we are not allowed to have a hearing about the healthcare bill.

We asked for one after the House passed their bill; we couldn't have a hearing. The Senate bill has been put on the floor; we haven't had a hearing, and as far as we know, there will be no hearing. So those of us who are focused on this issue have no opportunity, but, more important—it is not about committee Members. For those watching this and wondering what a hearing is about, a hearing is about hearing from the public. You have a witness table.

You get a patient and a doctor and a nurse. You get an insurance executive and a pharmaceutical executive. You get a small business having a hard time buying health insurance. You get them all to sit there and tell you what they like, what they don't like, and what can be fixed. All of that—all of that—has been shunted aside in this process, so the public isn't heard and the committees can't do their work.

Our ranking member on this committee, the Senator from Washington—I had watched her as the Budget chair when I was a Budget Committee member work out a great bipartisan budget deal in December of 2013, with then-House Budget chair, now-House Speaker PAUL RYAN. We worked it out. It was bipartisan.

I watched our ranking Democrat on the HELP Committee work with the chair on the HELP Committee, LAMAR ALEXANDER, 2 years ago to do something most people thought was impossible: have hearings and rewrite No Child Left Behind into the Every Student Succeeds Act. It was 7 years past the reauthorization date because it was too controversial. But I watched them use the committee process, entertain ideas from both sides, hear from the public, rewrite the bill, then conference with the House, and then get it to the President for signature.

Why is healthcare taboo on the HELP Committee? Let the committees do their work. Let the greatest deliberative body in the world deliberate. Let the Senate be the Senate, and let us work together.

My colleagues have mentioned that I put an idea on the table. It is not a fix-everything idea, but it is a particular idea with a lot of bipartisan cred, and it is the notion, as some of my colleagues have said, of reinsurance. Senator CARPER and I have introduced the Individual Health Insurance Marketplace Improvement Act, and it is going to a very particular problem that I think Democrats and Republicans recognize as a significant challenge in the current healthcare law.

President Trump, from the beginning of his administration, has injected uncertainty: We are not going to continue enrolling people—or we will reduce the market for enrollment. We are not sure we are going to pay the cost sharing. Maybe we should let ObamaCare crash and burn—a tweet that he did recently. Because this has happened, the individual market has become very unstable, and many insurers pulling out of the market are citing this unpredictability as contributing to an instability in the individual market.

Here is what Senator CARPER and I proposed, and we have numerous co-sponsors: We take the tool that Senator NELSON was describing, reinsurance, a tool that provides a backstop against very high-cost claims, and we put it into the Affordable Care Act as it was for the first 3 years of the Affordable Care Act. The Affordable Care Act in its first 3 years had a reinsur-

ance mechanism to backstop high-cost claims. If an insurance company knows there is a backstop, they can actually set premiums at a lower and more affordable level for everybody. Having that backstop also gives some certainty, so you can actually write a plan in a market where, if you don't have certainty, you might choose not to write it.

In the first 3 years of the Affordable Care Act, this reinsurance provision worked out very well, held premiums down, and kept insurers in the marketplace. It expired. But we actually know reinsurance works because it is part of a great bill that was passed during a Republican Presidency with overwhelming Republican support. Medicare Part D was passed during the administration of President George W. Bush. Reinsurance was made a permanent part of that bill to do exactly the same thing: to cover high-cost claims, seniors who had multiple high-cost medications. Because reinsurance was included in that bill—it was put in the original bill, authored by Republicans—it enables pricing to be more affordable for our seniors who are on Medicare, and it enables pricing actually to be more affordable for the public treasury.

Reinsurance is just one of a number of ideas that are out there, but it is an idea that has bipartisan bona fides. It has been demonstrated to work. You are not going to put reinsurance in this bill and have an unintended consequence that you didn't think would happen. We know how reinsurance works, and we know how it will work here.

I would just conclude and say that I hope we will take a bad process, which produced a bad product, set that aside, and engage in a good process to find a good product on the most important expenditure anyone ever makes in their life—on their health—a good product in the largest sector of the American economy; one-sixth of our economy is health.

The right process is this: When the Republicans get to the point that they think this bill is all they would want it to be, why not just put it in the Finance Committee, put it in the HELP Committee, and let's be the U.S. Senate. Let those of us who are on the committees do what we want to do. We have good committee chairs in these committees: Senator HATCH and Senator WYDEN, the chair and ranking on Finance; Senator ALEXANDER and Senator MURRAY on HELP. Put it in the committees; let's hear from the public about what works, what doesn't, and what can be fixed. Then let's dialogue and listen to one another and come up with solutions—just as in that budget deal, just as in the rewrite of No Child Left Behind.

The Presiding Officer knows the next thing I am going to say, I bet. I am in the minority on those committees. I have some amendments like reinsurance that I want to put up, but I can't

get them accepted unless I can convince some in the Republican majority that it is a good idea. I have to convince Republicans it is a good idea for my amendment to be accepted. Shouldn't I have that opportunity? Why would anybody be afraid of being open to an idea that might actually improve the bill?

Just this morning, I came out of a markup that the Presiding Officer is very familiar with, the markup of the NDAA. We finished it this morning on Armed Services. We went back and forth across the table, 27 Democrats and Republicans. We traded amendments, we voted some up, and we voted some down. We had Senator MCCAIN and Senator REED leading us in that. We got to the end of the day, and we had a committee vote. After that discussion and listening to one another across the table, back and forth, the committee vote was 27 to 0—27 to 0. We got all the Dems on board.

I will not be naive enough to think healthcare is going to be simple and noncontroversial. I am sure we will have some tough discussions. I am sure I will offer an amendment that will be turned down. Maybe I will offer one that will be accepted. But we are much more likely to produce a good product and help people's healthcare if we actually will sit down in the committees that have jurisdiction and dialogue and amend before we bring this thing to the floor. It is just not worth rushing, because it is life and death.

We have a chance to get it right. The step-back this week enables us to take that chance, and we should seize it and work together.

I yield the floor.

The PRESIDING OFFICER. The Senator from North Dakota.

Ms. HEITKAMP. Mr. President, I wish to make some concluding remarks.

No. 1, I share the concerns that Senator BARRASSO expressed. I hear from ranch families and I hear from farm families about the unaffordability of their healthcare premiums. I hear about high deductibles. I hear about how what has happened in the health insurance market has made it more difficult for them to cover their families. I hear that.

We have solutions we have been talking about that could lower those costs. I would include dealing with people with chronic conditions. Reports from the RAND Commission tell us that 12 percent of the people in this country who have five or more chronic conditions cost the healthcare system over 40 percent. Some of those people are on the exchanges, and when they are on the exchanges, that drives the healthcare costs up.

But I have a question. I have a question for people who are advancing the Republican healthcare bill: Why do you have to give the richest Americans in this country a tremendous tax break to solve that problem? How does giving the top 0.1 percent of taxpayers in this

country over a \$250,000 a year tax break—how does that fix the problem for my ranchers? How does that fix the problem for my farm families? You know the honest answer: It doesn't.

I need to understand how taking billions of dollars out of the Medicaid system, driving sicker, older people who tend to be in the Medicaid population onto the exchanges into the individual marketplace—how does that help that farm family we talk about almost every week on the floor of the Senate, that farm family, that individual who is paying excess premiums? It does nothing for them.

This is all some smoke-and-mirrors deal. What we have done today—almost 15 of us have come to the floor, and what we are saying is: Let's fix the problems. We can all acknowledge that we have a healthcare system where really sick people have a hard time finding affordability. When you put really sick people into an insurance pool, it drives up the cost for everyone. How do we manage that? The insurance industry tells me the average time on the individual exchange is 10 months. How do you take someone with five chronic conditions and manage them in a 10-month plan? You know what, you don't. So they hop from plan to plan, costing more and more.

If you want to reduce costs, you have to figure out how we can better treat the sickest among us. Until we do that, we will not achieve the common goal, which is reducing and bending the costs of healthcare in this country. We cannot achieve that goal. When all we are doing is saying: No, we don't want to pay, we are going to make the States pay or we are going to make people on the individual exchange pay or we are going to make people do what they have done before, which is not have coverage and put them into uncompensated care, that will not solve the problem.

We have some great examples here for the immediate concern that we have about the premiums that are going to be expressed. In some ways, this reflects concerns about the increased costs of healthcare and what is happening in that individual market, but it is being driven by the failure to fulfill the statutory obligation—reinsurance, cost sharing.

I do have to point out that I found it interesting that the objection to Senator SHAHEEN's bill was that, oh, we haven't had time to take a look at it, haven't had time to even considering this cost-sharing issue. Really?

This is the last page of the Republican bill, page 145, stating in section 208, "Funding for Cost-Sharing Payments." I will give you, it is a different schedule, different formula in the Shaheen bill, but this is not a new concept. If we wanted today to give the insurance industry the certainty they needed that would make sure that the premium increases reflected not uncertainty but reflected actual costs, we would do this: We would take up

JEANNE's bill. The very bill that the Republicans have advanced says, "There is appropriated to the Secretary of Health and Human Services, out of any money in the Treasury not otherwise appropriated, such sums that may be necessary for payments for cost-sharing reductions authorized by the Patient Protection and Affordable Care Act (including adjustments to any prior obligations)."

The same provision was in the House bill. How can it be objectionable to have a debate about a provision that has been advanced in both Republican bills? How can that be objectionable when so much is riding on that, when the healthcare and availability of insurance to our families is riding on making sure we at least have some kind of stopgap measures in the exchanges that will guarantee a stability that will make insurance available.

If we don't know what is going to happen with those counties—we know we have huge counties that don't even have uninsured in them. Senator MCCASKILL offered an opportunity. Guess what. How about they get their insurance where our staff get our insurance or some among us get our insurance? That is objected to because it is some kind of Washington solution.

What is ironic about that is that provision that made Senate staff in our home States get their health insurance on the DC exchange came from Senator GRASSLEY during the debate on the Patient Protection and Affordable Care Act, not a Democratic idea. It was a Republican idea and certainly something that bears at least a discussion, certainly something that ought to be talked about here.

Let's not pretend there has been an outreach to people on the Democratic side. Today the Democratic leader offered to go to Blair House, offered to bring people together at Blair House, have a sitdown on healthcare, offered to go to the Senate—the Old Senate Chamber, no cameras, let's talk about healthcare. What we get is: You are not serious.

I want you to know I am dead serious about sitting down and trying to fashion a healthcare plan that actually fixes the problems we have right now in affordability of health insurance.

When someone says, well, you have to accept tax breaks as part of that for the richest Americans, think about this: 400 Americans will get a tax break under the Republican bill—400. Just 400 Americans will get a tax break under the Republican bill, equal to what it would cost for Medicaid expansion in four States.

Make no mistake, this is not healthcare reform we are talking about. That bill is not healthcare reform. It is entitlement reform in Medicaid, shifting costs to States and patients. It is tax reform, making sure the wealthiest among us get a tax break.

If we want to talk about healthcare reform, if we want to talk about fixing

the ACA, let's not throw out what is working. Let's make sure we are fixing and addressing the problems that we here express every day that come in our mail and that we know we have to address in order to make the system fair; that is, younger, healthier people need a break. They need to find an affordable product.

How are we going to do that? We have seen ideas here today, ideas that could take care of—even if we just made them temporary, even if we said this is only going to be there until 2019, we could stabilize all of this today and begin that today, but yet it is objected to.

I think the message we want to send is we stand ready to fix the healthcare system. We stand ready to work with the other side of the aisle. We stand ready to address the concerns we hear from our constituents about the healthcare system.

If we really want to respond to the concerns the American public has about the U.S. Congress, we better start working together. We better start finding a path forward to solve problems, real problems, not pretend problems but real problems in this country. That way we will, in fact, enrich and enhance our democracy. Until we do that, we continue to struggle to get credibility with the American public, and that is not, ladies and gentlemen and Members of the Senate, a formula for success for our democracy.

With that, I yield the floor.

The PRESIDING OFFICER (Mr. TILLIS). The majority leader.

LEGISLATIVE SESSION

Mr. MCCONNELL. Mr. President, I move to proceed to legislative session.

The PRESIDING OFFICER. The question is on agreeing to the motion. The motion was agreed to.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. MCCONNELL. Mr. President, I move to proceed to executive session to consider the nomination of Executive Calendar No. 116, David Nye to be United States district judge for the District of Idaho.

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 David C. Nye, of Idaho, to be United States District Judge for the District of Idaho.

CLOTURE MOTION

Mr. MCCONNELL. Mr. President, 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 David C. Nye, of Idaho, to be United States District Judge for the District of Idaho.

Mitch McConnell, Chuck Grassley, Deb Fischer, Steve Daines, Luther Strange, Bob Corker, Thom Tillis, Tom Cotton, Tim Scott, Johnny Isakson, Richard C. Shelby, Michael B. Enzi, Richard Burr, John Hoeven, David Perdue, Roy Blunt, Todd Young.

Mr. McCONNELL. Mr. President, I ask unanimous consent that the mandatory quorum call with respect to the cloture motion be waived.

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.

TRIBUTE TO KENTUCKY'S AFRICAN-AMERICAN REVOLUTIONARY WAR PATRIOTS

Mr. McCONNELL. Mr. President, as we prepare to celebrate our Independence Day, one of the most pivotal moments in the history of our Nation, I rise today to remember one group of Revolutionary War patriots who are too often overlooked. I am speaking of the African-American soldiers who served in the American Revolution. In particular, I would like to recognize the service of men who fought for our independence and who would later become Kentuckians.

In the 1770s and 1780s, African Americans throughout the young Nation joined the Revolutionary War effort. Like so many other patriots, they volunteered to fight for American independence. Many fought under the command of some of the most notable Revolutionary War heroes, including General George Washington.

I would like to focus on 11 soldiers who, after enduring the pains of war and traveling across much of the new Nation, decided to make a new home for themselves in the area that would later join the Union as the Commonwealth of Kentucky.

I would like to tell the stories of a few of these Kentuckians. I believe it is important to remember their service in the war.

Daniel Goff joined the Army in Chesterfield County, VA, in 1777. During his service, Goff marched from Virginia to New Jersey, where he fought in the Battle of Monmouth. He camped at

Valley Forge under the command of General Washington and earned his discharge after 3 years in the Army.

In the years after the war, Goff chose to make a home in Boone County, KY. He worked for General James Taylor V, an American banker who was a quartermaster general during the Revolution. Taylor was a founder of Newport, KY, and he took a special interest in Goff. The two men knew each other for over 40 years and developed a close bond.

John Sidebottom, of Prince William County, VA, served for 1 year. In the course of his service, Sidebottom fought in the Battle of Trenton in December 1776, an historic battle in which General Washington led the crossing of the Delaware River on Christmas night to launch a surprise attack against a Hessian garrison.

Sidebottom settled in Clark County, KY. A man who knew him stated that during the Trenton battle, Sidebottom was one of the men who carried a wounded soldier from the battlefield to safety. That soldier was James Monroe, the future President of the United States, who survived the battle, in part, because of Sidebottom's actions.

George Burk enlisted in the Army in Shenandoah County, VA, in 1779. He served for 2 years, traveling around the region in several campaigns. During his time in the Army, he was tasked with guarding British prisoners at Albemarle Barracks and repelling the British and Native American attacks. Burk served under the command of General George Rogers Clark, who founded the city of Louisville, KY. At the end of his service, Burk was discharged in Louisville, and he spent the rest of his life in the area.

I would like to recognize the service and sacrifice of these Kentuckians in the cause of American independence. We owe a large debt to all of our Nation's veterans, and I am glad that we can remember these 11 patriots today.

REMEMBERING ALEX VILLAMAYOR

Mr. VAN HOLLEN. Mr. President, I want to extend my deepest condolences to the family of Alex Villamayor, whose life was cut short 2 years ago in Paraguay. Alex was a son, brother, nephew, grandson, and friend. At just 16 years old, Alex taught us that we should not lead our lives with cynicism and hate, but with love and kindness. Even though Alex is no longer physically with us, he continues to shed light on the unjust and save lives through his story.

I call upon the Government of Paraguay to do everything in its power to guarantee an impartial, transparent, and expeditious trial so that justice is upheld for Alex and his family.

ADDITIONAL STATEMENTS

REMEMBERING JOSEPH CARTER CORBIN

• Mr. BROWN. Mr. President, today I wish to commemorate the life and legacy of Joseph Carter Corbin, a renowned African-American educator who left a legacy as a trailblazer and innovator that continues to open new doors for students to this day.

Joseph Carter Corbin was born in Chillicothe, OH, in 1833 to former slaves, who raised their family as free people in Chillicothe and later in Cincinnati. Corbin's family worked hard to make sure he and his siblings had access what had been denied to them—the right to an education along with the opportunities it provides.

Corbin studied at Ohio University, earning an undergraduate degree and two graduate degrees at a time when African Americans had very limited access to higher education. Corbin started his family in Cincinnati, working as a clerk for a municipal bank and co-editing a regular newsletter for African Americans in the Midwest. However, he made it his life's mission to expand access to higher education to African Americans.

In 1871, Joseph Carter Corbin moved to Arkansas where he blazed new trails as the first African-American State superintendent of public instruction. He went on to found, in 1875, the Branch Normal College, which was the first institution of higher education for African-American students in the State. Corbin served as the school's principal and sole teacher for 7 years, before Branch Normal College was designated as an 1890 Land Grant Institution and later merged with the State university system to form University of Arkansas at Pine Bluff in 1972. University of Arkansas at Pine Bluff continues to educate students to this day.

We remember Joseph Carter Corbin for his lifetime of breaking down barriers and improving access to higher education for African Americans and others who are left behind by our educational system.

Today Joseph Carter Corbin will receive an Ohio historical marker on the campus of Ohio University Chillicothe, commemorating his impact on Ohio and his contribution to higher education of African Americans across the Nation. I know that my Senate colleagues will join me in celebrating his life and achievements, as well as applauding the actions by Ohio University to honor their distinguished alumnus, Joseph Carter Corbin. •

REMEMBERING SERGEANT FIRST CLASS MARVIN DALE HOLLINGSWORTH

• Mr. GRASSLEY. Mr. President, I would like to take a moment to pay tribute to SFC Marvin Dale Hollingsworth who passed away on June 16. Marvin was born January 9, 1925, in

Cambridge, IA, and was raised in Cedar Rapids, IA. He enlisted in the Army in July 1943 and served nearly 20 years.

During his military service, Marvin Hollingsworth saw combat in World War II and during the Korean war. He served overseas in France, Northern Africa, Japan, Korea, Germany, and the Marshall Islands and Kwajalein Islands, as well as being stationed in many parts of the United States during his military career.

Marvin was on Active Duty at the Oklahoma Military Academy in Claremore as the top sergeant on the academy's command staff. After his third year, he was recognized with an officer's saber by the cadre, presented upon his retirement. In 1966, he began his 21-year civil service career in Cedar Rapids with the 73rd Combat Field Hospital Unit where he trained new recruits, mentored staff, and worked in administration. A 10-foot portrait of him at that mobile medical Army unit is displayed at the National Guard—Army Reserve Center in Cedar Rapids. He received numerous accommodations for excellence in his career of service to his country, including the American Defense Service Medal, European-African-Middle Eastern Campaign Medal with three Stars, World War II Victory Medal, United Nations Service Medal, Korean Service Medal, and Good Conduct Medal with Four Knots.

As Americans, we owe our freedom to generations of selfless patriots like Marvin Hollingsworth who have been willing to risk life and limb in service to their country. The fact that he continued to serve his country throughout his life is inspirational. I am proud to be able to pay tribute to this son of Iowa and great American, Marvin Hollingsworth.●

TRIBUTE TO LILLI JASPER

● Mr. THUNE. Mr. President, today I recognize the hard work of my Commerce, Science, and Transportation Committee intern Lilli Jasper. Lilli hails from Sioux Falls, SD, and is a rising junior at South Dakota State University.

While interning on the Commerce Committee, Lilli assisted the Communication, Technology, Innovation, and the Internet Subcommittee. She is a dedicated worker who was committed to getting the most out of her internship. I extend my sincere thanks and appreciation to Lilli for all of the fine work she did for the committee and wish her continued success in the years to come.●

MESSAGE FROM THE HOUSE

At 12:02 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 bills, in which it requests the concurrence of the Senate:

H.R. 220. An act to authorize the expansion of an existing hydroelectric project, and for other purposes.

H.R. 497. An act to direct the Secretary of the Interior to convey certain Federal lands in San Bernardino County, California, to the San Bernardino Valley Water Conservation District, and to accept in return certain non-Federal lands, and for other purposes.

H.R. 1073. An act to authorize the Secretary of the Interior to establish a structure for visitor services on the Arlington Ridge tract, in the area of the U.S. Marine Corps War Memorial, and for other purposes.

H.R. 1135. An act to reauthorize the Historically Black Colleges and Universities Historic Preservation program.

H.R. 1967. An act to amend the Reclamation Project Act of 1939 to authorize pumped storage hydropower development utilizing multiple Bureau of Reclamation reservoirs.

MEASURES REFERRED

The following bills were read the first and the second times by unanimous consent, and referred as indicated:

H.R. 497. An act to direct the Secretary of the Interior to convey certain Federal lands in San Bernardino County, California, to the San Bernardino Valley Water Conservation District, and to accept in return certain non-Federal lands, and for other purposes; to the Committee on Energy and Natural Resources.

H.R. 1073. An act to authorize the Secretary of the Interior to establish a structure for visitor services on the Arlington Ridge tract, in the area of the U.S. Marine Corps War Memorial, and for other purposes; to the Committee on Energy and Natural Resources.

H.R. 1135. An act to reauthorize the Historically Black Colleges and Universities Historic Preservation program; to the Committee on Energy and Natural Resources.

H.R. 1967. An act to amend the Reclamation Project Act of 1939 to authorize pumped storage hydropower development utilizing multiple Bureau of Reclamation reservoirs; to the Committee on Energy and Natural Resources.

MEASURES PLACED ON THE CALENDAR

The following bill was read the first and second times by unanimous consent, and placed on the calendar:

H.R. 220. An act to authorize the expansion of an existing hydroelectric project, and for other purposes.

MEASURES READ THE FIRST TIME

The following bill was read the first time:

S. 1460. A bill to provide for the modernization of the energy and natural resources policies of the United States, and for other purposes.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. JOHNSON, from the Committee on Homeland Security and Governmental Affairs, with an amendment:

S. 577. A bill to require each agency, in providing notice of a rule making, to include a link to a 100 word plain language summary of the proposed rule (Rept. No. 115-120).

By Mr. JOHNSON, from the Committee on Homeland Security and Governmental Affairs, with amendments:

S. 579. A bill to require agencies to publish an advance notice of proposed rule making for major rules (Rept. No. 115-121).

By Mr. HOEVEN, from the Committee on Indian Affairs, without amendment:

S. 381. A bill to repeal the Act entitled "An Act to confer jurisdiction on the State of Iowa over offenses committed by or against Indians on the Sac and Fox Indian Reservation" (Rept. No. 115-122).

S. 691. A bill to extend Federal recognition to the Chickahominy Indian Tribe, the Chickahominy Indian Tribe-Eastern Division, the Upper Mattaponi Tribe, the Rappahannock Tribe, Inc., the Monacan Indian Nation, and the Nansemond Indian Tribe (Rept. No. 115-123).

EXECUTIVE REPORT OF COMMITTEE

The following executive report of a nomination was submitted:

By Mr. MCCAIN for the Committee on Armed Services.

*Patrick M. Shanahan, of Washington, to be Deputy Secretary of Defense.

*Nomination was reported with recommendation that it be confirmed subject to the nominee's commitment to respond to requests to appear and testify before any duly constituted committee of the Senate.

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. ALEXANDER (for himself and Mr. MARKEY):

S. 1450. A bill to prohibit cell phone voice communications during passenger flights; to the Committee on Commerce, Science, and Transportation.

By Mrs. FISCHER:

S. 1451. A bill to facilitate and promote innovative approaches to railroad safety, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mr. CRUZ (for himself, Mr. CORNYN, Mr. YOUNG, and Mr. RUBIO):

S. 1452. A bill to amend title 38, United States Code, to establish within the Office of the Under Secretary for Health of the Department of Veterans Affairs the position of Chief Information Officer of the Veterans Health Administration, and for other purposes; to the Committee on Veterans' Affairs.

By Mr. DONNELLY (for himself and Ms. MURKOWSKI):

S. 1453. A bill to allow the Secretary of Health and Human Services to designate certain substance use disorder treatment facilities as eligible for National Health Service Corps service; to the Committee on Health, Education, Labor, and Pensions.

By Mr. WHITEHOUSE (for himself, Mrs. FEINSTEIN, and Mr. GRASSLEY):

S. 1454. A bill to ensure that persons who form corporations in the United States disclose the beneficial owners of those corporations, in order to prevent the formation of corporations with hidden owners, stop the misuse of United States corporations by wrongdoers, and assist law enforcement in detecting, preventing, and punishing terrorism, money laundering, tax evasion, and other criminal and civil misconduct involving United States corporations, and for other purposes; to the Committee on the Judiciary.

By Mr. FLAKE (for himself and Mr. HEINRICH):

S. 1455. A bill to amend the United States Energy Storage Competitiveness Act of 2007 to direct the Secretary of Energy to establish new goals for the Department of Energy relating to energy storage and to carry out certain demonstration projects relating to energy storage; to the Committee on Energy and Natural Resources.

By Mr. STRANGE:

S. 1456. A bill to provide that human life shall be deemed to begin with fertilization; to the Committee on the Judiciary.

By Mr. FLAKE (for himself and Mr. BOOKER):

S. 1457. A bill to amend the Energy Policy Act of 2005 to direct the Secretary of Energy to carry out demonstration projects relating to advanced nuclear reactor technologies to support domestic energy needs; to the Committee on Energy and Natural Resources.

By Mr. BOOKER (for himself and Mr. BLUMENTHAL):

S. 1458. A bill to establish a grant program to incentivize States to reduce prison populations, and for other purposes; to the Committee on the Judiciary.

By Mr. SCOTT (for himself and Mr. GRAHAM):

S. 1459. A bill to establish Fort Sumter and Fort Moultrie National Park in the State of South Carolina, and for other purposes; to the Committee on Energy and Natural Resources.

By Ms. MURKOWSKI (for herself and Ms. CANTWELL):

S. 1460. A bill to provide for the modernization of the energy and natural resources policies of the United States, and for other purposes; read the first time.

By Mrs. ERNST:

S. 1461. A bill to amend title 10, United States Code, to provide for the eligibility of certain former members of the Armed Forces who are medically retired and who are entitled to hospital insurance benefits under Medicare part A by reason of previous entitlement to social security disability insurance benefits to enroll in the TRICARE program regardless of whether such members decline enrollment under Medicare part B, and for other purposes; to the Committee on Armed Services.

By Mrs. SHAHEEN (for herself, Mr. BLUMENTHAL, Mr. CARPER, Ms. CORTEZ MASTO, Ms. HASSAN, Mr. KAINE, Mr. MARKEY, Mr. KING, Mr. COONS, Mr. CARDIN, Ms. BALDWIN, Mr. LEAHY, Ms. HEITKAMP, Mr. WARNER, Mrs. FEINSTEIN, Mr. REED, Mr. CASEY, Ms. STABENOW, Mr. SCHUMER, Mr. UDALL, and Mr. VAN HOLLEN):

S. 1462. A bill to amend the Patient Protection and Affordable Care Act to improve cost sharing subsidies; to the Committee on Health, Education, Labor, and Pensions.

By Mr. CRAPO (for himself, Mr. BROWN, Ms. CORTEZ MASTO, Mr. COTTON, Mr. MENENDEZ, Mr. PERDUE, Mr. ROUNDS, Mr. SCOTT, Mr. TESTER, Mr. TILLIS, Mr. VAN HOLLEN, Mr. WARNER, and Ms. WARREN):

S. 1463. A bill to amend the Financial Stability Act of 2010 to modify the term of the independent member of the Financial Stability Oversight Council; to the Committee on Banking, Housing, and Urban Affairs.

By Mrs. FEINSTEIN (for herself, Mr. HELLER, Mr. BENNET, and Mr. GARDNER):

S. 1464. A bill to amend the Internal Revenue Code of 1986 to expand the exclusion for energy conservation subsidies provided by public utilities to include subsidies provided by public utilities and State and local governments for water conservation and storm water management; to the Committee on Finance.

By Mr. CASSIDY:

S. 1465. A bill to terminate the prohibitions on the exportation and importation of natural gas, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. DURBIN (for himself and Mr. MURPHY):

S. 1466. A bill to require the Secretary of Defense to award grants to fund research on orthotics and prosthetics, and for other purposes; to the Committee on Armed Services.

By Mr. DURBIN (for himself, Mr. MURPHY, Mr. BLUMENTHAL, Ms. KLOBUCHAR, Mr. COONS, Mr. FRANKEN, Mr. NELSON, Mrs. FEINSTEIN, Ms. DUCKWORTH, and Mr. PETERS):

S. 1467. A bill to require the Secretary of Veterans Affairs to award grants to establish, or expand upon, master's degree programs in orthotics and prosthetics, and for other purposes; to the Committee on Veterans' Affairs.

By Ms. WARREN:

S. 1468. A bill to require reports on civilian casualties in connection with United States military operations; to the Committee on Armed Services.

By Mr. BLUNT (for himself, Mr. SCHUMER, Mr. ISAKSON, and Mr. CARDIN):

S. 1469. A bill to amend the Internal Revenue Code of 1986 to extend tax incentives to permanently extend the special expensing rules for certain film, television, and live theatrical productions, and for other purposes; to the Committee on Finance.

By Ms. WARREN:

S. 1470. A bill to protect members of our Armed Forces from Russian and other foreign interference, and for other purposes; to the Committee on Armed Services.

By Ms. WARREN:

S. 1471. A bill to ensure the compliance of Department of Defense regulations with Federal consumer protection laws on the collection of debt; to the Committee on Armed Services.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. PETERS (for himself and Ms. STABENOW):

S. Res. 204. A resolution honoring the 100th anniversary of Selfridge Air National Guard Base in Harrison Township, Michigan; to the Committee on Armed Services.

By Mr. PETERS (for himself and Ms. STABENOW):

S. Res. 205. A resolution honoring the 100th anniversary of Fort Custer in Augusta, Michigan; to the Committee on Veterans' Affairs.

By Mr. JOHNSON:

S. Res. 206. A resolution urging the Secretary of the Interior to recognize the cultural significance of Rib Mountain by adding it to the National Register of Historic Places; to the Committee on Energy and Natural Resources.

By Ms. STABENOW:

S. Res. 207. A resolution designating the week of July 9 through July 15, 2017 as "Sarcoma Awareness Week" and designating July 15, 2017 as "Leiomyosarcoma Awareness Day"; to the Committee on the Judiciary.

By Mrs. FEINSTEIN (for herself and Ms. MURKOWSKI):

S. Res. 208. A resolution expressing the sense of the Senate that flowers grown in the United States support the farmers, small businesses, jobs, and economy of the United States, that flower farming is an honorable vocation, and designating July as "American

Grown Flower Month"; to the Committee on the Judiciary.

By Mrs. FEINSTEIN (for herself and Ms. HARRIS):

S. Res. 209. A resolution commemorating the 40th Anniversary of the Silicon Valley Leadership Group, the preeminent public policy trade association in Silicon Valley; to the Committee on the Judiciary.

ADDITIONAL COSPONSORS

S. 256

At the request of Ms. HEITKAMP, the name of the Senator from Texas (Mr. CORNYN) was added as a cosponsor of S. 256, a bill to establish the Stop, Observe, Ask, and Respond to Health and Wellness Training pilot program to address human trafficking in the health care system.

S. 298

At the request of Mr. TESTER, the name of the Senator from New Hampshire (Mrs. SHAHEEN) was added as a cosponsor of S. 298, a bill to require Senate candidates to file designations, statements, and reports in electronic form.

S. 528

At the request of Mr. TESTER, the name of the Senator from Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 528, a bill to amend the Family and Medical Leave Act of 1993 to provide leave because of the death of a son or daughter.

S. 681

At the request of Mr. TESTER, the name of the Senator from Illinois (Ms. DUCKWORTH) was added as a cosponsor of S. 681, a bill to amend title 38, United States Code, to improve the benefits and services provided by the Department of Veterans Affairs to women veterans, and for other purposes.

S. 705

At the request of Mr. HATCH, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of S. 705, a bill to amend the National Child Protection Act of 1993 to establish a national criminal history background check system and criminal history review program for certain individuals who, related to their employment, have access to children, the elderly, or individuals with disabilities, and for other purposes.

S. 1024

At the request of Mr. BLUMENTHAL, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of S. 1024, a bill to amend title 38, United States Code, to reform the rights and processes relating to appeals of decisions regarding claims for benefits under the laws administered by the Secretary of Veterans Affairs, and for other purposes.

S. 1152

At the request of Mr. MERKLEY, the name of the Senator from Vermont (Mr. SANDERS) was added as a cosponsor of S. 1152, a bill to create protections for depository institutions that

provide financial services to cannabis-related businesses, and for other purposes.

S. 1158

At the request of Mr. CARDIN, the name of the Senator from Maine (Ms. COLLINS) was added as a cosponsor of S. 1158, a bill to help prevent acts of genocide and other atrocity crimes, which threaten national and international security, by enhancing United States Government capacities to prevent, mitigate, and respond to such crises.

S. 1197

At the request of Mrs. GILLIBRAND, the name of the Senator from Michigan (Ms. STABENOW) was added as a cosponsor of S. 1197, a bill to waive the 24-month waiting period for Medicare eligibility for individuals disabled by Huntington's disease.

S. 1201

At the request of Mrs. MCCASKILL, the name of the Senator from Maine (Mr. KING) was added as a cosponsor of S. 1201, a bill to allow individuals living in areas without qualified health plans offered through an Exchange to have similar access to health insurance coverage as Members of Congress and congressional staff.

S. 1312

At the request of Mr. GRASSLEY, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of S. 1312, a bill to prioritize the fight against human trafficking in the United States.

S. 1318

At the request of Ms. BALDWIN, the name of the Senator from Pennsylvania (Mr. CASEY) was added as a cosponsor of S. 1318, a bill to protect the rights of passengers with disabilities in air transportation, and for other purposes.

S. 1320

At the request of Mr. INHOFE, the name of the Senator from Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 1320, a bill to reform apportionments to general aviation airports under the airport improvement program, to improve project delivery at certain airports, and to designate certain airports as disaster relief airports, and for other purposes.

S. 1323

At the request of Mr. SULLIVAN, the name of the Senator from Maine (Mr. KING) was added as a cosponsor of S. 1323, a bill to preserve United States fishing heritage through a national program dedicated to training and assisting the next generation of commercial fishermen, and for other purposes.

S. 1361

At the request of Mr. CRAPO, the name of the Senator from Massachusetts (Ms. WARREN) was added as a cosponsor of S. 1361, a bill to amend title XVIII of the Social Security Act to allow physician assistants, nurse practitioners, and clinical nurse specialists to supervise cardiac, intensive cardiac, and pulmonary rehabilitation programs.

S. 1393

At the request of Mr. CORNYN, the names of the Senator from Oklahoma (Mr. INHOFE) and the Senator from New Hampshire (Mrs. SHAHEEN) were added as cosponsors of S. 1393, a bill to streamline the process by which active duty military, reservists, and veterans receive commercial driver's licenses.

S. 1426

At the request of Mr. THUNE, the name of the Senator from Kansas (Mr. MORAN) was added as a cosponsor of S. 1426, a bill to amend the Ted Stevens Olympic and Amateur Sports Act to expand the purposes of the corporation, to designate the United States Center for Safe Sport, and for other purposes.

S. 1432

At the request of Mr. INHOFE, the name of the Senator from Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 1432, a bill to prevent the Federal Aviation Administration's Aircraft Registry Office from closing during a Government shutdown.

S. 1441

At the request of Mr. SANDERS, the name of the Senator from Minnesota (Mr. FRANKEN) was added as a cosponsor of S. 1441, a bill to provide funding for Federally Qualified Health Centers, the National Health Service Corps, Teaching Health Centers, and the Nurse Practitioner Residency Training program.

S.J. RES. 5

At the request of Mr. CARDIN, the name of the Senator from Washington (Ms. CANTWELL) was added as a cosponsor of S.J. Res. 5, a joint resolution removing the deadline for the ratification of the equal rights amendment.

S. CON. RES. 6

At the request of Mr. BARRASSO, the name of the Senator from South Dakota (Mr. ROUNDS) was added as a cosponsor of S. Con. Res. 6, a concurrent resolution supporting the Local Radio Freedom Act.

S. RES. 54

At the request of Mr. BLUMENTHAL, the name of the Senator from New Jersey (Mr. BOOKER) was added as a cosponsor of S. Res. 54, a resolution expressing the unwavering commitment of the United States to the North Atlantic Treaty Organization.

S. RES. 168

At the request of Mr. CARDIN, the name of the Senator from Illinois (Ms. DUCKWORTH) was added as a cosponsor of S. Res. 168, a resolution supporting respect for human rights and encouraging inclusive governance in Ethiopia.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mrs. FEINSTEIN (for herself, Mr. HELLER, Mr. BENNET, and Mr. GARDNER):

S. 1464. A bill to amend the Internal Revenue Code of 1986 to expand the exclusion for energy conservation subsidies provided by public utilities to in-

clude subsidies provided by public utilities and State and local governments for water conservation and storm water management; to the Committee on Finance.

Mrs. FEINSTEIN. Mr. President, today Senators HELLER, BENNET, GARDNER, and I are introducing the Water Conservation Tax Parity Act. This bill would exempt the value of residential water conservation and storm water runoff management rebates from gross income calculations.

California and the western States have been facing a severe drought. Some public utilities, state and local governments, and water management providers offer programs to promote water conservation and storm water management by providing subsidies. These programs help stimulate responsible water use; however, residential participation is essential to their success.

For example, the Metropolitan Water District of Southern California has offered a rebate program to encourage residents to replace turf with more water-responsible landscapes. More than 23,000 households have benefited from the turf removal rebates, and the average rebate per household covers 1,500 square feet or about \$3,000, which covers about half of the cost to the resident.

Section 136 of the Internal Revenue Code already exempts energy conservation rebates from inclusion in gross income. However, there is no Federal exemption for water conservation or storm water management measures, which may undermine incentives for participation in these programs. These programs are just as valuable as energy conservation programs and should be treated equally in the tax code. This bill would simply exempt water conservation and storm water management rebates from being included in gross income and would be retroactive to 2015. This would maintain the important incentives for resident participation in critical water conservation measures.

This bill is supported by a coalition of organizations and public utilities, including the Western Urban Water Coalition, Alliance for Water Efficiency, American Water Works Association, National Association of Water Companies, U.S. Water Alliance, Association of Water Agencies, WaterNow Alliance, Western Coalition of Arid States, and National Water Resources Association. This bill is crucial to ensuring residents continue participating in water conservation and storm water management programs.

Mr. President, I strongly urge my colleagues to support this legislation and am hopeful that this Congress will move it forward.

Thank you. I yield the floor.

By Mr. DURBIN (for himself and Mr. MURPHY):

S. 1466. A bill to require the Secretary of Defense to award grants to

fund research on orthotics and prosthetics, and for other purposes; to the Committee on Armed Services.

Mr. DURBIN. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1466

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 “Wounded Warrior Research Enhancement Act”.

SEC. 2. ORTHOTIC AND PROSTHETIC RESEARCH.

(a) PURPOSE.—The purpose of the grants described in this section is to advance orthotic and prosthetic clinical care for members of the Armed Forces, veterans, and civilians who have undergone amputation, traumatic brain injury, and other serious physical injury as a result of combat or military experience.

(b) GRANTS FOR RESEARCH ON PATIENT OUTCOMES.—The Secretary of Defense shall award grants to persons to carry out research on the following:

(1) The actions that can be taken to prevent amputation of limbs.

(2) The point in the course of patient treatment during which orthotic and prosthetic intervention is most effective.

(3) The orthotic interventions that are most effective in treating the physical effects of traumatic brain injury.

(4) The patients that benefit most from particular orthotic and prosthetic technologies.

(5) The orthotic and prosthetic services that best facilitate the return to active duty of members of the Armed Forces.

(6) The effect of the aging process on the use of prosthetics, including—

(A) increased skin breakdown;

(B) loss of balance;

(C) falls; and

(D) other issues that arise during the aging process.

(c) GRANTS ON MATERIALS RESEARCH.—The Secretary shall award grants to persons to carry out research on the following:

(1) The improvement of existing materials used in orthotics and prosthetics for the purpose of improving quality of life and health outcomes for individuals with limb loss.

(2) The development of new materials used in orthotics and prosthetics for the purpose of improving quality of life and health outcomes for individuals with limb loss.

(d) GRANTS ON TECHNOLOGY RESEARCH.—The Secretary shall award grants to persons to carry out research on the following:

(1) The improvement of existing orthotic and prosthetic technology and devices for the purpose of improving quality of life and health outcomes for individuals with limb loss.

(2) The development of new orthotic and prosthetic technology and devices for the purpose of improving quality of life and health outcomes for individuals with limb loss.

(e) REQUEST FOR PROPOSALS.—A person seeking the award of a grant under this section shall submit to the Secretary an application therefor in the form and accompanied by such information as the Secretary shall require.

(f) AWARD REQUIREMENTS.—

(1) PEER-REVIEWED PROPOSALS.—Grants under this section may be awarded only for research that is peer-reviewed.

(2) COMPETITIVE PROCEDURES.—Grants under this section shall be awarded through competitive procedures.

(g) GRANT USE.—A person awarded a grant under subsection (b), (c), or (d) shall use the grant amount to carry out the research described in the applicable subsection.

(h) REPORTS.—Not later than 180 days after the date of the enactment of this Act, and not less frequently than annually thereafter, the Secretary of Defense shall, in consultation with the Secretary of Veterans Affairs, veterans, community-based clinicians, and expert researchers in the field of orthotics and prosthetics, submit to Congress a report setting forth the following:

(1) An agenda for orthotic and prosthetic research that identifies and prioritizes the most significant unanswered orthotic and prosthetic research questions pertinent to the provision of evidence-based clinical care to members of the Armed Forces, veterans, and civilians.

(2) For each report after the initial report under this subsection—

(A) a summary of how the grants awarded under subsection (b) are addressing the most significant orthotic and prosthetic needs; and

(B) the progress made towards resolving orthotic and prosthetic challenges facing members of the Armed Forces and veterans.

(i) VETERAN DEFINED.—In this section, the term “veteran” has the meaning given that term in section 101 of title 38, United States Code.

(j) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated for fiscal year 2018 for the Department of Defense for the Defense Health Program, \$30,000,000 to carry out this section.

By Mr. DURBIN (for himself, Mr. MURPHY, Mr. BLUMENTHAL, Ms. KLOBUCHAR, Mr. COONS, Mr. FRANKEN, Mr. NELSON, Mrs. FEINSTEIN, Ms. DUCKWORTH, and Mr. PETERS):

S. 1467. A bill to require the Secretary of Veterans Affairs to award grants to establish, or expand upon, master's degree programs in orthotics and prosthetics, and for other purposes; to the Committee on Veterans' Affairs.

Mr. DURBIN. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1467

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 “Wounded Warrior Workforce Enhancement Act”.

SEC. 2. ORTHOTICS AND PROSTHETICS EDUCATION IMPROVEMENT.

(a) GRANTS REQUIRED.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall award grants to eligible institutions to enable the eligible institutions—

(A) to establish a master's degree program in orthotics and prosthetics; or

(B) to expand upon an existing master's degree program in orthotics and prosthetics, including by admitting more students, further training faculty, expanding facilities, or increasing cooperation with the Department of Veterans Affairs and the Department of Defense.

(2) PRIORITY.—The Secretary shall give priority in the award of grants under this section to eligible institutions that have entered into a partnership with a medical center or clinic administered by the Department of Veterans Affairs or a facility administered

by the Department of Defense, including by providing clinical rotations at such medical center, clinic, or facility.

(3) GRANT AMOUNTS.—Grants awarded under this section shall be in amounts of not less than \$1,000,000 and not more than \$1,500,000.

(b) REQUESTS FOR PROPOSALS.—

(1) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, and not less frequently than annually thereafter for two years, the Secretary shall issue a request for proposals from eligible institutions for grants under this section.

(2) PROPOSALS.—An eligible institution that seeks the award of a grant under this section shall submit an application therefor to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may require, including—

(A) demonstration of a willingness and ability to participate in a partnership described in subsection (a)(2); and

(B) a commitment, and demonstration of an ability, to maintain an accredited orthotics and prosthetics education program after the end of the grant period.

(c) GRANT USES.—

(1) IN GENERAL.—An eligible institution awarded a grant under this section shall use grant amounts to carry out any of the following:

(A) Building new or expanding existing orthotics and prosthetics master's degree programs.

(B) Training doctoral candidates in fields related to orthotics and prosthetics to prepare them to instruct in orthotics and prosthetics programs.

(C) Training faculty in orthotics and prosthetics education or related fields for the purpose of instruction in orthotics and prosthetics programs.

(D) Salary supplementation for faculty in orthotics and prosthetics education.

(E) Financial aid that allows eligible institutions to admit additional students to study orthotics and prosthetics.

(F) Funding faculty research projects or faculty time to undertake research in the areas of orthotics and prosthetics for the purpose of furthering their teaching abilities.

(G) Renovation of buildings or minor construction to house orthotics and prosthetics education programs.

(H) Purchasing equipment for orthotics and prosthetics education.

(2) LIMITATION ON CONSTRUCTION.—An eligible institution awarded a grant under this section may use not more than 50 percent of the grant amount to carry out paragraph (1)(G).

(3) ADMISSIONS PREFERENCE.—An eligible institution awarded a grant under this section shall give preference in admission to the orthotics and prosthetics master's degree programs to veterans, to the extent practicable.

(4) PERIOD OF USE OF FUNDS.—An eligible institution awarded a grant under this section may use the grant amount for a period of three years after the award of the grant.

(d) DEFINITIONS.—In this section:

(1) The term “eligible institution” means an educational institution that offers an orthotics and prosthetics education program that—

(A) is accredited by the National Commission on Orthotic and Prosthetic Education in cooperation with the Commission on Accreditation of Allied Health Education Programs; or

(B) demonstrates an ability to meet the accreditation requirements for orthotic and prosthetic education from the National Commission on Orthotic and Prosthetic Education in cooperation with the Commission

on Accreditation of Allied Health Education Programs if the institution receives a grant under this section.

(2) The term “veteran” has the meaning given that term in section 101 of title 38, United States Code.

(e) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—There is authorized to be appropriated for fiscal year 2018 for the Department of Veterans Affairs, \$15,000,000 to carry out this section. The amount so authorized to be appropriated shall remain available for obligation until September 30, 2020.

(2) UNOBLIGATED AMOUNTS TO BE RETURNED TO THE TREASURY.—Any amounts authorized to be appropriated by paragraph (1) that are not obligated by the Secretary as of September 30, 2020, shall be returned to the Treasury of the United States.

SEC. 3. CENTER OF EXCELLENCE IN ORTHOTIC AND PROSTHETIC EDUCATION.

(a) GRANT FOR ESTABLISHMENT OF CENTER.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall award a grant to an eligible institution to enable the eligible institution—

(A) to establish the Center of Excellence in Orthotic and Prosthetic Education (in this section referred to as the “Center”); and

(B) to enable the eligible institution to improve orthotic and prosthetic outcomes for veterans, members of the Armed Forces, and civilians by conducting evidence-based research on—

(i) the knowledge, skills, and training most needed by clinical professionals in the field of orthotics and prosthetics; and

(ii) how to most effectively prepare clinical professionals to provide effective, high-quality orthotic and prosthetic care.

(2) PRIORITY.—The Secretary shall give priority in the award of a grant under this section to an eligible institution that has in force, or demonstrates the willingness and ability to enter into, a memorandum of understanding with the Department of Veterans Affairs, the Department of Defense, or other appropriate Federal agency, or a cooperative agreement with an appropriate private sector entity, which memorandum of understanding or cooperative agreement provides for either, or both, of the following:

(A) The provision of resources, whether in cash or in kind, to the Center.

(B) Assistance to the Center in conducting research and disseminating the results of such research.

(3) GRANT AMOUNT.—The grant awarded under this section shall be in the amount of \$5,000,000.

(b) REQUESTS FOR PROPOSALS.—

(1) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, the Secretary shall issue a request for proposals from eligible institutions for the grant under this section.

(2) PROPOSALS.—An eligible institution that seeks the award of the grant under this section shall submit an application therefor to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may require.

(c) GRANT USES.—

(1) IN GENERAL.—The eligible institution awarded the grant under this section shall use the grant amount as follows:

(A) To develop an agenda for orthotics and prosthetics education research.

(B) To fund research in the area of orthotics and prosthetics education.

(C) To publish or otherwise disseminate research findings relating to orthotics and prosthetics education.

(2) PERIOD OF USE OF FUNDS.—The eligible institution awarded the grant under this section may use the grant amount for a period of five years after the award of the grant.

(d) DEFINITIONS.—In this section:

(1) The term “eligible institution” means an educational institution that—

(A) has a robust research program;

(B) offers an orthotics and prosthetics education program that is accredited by the National Commission on Orthotic and Prosthetic Education in cooperation with the Commission on Accreditation of Allied Health Education Programs;

(C) is well recognized in the field of orthotics and prosthetics education; and

(D) has an established association with—

(i) a medical center or clinic of the Department of Veterans Affairs; and

(ii) a local rehabilitation hospital.

(2) The term “veteran” has the meaning given that term in section 101 of title 38, United States Code.

(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated for fiscal year 2018 for the Department of Veterans Affairs, \$5,000,000 to carry out this section.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 204—HONORING THE 100TH ANNIVERSARY OF SELFRIDGE AIR NATIONAL GUARD BASE IN HARRISON TOWNSHIP, MICHIGAN

Mr. PETERS (for himself and Ms. STABENOW) submitted the following resolution; which was referred to the Committee on Armed Services:

S. RES. 204

Whereas 2017 marks the 100th anniversary of a military installation operating in Harrison Township, Michigan;

Whereas Selfridge Air National Guard Base is named after Army 1st Lieutenant Thomas E. Selfridge, who saw the potential of powered flight;

Whereas Lieutenant Selfridge became the first casualty of flight when he was killed during a demonstration flight with Orville Wright in 1908;

Whereas the Army commissioned Selfridge Field on July 1, 1917, and the first flight occurred on July 8, 1917;

Whereas, on June 27, 1919, Selfridge Field became the home of the 1st Pursuit Group, the oldest combat group in the Air Force;

Whereas, on October 14, 1922, 1st Lieutenant Russell Maughan flew the first aircraft to exceed 200 miles per hour at Selfridge Field;

Whereas the 332d Fighter Group of the Tuskegee Army moved to Selfridge Field on March 29, 1943, and Colonel Benjamin O. Davis became its first African-American commander on October 8, 1943;

Whereas, on July 20, 1948, the first transatlantic flight by a fighter aircraft launched from Selfridge Field headed to Berlin during the Berlin Airlift;

Whereas, on July 1, 1971, Selfridge Field was transferred to the Michigan Air National Guard, becoming the first major active Air Force base to come under control of the Air National Guard;

Whereas, in 1991, Selfridge Air National Guard Base founded the first STARBAS program, a Department of Defense program for students in kindergarten through 12th grade that provides math and science education;

Whereas the 127th Wing of the Michigan Air National Guard was established at Selfridge Air National Guard Base on April 1, 1996;

Whereas Selfridge Air National Guard Base is the host to at least 40 tenant units rep-

resenting every branch of the Armed Forces, the Coast Guard, and representing members of the Armed Forces serving on active duty, in a reserve component, or in the National Guard;

Whereas Selfridge Air National Guard Base is the home to the KC-135 Stratotanker and the A-10 Thunderbolt II; and

Whereas, as of the date of agreement to this resolution, Selfridge Air National Guard Base is being considered to host the F-35 Lightning II, the Air Force's newest fifth-generation fighter: Now, therefore, be it

Resolved, That the Senate—

(1) honors Selfridge Air National Guard Base in Harrison Township, Michigan, on its 100th anniversary; and

(2) commends the thousands of men and women who have worked and trained at Selfridge Air National Guard Base.

SENATE RESOLUTION 205—HONORING THE 100TH ANNIVERSARY OF FORT CUSTER IN AUGUSTA, MICHIGAN

Mr. PETERS (for himself and Ms. STABENOW) submitted the following resolution; which was referred to the Committee on Veterans' Affairs:

S. RES. 205

Whereas 2017 marks the 100th anniversary of a military installation operating in Augusta, Michigan;

Whereas Fort Custer is named after Major General George Armstrong Custer, a native of Monroe, Michigan, and a prominent Civil War cavalry commander;

Whereas the United States Army purchased 130 parcels of Michigan farmland to begin constructing Camp Custer in 1917;

Whereas more than 100,000 soldiers from Michigan and Wisconsin trained at Camp Custer before serving in Europe during World War I as part of the American Expeditionary Forces;

Whereas Camp Custer became the district headquarters of the Civilian Conservation Corps for Michigan's Lower Peninsula during the Great Depression;

Whereas Congress officially designated Camp Custer as Fort Custer on August 17, 1940, recognizing it as a permanent military training base;

Whereas, in preparation for World War II engagement, Fort Custer expanded to 16,000 acres with accommodations for nearly 1,300 officers and more than 27,500 troops;

Whereas more than 300,000 troops were trained at Fort Custer throughout World War II, including the 5th Infantry “Red Diamond” Division that left for combat in Normandy, France, in June 1944;

Whereas Fort Custer served as a prisoner of war camp for approximately 5,000 German soldiers during World War II;

Whereas approximately 17,000 troops were trained at Fort Custer during the Korean War in the 1950s;

Whereas the United States Air Force established the Custer Air Force Station in 1956, which served as part of the North American Air Defense System for a decade beginning in 1959;

Whereas Fort Custer offered free education and vocational training to youth between the ages of 16 and 24 as a Jobs Corps Training Center from 1965 to 1967;

Whereas the 770-acre Fort Custer National Military Cemetery, established in 1981, honors thousands of the brave men and women who served the United States; and

Whereas Fort Custer continues to serve as a state-of-the-art training facility for the Michigan National Guard and other branches

of the Armed Forces, including Reserve Officers' Training Corps students: Now, therefore, be it

Resolved, That the Senate—

(1) honors Fort Custer in Augusta, Michigan, on its 100th anniversary;

(2) commends the thousands of men and women who have worked and trained at Fort Custer; and

(3) commemorates the tens of thousands of members of the Armed Forces and their families memorialized at Fort Custer National Cemetery.

SENATE RESOLUTION 206—URGING THE SECRETARY OF THE INTERIOR TO RECOGNIZE THE CULTURAL SIGNIFICANCE OF RIB MOUNTAIN BY ADDING IT TO THE NATIONAL REGISTER OF HISTORIC PLACES

Mr. JOHNSON submitted the following resolution; which was referred to the Committee on Energy and Natural Resources:

S. RES. 206

Whereas Paul Bunyan is a larger-than-life folk hero who embodies the frontier spirit, might, the willingness to work hard, and the resolve to overcome all obstacles;

Whereas reliable documentation establishes that the earliest story about Paul Bunyan was told north of Tomahawk, Wisconsin;

Whereas this evidence suggests that Wisconsin's claim that it is the birthplace of Paul Bunyan is superior to claims from other States;

Whereas Paul Bunyan has been the subject of countless literary compositions, musical pieces, commercial works, and theatrical productions;

Whereas local legend states that the "ribs" in Rib Mountain, Wisconsin, denote that the mountain is the burial site of Paul Bunyan;

Whereas Rib Mountain is nearly 4 miles long and peaks at 1,924 feet above sea level and 670 feet above the local terrain, making it the highest natural feature in North Central Wisconsin and one of the highest points in the entire State of Wisconsin;

Whereas Rib Mountain is home to the Granite Peak Ski Area, one of the first ski areas in North America, where thousands of visitors come annually to ski or snowboard;

Whereas Rib Mountain State Park, situated on Rib Mountain, is over 1,500 acres and boasts a well-maintained network of hiking and nature trails with breathtaking views; and

Whereas Rib Mountain State Park attracts visitors from the local community as well as from across the State and the country: Now, therefore, be it

Resolved, That the Senate—

(1) affirms the importance of Rib Mountain to the culture and economy of Wisconsin;

(2) recognizes the legend of Paul Bunyan as the embodiment of the frontier spirit; and

(3) requests that the Secretary of the Interior recognize the legendary burial site of Paul Bunyan by adding Rib Mountain to the National Register of Historic Places.

SENATE RESOLUTION 207—DESIGNATING THE WEEK OF JULY 9 THROUGH JULY 15, 2017 AS "SARCOMA AWARENESS WEEK" AND DESIGNATING JULY 15, 2017 AS "LEIOMYOSARCOMA AWARENESS DAY"

Ms. STABENOW submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 207

Whereas a soft tissue sarcoma is a rare type of cancer, accounting for approximately 1 percent of all newly diagnosed cancers, that arises in the connective tissue of the body;

Whereas the National Institutes of Health designates sarcoma as a rare form of cancer, with sarcoma containing approximately 70 different subtypes;

Whereas sarcomas are largely resistant to current chemotherapy agents, immunotherapy agents, and radiation therapies, posing a formidable challenge for researchers and specialists;

Whereas sarcoma subtypes have largely not received benefit from immunotherapies due to the complexity of the DNA, genomes, and mutations associated with the many variations in the sarcoma subtype landscape;

Whereas leiomyosarcoma (referred to in this preamble as "LMS") is a malignant, aggressive subtype of soft tissue sarcoma derived from smooth muscle cells typically of uterine, gastrointestinal or soft tissue origin, and can metastasize to the bone, spine, brain, and liver;

Whereas the National Institutes of Health classifies LMS as a rare disease, accounting for approximately 15 percent of all sarcomas, and LMS itself encompasses at least 4 different LMS subtypes;

Whereas LMS primarily affects adults without regard to gender;

Whereas research and clinical trials for LMS remain complicated and the prospects for long-term survival remain poor;

Whereas multidisciplinary care coordination teams, because of their expertise and experience, are critical to the health of sarcoma and LMS patients;

Whereas sarcoma and LMS research will allow medical professionals to improve the quality of care for affected patients, lead to better clinical outcomes, and promote longer survival for patients; and

Whereas increased education and awareness about sarcoma and LMS will contribute to the well-being of the communities of the United States: Now, therefore, be it

Resolved, That the Senate—

(1) designates the week of July 9 through July 15, 2017, as "Sarcoma Awareness Week";

(2) designates July 15, 2017, as "Leiomyosarcoma Awareness Day";

(3) recognizes the challenges faced by sarcoma and leiomyosarcoma patients; and

(4) commends the dedication of organizations, volunteers, researchers, and caregivers across the country working to improve the quality of life of sarcoma and leiomyosarcoma patients and their families.

SENATE RESOLUTION 208—EXPRESSING THE SENSE OF THE SENATE THAT FLOWERS GROWN IN THE UNITED STATES SUPPORT THE FARMERS, SMALL BUSINESSES, JOBS, AND ECONOMY OF THE UNITED STATES, THAT FLOWER FARMING IS AN HONORABLE VOCATION, AND DESIGNATING JULY AS "AMERICAN GROWN FLOWER MONTH"

Mrs. FEINSTEIN (for herself and Ms. MURKOWSKI) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 208

Whereas cut flower growers in the United States are hard-working, dedicated individuals who bring beauty, economic stimulus, and pride to their communities and the nation;

Whereas the people of the United States have a long history of using flowers and greens grown in the United States to bring beauty to important events and express affection for loved ones;

Whereas consumers spend almost \$27,000,000,000 each year on floral products, including cut flowers, garden plants, bedding, and indoor plants;

Whereas nearly 30 percent of households in the United States purchase fresh cut flowers and greens from more than 16,000 florists and floral establishments each year;

Whereas the people of the United States increasingly want to support domestically produced foods and agricultural products and would prefer to buy locally grown flowers whenever possible, yet a majority of domestic consumers do not know where the flowers they purchase are grown;

Whereas in response to increased demand, the "Certified American Grown Flowers" logo was created in July 2014 in order to educate and empower consumers to purchase flowers from domestic producers;

Whereas as of April 2017, millions of stems of domestically grown flowers are now "Certified American Grown";

Whereas domestic flower farmers produce thousands of varieties of flowers across the United States, such as peonies in Alaska, Gerbera daisies in California, lupines in Maine, tulips in Washington, lilies in Oregon, and larkspur in Texas;

Whereas the 5 flower varieties with the highest United States production are tulips, Gerbera daisies, lilies, gladiolas and irises;

Whereas people in every State have access to domestically grown flowers, yet only 1 of 5 flowers sold in the United States is domestically grown;

Whereas the domestic cut flower industry creates almost \$42,000,000 in economic impact daily and supports hundreds of growers, thousands of small businesses, and tens of thousands of jobs in the United States;

Whereas more people in the United States are expressing interest in growing flowers locally, which has resulted in an approximately 20 percent increase in the number of domestic cut flower farms between 2007 and 2012;

Whereas most domestic cut flowers and greens are sold in the United States within 24 to 48 hours after harvest and last longer than flowers shipped longer distances;

Whereas flowers grown domestically enhance the ability of the people of the United States to festively celebrate weddings and births, and honor those who have passed;

Whereas flower-giving has been a holiday tradition in the United States for generations;

Whereas flowers speak to the beauty of motherhood on Mother's Day; and to the spirit of love on Valentine's Day;

Whereas flowers are an essential part of other holidays such as Thanksgiving, Christmas, Hanukkah, and Kwanzaa;

Whereas flowers help commemorate the service and sacrifice of our Armed Forces on Memorial Day and Veterans Day; and

Whereas the Senate encourages the cultivation of flowers in the United States by domestic flower farmers: Now, therefore, be it

Resolved, That the Senate—

(1) designates July 2017 as "American Grown Flower Month";

(2) recognizes that purchasing flowers grown in the United States supports the farmers, small businesses, jobs, and economy of the United States;

(3) recognizes that growing flowers and greens in the United States is a vital part of the agricultural industry of the United States;

(4) recognizes that cultivating flowers domestically enhances the ability of the people of the United States to festively celebrate holidays and special occasions; and

(5) urges all people of the United States to proactively showcase flowers and greens grown in the United States in order to show support for our flower farmers, processors, and distributors as well as agriculture in the United States overall.

SENATE RESOLUTION 209—COMMEMORATING THE 40TH ANNIVERSARY OF THE SILICON VALLEY LEADERSHIP GROUP, THE PREEMINENT PUBLIC POLICY TRADE ASSOCIATION IN SILICON VALLEY

Mrs. FEINSTEIN (for herself and Ms. HARRIS) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 209

Whereas the Silicon Valley Leadership Group (referred to in this preamble as the "Leadership Group"), founded by David Packard in 1978, advocates on behalf of Silicon Valley employers in the interest of improving the economic health of and quality of life in Silicon Valley;

Whereas the Leadership Group represents nearly 400 member companies that constitute 1 in 3 private sector jobs in Silicon Valley;

Whereas the Leadership Group was integral in establishing a permanent regional office of the United States Patent and Trademark Office in Silicon Valley, facilitating creativity, innovation, and efficiency for local companies and creating new economic and employment opportunities;

Whereas the Leadership Group was a crucial partner in promoting the restoration of the San Francisco Bay and restoring wildlife habitat by reducing toxins and pollutants, improving water quality, and protecting communities from floods;

Whereas the Leadership Group has been vital in the development of transportation improvements, including helping secure funding for the electrification of Caltrain, which will replace diesel trains with high-performance electric trains, nearly doubling ridership, reducing travel times, cutting emissions, and creating 9,600 additional employment opportunities across the United States; and

Whereas the Leadership Group has supported and contributed to organizations such as Second Harvest Food Bank, Housing Trust

Silicon Valley, Healthier Kids Foundation Santa Clara County, Christmas in the Park in San Jose, and many other organizations that help improve the quality of life in the Silicon Valley region: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes the significant contributions of the Silicon Valley Leadership Group and the members of the Silicon Valley Leadership Group to the economic health of and quality of life in Silicon Valley; and

(2) commemorates the 40th anniversary of the Silicon Valley Leadership Group.

Mrs. FEINSTEIN. Mr. President, I rise today to recognize the 40th anniversary of the founding of the Silicon Valley Leadership Group.

Founded by David Packard in 1978, the Leadership Group has worked tirelessly to improve the economic health and quality of life in Silicon Valley. I have had the pleasure of working closely with the Silicon Valley Leadership Group—and its Chief Executive Officer Carl Guardino—on many issues important to the San Francisco Bay Area.

For instance, the Leadership Group has been an indispensable partner in efforts to restore the San Francisco Bay and its critical wetlands. Just last year, they helped secure \$500 million for those restoration efforts. The Leadership Group was integral in establishing a permanent U.S. Patent and Trademark office in San Jose. That office now supports the creativity and innovation that made Silicon Valley the global leader of the digital revolution. Most recently, the Leadership Group was a driving force in developing transportation improvements in Silicon Valley—including the electrification of the Caltrain system that will cut travel times and improve air quality for countless Californians.

Mr. President, I urge my colleagues to join me in supporting this resolution to recognize the Silicon Valley Leadership Group and its contributions to Silicon Valley, the state of California and our national economy.

Thank you.

REQUESTS FOR AUTHORITY FOR COMMITTEES TO MEET

Mr. McCONNELL. Mr. President, I have nine requests for committees to meet during today's session of the Senate. They do not have the approval of the Democratic leader for the seventh consecutive legislative day, therefore, they will not be permitted to meet after 2 p.m. I ask unanimous consent that the list of committees requesting authority to meet be printed in the RECORD for today's session and the previous 2 days.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

Monday, June 26, 2017.

Five requests for committees to meet for the following committees:

Subcommittee on Airland

Subcommittee on Cybersecurity

Subcommittee on Readiness and Management Support

Subcommittee on Seapower

Subcommittee on Strategic Forces

Tuesday, June 27, 2017.

Five requests for committees to meet for the following committees:

Committee on Armed Services

Committee on the Judiciary

Subcommittee on Emerging Treaties and Capabilities

Subcommittee on Personnel

Subcommittee on Oceans, Atmosphere, Fisheries, and Coast Guard

Wednesday, June 28, 2017.

Nine requests for committees to meet for the following committees:

Committee on Armed Services

Committee on Commerce, Science, and Transportation

Committee on Foreign Relations

Committee on Homeland Security and Governmental Affairs

Committee on the Judiciary

Committee on Veterans' Affairs

Committee on Intelligence

APPOINTMENTS

The PRESIDING OFFICER. The Chair, on behalf of the Vice President, pursuant to Section 1295b(h) of title 46 App., United States Code, appoints the following Senators to the Board of Visitors of the U.S. Merchant Marine Academy: the Honorable JOHN THUNE of South Dakota (ex officio as Chairman, Committee on Commerce, Science and Transportation) and the Honorable DEB FISCHER of Nebraska (Committee on Commerce, Science and Transportation).

The Chair, on behalf of the Vice President, pursuant to 10 U.S.C. 4355(a), appoints the following Senator to the Board of Visitors of the U. S. Military Academy: the Honorable JERRY MORAN of Kansas (Designated by the Chairman of the Committee on Armed Services).

The Chair, on behalf of the majority leader, pursuant to the provisions of Public Law 114-323, appoints the following individual to serve as a member of the Western Hemisphere Drug Policy Commission: John Walters of the District of Columbia.

MEASURE READ THE FIRST TIME—S. 1460

Mr. McCONNELL. Mr. President, I understand there is a bill at the desk, and I ask for its first reading.

The PRESIDING OFFICER. The clerk will read the bill by title for the first time.

The senior assistant legislative clerk read as follows:

A bill (S. 1460) to provide for the modernization of the energy and natural resources policies of the United States, and for other purposes.

Mr. McCONNELL. I now ask for a second reading and, in order to place the bill on the calendar under the provisions of rule XIV, I object to my own request.

The PRESIDING OFFICER. Objection is heard.

The bill will be read for the second time on the next legislative day.

ORDERS FOR THURSDAY, JUNE 29, 2017

Mr. McCONNELL. Mr. President, I ask unanimous consent that when the

Senate completes its business today, it adjourn until 11 a.m., Thursday, June 29; 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 proceed to

executive session and resume consideration of the Rao nomination with the time until the cloture vote equally divided between the two leaders or their designees.

The PRESIDING OFFICER. Without objection, it is so ordered.

ADJOURNMENT UNTIL 11 A.M.
TOMORROW

Mr. McCONNELL. If there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order.

There being no objection, the Senate, at 6:43 p.m., adjourned until Thursday, June 29, 2017, at 11 a.m.

EXTENSIONS OF REMARKS

HONORING CAPTAIN DAVID
LEMIRE AS THE 2016 MARQUETTE
POLICE OFFICER OF THE YEAR

HON. JACK BERGMAN

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2017

Mr. BERGMAN. Mr. Speaker, it's my honor to recognize Captain David Lemire as the 2016 Marquette Police Officer of the Year. The Marquette Police Officer of the Year Award is presented annually to a well-rounded law enforcement officer who has excelled in the line of duty by demonstrating a distinct pattern of community service and professional achievement.

Captain Lemire was born and raised in Marquette, where, after serving for a decade in the U.S. Army, he returned to give back to his community. For 25 years, David served the citizens of Marquette with distinction, honesty, and a willingness to take responsibility. Honor is David's defining characteristic, and he undertakes every endeavor with discipline and dedication. As a decorated officer, he has received numerous awards that speak to his character, including: A Life Saving Citation for the rescue of two persons on a capsized boat on Lake Independence, the Michigan State Police Award for Professional Excellence, an award for Exemplary Performance and Professionalism from the Michigan Army National Guard for his assistance after a helicopter crash, and the Outstanding Instructor Award at the Northern Michigan University Regional Police Academy in both 2002 and 2010.

These awards only begin to describe David's commitment to his community. For every recognized deed, there are hundreds of small achievements that are never acknowledged in the public eye. There is no doubt that Captain Lemire's countless achievements are a contributing factor to Marquette being named one of the safest cities in the United States. Moreover, it's clear that he has positively impacted the citizens of Marquette County. David has received myriad letters of appreciation from citizens thanking him for his comfort and kind words after the death of a family member or at the scene of a tragic accident. His commitment to justice and public service has gone beyond the call of duty. Captain David Lemire has consistently set an example of what a police officer should strive to achieve in their career.

Mr. Speaker, Captain Lemire's long list of accomplishments cannot be understated, and I am confident that he will continue to serve as a role model for the next generation of great community leaders in Michigan's First District. His wife, Cindy, and son, Mitchell, can take pride in knowing the Upper Peninsula is a better place thanks to David's work. On behalf of my constituents and the First District of Michigan, I wish to congratulate Captain David Lemire on being named the 2016 Marquette Police Officer of the Year.

HONORING THE NEWTOWN BEE

HON. ELIZABETH H. ESTY

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2017

Ms. ESTY of Connecticut. Mr. Speaker, I rise today to honor The Newtown Bee, a weekly paper based in Newtown, Connecticut, upon the 140th Anniversary of its first publication. For well over a century, The Newtown Bee has chronicled the town's history and informed the Newtown community.

The Newtown Bee was first published on June 28, 1877, and was initially led by editor John Pearce. Brothers Reuben and Allison Smith purchased the paper in 1881, and their leadership brought the paper increased prominence. Successive generations of the Smith family have been committed to The Newtown Bee's success and have ensured the paper's weekly publication, totaling over 7,000 issues. Despite changes in journalism, The Newtown Bee has remained a relevant part of the Newtown community, while keeping its historic charm. It is still published as a traditional eight column broadsheet newspaper, but it also pioneered Connecticut's first online newspaper in 1995.

The Newtown community has looked to The Newtown Bee paper for information on town government activities, the work of public officials and business leaders, and even profiles of their neighbors. Since 1903, The Newtown Bee has been run from the same historic building on Church Hill Road, which is topped with an iconic bee weathervane. Moreover, members of the Smith family have been active members of our community, supporting local sports teams, the arts, and community organizations such as the Chamber of Commerce and the Rotary Club.

Mr. Speaker, The Newtown Bee has been a vital and successful institution in Newtown, Connecticut for 140 years, and the leadership of the Smith family has ensured the community is informed and engaged in civic life. Therefore, it is fitting and proper that we honor the paper and the many leaders who have ensured its success here today.

PERSONAL EXPLANATION

HON. RICK LARSEN

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2017

Mr. LARSEN of Washington. Mr. Speaker, due to a request by the Governor of Washington to lead the largest-ever state delegation to the International Paris Air Show, I was unable to participate in floor proceedings for the week of June 19–23, 2017.

Had I been present, I would have voted: YEA on Roll Call No. 309; YEA on Roll Call No. 310; NAY on Roll Call No. 311; NAY on Roll Call No. 312; NAY on Roll Call No. 313;

YEA on Roll Call No. 314; NAY on Roll Call No. 315; NAY on Roll Call No. 316; NAY on Roll Call No. 317; YEA on Roll Call No. 318; NAY on Roll Call No. 319; YEA on Roll Call No. 320; NAY on Roll Call No. 321; YEA on Roll Call No. 322.

THE UNITED STATES MUST NOT
ABANDON THE PEOPLE OF TIBET

HON. BETTY MCCOLLUM

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2017

Ms. MCCOLLUM. Mr. Speaker, the people of Tibet are living under China's repressive rule and their culture, religion, and way of life is at risk of being extinguished. The human rights abuses and constant repression on Tibetans perpetrated by China are intolerable and must be resisted by the United States and this Congress. Religious freedom and the preservation of Tibetan cultural and linguistic traditions are essential to a new generation of Tibetans, both inside Tibet and in exile communities in India, Nepal, and the United States (including our vibrant community in Minnesota).

Past U.S. administrations have supported human rights, democracy, and education programs for the people of Tibet. Whether it is Tibetan language broadcasts as a source of independent information, the Tibetan Scholarship Program, or the Ngawang Choephel Fellows Program, these modest U.S. investments have had a strong and positive impact on creating a pathway for Tibetan leaders and voices of freedom. USAID has made important investment in support of Tibetans inside Tibet and living as refugees.

It is unacceptable that the Trump administration's fiscal year 2018 budget eliminates funding for many of the important programs supporting the people of Tibet. It is up to Congress to ensure necessary funds are appropriated to sustain the Tibetan programs for the coming fiscal year. Eliminating these funds, as proposed, is an abandonment of the Tibetan people and will give China a green light to accelerate their cruel repression and destruction of Tibetan lives and culture.

There is one additional issue that is of utmost urgency, the appointment of a new Special Coordinator for Tibetan Issues at the Department of State. This position, authorized in the Tibetan Policy Act of 2002, is intended to guide U.S. policy toward Tibet and communicate directly with the Chinese government. I would urge Secretary Tillerson and the White House to fill this position immediately.

Last weekend, Minnesota had the honor of hosting His Holiness the 14th Dalai Lama. I had the privilege of attending a public event with His Holiness and giving remarks before Minnesota's large and strong community of Tibetan refugees. The remarks below were delivered at that event and I ask that they be included in the RECORD:

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

REMARKS BY CONGRESSWOMAN BETTY MCCOLLUM—COMMUNITY PUBLIC TALK WITH THE TIBETAN AMERICAN FOUNDATION OF MINNESOTA HONORING HIS HOLINESS THE 14TH DALAI LAMA OF TIBET, MINNEAPOLIS, MINNESOTA, JUNE 24, 2017

Good morning! I am so pleased to be here with Minnesota's strong and thriving Tibetan community.

I wish to thank the Tibetan American Foundation of Minnesota for inviting me to join you this morning.

Only one month ago—in May—I was in Dharamsala, India as part of an official congressional delegation led by the Democratic Leader Nancy Pelosi. In Dharamsala my colleagues and I were humbled to be received very warmly and graciously by His Holiness the Dalai Lama. We had a very special visit with His Holiness.

Today, it is our honor to welcome His Holiness to Minnesota and his presence is a blessing and inspiration for all of us.

Please accept my offer of strong support for Tibetans in Minnesota and across the U.S., for the Tibetan community in India and Nepal, and all Tibetans living in exile.

The refugee experience, being forced from ones homeland, fleeing violence and persecution, is a journey of loss, pain, and suffering. You never forget home, but now you have a second home and together we must make this home in America one of safety, hope, and opportunity.

We want this home to be welcoming for your families and a place where you have the freedom to maintain your culture, practice your beliefs, and sustain your rich traditions as Tibetans. I know firsthand the important contributions Tibetan-Americans are making here in Minnesota and I am grateful. Your community makes Minnesota a stronger, better state.

In 2015, I was in Tibet, your homeland. I experienced the mountains, the thin air in my lungs, and the warmth of the Tibetan people I met. But, there was also the heavy burden of a land that is not free. The people of Tibet are not free.

Today, let us focus our minds, our hearts, our prayers, and, as free people, let us work to make the people of Tibet free. It is long past time for China's repression in Tibet to end. The human rights abuses must stop. The prisoners of conscience must be set free. The destruction of Tibetan culture and the repression of Buddhist monks and scholars must stop.

With great sadness, I must tell you that two weeks ago I received a letter from China's Counsel General in Chicago asking me to refrain from "any contact with the Dalai Lama in any form." The letter called today's gathering a platform for a separatist plot.

There is no plot, only a path of peace and dialogue. Let us follow His Holiness on that path, a path to separate the Tibetan people from political repression, a path to separate Tibet from endless acts of cultural destruction, and a path to separate the political and religious prisoners from their cells and their suffering.

As a Member of Congress, I urge the Congress and the President of the United States to stand with the people of Tibet to promote human rights, religious freedom, and a meaningful political dialogue.

China is a powerful country. But, the United States is a free and powerful country. The United States must never abandon our commitment to freedom, justice, and human rights around the world. And, we must never abandon the people of Tibet.

I will work in Congress to continue U.S. funding for all Tibetan programs, scholarships, and assistance for refugees. And, I will work to pass H.R. 1872—the "Reciprocal Access to Tibet Act of 2017."

Let me also urge President Trump to meet directly with His Holiness the Dalai Lama and listen to his wise and compassionate insights. Mr. Trump needs to hear why ongoing U.S. support for Tibet is vital.

The teachings of His Holiness are not only wise, they are in the best interest of the United States and of all of mankind. Let us love our planet and work to stop climate change. Let us welcome refugees and all who flee violence and suffering whether Buddhist, Christian or Muslim. Let us open our hearts to the poor and the vulnerable—in our own communities and around the world.

Minnesota is blessed by our Tibetan brothers and sisters. And, today we are blessed by the presence of His Holiness and his teachings.

May peace be upon us all and may we follow its path together.

Thank you.

HONORING NINE SOFTBALL PLAYERS FOR RECEIVING ALL-STATE HONORS

HON. JACK BERGMAN

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2017

Mr. BERGMAN. Mr. Speaker, it's my honor to recognize nine exceptional young women from Michigan's First District who have been recognized as All-State athletes in the state of Michigan by the Michigan High School Softball Coaches Association. Receipt of All-State Honors signifies that these young women dedicated themselves entirely, through countless hours of practice and preparation, to their sport.

These outstanding young women may represent different schools and different teams, but they all share a unique love of the game. Onaway Cardinals pitcher Calley Selke, for instance, earned the right to be called an All-State athlete.

Additionally, the Alpena Wildcats took their seventh straight Big North Conference title with outfielder Liz Kendzierski and utility player Jade Schultz represented among those who earned All-State Honors.

The Rogers City Hurons had several players who were selected to receive All-State Honors including pitcher Jayna Hance, shortstop Kayla Rabeau, third baseman Hannah Fleming, outfielder Taylor Fleming, and designated player Saige Wagner. These young women led the Hurons to their sixth straight district title and fourth regional title in five years.

Not to be outdone, the Indian River Inland Lakes Bulldogs, a team that boasted two All-State athletes of its own in pitcher Chloe Mallory and catcher Pamela Braund, ultimately prevailed as Division 4 State Champs.

Mr. Speaker, it's my honor to recognize these young women as recipients of All-State Honors for the sport of softball. Their accomplishments have brought pride to their teams, schools, and hometowns. They have set a positive example of what is possible for anyone in Michigan's First District. On behalf of my constituents, I wish to congratulate Jayna Hance, Kayla Rabeau, Hannah Fleming, Taylor Fleming, Saige Wagner, Chloe Mallory, Pamela Braund, Calley Selke, Liz Kendzierski, and Jade Schultz and wish them all the best in their future endeavors.

CONGRATULATING LA CROSSE FIRE CHIEF GREGG CLEVELAND ON HIS RETIREMENT

HON. RON KIND

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2017

Mr. KIND. Mr. Speaker, today I rise in honor of the career of La Crosse Fire Chief Gregg Cleveland, who will be retiring in June of 2017. He has served as a firefighter for more than 36 years, including 11 years as the La Crosse Fire Chief.

Chief Cleveland's years of service as a firefighter are exemplary in every respect. He earned an Associate Degree in Fire Protection from Fox Valley Technical College, a Bachelor's degree in Business Administration from Lakeland College, and a Master's Degree in Public Administration from the University of Wisconsin-Oshkosh. He is also a graduate of the Executive Fire Officer's program.

Chief Cleveland began his career more than three decades ago with the Menasha Fire Department. He then served as Chief of the Marshfield Fire Department for 15 years, and later took over as chief of the La Crosse Fire Department in 2006. In addition to this service in fire departments, Chief Cleveland has also been active in other firefighting organizations, including the Wisconsin State Fire Chiefs Association, where he served as President and advocated for the organization on numerous issues. He also served with the National Fire Protection Association (NFPA), where he was a member of NFPA's North Central Regional Fire Code Development Committee, and served as Secretary of NFPA's Fire Service Section.

Under Chief Cleveland's leadership, the City of La Crosse has seen numerous changes for the better in the fire service industry. In 2014, the La Crosse Fire Department received international accreditation, demonstrating the quality of the Department. That same year, he was instrumental in consolidating the La Crosse Building and Inspection Department into the Fire Department, which created a new Division of Fire Prevention and Building Safety. He also helped the Department lead the way on health issues, making the Department one of the first in the state to carry an opioid overdose antidote.

Chief Cleveland's leadership was crucial to the City of La Crosse when the city faced emergency situations and natural disasters. These included an EF2 tornado that struck the south side of La Crosse in 2011 and a building explosion on the north side of the city in 2014. Thanks to Chief Cleveland's leadership, the City of La Crosse has been able to recover from these situations and continue to grow and prosper.

It has been an honor for me to serve as U.S. Representative for Wisconsin's Third Congressional District during Chief Cleveland's tenure in La Crosse. He will be greatly missed by the La Crosse Fire Department and the people he helped throughout his career. On behalf of my constituents in Wisconsin and a grateful nation, I would like to thank and commend Chief Cleveland for his years of service in the fire service industry. I wish him and his family all the best in his retirement.

HONORING GEORGEANN COWLES
EISKAMP

HON. JIMMY PANETTA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2017

Mr. PANETTA. Mr. Speaker, I rise today to recognize the Santa Cruz County Farm Bureau's Farmer of the Year for 2017, Ms. Georgeann Cowles Eiskamp. Georgeann owns Cowles Berry Farm, where she and her family grow berries. The Santa Cruz County Farm Bureau selected her for this honor, and presents this award annually to farmers who contribute beyond their normal duties in service to their community.

Born and raised in Watsonville, California, Georgeann graduated from Watsonville High School in 1957 and earned her Bachelor of Science degree from Purdue University in 1971. In 1999, she returned to Watsonville to work on her father's ranch. During this time, Georgeann learned the farming industry from the ground up, from weeding to bookkeeping. When Georgeann's father passed away in 2006, she took over farming operations at Cowles Berry Farm, making her a 5th generation farmer. In addition to berries, Georgeann has grown Syrah wine grapes and had a successful wine submission at the 2008 Santa Cruz County Fair.

Georgeann is a model of productive civic engagement, and serves her community in a myriad of ways. She serves as the Founding Co-Chair of the Down to Earth Women Luncheon Committee, which raises funds for local agricultural education programs. Additionally, Georgeann currently serves on the Board of Directors for the educational organization Agriculture. This remarkable organization based in Watsonville operates numerous programs that raise awareness about the complexities of the agriculture industry in an easily accessible way. In particular, the "Focus Agriculture" program, a first-in-the-nation program, provides opportunities for community leaders to participate in an intensive program to learn about a broad spectrum of agriculture topics. I had the chance to participate in this award-winning program, and have found the lessons I learned there to be very helpful to me as a member of the House Agriculture Committee. Georgeann is also an active member of the Watsonville Rotary Club and regularly leads fundraising efforts for wonderful causes in her community and around the world. Some of these causes include support for victims of the 2010 Haitian earthquake, new vans for Renaissance High School, and providing medical care and clean water to a village in Peru.

Mr. Speaker, it is my pleasure to recognize Georgeann Cowles Eiskamp as the Santa Cruz County Farm Bureau's 2017 Farmer of the Year. I am sure we will continue to hear more of her great work in the community for years to come.

WELCOMING PRESIDENT MOON
JAE-IN

HON. TOM MARINO

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2017

Mr. MARINO. Mr. Speaker, I rise today to welcome South Korean President Moon Jae-in on his first trip to the United States.

South Korea is one of our staunchest allies and has been an excellent friend to the United States. I recently had the awesome opportunity to visit South Korea and was able to meet with many different government officials to hear more about the issues and concerns that are confronting the region. While there are several pressing concerns facing South Korea, and the region, if we remain committed as allies and friends we will continue to see peace and stability.

I know that President Trump and President Moon will have an excellent, friendly, and productive meeting. I look forward to continuing to support South Korea as a Member of Congress and hope that President Moon enjoys his time in the United States.

**TRIBUTE TO DAVID COX, BOY
SCOUTS 2017 DANIEL BOONE VI-
SIONARY AWARD RECIPIENT**

HON. HAROLD ROGERS

OF KENTUCKY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2017

Mr. ROGERS of Kentucky. Mr. Speaker, I rise today to congratulate a remarkable leader in southern and eastern Kentucky, Mr. David Cox, upon receiving the 2017 Daniel Boone Visionary Award presented by the Boy Scouts of America Daniel Boone Council.

The Daniel Boone Visionary Award was developed to recognize community leaders who make significant contributions to improve the local district, including Whitley, Laurel, Knox, Bell, Clay, Harlan and Jackson counties. The award recipients are recognized for their contributions to economic growth, education and leadership development in our youth.

David Cox is a worthy recipient of this prestigious award due to the tremendous vision and leadership he has exemplified as Superintendent of the Corbin Independent School System. He has dedicated 25 years as an educator and administrator for the Corbin Independent School System and in less than two years at the helm, students are making marked improvements. Currently, the Corbin Independent School System is ranked fourth out of 173 school districts in the Commonwealth of Kentucky, based on the Kentucky Core Content Test, placing the district in the state's 98th percentile for achievement. Additionally, Corbin Redhounds consistently rank among the top in the state for College and Career Readiness preparation and average ACT scores. Not only do they excel in academics, but students achieve incredible success in arts and athletics as they rank among the state elite each year as well.

Mr. Cox continues to lead his high performing students and staff by living the school's motto: "Striving to be the Best!" He has worked diligently to ensure students in our

region have access to the most innovative technology, advanced facilities and the very best opportunities for education.

Mr. Speaker, I applaud the outstanding contributions that David Cox has made in educating our future leaders in southern and eastern Kentucky, and the inspiration and drive he instills in them to give back to their communities—a core mission of the Boy Scouts. Congratulations to David Cox on receiving the 2017 Daniel Boone Visionary Award.

RECOGNIZING CINDA KLINKNA

HON. RODNEY DAVIS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2017

Mr. RODNEY DAVIS of Illinois. Mr. Speaker, I rise today to recognize Cinda Klickna, a friend, educator, public servant, and president of the Illinois Education Association. After a long and successful career, Cinda will be retiring later this year.

Cinda's career began in Springfield, Illinois, where she taught high school English and Advanced Placement Literature. In 1997, she was awarded the Illinois State Genealogical Society Community Service Award for her classroom's research of an abandoned cemetery at Lake Sangchris.

After leaving the classroom, Cinda started with the IEA as a legislative intern, working with the late State Senator Vince Demuzio, State Representative Richard Reilly, and State Senator Terry Bruce. Before becoming an IEA officer, Cinda served on the IEA Board of Directors, the National Education Association Board of Directors, and as president of the Springfield Education Association. Additionally, she has chaired committees on Partnerships for Educational Innovation and the Legislative Committee for the IEA, as well as the Membership Services and Affiliate Relationships for the NEA.

Cinda has been recognized as the first teacher to serve as the chair of the Education Committee for the Greater Springfield Area Chamber of Commerce, and her public service has extended to membership on United Way Board.

I am honored to recognize Cinda's accomplishments and her dedication to education and the Illinois Education Association. Best wishes for a happy retirement.

**IN RECOGNITION OF BRENDA
WOOD**

HON. JOHN LEWIS

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2017

Mr. LEWIS of Georgia. Mr. Speaker, I rise to pay tribute to Brenda B. Wood, a premier broadcast journalist, one of the best in our region, who has been a newsmaker and news breaker in the Atlanta metro area since 1988. She decided to retire this year after dedicating over 40 years to her career, but I understand she will be returning to the small screen to work on special creative projects. We want to pay tribute to her as she moves into this next phase of her contribution to metropolitan Atlanta.

Ms. Wood was born in Washington, DC, graduated from Takoma Park Academy and got her degree in mass media from Loma Linda University in Southern California in 1977. She reported for several stations in Alabama and Tennessee following her graduation from college but was hired as the evening news anchor and reporter in the Atlanta market first by WAGA-TV, where she hosted an Emmy award-winning news magazine show called *Minute by Minute*. In 1997, she joined WXIA-TV as its 6 p.m. and 11 p.m. weekday news anchor and spent the next 20 years of her career at the station. Ms. Wood became a trusted voice on the air. We could depend on her to get to the heart of the issues and keep the metro area informed with all the news we needed to know to participate effectively in a democratic society. Her coverage was incisive, balanced, and comprehensive.

During her tenure, Ms. Wood interviewed top newsmakers like President Jimmy Carter, Egypt's former First Lady Jehan Sadat, Ambassador Andrew Young, Cher, the rapper T.I. and many others. She produced several award-winning prime time specials, including *Remembering the 1996 Olympics*, the year Atlanta hosted the games, *A Conversation Across America*, *50 Years of Change*, *Mission of Hope*. Ms. Wood developed several special broadcast series like, *Journeys with Brenda Wood*, a news magazine show, *The Last Word* commentaries, and *The Daily 11* at 7 with Brenda Wood, another award-winning primetime show.

She has taken home 20 Emmy awards and garnered many different honors. Most notably, Ms. Wood was named Georgia Woman of the Year in 2013, was granted the Legacy Award of the Atlanta Business League, the NAACP's Phoenix Award for Best News Anchor, and inducted into the Atlanta Press Club Hall of Fame in 2014, among a host of other honors.

Our community has loved to watch her tell the stories that gave meaning to our lives in the South and described our world so accurately. Ms. Wood never ceased to inform us, inspire us, and will always be a shining light for our city. We all will miss seeing her on the air, but know that Brenda Wood will continue to serve our community as a leader who can bring people and good ideas together.

RECOGNIZING DETECTIVE SCOTT J. WILLIAMS FOR HIS SERVICE

HON. CHERI BUSTOS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2017

Mrs. BUSTOS. Mr. Speaker, I rise today to recognize Detective Scott J. Williams, who is retiring from the Moline Police Department. Detective Williams has honorably served the people of Moline for the past 30 years and he will be greatly missed.

Detective Williams began his lifelong career in public service in 1981 as a correctional officer with the Rock Island County Sheriff's Office prior to joining the United States Marine Corps, where he served with the Department of State in Embassy Security. Upon returning home, he continued his education and joined the Moline Police Department in 1987.

Detective Williams has served every level of our community with great distinction and heart over the past three decades. His impressive career has spanned from undercover work with the Quad-City Metropolitan Enforcement Group to reduce drugs on our streets, to working as a DARE officer in newly created drug education programs. Detective Williams has always gone above and beyond to strengthen our community in these roles, in addition to being president of the Police Benevolent Association.

Detective Williams has dedicated his career to ensuring public safety, and striving to protect and improve the lives of individuals within his community. I am confident that he will continue to do just that as he joins the United States Marshal's Office at the Scott County Federal Courthouse in the next chapter of his career. I am proud to have such dedicated civil servants in Illinois' 17th Congressional District, and the role he has played in bettering our community will not be forgotten.

Mr. Speaker, I would like to thank Detective Williams for his commitment to public service and the example he has set for our community. I congratulate him again and wish him luck in his future endeavors.

HONORING THE LIFE OF DIETRICH STROEH

HON. JARED HUFFMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2017

Mr. HUFFMAN. Mr. Speaker, I rise today in memory of Dietrich (Diet) Stroeh, who passed away on May 30, 2017, after a lifetime of public service to his community. Born on October 22, 1936, Mr. Stroeh attended the University of Nevada where he earned a degree in civil engineering before joining the United States Air Force Reserves in 1955. After joining the Marin Municipal Water District as an engineer in 1960, he served a variety of roles in the agency, and became the General Manager in 1974. After twenty years with the agency Mr. Stroeh co-founded an engineering firm in 1980, which eventually became CSW/Struber-Stroeh Engineering group. He successfully ran the firm for 37 years until his passing.

Mr. Stroeh's legacy to the community extends from a personal mission to serve the public that was evident throughout his professional life. As the General Manager of the Marin Municipal Water District, his creative leadership was critical for securing Marin County's water supply during the 1976 California Drought. His solutions led to the development of a new in-county water supply, the county's first comprehensive water management plan, and the implementation of conservation education throughout the region. These events led the local press to declare him "the hero of the drought," because he not only ran the agency during this time, but genuinely inspired a community ethic to conserve water as an ongoing practice. Mr. Stroeh had a dual life as a civil engineer by trade and a tireless public servant throughout his tenure on numerous volunteer boards and commissions. His volunteer services include such roles as Director of the North Coast Rail Road

Authority, Director of the Bank of Marin, chair of the Novato Economic Development Commission, member of the Bay Area Water Works Association, and president of the Golden Gate Bridge District's Board of Directors, among many others.

Mr. Stroeh is survived by his wife Dawna Gallagher-Stroeh and his beloved children: Christina Stroeh, Jody Hunter, Erica Antonio, David Brown and Dona Brown, his seven grandchildren, five nieces and nephews, and four cats.

Mr. Speaker, the depth of Mr. Stroeh's service to his community has left a positive legacy across the Bay Area, and he will be dearly missed. When asked about his role on the Golden Gate Bridge District, Mr. Stroeh once reflected that he was "just a cog in the machine," a typically humble comment from a man who dedicated his life to public service. It is therefore appropriate that we pay tribute to him today and honor the memory of leadership that sought service above self.

HONORING THE FIRST RESPONDERS OF THE JUNE 14, 2017 SHOOTING AT EUGENE SIMPSON PARK

HON. DONALD S. BEYER, JR.

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2017

Mr. BEYER. Mr. Speaker, I rise today to commend the City of Alexandria's First Responders to the scene of the shooting at Eugene Simpson Memorial Park in my district in Alexandria, Virginia.

Two weeks ago today, Wednesday, June 14th, around 7:00 a.m., a man fired scores of shots at Members of Congress who were practicing for the annual Congressional Baseball Game. The shooting wounded House Majority Whip STEVE SCALISE, Capitol Police Officers David Bailey and Crystal Griner, Congressional staffer Zack Barth, and former Congressional staffer Matt Mika.

The timely response of Alexandria's First Responders almost certainly saved lives. Alexandria Police Officers Nicole Battaglia, Alexander Jensen and Kevin Jobe arrived within minutes of the 911 call. Officer Battaglia came under fire upon arriving at the scene, and Officers Jensen and Jobe immediately engaged the shooter upon arrival. In the opinion of Alexandria Police Chief Mike Brown, the officers showed true bravery as they responded to a combat zone before working with Capitol Police to neutralize the shooter. Medical care provided by members of the Alexandria Fire Department, including Fiona Apple and Richard Krimmer and dozens of other paramedics and firefighters who operated while the scene was still dynamic, ensured this senseless act of violence did not become a multiple fatality event.

I am honored to commend these valiant individuals for their selfless service; I thank them not only for saving the lives of the victims of this evil, mindless gun violence, but for their daily positive impact on the extraordinary community of Del Ray in the exceptional City of Alexandria.

WELCOMING PRESIDENT MOON
JAE-IN

HON. BILL PASCRELL, JR.

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2017

Mr. PASCRELL. Mr. Speaker, I rise today to welcome President Moon Jae-in of the Republic of Korea to the United States. This visit presents the United States and the Republic of Korea an opportunity to strengthen our relationship and advance cooperation on mutually beneficial economic, energy, cultural, and global security issues. Our shared commitment to upholding the rule of law, democracy, and a free market economy is rooted in our two countries' historic friendship. Our nations have a long history dating back to when the United States and the Republic of Korea established diplomatic relations in 1882. This vibrant connection between our nations and New Jersey's prominence as a home to immigrant communities from all walks of life, Koreans have always found a place in my home state. In my congressional district we are proud to have a strong and engaged Korean-American population that has attracted several North American headquarters of South Korean businesses. Because of our nations' connection, I am thankful President Moon has found time to visit the United States. I hope this visit allows our nations the opportunity to broaden and deepen our partnerships and alliances.

HILDALE PARK PRESBYTERIAN
CHURCH'S 100TH ANNIVERSARY

HON. RODNEY P. FRELINGHUYSEN

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2017

Mr. FRELINGHUYSEN. Mr. Speaker, I rise today to honor Hildale Park Presbyterian Church, located in the Township of Hanover, New Jersey, on the occasion of its 100th Anniversary. From humble beginnings, this church's birth from a hillside bungalow has grown to be a thriving religious center and school for the greater Morris County community, a bible-centered congregation.

Hildale Park Presbyterian Church's history began in 1916 when Cedar Knolls transitioned from a summer destination to a town of permanent residency. At that time, residents needed to travel long distances for their religious services. This was an impetus for Mr. and Mrs. Horace Greenway and Mrs. Mathilda Pfeiffer to establish a Sunday school within the community. As a result, on April 17, 1917, the very first service was held in the Greenway bungalow. Soon after, on July 19, 1917, a meeting was held to elect the first Board of Trustees who renamed the chapel the Hildale Park Union Chapel.

On August 11, 1918, Reverend Greenway officiated the first session and dedication was held in the newly erected chapel. As time passed, there was an apparent need for a sturdier structure that could withstand the frequent storms. With the advent of the 1955 Christmas Eve service, the dedication of a new sanctuary was held. The Church's aspiration to select a full-time minister was also met on July 13, 1959, as Reverend Alan Loy

McGinnis was moved into the newly built manse. With Reverend McGinnis at the helm, the church not only delivered religious services, but also held a Sunday school constituting 200 students. In fact, the church's altruism was demonstrated by its postponement of additions to the school building to instead pledge \$10,000 to add a wing on to a hospital in Brazil.

The Church continued to expand, as newly selected Reverend MacNaughton made it his ambition to build a Christian Education Building, and for the church to become more active in the local community. Reverend MacNaughton secured a Cable TV spot, in order to broadcast each Sunday service. This still continues to service the community profoundly. Reverend MacNaughton retired in 2012 after serving forty-one years, and was succeeded by Reverend Ross H. Lang, who is dedicated to continuing the traditions and promises of Hildale Park Presbyterian Church. To remain a thriving faith based organization, 100 years later, is a testament to the extraordinary efforts of Hildale Park Presbyterian Church, its members and Trustees.

Mr. Speaker, I ask that you and our colleagues join me in congratulating Hildale Park Presbyterian Church on the occasion of its Centennial Anniversary.

HONORING THE CAREER OF SISTER
MARALYNN SCIARRINO
UPON HER RETIREMENT

HON. BRIAN HIGGINS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2017

Mr. HIGGINS of New York. Mr. Speaker, I rise today to recognize Sister Maralynn Sciarrino as she steps down from her position as Director of the Mercy Speech Center after 49 years of extraordinary service. Sister Maralynn's skill as a speech pathologist and her caring presence provided countless children from Western New York with the skills and confidence necessary to be articulate and successful in school and in life.

Founded in 1956 by Sister Maureen Kelly, Mercy Speech Center provides professional evaluation and speech therapy to children with speech and language disorders. The Center puts the needs of children first as it provides services to families who may not have been able to afford such personal attention.

Sister Maralynn has devoted her life to helping and serving others since joining the Sisters of Mercy at the age of 18. She taught elementary school for several years before beginning her career at The Mercy Speech Center in 1962. Focused on helping children overcome speech and language disorders, Sister studied speech pathology and audiology at the Catholic University of America, eventually earning a masters degree.

Sister Maralynn put that degree to work as she helped children with speech and auditory processing challenges when no one else could, earning the love, respect and gratitude of all those lives she so positively impacted. Sister Maralynn founded the Magic Penny Program at the Center which combines basic speech therapy with a literacy program, enabling students to develop their speaking abilities as well as their reading abilities. Her in-

nate ability to connect and communicate with children contributed to her success as a speech pathologist and the invaluable impact of the Mercy Speech Center.

Known for her laughing eyes, bright smile and the kindest of hearts, Sister Maralynn remains a gift to education and a valued member of her community. She changed lives and her own life serves as an example of how one person truly can make a difference.

Mr. Speaker, I thank you for allowing me a few moments to recognize Sister Maralynn Sciarrino and her impactful career at the Mercy Speech Center. Sister Maralynn's life of service to the youth of Western New York is inspirational, impressive and worthy of recognition. I am proud to honor Sister Maralynn and wish her continued health and happiness as she begins the next chapter of her remarkable life.

RECOGNIZING OFFICER NATHAN
MILLER

HON. RODNEY DAVIS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2017

Mr. RODNEY DAVIS of Illinois. Mr. Speaker, I rise today to recognize Officer Nathan Miller, of the Jerseyville Police Department, who was injured in the line of duty while responding to a burglary alarm during the early morning hours of June 13, 2017.

After responding to the burglary call, Officer Miller pursued the suspect for several blocks before the suspect opened fire on him. Officer Miller was hit several times, and was immediately transported to St. Louis University Hospital.

The willingness of Officer Miller to put his own life on the line to protect his community is truly an act of bravery and has not gone unnoticed. Officer Miller was greeted with a hero's welcome as he returned home to finish out the rest of his recovery; the Jerseyville community lined the streets to show their support for the officer with signs and other "back the blue" decorations.

I ask that you join me in keeping Officer Miller in your thoughts as he makes a speedy recovery. May God Bless Officer Nathan Miller and all of the other first responders who work to keep us safe.

HONORING THE LIFE AND ACCOMPLISHMENTS OF DAWN LUCIEN

HON. ADAM SMITH

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2017

Mr. SMITH of Washington. Mr. Speaker, I rise to honor the life and accomplishments of Dawn Lucien, an exemplary and civically-minded leader who, for decades, provided the city of Tacoma and its surrounding community with invaluable contributions.

After moving to Tacoma in 1947, Dawn quickly became involved in her city's civic and political life. Believing that Tacoma was truly the "gem of the universe," one of Dawn's first accomplishments in the city was becoming one of just two women elected to the Tacoma

Board of Freeholders in 1956. Just four years later, Dawn served as an appointed member of the Tacoma City Council until 1962.

Dawn's early contributions not only gained the recognition of many at the local level, but also caught the attention of leaders at a national level. In 1962, she was a Nominee to Congress, and was then approached by Vice President Hubert Humphrey to assist overseas. Her commitment to her duties in her beloved Tacoma was so strong that she nearly turned down the opportunity to represent the United States at the 1967 United Nations Economic and Social Council in Geneva.

Continuing her commitment to community organizing, Dawn was instrumental in the 1990s rebirth of downtown Tacoma, and in the creation of the Tacoma campus of the University of Washington. She sought to revitalize her city through the promotion of the arts and education. Dawn was a fearless and independent leader who people viewed as the "godmother" of the city. She is remembered for working with others to bridge divides within her community. Dawn even won the Greater Tacoma Peace Prize for her 1988 work to resolve hotly disputed land claims between developers and the Puyallup Tribe of Indians.

Dawn's decades-long commitment to fiercely serving her community and getting results, has played a key role in the growth of the city of Tacoma since she arrived in 1947.

Mr. Speaker, it is with great privilege that I recognize the life of Dawn Lucien. She is truly an exceptional reminder of the high level of commitment to our communities that we should all aspire to every day.

KANSAS STATE SCHOOL FOR THE BLIND 150TH ANNIVERSARY

HON. KEVIN YODER

OF KANSAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2017

Mr. YODER. Mr. Speaker, I rise today to recognize the 150th Anniversary of the Kansas State School for the Blind.

The Kansas State School for the Blind was founded in 1867 and is one of the historical treasures of Kansas City, Kansas.

It serves students from pre-K through high school who are blind or visually impaired, and has some of the most talented, caring, and innovative teachers you'll find in the profession.

I've had the opportunity to visit the school, including last August, when I spent time with a group of students and saw the amazing technology that assists them every day as they learn and engage the world around them.

I want to thank outgoing superintendent Madeleine Burkindine and Principal Jon Harding for their leadership, and sharing with me how KSSB is making a difference in the lives of these students in our community.

Our community and state are stronger because of them.

Mr. Speaker, the Kansas State School for the Blind has made a tremendous difference over the last 150 years, and I look forward to our continued work together.

TRIBUTE TO RYAN REINHOLD FOR 41 YEARS OF PUBLIC SERVICE

HON. TOM O'HALLERAN

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2017

Mr. O'HALLERAN. Mr. Speaker, it is with respect and admiration that I rise today to honor Judge Ryan Reinhold for his outstanding legacy and service to the State of Arizona. On June 30, 2017, Ryan retires after 41 years as a Navajo County Justice of the Peace, municipal court judge, White Mountain Apache tribal judge, and Navajo County Constable.

Ryan was born in Phoenix, served in the U.S. Marine Corps Reserves, and graduated from San Jose State University in 1972. He moved to Pinetop and married Lorinda "Rindy" Skousen in 1976. Rindy recently retired after 30 years as a kindergarten teacher. They have two children, Kent and Britni; Kent is a helicopter pilot and Congressional Liaison in the U.S. Coast Guard and Britni is a second-grade teacher in Lakeside, Arizona. Ryan and Rindy were blessed with their first grandchild, Lucas Robert, in October 2016.

Ryan was elected as Justice of the Peace in 1978. In 1984, he received the Kenneth L. MacEachern Award for the Most Outstanding Non-Lawyer Judge in the United States. He was re-elected five times and honorably led the court for 22 years before retiring in 2000. During his tenure, he adjudicated civil and criminal cases in 19 Arizona courts and four tribal courts. Ryan was appointed Navajo County Constable for Precinct Six in 2003 and elected in 2006. He was subsequently re-elected two times and served the citizens of the White Mountains with distinction.

Ryan is known for his tireless efforts to benefit all aspects of the community. He regularly donates his time to help area young people overcome societal challenges and establish proper footing towards purposeful lives. He has led hundreds of volunteers as District Chairman of the Boy Scouts of America, President of the Blue Ridge High School Scholarship Fund, and President of the local Lions Club, Chamber of Commerce, and Rotary Club. In 2007, Ryan was elected as Assistant District Governor of the Rotary Club and was instrumental in orchestrating a robust international exchange student program for dozens of teenagers.

On behalf of the State of Arizona, I would like to congratulate and thank Ryan Reinhold for his selfless and dedicated public service. In retirement, I hear he plans on making regular scuba diving trips, traveling the world, and spending quality time with his beloved family and friends. We extend our best wishes as Ryan begins the next chapter of his life. Cheers to a truly wonderful career.

INTRODUCTION OF AMENDMENT TO H.R. 1215

HON. ANDY BARR

OF KENTUCKY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2017

Mr. BARR. Mr. Speaker, I include in the RECORD an amendment I introduced to Rules Committee Print 115-10 on H.R. 1215:

Add, at the end of the bill, the following (and amend the table of contents accordingly):

SEC. 11. REQUIREMENTS FOR SELECTION OF CLINICAL PRACTICE GUIDELINES.

(a) **SELECTION.**—Not later than 6 months after the date of enactment of this Act, eligible professional organizations that have established, published, maintained, and updated on a regular basis, clinical practice guidelines, including when applicable, appropriate use criteria, that incorporate best practices, may submit such guidelines to the Secretary of Health and Human Services. Not later than 6 months after the last day for submitting such guidelines, the Secretary shall select and designate one or more eligible professional organizations to provide and maintain such clinical practice guidelines on behalf of the Secretary. Not later than 6 months after designating each such eligible professional organization, the Secretary shall enter into an agreement with each such eligible professional organization for maintenance, publication, and updating of such clinical practice guidelines.

(b) **MAINTENANCE.**—

(1) **PERIODIC REVIEW.**—Not later than 5 years after the Secretary enters into an agreement with each eligible professional organization under subsection (a), and every 5 years thereafter, the Secretary shall review the clinical practice guidelines of such organization and shall, as necessary, enter into agreements with additional eligible professional organizations, as appropriate, in accordance with subsection (a).

(2) **UPDATE BY ELIGIBLE PROFESSIONAL ORGANIZATION.**—An eligible professional organization that collaborated in the establishment of a clinical practice guideline may submit amendments to that clinical practice guideline at any time to the Secretary for review by the Secretary.

(3) **NOTIFICATION REQUIRED FOR CERTAIN UPDATES.**—An amendment under paragraph (2) may not add, materially change, or remove a guideline from a set of guidelines, unless notification of such update is made available to applicable eligible professionals.

SEC. 12. DEVELOPMENT.

(a) **GUIDELINE STANDARDS.**—The Secretary shall ensure that, to the extent practicable, the development of clinical practice guidelines are guided by the Standards for Developing Trustworthy Clinical Practice Guidelines of the Institute of Medicine and—

(1) are developed through a transparent process that minimizes conflicts of interest;

(2) are developed by a knowledgeable, multidisciplinary panel of experts and representatives from key affected groups;

(3) take into consideration important patient subgroups and patient preferences, as appropriate;

(4) are based on a systematic review of the existing evidence;

(5) except in the case of diagnostic guidelines, provide a clear explanation of the relationship between care options and health outcomes;

(6) except in the case of diagnostic guidelines, provide ratings of both the quality of evidence and strength of recommendation;

(7) are reconsidered and revised when new evidence emerges; and

(8) clearly identify any exceptions to the application of the clinical practice guideline.

(b) **REQUIRED DISCLOSURES FROM ELIGIBLE PROFESSIONAL ORGANIZATIONS.**—Any person who is affiliated with an eligible professional organization and who directly participated in the creation of a clinical practice guideline shall follow that particular eligible professional organization's conflict of interest protocol.

SEC. 13. NO LIABILITY FOR GUIDELINE PRODUCERS.

Neither an eligible professional organization nor the participants in its guideline development and approval process, may be held liable for any injury alleged to be caused by adhering to a clinical practice guideline to which they contributed.

SEC. 14. INTERNET PUBLICATION OF GUIDELINES.

The Secretary shall publish on the Internet through the National Guideline Clearinghouse or other appropriate sites or sources, all clinical practice guidelines, including all data and methodology used in the development and selection of the guidelines in compliance with data disclosure standards in the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191).

SEC. 15. AFFIRMATIVE DEFENSE.

In the case of a health care lawsuit, it shall be an affirmative defense to any health care liability claim alleged therein that the defendant complied with a clinical practice guideline that was applicable to the provision or use of health care services or medical products for which the health care liability claim is brought.

SEC. 16. DEFINITIONS.

For purposes of sections 11 through 14:

(1) **APPLICABLE ELIGIBLE PROFESSIONAL.**—The term “applicable eligible professional” means a physician practicing within clinical practice guidelines submitted by an eligible professional organization and includes employees and agents of a physician.

(2) **APPROPRIATE USE CRITERIA.**—The term “appropriate, use criteria” means established evidence-based guidelines developed or endorsed by an eligible professional organization that specify when the health benefits of a procedure or service exceed the expected health risks by a significantly wide margin.

(3) **CLINICAL PRACTICE GUIDELINE.**—The term “clinical practice guideline” means systematically developed statements based on the review of clinical evidence for assisting a health care provider to determine the appropriate health care in specific clinical circumstances.

(4) **DIAGNOSTIC GUIDELINE.**—The term “diagnostic guideline” means a clinical practice guideline that provides recommendation regarding the utility of diagnosis procedures for a specific clinical scenario.

(5) **ELIGIBLE PROFESSIONAL ORGANIZATION.**—The term “eligible professional organization” means a national or State medical society or medical specialty society.

(6) **FEDERAL PAYOR.**—The term “Federal payor” includes reimbursements made under the Medicare program under title XVIII of the Social Security Act or the Medicaid program under title XIX of the Social Security Act, premium tax credits under section 36B of the Internal Revenue Code of 1986 or cost-sharing reductions under section 1402 of the Patient Protection and Affordable Care Act, or medical screenings, treatments, or transfer services provided pursuant to section 1867 of the Social Security Act.

(7) **HEALTH CARE ORGANIZATION.**—The term “health care organization” means any person or entity which is obligated to provide or pay for health benefits under any health plan, including any person or entity acting under a contract or arrangement with a health care organization to provide or administer any health benefit.

(8) **HEALTH CARE PROVIDER.**—The term “health care provider” means any person or entity required by State or Federal laws or regulations to be licensed, registered, or certified to provide health care services, and being either so licensed, registered, or certified, or exempted from such requirement by other statute or regulation.

(9) **SECRETARY.**—The term “Secretary” means the Secretary of Health and Human Services.

SIEMENS MAKES EXTRAORDINARY GRANT**HON. JOE WILSON**

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2017

Mr. WILSON of South Carolina. Mr. Speaker, a recent article in SC Biz News titled “Siemens, USC announce \$628M in-kind technology grant,” details a remarkable new partnership between Siemens and the University of South Carolina. The article explains:

The in-kind grant will provide Siemens’ product lifecycle management software to USC’s College of Engineering and Computing, and a combination of Siemens automation and controls hardware in a digital factory innovation lab at USC’s McNAIR Center for Aerospace Innovation and Research.

Bill Kirkland, executive director of USC’s Office of Economic Engagement, said the new partnership represents the top three investments Siemens has made in a university in the United States.

The article further shows the important relationship between industry and education in South Carolina:

Raj Batra, president of Siemens Digital Factory Division, U.S., said the grant gives back in all different forms. “With this investment in software and hardware, students and faculty will get hands on experience with the same state of the art design engineering platforms that are used by leading manufacturers around the world . . .”

USC President Harris Pastides called the announcement an important day in the modern history of the University of South Carolina . . . Pastides said, “Our graduates will have experience in Siemens’ software, ready to take the leading jobs in our state and around the world.”

The article concludes with an accurate statement from Governor Henry McMaster:

The number of companies wanting to do business in the state has accelerated in the last few years due to the assets found here . . . This collaboration just goes to prove the progress we are making.

I am grateful for the efforts of Governor Henry McMaster, USC President Harris Pastides, Executive Director Bill Kirkland, Siemens Digital Factory President Raj Batra, and U.S. Secretary of Commerce Wilbur Ross in creating jobs and promoting economic growth.

SENATE COMMITTEE MEETINGS

Title IV of Senate Resolution 4, agreed to by the Senate of February 4, 1977, calls for establishment of a system for a computerized schedule of all meetings and hearings of Senate committees, subcommittees, joint committees, and committees of conference. This title requires all such committees to notify the Office of the Senate Daily Digest—designated by the Rules Committee—of the time, place and purpose of the meetings, when scheduled and any cancellations or changes in the meetings as they occur.

As an additional procedure along with the computerization of this information, the Office of the Senate Daily Digest will prepare this information for printing in the Extensions of Remarks section of the CONGRESSIONAL RECORD on Monday and Wednesday of each week.

Meetings scheduled for Thursday, June 29, 2017 may be found in the Daily Digest of today’s RECORD.

MEETINGS SCHEDULED

JULY 12

2:30 p.m.

Committee on Indian Affairs

To hold hearings to examine S. 943, to direct the Secretary of the Interior to conduct an accurate comprehensive student count for the purposes of calculating formula allocations for programs under the Johnson-O’Malley Act, S. 1223, to repeal the Klamath Tribe Judgment Fund Act, and S. 1285, to allow the Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians, the Confederated Tribes of the Grand Ronde Community of Oregon, the Confederated Tribes of Siletz Indians of Oregon, the Confederated Tribes of Warm Springs, and the Cow Creek Band of Umpqua Tribe of Indians to lease or transfer certain lands.

SD-628

Daily Digest

Senate

Chamber Action

Routine Proceedings, pages S3807–S3836

Measures Introduced: Twenty-two bills and six resolutions were introduced, as follows: S. 1450–1471, and S. Res. 204–209. **Pages S3829–30**

Measures Reported:

S. 577, to require each agency, in providing notice of a rule making, to include a link to a 100 word plain language summary of the proposed rule, with an amendment. (S. Rept. No. 115–120)

S. 579, to require agencies to publish an advance notice of proposed rule making for major rules, with amendments. (S. Rept. No. 115–121)

S. 381, to repeal the Act entitled “An Act to confer jurisdiction on the State of Iowa over offenses committed by or against Indians on the Sac and Fox Indian Reservation”. (S. Rept. No. 115–122)

S. 691, to extend Federal recognition to the Chickahominy Indian Tribe, the Chickahominy Indian Tribe-Eastern Division, the Upper Mattaponi Tribe, the Rappahannock Tribe, Inc., the Monacan Indian Nation, and the Nansemond Indian Tribe. (S. Rept. No. 115–123) **Page S3829**

Appointments:

Board of Visitors of the U.S. Merchant Marine Academy: The Chair, on behalf of the Vice President, pursuant to Section 1295b(h) of title 46 App., United States Code, appointed the following Senators to the Board of Visitors of the U.S. Merchant Marine Academy: Senators Thune (ex officio as Chairman, Committee on Commerce, Science and Transportation) and Fischer (Committee on Commerce, Science and Transportation). **Page S3835**

Board of Visitors of the U.S. Military Academy: The Chair, on behalf of the Vice President, pursuant to 10 U.S.C. 4355(a), appointed the following Senator to the Board of Visitors of the U.S. Military Academy: Senator Moran (Designated by the Chairman of the Committee on Armed Services). **Page S3835**

Western Hemisphere Drug Policy Commission: The Chair, on behalf of the Majority Leader, pursuant to the provisions of Public Law 114–323, ap-

pointed the following individual to serve as a member of the Western Hemisphere Drug Policy Commission: John Walters of the District of Columbia. **Page S3835**

Rao Nomination—Agreement: Senate continued consideration of the nomination of Neomi Rao, of the District of Columbia, to be Administrator of the Office of Information and Regulatory Affairs, Office of Management and Budget. **Pages S3807–27**

A unanimous-consent agreement was reached providing for further consideration of the nomination at approximately 11 a.m., on Thursday, June 29, 2017, with the time until the vote on the motion to invoke cloture on the nomination equally divided between the two Leaders, or their designees. **Pages S3835–36**

Nye Nomination—Cloture: Senate began consideration of the nomination of David C. Nye, of Idaho, to be United States District Judge for the District of Idaho. **Pages S3827–28**

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 upon disposition of the nomination of Neomi Rao, of the District of Columbia, to be Administrator of the Office of Information and Regulatory Affairs, Office of Management and Budget. **Page S3828**

Prior to consideration of this nomination, Senate took the following action:

Senate agreed to the motion to proceed to Legislative Session. **Page S3827**

Senate agreed to the motion to proceed to Executive Session to consider the nomination. **Page S3827**

Messages from the House: **Page S3829**

Measures Referred: **Page S3829**

Measures Placed on the Calendar: **Page S3829**

Measures Read the First Time: **Pages S3829, S3835**

Executive Reports of Committees: **Page S3829**

Additional Cosponsors: **Pages S3830–31**

Statements on Introduced Bills/Resolutions: **Pages S3831–35**

Additional Statements:**Pages S3828–29****Authorities for Committees to Meet: Page S3835**

Adjournment: Senate convened at 12 p.m. and adjourned at 6:43 p.m., until 11 a.m. on Thursday, June 29, 2017. (For Senate's program, see the remarks of the Majority Leader in today's Record on pages S3835–36.)

Committee Meetings

(Committees not listed did not meet)

APPROPRIATIONS: ARMY CORPS OF ENGINEERS AND BUREAU OF RECLAMATION

Committee on Appropriations: Subcommittee on Energy and Water Development concluded a hearing to examine proposed budget estimates and justification for fiscal year 2018 for the Army Corps of Engineers and the Department of the Interior Bureau of Reclamation, after receiving testimony from Lieutenant General Todd T. Semonite, USA, Chief of Engineers, Army Corps of Engineers; Douglas W. Lamont, Senior Official performing the duties of the Assistant Secretary of the Army (Civil Works); and Alan Mikkelsen, Acting Commissioner, Bureau of Reclamation, Department of the Interior.

BUSINESS MEETING

Committee on Armed Services: Committee ordered favorably reported an original bill entitled, "National Defense Authorization Act for Fiscal Year 2018"; and

The nomination of Patrick M. Shanahan, of Washington, to be Deputy Secretary of Defense.

NOMINATIONS

Committee on Commerce, Science, and Transportation: Committee concluded a hearing to examine the nominations of Steven Gill Bradbury, of Virginia, to be General Counsel of the Department of Transportation, and Elizabeth Erin Walsh, of the District of Columbia, to be Assistant Secretary of Commerce and Director General of the United States and Foreign Commercial Service, after the nominees testified and answered questions in their own behalf.

NORTH KOREA

Committee on Foreign Relations: Committee received a closed briefing on North Korea, focusing on recent developments, from Joseph Y. Yun, Special Representative for North Korea Policy, Deputy Assistant Secretary for Korea and Japan, Bureau of East Asian and Pacific Affairs, Department of State.

NOMINATIONS

Committee on Homeland Security and Governmental Affairs: Committee concluded a hearing to examine the nominations of Claire M. Grady, of Pennsylvania, to be Under Secretary for Management, Department of Homeland Security, and Henry Kerner, of California, to be Special Counsel, Office of Special Counsel, after the nominees testified and answered questions in their own behalf.

NOMINATIONS

Committee on the Judiciary: Committee concluded a hearing to examine the nominations of Timothy J. Kelly, and Trevor N. McFadden, of Virginia, both to be a United States District Judge for the District of Columbia, and Jeffrey Bossert Clark, of Virginia, and Beth Ann Williams, of New Jersey, both to be an Assistant Attorney General, Department of Justice, after the nominees testified and answered questions in their own behalf.

BUSINESS MEETING

Committee on Veterans' Affairs: Committee ordered favorably reported S. 1024, to amend title 38, United States Code, to reform the rights and processes relating to appeals of decisions regarding claims for benefits under the laws administered by the Secretary of Veterans Affairs.

NOMINATION

Select Committee on Intelligence: Committee concluded a hearing to examine the nomination of David James Glawe, of Iowa, to be Under Secretary for Intelligence and Analysis, Department of Homeland Security, after the nominee, who was introduced by Senator Grassley, testified and answered questions in his own behalf.

RUSSIAN INTERVENTION IN EUROPEAN ELECTIONS

Select Committee on Intelligence: Committee concluded a hearing to examine Russian intervention in European elections, after receiving testimony from Nicholas Burns, Harvard University John F. Kennedy School of Government Robert and Renee Belfer Center for Science and International Affairs, and Vesko Garcevic, Boston University Frederick Pardee School of Global Studies, both of Boston, Massachusetts; Janis Sarts, NATO Strategic Communications Centre of Excellence, Riga, Latvia; and Constanze Stelzenmuller, Brookings Institution Center on the United States and Europe, Washington, D.C.

House of Representatives

Chamber Action

Public Bills and Resolutions Introduced: 15 public bills, H.R. 3089–3103; and 5 resolutions, H. Con. Res. 67; and H. Res. 418–421 were introduced. **Pages H5294–95**

Additional Cosponsors: **Pages H5296–97**

Reports Filed: Reports were filed today as follows:

H.R. 91, to amend title 38, United States Code, to make permanent the pilot program on counseling in retreat settings for women veterans newly separated from service in the Armed Forces (H. Rept. 115–197); and

H.R. 2825, to amend the Homeland Security Act of 2002 to make certain improvements in the laws administered by the Secretary of Homeland Security, and for other purposes, with an amendment (H. Rept. 115–198). **Page H5294**

Speaker: Read a letter from the Speaker wherein he appointed Representative Bost to act as Speaker pro tempore for today. **Page H5235**

Recess: The House recessed at 10:51 a.m. and reconvened at 12 noon. **Page H5240**

Guest Chaplain: The prayer was offered by the Guest Chaplain, Rev. Dr. Howard Siplin, Beulah Missionary Baptist Church, Coconut Grove, FL. **Pages H5240–41**

Journal: The House agreed to the Speaker's approval of the Journal by a yea-and-nay vote of 232 yeas to 183 nays with two answering "present", Roll No. 333. **Pages H5241, H5262**

No Sanctuary for Criminals Act—Rule for Consideration: The House agreed to H. Res. 414, providing for consideration of the bill (H.R. 3003) to amend the Immigration and Nationality Act to modify provisions relating to assistance by States, and political subdivision of States, in the enforcement of Federal immigration laws, by a recorded vote of 235 yeas to 190 noes, Roll No. 332, after the previous question was ordered by a yea-and-nay vote of 235 yeas to 190 nays, Roll No. 331. **Pages H5244–62**

Protecting Access to Care Act of 2017: The House passed H.R. 1215, to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system, by a recorded vote of 218 yeas to 210 noes, Roll No. 337. **Pages H5263–87**

Rejected the Kuster motion to recommit the bill to the Committee on the Judiciary with instructions to report the same back to the House forthwith with an amendment, by a recorded vote of 191 yeas to 235 noes, Roll No. 336. **Pages H5285–86**

Pursuant to the Rule, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 115–10 shall be considered as an original bill for the purpose of amendment under the five-minute rule, in lieu of the amendment in the nature of a substitute recommended by the Committee on the Judiciary now printed in the bill. **Page H5273**

Agreed to:

Sessions amendment (No. 1 printed in H. Rept. 115–179) that begins the tolling of the statute of limitations on the date of the alleged breach or tort, rather than the date of the injury, which is not always a date certain; the statute of limits will be three years after the alleged breach or one year after the claimant discovers the breach, whichever occurs first; **Pages H5275–76**

Sessions amendment (No. 2 printed in H. Rept. 115–179) that clarifies that health care services as defined in H.R. 1215 include safety, professional, and administrative services directly related to health care; **Pages H5276–77**

Roe (TN) amendment (No. 3 printed in H. Rept. 115–179) that limits who qualifies as an expert witness, in medical malpractice negligence cases, based on professional qualifications as well as geographic relation to where the case in chief is being litigated; and **Pages H5277–79**

Hudson amendment (No. 4 printed in H. Rept. 115–179) that allows a physician to apologize to a patient for an unintended outcome without having the apology count against them in the court of law; requires a plaintiff to provide a notice of intent to the physician 90 days before the lawsuit is filed; defers to sundry state laws regarding lawsuits and outlines requirements witnesses must meet for testimony during trial (by a recorded vote of 222 yeas to 197 noes, Roll No. 334). **Pages H5279–81, H5283–84**

Rejected:

Barr amendment (No. 5 printed in H. Rept. 115–179) that sought to give affirmative defense to defendants in health care liability cases if they can show they complied with clinical practice guidelines (by a recorded vote of 116 yeas to 310 noes, Roll No. 335). **Pages H5281–83, H5284**

H. Res. 382, the rule providing for consideration off the bill (H.R. 1215) was agreed to yesterday, June 27th.

Suspension—Proceedings Resumed: The House agreed to suspend the rules and pass the following measure. Consideration began Tuesday, June 27th.

Robert Emmet Park Act of 2017: H.R. 1500, to redesignate the small triangular property located in Washington, DC, and designated by the National Park Service as reservation 302 as “Robert Emmet Park”, by a $\frac{2}{3}$ yeas-and-nays vote of 423 yeas with none voting “nay”, Roll No. 338. **Page H5287**

Senate Message: Message received from the Senate by the Clerk and subsequently presented to the House today appears on page H5262.

Quorum Calls—Votes: Three yeas-and-nays votes and five recorded votes developed during the proceedings of today and appear on pages H5261, H5261–62, H5262, H5283–84, H5284, H5286, H5286–87 and H5287. There were no quorum calls.

Adjournment: The House met at 10 a.m. and adjourned at 6:42 p.m.

Committee Meetings

MISCELLANEOUS MEASURE

Committee on Appropriations: Subcommittee on Agriculture, Rural Development, Food and Drug Administration, and Related Agencies held a markup on Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Bill, FY 2018. The Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Bill, FY 2018, was forwarded to the full committee, without amendment.

MISCELLANEOUS MEASURE

Committee on Appropriations: Subcommittee on Energy and Water Development, and Related Agencies held a markup on Energy and Water Development, and Related Agencies Appropriations Bill, FY 2018. The Energy and Water Development, and Related Agencies Appropriations Bill, FY 2018, was forwarded to the full committee, without amendment.

MISCELLANEOUS MEASURE

Committee on Armed Services: Full Committee held a markup on H.R. 2810, the “National Defense Authorization Act for Fiscal Year 2018”. H.R. 2810 was ordered reported, as amended.

EXPLORING OPPORTUNITIES TO STRENGTHEN EDUCATION RESEARCH WHILE PROTECTING STUDENT PRIVACY

Committee on Education and the Workforce: Subcommittee on Early Childhood, Elementary, and Secondary Education held a hearing entitled “Exploring Opportunities to Strengthen Education Research While Protecting Student Privacy”. Testimony was

heard from Nathaniel Schwartz, Chief Research and Strategy Officer, Tennessee Department of Education; and public witnesses.

MISCELLANEOUS MEASURES

Committee on Energy and Commerce: Full Committee held a markup on H.R. 3043, the “Hydropower Policy Modernization Act of 2017”; H.R. 2786, to amend the Federal Power Act with respect to the criteria and process to qualify a qualifying conduit hydropower facility; H.R. 3050, the “Enhancing State Energy Security Planning and Emergency Preparedness Act of 2017”; H.R. 2883, the “Promoting Cross-Border Energy Infrastructure Act”; H.R. 2910, the “Promoting Interagency Coordination for Review of Natural Gas Pipelines Act”; H.R. 3017, the “Brownfields Enhancement Economic Redevelopment and Reauthorization Act of 2017”; H.R. 3053, the “Nuclear Waste Policy Amendments Act of 2017”; and H.R. 806, the “Ozone Standards Implementation Act of 2017”. H.R. 3017, H.R. 2910 were ordered reported, without amendment. H.R. 3050, H.R. 2786, H.R. 3053, H.R. 3043, H.R. 2883, and H.R. 806, were ordered reported, as amended.

THE FEDERAL RESERVE’S IMPACT ON MAIN STREET, RETIREES, AND SAVINGS

Committee on Financial Services: Subcommittee on Monetary Policy and Trade held a hearing entitled “The Federal Reserve’s Impact on Main Street, Retirees, and Savings”. Testimony was heard from public witnesses.

EXAMINING THE BSA/AML REGULATORY COMPLIANCE REGIME

Committee on Financial Services: Subcommittee on Financial Institutions and Consumer Credit held a hearing entitled “Examining the BSA/AML Regulatory Compliance Regime”. Testimony was heard from public witnesses.

ADVANCING U.S. INTERESTS AT THE UNITED NATIONS

Committee on Foreign Affairs: Full Committee held a hearing entitled “Advancing U.S. Interests at the United Nations”. Testimony was heard from Nikki R. Haley, United States Permanent Representative to the United Nations.

MISCELLANEOUS MEASURES

Committee on the Judiciary: Full Committee concluded a markup on H.R. 495, the “Protection of Children Act”; H.R. 2826, the “Refugee Program Integrity Restoration Act of 2017”; H.R. 1096, the “Judgment Fund Transparency Act of 2017”; and H.R.

2480, the “Empowering Law Enforcement to Fight Sex Trafficking Demand Act”. H.R. 495, H.R. 2826, and H.R. 1096, were ordered reported, as amended. H.R. 2480 was ordered reported, without amendment.

EXAMINING POLICY IMPACTS OF EXCESSIVE LITIGATION AGAINST THE DEPARTMENT OF THE INTERIOR

Committee on Natural Resources: Subcommittee on Oversight and Investigations held a hearing entitled “Examining Policy Impacts of Excessive Litigation Against the Department of the Interior”. Testimony was heard from Daniel Jorjani, Principal Deputy Solicitor, Office of the Solicitor, Department of the Interior; and public witnesses.

CRIMINAL JUSTICE REFORM AND EFFORTS TO REDUCE RECIDIVISM

Committee on Oversight and Government Reform: Full Committee held a hearing entitled “Criminal Justice Reform and Efforts to Reduce Recidivism”. Testimony was heard from Senators Scott and Booker; Bryan P. Stirling, Director, South Carolina Department of Corrections; and public witnesses.

MATERIAL SCIENCE: BUILDING THE FUTURE

Committee on Science, Space, and Technology: Subcommittee on Energy; and Subcommittee on Research and Technology held a joint hearing entitled “Material Science: Building the Future”. Testimony was heard from Matthew Tirrell, Deputy Laboratory Director for Science, and Chief Research Officer, Argonne National Laboratory; Laurie Locascio, Acting Associate Director, Laboratory Programs, and Director, Material Measurement Laboratory, National Institute of Standards and Technology; Adam Schwartz, Director, Ames Laboratory; and a public witness.

BUDGET HEARING

Permanent Select Committee on Intelligence: Subcommittee on Department of Defense Intelligence and Overhead Architecture held a budget hearing. This hearing was closed.

Joint Meetings

No joint committee meetings were held.

COMMITTEE MEETINGS FOR THURSDAY, JUNE 29, 2017

(Committee meetings are open unless otherwise indicated)

Senate

Committee on Agriculture, Nutrition, and Forestry: business meeting to consider H.R. 1029, to amend the Federal Insecticide, Fungicide, and Rodenticide Act to improve pesticide registration and other activities under the Act, to extend and modify fee authorities, and the nomination of J. Christopher Giancarlo, of New Jersey, to be Chairman of the Commodity Futures Trading Commission; to be immediately followed by a hearing to examine conservation and forestry, focusing on perspectives on the past and future direction for the 2018 Farm Bill, 9 a.m., SH-216.

Committee on Appropriations: Subcommittee on Commerce, Justice, Science, and Related Agencies, to hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the National Aeronautics and Space Administration, 10 a.m., SD-192.

Subcommittee on Legislative Branch, to hold hearings to examine proposed budget estimates and justification for fiscal year 2018 for the Senate Sergeant at Arms and the Capitol Police; to be immediately followed by a closed session in SVC-217, following the open session, 10:15 a.m., SD-124.

Committee on Banking, Housing, and Urban Affairs: to hold hearings to examine principles of housing finance reform, 10 a.m., SD-538.

Committee on Commerce, Science, and Transportation: business meeting to consider S. 1405, to amend title 49, United States Code, to authorize appropriations for the Federal Aviation Administration, S. 875, to require the Comptroller General of the United States to conduct a study and submit a report on filing requirements under the Universal Service Fund programs, S. 1426, to amend the Ted Stevens Olympic and Amateur Sports Act to expand the purposes of the corporation, to designate the United States Center for Safe Sport, S. 1393, to streamline the process by which active duty military, reservists, and veterans receive commercial driver's licenses, and the nominations of David P. Pekoske, of Maryland, to be an Assistant Secretary of Homeland Security, Robert L. Sumwalt III, of South Carolina, to be a Member of the National Transportation Safety Board, and Derek Kan, of California, to be Under Secretary of Transportation for Policy, 9 a.m., SD-G50.

Committee on Environment and Public Works: business meeting to consider S. 822, to amend the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 to modify provisions relating to grants, S. 1447, to reauthorize the diesel emissions reduction program, S. 1359, to amend the John F. Kennedy Center Act to authorize appropriations for the John F. Kennedy Center for the Performing Arts, S. 810, to facilitate construction of a bridge on certain property in Christian County, Missouri, S. 1395, to revise the boundaries of certain John H. Chafee Coastal Barrier Resources System

units in Delaware, General Services Administration resolutions, and the nominations of Annie Caputo, of Virginia, and David Wright, of South Carolina, each to be a Member of the Nuclear Regulatory Commission, and Susan Parker Bodine, of Maryland, to be an Assistant Administrator of the Environmental Protection Agency, 12 noon, SD-406.

Committee on Foreign Relations: business meeting to consider the nomination of Mark Andrew Green, of Wisconsin, to be Administrator of the United States Agency for International Development, and routine lists in the Foreign Service, Time to be announced, S-216, Capitol.

Committee on the Judiciary: business meeting to consider S. 1312, to prioritize the fight against human trafficking in the United States, S. 1311, to provide assistance in abolishing human trafficking in the United States, and the nominations of Stephen Elliott Boyd, of Alabama, to be an Assistant Attorney General, John Kenneth Bush, of Kentucky, to be United States Circuit Judge for the Sixth Circuit, Kevin Christopher Newsom, of Alabama, to be United States Circuit Judge for the Eleventh Circuit, and Damien Michael Schiff, of California, to be a Judge of the United States Court of Federal Claims, 10 a.m., SD-226.

Select Committee on Intelligence: to hold closed hearings to examine certain intelligence matters, 10 a.m., SH-219.

House

Committee on Appropriations, Full Committee, markup on Legislative Branch Appropriations Bill, FY 2018, 10:30 a.m., 2359 Rayburn.

Subcommittee on Commerce, Justice, Science, and Related Agencies, markup on Commerce, Justice, Science, and Related Agencies Appropriations Bill, FY 2018, 2 p.m., 2362-B Rayburn.

Subcommittee on Financial Services and General Government, markup on Financial Services and General Government Appropriations Bill, FY 2018, 3 p.m., 2358-A, Rayburn.

Committee on Education and the Workforce, Full Committee, markup on H.R. 986, the “Tribal Labor Sovereignty Act of 2017”; H.R. 2776, the “Workforce Democracy and Fairness Act”; and H.R. 2775, the “Employee Privacy Protection Act”, 11:30 a.m., 2175 Rayburn.

Committee on Energy and Commerce, Subcommittee on Health, markup on H.R. 767, the “SOAR to Health and Wellness Act of 2017”; H.R. 880, the “MISSION ZERO Act”; H.R. 931, the “Firefighter Cancer Registry Act of 2017”; and H.R. 2422, the “Action for Dental Health Act of 2017”, 10 a.m., 2123 Rayburn.

Committee on Foreign Affairs, Subcommittee on Middle East and North Africa, markup on H. Res. 185, to call on the Government of Iran to fulfill repeated promises of assistance in the case of Robert Levinson, the longest held United States civilian in our Nation’s history; H. Res. 218, to recognize the importance of the United States-Israel economic relationship and encouraging new areas of cooperation; H. Res. 274, to condemn the Government of

Iran’s state-sponsored persecution of its Baha’i minority and its continued violation of the International Covenants on Human Rights; H. Res. 317, to call for the unconditional release of United States citizens and legal permanent resident aliens being held for political purposes by the Government of Iran; H. Res. 359, to urge the European Union to designate Hizballah in its entirety as a terrorist organization and increase pressure on it and its members; and H.R. 2646, the “United States-Jordan Defense Cooperation Extension Act”, 10 a.m., 2172 Rayburn.

Committee on the Judiciary, Subcommittee on Regulatory Reform, Commercial and Antitrust Law, hearing entitled “Recent Trends in International Antitrust Enforcement”, 10 a.m., 2141 Rayburn.

Committee on Natural Resources, Subcommittee on Energy and Mineral Resources, hearing entitled “Examining Access to Oil and Gas Development on Federal Lands”, 10 a.m., 1324 Longworth.

Committee on Science, Space, and Technology, Subcommittee on Space, hearing entitled “In-Space Propulsion: Strategic Choices and Options”, 10 a.m., 2318 Rayburn.

Committee on Small Business, Subcommittee on Economic Growth, Tax, and Capital Access, hearing entitled “A Review of SBA’s 504/CDC Loan Program”, 10 a.m., 2360 Rayburn.

Committee on Veterans’ Affairs, Subcommittee on Oversight and Investigations, hearing on H.R. 2006, the “VA Procurement Efficiency and Transparency Act”; H.R. 2749, the “Protecting Business Opportunities for Veterans Act of 2017”; H.R. 2781, the “Ensuring Veteran Enterprise Participation in Strategic Sourcing Act”; and legislation to improve the hiring, training, and efficiency of acquisition personnel and organizations of the Department of Veterans Affairs, and for other purposes, 10 a.m., 334 Cannon.

Subcommittee on Economic Opportunity, hearing on H.R. 282, the “Military Residency Choice Act”; H.R. 1690, the “Department of Veterans Affairs Bonus Transparency Act”; H.R. 2631, the “Justice for Servicemembers Act of 2017”; H.R. 2772, the “SEA Act”; legislation to amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to furnish assistance for adaptations of residences of veterans in rehabilitation programs under chapter 31 of such title, and for other purposes; and legislation to amend title 38, United States Code, to permit appraisers approved by the Secretary of Veterans Affairs to make appraisals for purposes of chapter 37 of such title based on inspections performed by third parties, 2 p.m., 334 Cannon.

Committee on Ways and Means, Subcommittee on Social Security; and Subcommittee on Oversight, joint hearing entitled “Complexities and Challenges of Social Security Coverage and Payroll Tax Compliance for State and Local Governments”, 10 a.m., 1100 Longworth.

Permanent Select Committee on Intelligence, Full Committee, hearing entitled “Ongoing Intelligence Activities”, 9 a.m., HVC-304. This hearing will be closed.

Next Meeting of the SENATE

11 a.m., Thursday, June 29

Senate Chamber

Program for Thursday: Senate will continue consideration of the nomination of Neomi Rao, of the District of Columbia, to be Administrator of the Office of Information and Regulatory Affairs, Office of Management and Budget, with a vote on the motion to invoke cloture thereon.

Next Meeting of the HOUSE OF REPRESENTATIVES

10:00 a.m., Thursday, June 29

House Chamber

Program for Thursday: Complete consideration of H.R. 3003—No Sanctuary for Criminals Act. Consideration of H.R. 3004—Kate's Law (Subject to a Rule).

Extensions of Remarks, as inserted in this issue

HOUSE

Barr, Andy, Ky., E918
Bergman, Jack, Mich., E913, E914
Beyer, Donald S., Jr., Va., E916
Bustos, Cheri, Ill., E916
Davis, Rodney, Ill., E915, E917
Esty, Elizabeth H., Conn., E913

Frelinghuysen, Rodney P., N.J., E917
Higgins, Brian, N.Y., E917
Huffman, Jared, Calif., E916
Kind, Ron, Wisc., E914
Larsen, Rick, Wash., E913
Lewis, John, Ga., E915
Marino, Tom, Pa., E915
McCollum, Betty, Minn., E913

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