

AN AMENDMENT TO H. RES. 600 OFFERED BY
MS. SLAUGHTER

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. 356) to establish the National Commission on Foreign Interference in the 2016 Election. The first reading of the bill shall be dispensed with. 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 Foreign Affairs. 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 her consideration of the bill.

SEC. 3. Clause 1(c) of rule XIX shall not apply to the consideration of H.R. 356.

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: "Al-

though 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. BURGESS. 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.

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

The yeas and nays were ordered.

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

PROVIDING FOR CONSIDERATION OF H.R. 3922, COMMUNITY HEALTH AND MEDICAL PROFESSIONALS IMPROVE OUR NATION ACT OF 2017

Mr. BURGESS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 601 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 601

Resolved, That upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 3922) to extend funding for certain public health programs, and for other purposes. All points of order against consideration of the bill are waived. In lieu of the amendment in the nature of a substitute recommended by the Committee on Energy and Commerce now printed in the bill, the amendment printed in part A of the report of the Committee on Rules accompanying this resolution, modified by the amendment printed in part B of that report, shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous ques-

tion shall be considered as ordered on the bill, as amended, and on any further amendment thereto, to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce; and (2) one motion to recommit with or without instructions.

The SPEAKER pro tempore. The gentleman from Texas is recognized for 1 hour.

Mr. BURGESS. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentlewoman from New York (Ms. SLAUGHTER), 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. BURGESS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks.

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

There was no objection.

Mr. BURGESS. Mr. Speaker, House Resolution 601 provides for the consideration of a critical bill to provide health insurance and healthcare to millions of underprivileged children. This package, which includes two separate bills: H.R. 3922, the Community Health And Medical Professional Improves Our Nation, CHAMPION, Act of 2017; and H.R. 3921, the Healthy Kids Act. This was reported out of the Committee on Energy and Commerce after lengthy deliberation and negotiation and a lengthy markup.

The rule provides for 1 hour of debate, equally divided and controlled by the chair and the ranking member of the Committee on Energy and Commerce.

The rule adopts an amendment from the chairman of the Energy and Commerce Committee, modified by a second amendment by the same author, combining the two bills into the package on the floor today.

Further, the rule waives all points of order and makes in order no further amendments to the legislation. However, the minority is afforded the customary motion to recommit.

The congressionally appropriated stream of funding for the Children's Health Insurance Program expired at the end of September. Funding for other important public health programs, such as community health centers, the National Health Service Corps, and Teaching Health Center Graduate Medical Education, also expired at the end of September.

While every State that receives Federal funding through these programs continues to have adequate dollars to maintain health insurance for every enrolled child, several States are beginning to exhaust their unspent 2017 funds and redistributed funds from the Center for Medicare and Medicaid Services. With November now upon us, waiting any longer will only put more

pressure on those States to begin sending notifications to children and families that they are losing their coverage for those programs; so it is important that we reauthorize funding for the Children's Health Insurance Program and other programs now.

H.R. 3922, the CHAMPIONING HEALTHY KIDS Act, will achieve that important task. It is essential to our efforts to ensuring that these programs continue to meet the healthcare needs of children and families who have come to rely upon them.

Today, more than 8 million low-income children across our country depend on the Children's Health Insurance Program for many of their healthcare services. These include routine doctor visits, immunizations, prescription medicines, and dental care. Through flexible, capped allotments to the States, the program has been able to successfully support these children, while providing States with opportunities to tailor their respective programs as best meet the needs of their respective populations.

The CHAMPIONING HEALTHY KIDS Act would extend CHIP for another 5 years, which is the longest extension since its inception in 1996. An extension through fiscal year 2022 will provide financial stability for every State's CHIP program and certainty for those children and their families who are covered. Additionally, ensuring coverage for CHIP-eligible children will make them less likely to have to enroll in Medicaid or ObamaCare.

This bill also contains and maintains a provision under the Affordable Care Act that provided 23 percent increased matching for 2 years; then that draws down to an increase of 11.5 percent matching in the third year; and then, finally, provides funding at pre-ACA levels for the final 2 years.

These funding levels will provide the States enough time to plan their budgets before returning to the regular CHIP matching rates, thereby restoring the fiscally responsible Federal-State Medicaid partnership.

While reauthorizing CHIP funding is the primary focal point of this legislation, the CHAMPIONING HEALTHY KIDS Act also includes other important provisions relating to our Nation's healthcare. The bill provides a 2-year extension of funding for Federally Qualified Health Centers, community health centers.

One in thirteen individuals nationwide relies upon a community health center to receive healthcare services. The Community Health Center Fund plays an important role in supplementing the services that Federally Qualified Health Centers are able to deliver to underserved communities by providing care to all Americans, regardless of income or ability to pay.

Funding for the Teaching Health Center Graduate Medical Education program is also extended for another 2 years.

The legislation includes a 2-year extension of other important health pro-

grams, including funding for the National Health Service Corps, Family-to-Family Health Information Centers, the Youth Empowerment Program, the Personal Responsibility Education Program, the Special Diabetes Program for Type 1 Diabetes, and the Special Diabetes Program for American Indians.

In addition to the important funding streams addressed in this bill, the Committee on Energy and Commerce incorporated a way to help our Nation's territories in a time of need following recent natural disasters. The bill includes more than \$1 billion for the Medicaid programs in both Puerto Rico and the U.S. Virgin Islands. This funding should assist our territories in providing care for their populations who have faced substantial devastation from Hurricanes Irma and Maria.

The Medicare funding issue is unique to Puerto Rico and the United States citizens living in the territories. This was a problem that predated the hurricanes, but it was exacerbated by the devastation that the storm brought to the islands. Without a legislative fix from Congress, this will be an ongoing and festering problem until it is properly addressed, and the bill before us today begins to do just that.

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Additionally, the bill delays the \$5 billion in cuts to many of the hospitals across the country from the Affordable Care Act-mandated Medicaid disproportionate share hospital reductions for fiscal years 2018 and 2019. I am sure that many of my colleagues have heard from hospitals in their districts whose ability to remain operational and to continue to provide care could be jeopardized by these payment cuts.

These cuts are offset in future years, adding an additional \$6 billion in reductions in fiscal year 2021, 2022, and 2023. This delays but does not fix a problem that ObamaCare created for safety net hospitals. It is one which we will have to revisit, but it delays the cuts that have already been affected by current law and protects these safety net hospitals which provide care to the neediest citizens in our country.

Not only does the CHAMPIONING HEALTHY KIDS Act reauthorize funding for essential health programs, the bill is fully offset. It will not add to the national debt. The Committee for a Responsible Federal Budget called this a "responsible health package," noting that the \$18 billion cost of the bill is fully offset with savings beyond the 10-year budget window.

One of the ways that costs are offset was to alter the qualified health plan grace period so that it would align with State law grace period requirements. This involved changing, in the Affordable Care Act, the grace period for subsidized individuals from 90 days to 30 days unless a State specifically allows otherwise.

It also redirected \$6.4 million from the Prevention and Public Health Fund to help pay for the legislation. This

fund is required by law to receive \$2.5 billion in annual appropriations which must be used for prevention, wellness, and public health initiatives administered by the Department of Health and Human Services. If Congress—let me say it again—if Congress does not direct these funds toward specific efforts, the Secretary of Health and Human Services has the authority to spend the funds however he or she deems fit.

While we are redirecting these taxpayer dollars, the overarching purpose of the funding is still to improve the health and wellness of Americans through existing mechanisms, and community health centers will do just that.

We allow for certain wealthy Medicare beneficiaries with individual incomes of over \$500,000 to pay increased premiums in order to offset some of the cost of authorizing these programs. These beneficiaries will be subject to higher premiums, thereby increasing their overall cost, but still their cost will be lower than if they purchased insurance on the exchange.

The CHAMPIONING HEALTHY KIDS Act is a fiscally responsible way to fund some of our Nation's most important public health programs. The bill would ensure continued access to care for children and individuals who rely on the programs for vital healthcare services.

Mr. Speaker, this is a good bill. Mr. Speaker, these offsets are reasonable. For these reasons, I encourage my colleagues to support today's rule and support the underlying bill, and I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I yield myself such time as I may consume, and I thank the gentleman for yielding me the customary 30 minutes.

Mr. Speaker, 33 days ago, funding for the Children's Health Insurance Program, which 9 million children rely on for their healthcare and well-being, expired after the program was allowed to lapse. States crafted budgets, assuming Federal CHIP funding would arrive on time as it has always done, and they are now scrambling to develop a patchwork solution to keep the program alive.

Six States and the District of Columbia have warned they will run out of funding by December, next month. Thirteen States say they will soon have to tell enrollees they could lose coverage without immediate congressional action. Utah officials have even considered sending letters to enrollees as early as this week letting them know the program is being forced to wind down.

The Kaiser Family Foundation has found that 32 States are expected to run out of funding by March if Congress fails to act. I am glad we are here today with a bill to reauthorize CHIP and other public health programs, but they are woefully inadequate.

This bill is paid for by eviscerating funding from one of the most important parts, again, of the Affordable

Care Act that helps to keep people well: the Prevention Fund. This fund focuses on children's health, expanding access to lifesaving vaccines and reducing the risk of lead poisoning, among many other things.

This is a particularly heartless cut when you consider that many residents of Flint, Michigan, still can't get a clean glass of water from the faucet or bathe in uncontaminated water 3 years after the water crisis began. Children there in Flint will be forced to live for the rest of their lives with impacts ranging from neurodevelopmental damage and behavioral changes to hypertension and anemia, damage caused by a government that failed to act.

If it fails to adequately fund Medicaid for Puerto Rico and the U.S. Virgin Islands as they continue to try to rebuild following the devastating recent hurricanes, that would be a compounding of the tragedy. This bill fails to waive the requirement that both of those islands match Federal investment before they can access any of the Medicaid funding, and we don't deal with that at all, even for CHIP.

Seventy percent of Puerto Rico doesn't even have power 6 weeks after Hurricane Maria hit. I am proud to say that a lot of New York utility workers are down there now, and I am sure we will see results soon. Residents of Puerto Rico are washing clothes and bathing in contaminated streams and rivers, and drinking it as well. A million people there still don't have any running water. They don't have the ability to put up millions of dollars, either, to match these funds because they are struggling to survive. We don't address that. These are American citizens, and we have an obligation to help them.

These reauthorizations are a chance to really work together and deliver, but we are worried about this opportunity because there is no indication that this bill could pass the Senate with the cuts that it has made to the Affordable Care Act. I am referring, of course, to the ones that relate to preventive care. That would be a major tragedy.

As I have already said, so many States are right at the edge of not being able to fund the program at all. Other States are ready to tell both community health services and CHIP that they are no longer providing for them.

This partisan approach will only delay the extension of the programs even further. I consider that a major dereliction of our duties.

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

Mr. BURGESS. Mr. Speaker, I yield myself 30 seconds in response before yielding to the chairman of the Rules Committee.

It pains me to hear people talk about the 33-day delay in getting SCHIP funding resubmitted. I just want to assure the House of Representatives that Republicans on the Subcommittee on

Health in the Energy and Commerce Committee have been ready to go with this legislation. We did our legislative hearings early in the summer, as the gentleman will recall because he was there, and we were ready for our mark-up in the month of September.

Why was it delayed? Let me reference an article from CQ News, October 23, 2017: "Democrats do not want a children's health insurance bill to come to the floor this week for a vote, said Frank Pallone, Jr., ranking member of the House Energy and Commerce Committee at a district event. . . ."

"The idea is to not have the bill come to the floor this week," said Pallone. . . ."

I include in the RECORD a copy of the CQ News article.

[From CQ News, Oct. 23, 2017]

HOUSE DEMOCRATS PUSH TO DELAY

CHILDREN'S HEALTH VOTE

(By Sandhya Raman)

Democrats do not want a children's health insurance program bill to come to the floor this week for a vote, said Frank Pallone Jr., ranking member of the House Energy and Commerce Committee at a district event broadcast on Facebook Live on Monday.

"The idea is to not have the bill come to the floor this week," said Pallone, emphasizing that Democrats still want to find a bipartisan compromise and will not accept the changes to Medicare or Medicaid that Republicans want to use to fund the coverage. He later added, "This is supposed to come up Thursday. Hopefully, it won't."

Pallone suggested that the process could be lengthy if the House passes a partisan bill and the Senate does not act quickly to pass their bipartisan measure. The two likely would have to be reconciled through conference negotiations.

"We're going to just delay this for months, and the end result could be we don't deal with this until the end of the year," said Pallone, speaking at a community health center.

Democrats disagree with the offsets in House bills to reauthorize CHIP (HR 3921) and community health centers and other safety net programs (HR 3922). The CHIP bill's offsets include increasing premiums for Medicare recipients with income over \$500,000 a year and limiting Medicaid benefits for lottery winners. In addition, Democrats take issue with an offset that would bill other insurance before Medicaid for recipients who use more than one form of coverage.

The offsets for the community health centers include changes to undermine the 2010 health care law (PL 111-148, PL 111-152) including cutting almost \$6.4 billion from the Prevention and Public Health Fund over 10 years. Republicans also would allow states to create their own grace periods for individuals on the exchanges to pay their premiums or use a default one-month grace period. The current grace period is three months.

"If you miss it and you don't pay it, you can't get your insurance. You've got to re-enroll for the next year," Pallone said about the grace period.

"The problem is that they haven't been willing to give much on taking this money from the Affordable Care Act or Medicare, but why do they even have to come out of health care at all? Why can't we use another vehicle to pay for it?" said Pallone, adding, "Part of that could be cut back significantly."

Democrats also object to the way Puerto Rico's Medicaid funding in the CHIP bill would be addressed.

"They're still requiring a state match from Puerto Rico," said Pallone. "The bill funds a little bit, but it's totally worthless if Puerto Rico has to come up with the match."

The island does not have money to contribute, Democrats say.

Earlier this month, Committee Chairman Greg Walden of Oregon asked his Democratic colleagues to suggest offsets that may be more amenable than those currently in the bill that the committee passed. Last week, Walden said in a statement that he had not received any Democratic offers.

Democrats contend they have put suggestions on the table.

One idea would require drug companies to help seniors better afford their prescriptions by closing a funding gap, known as the "doughnut hole," in Medicare coverage. Currently, seniors have to pick up more costs after a certain spending threshold until they hit another limit when Medicare resumes paying for coverage.

"We've been making offers back. One of the things we said is make the drug companies pay for the doughnut hole. We still have a doughnut hole for Medicare Part D. So if they pay for the cost of that, that could be used as a payfor," said Pallone.

"This bill that may go to the floor next week is going nowhere," said Pallone, stating that it would "be a totally partisan vote."

Federal funding for CHIP expired Sept. 30. The Centers for Medicare and Medicaid Services has redistributed unused CHIP funds to nine states and territories including Arizona, California, Minnesota, Washington, American Samoa, Guam, Northern Mariana Islands, U.S. Virgin Islands and Oregon. The funds come from unused CHIP allotments from previous years and are used to help states that are running low on their current year funds.

Mr. BURGESS. Mr. Speaker, I yield 5 minutes to the gentleman from Texas (Mr. SESSIONS).

Mr. SESSIONS. Mr. Speaker, I really appreciate the distinguished gentleman from Lewisville, Texas, Dr. MICHAEL BURGESS, who serves several roles in this House of Representatives. First of all, he is chairman of the Subcommittee on Health for the Energy and Commerce Committee—actually, his favorite committee—and then his duties at the Rules Committee, and MIKE has spent a good number of years in service to the entire body. I want to thank Dr. BURGESS for his personally handling not only this matter, but bringing to Congress a really strong attitude that he has about children.

Dr. BURGESS, for a number of years since his early days in Parkland Hospital in Dallas, Texas, as a resident and then becoming an obstetrician-gynecologist who served not only the Dallas area, thousands of people, but he brought to that a love of children, women, and families to give precious life to the United States of America, I want to thank him for his healthy child bill that he brought to the Energy and Commerce Committee.

Mr. Speaker, let me say this. The gentlewoman from New York, the ranking member of the Rules Committee, and the entire committee yesterday spent a great deal of time not only looking at this particular bill, but other very germane issues related to healthcare. My colleagues, including

the gentlewoman from New York, really have the best heart in this. I believe this is an issue where we agree. We agree that children's health is not only an important part of what Congress should be involved in but, actually, resolving the issues.

She is very correct. Several weeks ago it was brought up in the Rules Committee the timeliness of this issue, the appropriateness of the Rules Committee handling this bill to get it to the floor so that we would allow not only the American people to understand what we were doing, but, really, to put it in play so that this could be handled by the United States Senate and the President.

I want to congratulate my colleagues. I think that my colleagues, to a person, understand the importance of this—and certainly MIKE BURGESS' leadership at Energy and Commerce Committee—but also the Rules Committee. So reauthorizing the Children's Health Insurance Program, or CHIP, as it is known, is vitally important. It is important because there are some 400,000 children in Texas, alone, where Chairman BURGESS and I live.

We see not only families, but we see the healthcare community. We see other elected officials and just normal people at home who expect us to get our work done. We are today. In fact, we are not only getting it done, but, as Chairman BURGESS has talked about and even as the gentlewoman, Ms. SLAUGHTER, has talked about, there will be States at the end of November that will be running on fumes, be running on empty, and a good number of States are funded until probably February or March. But that is not a reason for us to delay.

So we are here, respectfully, to ask the entire body, Republicans and Democrats, and also to let the American people know that the Children's Health Insurance Program, through the efforts of MIKE BURGESS and through the efforts of GREG WALDEN as chairman of the committee, who have worked very diligently to make sure that it not only comes to the floor, but that the new nuances of the bill that will include many, many good bipartisan ideas will be offset, and it will be offset. We are going to have to make sure as we move forward that those are careful instructions that we all understand.

But the bottom line to this is, Mr. Speaker, this Congress, because of the bipartisanship, because of the ability, because of the importance of CHIP, is handling this today.

We are going to ask all Members if they did not have a chance to see what I thought was a robust, distinguished panel that came to us yesterday to talk about this, but also the thoughtful ideas from our Members about the importance of this, I think we can convince this body—this body, Republicans and Democrats—that the underlying legislation helps secure for 5 more years—which is what the goal

was, 5 more years—to make sure that we can move forward; and it gives States the authority and the responsibility, gives the American people confidence that what we are doing to take care of this issue has not only been done, but presented in such a way that it will be successful.

That is our job, Mr. Speaker. Our job is to take the work that comes from the committee of jurisdiction—in this case, the Energy and Commerce Committee—and move that through, look at it, vet it, and make sure the best ideas happen. I am pleased and proud to be here today.

Ms. SLAUGHTER. Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Ms. MATSUI), a distinguished member of the Energy and Commerce Committee.

Ms. MATSUI. Mr. Speaker, I thank the gentlewoman for yielding.

Mr. Speaker, I rise in opposition to this rule. For months, House Republicans have delayed action to fund CHIP and community health centers. These programs are critical in our communities and cannot survive without this funding.

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They have always been bipartisan, but, unfortunately, the bill before us today is not. Instead of working with us, Republicans have focused on TrumpCare and sabotaged the ACA. Now they have put forward this bill full of poison pills that will only further delay funding these critical public health programs, and to turn what has been traditionally a bipartisan process into a political game does a disservice to families.

H.R. 3922 eliminates the ACA's Prevention and Public Health Fund which helps people in my district and other districts get vaccines, prevent diabetes, and combat heart disease. The reason we put the preservation fund in the ACA in the first place was to reorient our health system towards prevention, which ultimately saves money and keeps people healthier.

We all want to ensure kids have the insurance that they need to access affordable care, but slashing benefits that will in the long term hurt the very children and families that CHIP and the community health centers help, as this bill does, is the wrong way to go. Through its cuts to the Prevention Fund, this legislation is another attempt by Republicans to undermine the ACA.

Unfortunately, this is just one of many acts of sabotage that we have seen over the last year from the Trump administration and congressional Republicans.

On top of these attacks on the Affordable Care Act, H.R. 3922 creates a false choice between helping seniors and helping kids. This legislation makes changes to Medicare that will hurt all seniors' benefits in the long term.

Democrats have offered solutions that would pay for funding CHIP and

community health centers in a way that doesn't rob Peter to pay Paul. I support the substitute amendment offered by Ranking Member PALLONE which would do just that.

Mr. Speaker, I am extremely disappointed that the Republicans have chosen this partisan path for programs that are so dear to our communities, and I urge my colleagues to vote "no" on H.R. 3922 and to support the Democratic substitute.

Mr. BURGESS. Mr. Speaker, I yield myself 30 seconds for the purpose of a response before I yield to the gentleman from Georgia.

Mr. Speaker, if we are going to tell stories, then "once upon a time" should be part of our opening.

This bill merely takes some of the discretion for the Prevention and Public Health Fund away from the administration and returns it to Congress where it is supposed to be in the first place, so we take discretion over some of the Prevention and Public Health Fund dollars away from the executive branch and redirect these dollars to proven public health programs that enjoy broad, bipartisan support in Congress like the community health centers. Every Democrat voted for the Cures for the 21st Century, and it did exactly the same thing.

Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, we are here over a month late to reauthorize CHIP while the families of 9 million children are holding their breath to see whether their kids are going to have health insurance. We are bringing this up now because my colleagues on the other side of the aisle asked us to delay, and, in good faith, we did.

Over 232,000 children in Georgia rely on CHIP for their health insurance. My constituents are asking why we delayed it. I am sad to have to tell them that my colleagues on the other side of the aisle decided to delay our efforts to pass the bill out of the Energy and Commerce Committee, and they then decided to delay bringing the bill to the floor for a vote.

I would hope that they would have a good reason for these delay tactics, but the truth is that they opposed a provision that was requested by President Obama in his fiscal year 2013 through fiscal year 2017 budgets that has a minor impact on the highest earners under Medicare.

This is politics at its worst, and I stand here today to say that enough is enough.

The Energy and Commerce Committee's markup of this bill was stalled three times because our friends decided to oppose a policy that the previous administration supported. When the American people tell us that they are fed up with the partisan politics, this is exactly what they are talking about.

Mr. Speaker, I ask my colleagues to join me today in putting the needs of 9 million children above short-term political interests.

Ms. SLAUGHTER. Mr. Speaker, I yield 5 minutes to the gentlewoman from Connecticut (Ms. DELAURO).

Ms. DELAURO. Mr. Speaker, I rise to voice my opposition to this rule and to the underlying bill.

First, by the way, my colleague from California (Ms. MATSUI) talked about the Democratic substitute. But let's be clear, it is our Republican colleagues, the majority, who would not make a Democratic substitute in order that would allow us to come here to have a debate on their proposal and what we proposed. How about that for democracy in the United States House of Representatives? No Democratic substitute.

So let's leave that aside and focus on what we have here today. Again, opposed to the rule, opposed to the bill.

The Children's Health Insurance Program is vital for millions of our Nation's most vulnerable citizens—our children. The gentleman before spoke about 9 million children. Yes. But do you know how long we have waited for the majority to reauthorize the Children's Health Insurance Program? The length of time is shameful. But even more shameful is how the majority intends to pay for the Children's Health Insurance Program.

This is what the bill does. The bill includes massive cuts to something called the Prevention and Public Health Fund. What is the Prevention and Public Health Fund? It is inclusive of many of the programs that we rely on in order to save lives.

Yes. They are the programs that go to help our community health centers be able to treat people who come to their door. Twenty-three million people in the United States use community health centers. It is often their primary care.

But let me lay out for you what some of these programs are: the Centers for Disease Control childhood vaccines—vaccinations and immunizations for our kids being cut—lead poisoning prevention. You go to any community in this country, and they will tell you whether it is water or whether it is paint. Some of our children have the highest levels of lead, and what we need to be doing is screening them at a very early age so that we can address the issue. They cut this out, also the Centers for Disease Control heart disease program, stroke and diabetes programs, breastfeeding grants for hospitals, childhood obesity prevention, and suicide prevention. We are looking today at an opioid crisis in this Nation that so often results in suicides, and they are willing to cut the heart out of the Prevention Fund programs to fund the Children's Health Insurance Program.

So we are harming children at one end of the spectrum and robbing the money from that end of the spectrum to pay for the Children's Health Insurance Program, which I am a big supporter of. So we are stealing from this prevention program.

Now today, my Republican colleagues have offered a tax cut proposal. Take a hard look at it because the richest, the wealthiest, and those with the most lobbyists are the biggest beneficiaries of these tax cuts, and middle class working families will get the short end of the stick. Those people who make over \$1 million—several million dollars—are going to get the benefit of the tax cut. Why aren't we taking that money and paying to reauthorize the Children's Health Insurance Program rather than taking the money from the Prevention and Public Health Fund?

So instead of providing tax cuts today for the richest 1 percent of Americans, we could have a strong Children's Health Insurance Program, and we could have a strong Prevention and Public Health Fund that does not have to make these egregious cuts.

I think there is one more point that people need to know about this bill. The bill cuts something that was in the Affordable Care Act—the grace period. They cut that back to 30 days. That means if someone misses one health insurance payment, they can lose their insurance for the remainder of the year.

Today, our biggest economic challenge as a nation is that people are in jobs that just don't pay them enough to live on. They can't afford their healthcare. It is cruel, and it is a brazen attempt to undermine the Affordable Care Act, which, quite frankly, has been the majority's agenda for a very long time.

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

Ms. SLAUGHTER. Mr. Speaker, I yield the gentlewoman from Connecticut an additional 30 seconds.

Ms. DELAURO. There is no need to play off children's health insurance against the Prevention and Public Health Fund. There is no need to cut back on the grace period for the folks who may miss one health insurance payment.

So I urge my colleagues: don't be cruel; don't be inhumane. To those of my colleagues who will say no to this, you stand on solid ground. You stand with families in this Nation. You stand with children when you say no to cuts that are going to hurt their lives.

Mr. BURGESS. Mr. Speaker, I am pleased to yield 3 minutes to the gentleman from Alabama (Mr. BYRNE), who is a fellow member of the House Rules Committee.

Mr. BYRNE. Mr. Speaker, I thank my colleague for yielding, and I rise to extend my support for this rule and the underlying legislation.

This legislation funds critical, bipartisan health programs that help keep our communities healthy.

Mr. Speaker, I have long been a strong supporter of CHIP because I have seen it in action back in my home State of Alabama. I served on the Alabama State School Board back when

Alabama implemented our CHIP program, known as ALL Kids. ALL Kids was the first CHIP program in the country, and it has made a real difference. In fact, the uninsurance rate for children in Alabama has gone from 20 percent pre-CHIP to 2.4 percent today.

For 83,000 Alabama children under 19, the program offers low-cost, comprehensive healthcare coverage that includes regular checkups, immunizations, sick child doctor visits, prescriptions, vision care, dental care, and much more.

CHIP has always been a bipartisan program, and I hope this reauthorization will earn bipartisan support for the children of America.

This legislation also reauthorizes the community health centers fund. I am a huge champion of community health centers because, again, I have seen them work in Alabama from the Mostellar Medical Center in Bayou La Batre to Franklin Primary Health in Mobile to Southwest Alabama Health Services in McIntosh. These centers are vitally important to so many Americans, but especially to low-income families and those in rural areas.

One in 13 people nationwide rely on a health center for their healthcare needs, and this reauthorization is necessary to ensure those individuals continue to receive access to medical care.

This legislation also includes many other healthcare provisions to meet other priorities. Among these provisions, I am pleased the legislation continues Medicaid disproportionate share hospital payments, or DSH payments, as they are commonly known.

DSH provides funding to hospitals that treat a large number of indigent patients. DSH is absolutely critical to the life of Alabama's hospitals, and failure to renew these important payments could result in numerous hospital closures in our State.

So, Mr. Speaker, I urge my colleagues on both sides of the aisle to get behind this legislation and ensure it gets across the finish line. We should not let petty political arguments keep us from ensuring that children have access to affordable health insurance, keeping the doors open at community health centers, or allowing Alabama's hospitals to continue serving communities in need.

Ms. SLAUGHTER. Madam Speaker, I yield 5 minutes to the gentleman from New Jersey (Mr. PALLONE), who is the distinguished ranking member of the Committee on Energy and Commerce.

Mr. PALLONE. Madam Speaker, I want to thank the ranking member of the Rules Committee.

I just want to express the tremendous frustration that I have and that Democrats have in general with the way the Republican leadership has handled the CHIP bill, IPAB, and community health centers, the legislation we are considering today and tomorrow.

First of all, I need to point out that it was over a year ago when I asked

leadership of our committee to try to come up with bipartisan legislation with regard to community health centers and SCHIP, the children's initiative, and all they wanted to do from January until September—9 months—was repeal the Affordable Care Act.

□ 1330

That is all they were interested in. They didn't want to hear anything about CHIP or community health centers, just repeal the Affordable Care Act.

My colleagues on the other side suggested that somehow, because of CHIP, they are very concerned about kids. Well, the fact of the matter is, if you repeal the Affordable Care Act, children—everyone—and community health centers would suffer such damage because they would lose their health insurance or the underpinnings of the community health centers, which have been financed with the Affordable Care Act, that any suggestion that somehow because you are concerned now about CHIP or community health centers is belied by the fact that you spent the last 9 months, through September, trying to repeal the Affordable Care Act. If you really cared about these things, then you would not have sought that repeal.

Once that repeal seemed to be over in September, then the Republicans on the committee and the leadership were willing to talk about CHIP and community health centers. But mind you, the authorization for those two programs ended September 30. So it was literally too late.

Now my colleagues on the other side say: Oh, well, we are bringing this bill up today because we really care about kids and community health centers.

Exactly the opposite. If you did care, in the sense that you wanted to get legislation passed, then you wouldn't bring this bill up today. We all know that if the bill is not bipartisan, which it is not, it will never pass the Senate. What is going to happen is these bills will pass on a partisan vote on Friday and, as a consequence, they will go to the Senate and there will be no action and we will have to deal with this at the end of the year as part of some larger omnibus spending bill or whatever we do at the end of the year.

So anyone who tells you that the Republicans, in trying to pass a partisan bill, are actually moving forward on CHIP or on community health centers, that is simply not true.

Now, what are we facing here with these three bills? And I include IPAB, CHIP, and community health centers. What we are really facing is another effort on the part of the Republican leadership to repeal or sabotage the Affordable Care Act.

All these things are part, in some fashion, of either pay-fors or authorization of the Affordable Care Act. The fact of the matter is, we are now seeing what I would call piecemeal repeal.

You couldn't repeal it outright, so you do a piecemeal repeal. You repeal

IPAB. You basically use funding from the Prevention Fund and you gut that so you can pay for the CHIP funding. You change the grace period so something like half a million people lose their health insurance. Meanwhile, the President of the United States is out there every day issuing executive orders to get rid of cost-sharing subsidies to cut back on the outreach program.

If you look at all this, it is nothing more than a piecemeal repeal of the Affordable Care Act. It is sabotaging the Affordable Care Act.

This has not changed. The first 9 months to September, outright repeal. Now, between now and the end of the year, piecemeal repeal. Every day, a different bill.

The real inconsistency, which is the best I can say about what is going on, is to say that we have to come up with offsets to pay for the Children's Health Initiative Program and the community health centers, but we don't have to do it for IPAB. \$17.5 million is what it is going to cost, according to the CBO, to repeal IPAB. If you use that money, it would almost pay for the CHIP and the community health centers bill that will be considered the next day.

So, again, we have this total inconsistency suggesting that somehow we care about one thing. What is really going on is robbing Peter to pay Paul. The way that you pay for the community health centers and the CHIP bill, basically, sabotaging the Affordable Care Act, is you shorten the grace period from 90 days to 30 days, when people, if they don't pay their premium, will lose their health insurance. We know that maybe almost 688,000 people, according to the CBO, will lose their health insurance.

The SPEAKER pro tempore (Ms. FOXX). The time of the gentleman has expired.

Ms. SLAUGHTER. Madam Speaker, I yield an additional 1 minute to the gentleman from New Jersey.

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

Mr. PALLONE. Then you have the Prevention Fund, which is used for children's lead poisoning programs, children's vaccines, and for the opioid program that the Republicans say they care so much about. These are going to go away in order to pay for CHIP and community health centers.

What is going on here is unbelievable. I just say to my colleagues: look at what is actually happening. We had a Democratic substitute and the Rules Committee wouldn't even let us consider it.

So it is not just the underlying issue of what is actually happening here in terms of the substance of the bills. It is also the process that is being used. That is why I am glad I am talking during the Rules Committee time.

We had a Democratic substitute that would have had a great piece of legislation that paid for the community health centers, paid for CHIP, without

sacrificing other healthcare programs that help kids and other Americans. They wouldn't even let us consider it here today.

So I say to my colleagues: basically, vote "no" on the rule. Turn down this rule and let us have another opportunity to actually do something that is important and that is meaningful.

Mr. BURGESS. Madam Speaker, I yield myself 30 seconds.

First off, the gentleman may not remember that we had a legislative hearing in June on this very bill. It was delayed from June 14. The gentleman may recall there was an unfortunate circumstance of a shooting at a congressional baseball practice. In fact, a member of our committee, Majority Whip STEVE SCALISE, was in surgery, and most felt we couldn't go through with the hearing that day, but we had it 2 weeks later as soon as we could get the hearing time. So it was done well in advance of the expiration of the funding.

Furthermore, as far as the substitute goes, the minority is afforded the customary motion to recommit. I look forward to the gentleman introducing a substitute at that time.

Madam Speaker, I yield 2 minutes to the gentlewoman from Tennessee (Mrs. BLACKBURN).

Mrs. BLACKBURN. Madam Speaker, I thank the gentleman from Texas for his work that has just been so consistent on how we meet the needs of our health centers, the Children's Health Insurance Program, and also on the repeal for IPAB.

When we talk about IPAB, it is so important that we mention our colleague and my fellow Tennessean, Dr. PHIL ROE, who is a Member of this Chamber. I applaud him for his consistent work on keeping that in front of us.

I think it is fair to say, as Chairman BURGESS has said, that we have worked diligently on the CHIP issue. I know that the gentleman from New Jersey is not pleased with how that is going to be paid and how we address the payments.

But I have to say, our goal, Madam Speaker, is to make certain that the States have the funding that is necessary for them to meet the needs of children who are needing these health services. This is something that we have been diligent in our work to meet those needs and to work with our States and to see how best to do this so that needs are being met right there where those children have them and that the States have the resources they need.

When it comes to the Independent Payment Advisory Board, we ought not have to be discussing this today because this is something that should never have been passed in the first place. It is something that was completely unnecessary. We are looking at going in and changing this, and for good reason.

There is a bipartisan agreement that you have to get down the costs that are

in Medicare, and I know that is not going to be an easy task.

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

Mr. BURGESS. Madam Speaker, I yield an additional 30 seconds to the gentlewoman from Tennessee.

Mrs. BLACKBURN. Madam Speaker, I think one of the things that we know, when you are looking at IPAB, you don't want to give those decisions of how you are going to adjust healthcare for Medicare enrollees to 15 unelected, appointed bureaucrats that really have no responsibility to anyone in this process.

This is our responsibility. It is appropriate that Congress recoup that responsibility, that we make these decisions. I support the legislation that is in front of us.

Ms. SLAUGHTER. Madam Speaker, I yield 2 minutes to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Madam Speaker, let me make a proclamation here on the floor of the House, and that is that all the sweat and tears of the Democratic Members, although we offered the opportunity to our Republican friends to do something about healthcare, all of our sweat and tears proved to be a successful response to the 25 million uninsured Americans.

No matter how much our friends on the other side of the aisle try to nitpick and pick away at a successful affordable care program, they simply cannot do it.

To the American people: It worked. It worked because we included and supported healthcare for children with CHIP. It worked because we supported and expanded community health centers. It worked because we had IPAB, which is not going to be in effect until 2021 and not to do anything but preserve Medicare.

On the other hand, today we have a pronounced tax bill that will jeopardize the Medicare trust fund, will take millions and billions away from Medicaid. The last hammer in the coffin will be the destruction of the Children's Health Insurance Program and community health clinics.

Let me be very clear: I happen to be in an area in the southern part of Texas, from Corpus to Port Aransas, to Rockport, to Beaumont, to Houston and Harris County, where Hurricane Harvey devastated our community.

Healthcare is crucial. Many of our hospitals were under water. People were not able to access healthcare. The community health clinics are the best neighborhood source of healthcare.

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

Ms. SLAUGHTER. Madam Speaker, I yield an additional 1 minute to the gentlewoman from Texas.

Ms. JACKSON LEE. Madam Speaker, the legislation by my friends is to destroy Peter to prop up Paul, rather than take the Pallone amendment—which I want to thank Ms. SLAUGHTER for offering in the Rules Committee—

to provide real funding and that would find a way to effectively support the Children's Health Insurance Program and, of course, the community health clinics, which, in the State of Texas, has been a lifesaver for all of our communities.

We were the poster child for having the largest number—a quarter of our people in Texas—who did not have health insurance. With the Affordable Care Act and, of course, the community health clinics, we were able to do it.

Let me finish by saying it was a bipartisan effort in 1997, with a balanced budget, that we created the Children's Health Insurance Program. It has been an effective, strong armor, if you will, around children's health.

Everywhere I go, such as the Texas Children's Hospital, they are raving about the Children's Health Insurance Program and Medicaid. Today or tomorrow, we are going to break that system by taking money from somewhere else to destroy another healthcare program and putting in this program.

Mr. BURGESS. Madam Speaker, may I inquire as to how much time is remaining?

The SPEAKER pro tempore. The gentleman from Texas has 6½ minutes remaining. The gentlewoman from New York has 9 minutes remaining.

Mr. BURGESS. Madam Speaker, I yield myself 2 minutes.

Madam Speaker, I want to address the issue of the Prevention and Public Health Fund.

The bill before us does redirect \$8.9 billion for the Prevention and Public Health Fund to support critically important public health programs that expand access to care and improve health outcomes.

The Prevention Fund was established in the Affordable Care Act as mandatory funding for prevention and public health programs to improve health and help restrain the rate of growth in private and public sector healthcare costs.

According to statute, billions of dollars in advanced appropriations are to be used for the broad purpose of supporting programs authorized by the Public Health Service Act for prevention, wellness, and public health activities. However, prevention, wellness, and public health activities are allowable, but no Prevention Fund-specific or generally applicable definitions of these terms are to be found in the Public Health Service Act, the Affordable Care Act, or anywhere else in Federal law.

The Affordable Care Act was not accompanied by committee reports in either Chamber. The Department of Health and Human Services has not published regulations, guidance, or other information to clarify the Department's views about the types of activities that are within the scope of the Prevention Fund.

□ 1345

Annual mandatory appropriations, the Prevention Fund, continue in per-

petuity. If Congress does not explicitly allocate the funding, then the Secretary of HHS has the authority to spend these dollars without congressional oversight.

This bill takes discretion over some of the—some, not all—some of the Prevention Fund dollars. It takes it away from the executive branch and redirects these dollars to proven public health programs that enjoy broad bipartisan support in Congress like community health centers, a program that employs 190,000 people and served over 24 million patients in 2015.

This has been supported in the past in other legislation, most recently in the Cures initiative, where Democrats and Republicans supported the redirecting of funding for the Prevention Fund for the specific purpose of preserving public health.

Madam Speaker, I reserve the balance of my time.

Ms. SLAUGHTER. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, in May, the Republican majority recklessly passed their healthcare repeal bill without any analysis at all from the nonpartisan Congressional Budget Office, finding out a month later that it would have taken insurance away from 23 million people.

I fear the majority is going to make the same dangerous mistake with their tax bill. The New York Times reported that some sections of the bill released today are placeholders that will “allow Republican leaders to work out the details of a new set of revenue-raisers that would be inserted in the bill before the full House votes on it”—in other words, they will be a surprise.

After the Ways and Means Committee marks up the bill, they will rewrite the bill in a back room and jam it through the House. It is beyond irresponsible to vote on a bill of this magnitude without knowing how it will impact hardworking Americans.

We employ dozens of well-qualified, nonpartisan expert economists and public policy analysts with advanced degrees in the Congressional Budget Office precisely for moments like this, and it appears the majority is again, this year, prepared to move so fast that no Member will have the benefit of their nonpartisan advice.

So if we can defeat the previous question, I will offer an amendment to the rule that will prevent this massive tax cut bill from coming to the House floor unless nonpartisan analysis from the experts at the Congressional Budget Office has been available for at least 2 days.

Madam 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 gentlewoman from New York?

There was no objection.

Ms. SLAUGHTER. Madam Speaker, I yield myself the balance of my time.

Madam Speaker, we don't have time to spare playing games here with the CHIP program. It is on life support in many States, with officials scrambling to try to keep it alive. This is a program, you have heard before, that 9 million children rely on.

And 2,800 community health centers are at risk of closing their doors if we do not reauthorize the community health centers. That would leave millions of people without healthcare, cost more than 50,000 jobs, and already the centers nationwide have been forced to consider cutting services following the majority's failure to reauthorize the program before it expired on September 30.

Everybody knows that these centers do remarkable work. They deliver quality care at lower cost. More than 330,000 veterans relied on them for healthcare last year alone. They could be reauthorized under a clean bill in seconds. Instead, the majority is putting them at risk through this partisan bill, which seems unlikely to pass the Senate, and we will then be nowhere.

If you want to know why only 13 percent of the public approves of Congress under the leadership, just look at the bill before us today. Republican leaders have turned even the most bipartisan programs into endeavors that seem unlikely to become law.

They have disallowed the Democratic Party to have any substitute with any other ideas that they did not have before so that we can, as Ms. DELAUNO mentioned, have an honest debate. We see that time after time in the Rules Committee, the inability for our side to even get amendments passed. But not to allow a substitute bill of this magnitude is, I think, really a dereliction of duty. It speaks volumes about the inability to get things done.

And lastly, Madam Speaker, I want to recognize George Agurkis. He is sitting here with me. George has been on the Rules Committee staff for 9½ years. He is leaving us at the end of the week to take a wonderful new job and new project. He is a Pennsylvania neighbor we always could count on. He is a lot of fun. We are going to miss that and his aunt, Rose, who works in the cloakroom. And we know that she gives the best birthday parties in the world, and we don't know what we are going to do. We hope that George will come back and celebrate those with us and Rose will once again delight us with every kind of sweet thing in the world.

So back to the bill at hand. I urge a "no" vote on the previous question, on the rule, and on the bill, and I yield back the balance of my time.

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

I do want to address one of the things that has come up in the discussion, and that is the issue of the language in the underlying bill that supports the citi-

zens, the American citizens in Puerto Rico.

There was a problem in Puerto Rico with their Medicare system, the way people were not automatically enrolled as they were in every other State and territory. There was a problem under the Affordable Care Act where they faced a Medicaid funding cliff.

These problems existed prior to the two hurricanes that hit the island, and a request was made to Chairman WALDEN and me, on behalf of the people of Puerto Rico, to fix these problems prior to the storms coming ashore, and that is what we fixed in the language of this bill.

I might remind this body that, when Hurricane Katrina came ashore around Labor Day of 2005, a similar problem was encountered. Ultimately, the State's share of that FMAP payment was made. It was made with funds from the Deficit Reduction Act, which were allocated on September 30, 2006, over a year later.

The fact is that there are going to be funds available to Puerto Rico to help offset their part, their match of their State's share of the Federal match, but it will likely come through the money that is appropriated for disaster relief. But we are fixing their underlying problem that existed before the hurricanes. If we don't fix it, it continues to be a problem year in and year out, and the American citizens of Puerto Rico are poorly served by that.

So this body is taking that up today, and I am proud of the fact that our subcommittee and our full committee recognize that and provided that relief.

Madam Speaker, I want to enter into the RECORD a letter from Texas Health Resources, Mr. Barclay Berdan. I want to quote from this letter: "We . . . appreciate your leadership on delaying cuts to Medicaid DSH, which took effect on October 1, 2017."

"Thankfully, H.R. 3922 would eliminate the scheduled Medicaid DSH reductions in fiscal years 2018 and 2019, thus allowing a critical source of funding to continue for safety net hospitals."

TEXAS HEALTH RESOURCES,
November 1, 2017.

Hon. MICHAEL BURGESS,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE BURGESS: As one of the nation's largest faith-based, nonprofit health care systems, Texas Health Resources (Texas Health) provides more than 350 points of access throughout North Texas, including 29 hospitals (acute-care, short-stay, behavioral health, rehabilitation and transitional care) and more than 100 outpatient facilities, satellite emergency rooms, surgery centers, behavioral health facilities, fitness centers and imaging centers. The system also includes a large physician group, home health, preventive and well-being services as well as more than 250 clinics and physician offices to provide the full continuum of care for all stages of life. I am writing to thank you for your leadership on the Championing Healthy Kids Act of 2017 (H.R. 3922) to extend funding for the Children's Health Insurance Program (CHIP). We strongly support a five-year extension of CHIP funding, along with the

elimination of reductions in fiscal years (FY) 2018 and 2019 to the Medicaid disproportionate share hospital (DSH) payments.

Texas Health has supported CHIP since its inception, and the program currently covers 8.9 million children with family incomes above Medicaid eligibility limits who lack access to affordable private coverage. The nation's uninsured rate for children is a record low of 5 percent due in part to Medicaid and CHIP coverage. While CHIP is authorized by Congress to operate until October 1, 2019, legislative action is needed to continue funding beyond FY 2017. Failure to extend CHIP funding could result in coverage losses for millions of children and increased financial pressure for states that may lead to reductions in eligibility and benefits. This legislation safeguards the program by providing for a five-year extension of funding.

We also certainly appreciate your leadership on delaying cuts to Medicaid DSH, which took effect on October 1, 2017. As you know, Medicaid DSH payments support Texas Health's hospitals in serving north Texas' most vulnerable individuals—the poor, the elderly, and the disabled. Congress reduced Medicaid DSH payments in the Affordable Care Act, reasoning that hospitals would care for fewer uninsured patients as health coverage expanded. However, the projected increase in coverage has not been fully realized, and Congress subsequently delayed the start of the cuts that were scheduled to begin in FY 2014. As a result, Texas hospitals will sustain a \$148 million cut in vital payments in federal fiscal year 2018. The cumulative loss for Texas hospitals for 2018 through 2024 is \$3.2 billion. Thankfully, H.R. 3922 would eliminate the scheduled Medicaid DSH reductions in Fiscal Years 2018 and 2019, thus allowing a critical source of funding to continue for safety net hospitals.

Thank you for your steadfast leadership on addressing these important programs by supporting H.R. 3922. As Congress moves forward on these important issues, we appreciate your continued willingness to work with us to extend funding for CHIP, eliminate reductions to Medicaid DSH payments, and safeguard programs critical to hospitals. If we can provide you or your staff with additional information, please do not hesitate to contact.

Sincerely,

BARCLAY BERDAN,
FACHE, Chief Executive Officer,
Texas Health Resources.

Mr. BURGESS. Madam Speaker, I also have a letter from the Children's Hospital Association, which renews the call for bipartisan CHIP extension: "Children's hospitals thank Congress for its long-term bipartisan commitment to CHIP and for the children it serves. We look forward to working with lawmakers to maintain a strong CHIP program and strengthen healthcare for children in the future."

CHILDREN'S HOSPITALS RENEW CALL FOR
BIPARTISAN CHIP EXTENSION

Children's hospitals urge Congress to protect children and families by passing a bipartisan five-year extension of the Children's Health Insurance Program (CHIP) as soon as possible.

We are pleased that members of the House Energy and Commerce Committee have developed bipartisan CHIP policies that reflect the needs of children, including a five-year extension of the program that provides for robust CHIP funding, and continue important beneficiary protections such as the Maintenance of Effort provision, funding for

the Pediatric Quality Measures Program, express lane eligibility, and outreach and enrollment grants. These policies are also included in the bipartisan Senate proposal on CHIP, and we thank the committees of jurisdiction in both chambers for including these crucial policies.

If CHIP funding is not extended soon, CHIP-enrolled children may become underinsured or uninsured altogether. CHIP is an important bipartisan health coverage program for over 6 million low-income children. CHIP builds off of a strong Medicaid program by providing age-appropriate and affordable coverage for children who fall above Medicaid eligibility levels, but lack access to other health coverage options.

Concerning reports indicate that states are taking steps to limit programs in order to address the looming funding shortfall, despite receiving federal redistribution funds. We urge Congress to act now and avoid potentially disastrous consequences caused by further delay by enacting a strong, bipartisan five-year extension of CHIP.

Children's hospitals thank Congress for its long-term bipartisan commitment to CHIP and the children it serves. We look forward to working with lawmakers to maintain a strong CHIP program and strengthen health care for children into the future.

Mr. BURGESS. Finally, Madam Speaker, I will tell you I am perplexed. I, frankly, do not understand why there is reticence to providing an offset for funding of children's health insurance by income relating to part B premiums for people who earn over \$500,000 a year, seniors who earn over \$500,000 a year, or a couple who earns over \$875,000 a year. This was language that was included in President Obama's budget, so don't tell me it is not bipartisan, because it was bipartisan.

Now, Madam Speaker, today's rule provides for the consideration of an important piece of legislation to maintain the important funding streams for millions of underprivileged children depending on the program.

I want to thank Chairman WALDEN for his efforts to continually work with the minority on the Energy and Commerce Committee, repeatedly providing the requested extensions by the ranking member in order to continue discussions on the legislation.

The package reflects hours of work to create legislation that will benefit millions of America's children so that they can lead healthier lives. I urge my colleagues to support today's rule and the underlying legislation, the CHAMPIONING HEALTHY KIDS Act.

The material previously referred to by Ms. SLAUGHTER is as follows:

AN AMENDMENT TO H. RES. 601 OFFERED BY
MS. SLAUGHTER

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

SEC. 2. It shall not be in order to consider a comprehensive tax reform measure or matter reported pursuant to Sections 2001 or 2002 of House Concurrent Resolution 71 in the House or in the Committee of the Whole House on the state of the Union unless easily searchable electronic estimates and comparisons prepared by the Director of the Congressional Budget Office and Joint Committee on Taxation have been made available on a publicly available website of the House 48 hours in advance.

(b) It shall not be in order to consider a comprehensive tax reform measure or mat-

ter reported pursuant to Sections 2001 or 2002 of House Concurrent Resolution 71 in the House or in the Committee of the Whole House on the state of the Union, that is called up pursuant to a rule or order that makes an amendment in order or considers such an amendment to be adopted, unless easily searchable updated electronic estimates and comparisons prepared by the Director of the Congressional Budget Office and Joint Committee on Taxation reflecting such amendment have been made available on a publicly available website of the House 48 hours in advance.

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

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

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

Mr. Clarence Cannon's *Precedents of the House of Representatives* (VI, 308-311), describes the vote on the previous question on the rule as "a motion to direct or control the consideration of the subject before the House being made by the Member in charge." To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that "the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition" in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R-Illinois) said: "The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition."

The Republican majority may say "the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever." But that is not what they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives, (6th edition, page 135). Here's how the Republicans describe the previous question vote in their own manual: "Although it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule. . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment."

In Deschler's *Procedure in the U.S. House of Representatives*, the subchapter titled "Amending Special Rules" states: "a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate." (Chapter 21, section 21.2) Section 21.3 continues: "Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon."

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Republican majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

Mr. BURGESS. Madam 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.

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

The yeas and nays were ordered.

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

RECESS

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

Accordingly (at 1 o'clock and 56 minutes p.m.), the House stood in recess.

□ 1455

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. PALMER) at 2 o'clock and 55 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed.

Votes will be taken in the following order:

Ordering the previous question on House Resolution 600;

Adopting House Resolution 600, if ordered;

Ordering the previous question on House Resolution 601; and

Adopting House Resolution 601, if ordered.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.