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House of Representatives

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

PRAYER

The Chaplain, the Reverend Margaret Grun Kibben, offered the following prayer:

From wherever we have come, and wherever we now find ourselves, may our seeking lead us to You, O Lord. No matter how far we have wandered, regardless of the distance we have strayed, You have always remained near to us. May we return to You that You may have mercy on us.

Whether our way of life has proven unsustainable, or our life decisions shameful, You have always maintained Your love for us. May we abandon all that has dishonored You and surrender our willfulness to Your forgiveness.

Then, by Your forbearance, may we realize that our thoughts are not Your thoughts, nor are our ways Your ways. Your Heavens are high above the Earth, so Your will far surpasses what our limited perspective can imagine.

On this day, grant us the overwhelming joy to be found knowing that You want us to have a role in Your sovereign plan. May we engage in the work You have set before us with gratitude for the opportunity You have given us to serve You and this Nation at this time.

And may this day bring glory to You and peace in our lives and the lives of those whom we have been called to represent.

In Your mighty 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 the approval thereof.

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

PLEDGE OF ALLEGIANCE

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

Mr. BILIRAKIS 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.

SWEARING IN OF THE CHIEF ADMINISTRATIVE OFFICER OF THE HOUSE OF REPRESENTATIVES

The SPEAKER. The Chair will now administer the oath to Anne Dressendorfer Binsted, of Virginia, appointed November 25, 2025, to act as and to exercise the duties of Chief Administrative Officer of the House of Representatives effective December 31, 2025. The Chief Administrative Officer-designate will now approach the well.

The Chair will now swear in the Chief Administrative Officer of the House.

The Chief Administrative Officer-designate took the oath of office as follows:

Do you solemnly swear or affirm that you will support and defend the Constitution of the United States against all enemies, foreign and domestic; that you will bear true faith and allegiance to the same; that you take this obligation freely, without any mental reservation or purpose of evasion; and that you will well and faithfully discharge the duties of the office on which you are about to enter, so help you God.

The SPEAKER. Congratulations.

ANNOUNCEMENT BY THE SPEAKER

The SPEAKER. The Chair will entertain up to 15 requests for 1-minute speeches on each side of the aisle.

HONORING THE LIFE AND LEGACY OF RABBI GARY KLEIN

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

Mr. BILIRAKIS. Mr. Speaker, I rise today to honor the life and legacy of Rabbi Gary Klein, a devoted spiritual leader, dear friend, and true mensch.

For 35 years, Rabbi Klein served as the spiritual heart of Temple Ahavat Shalom in Palm Harbor, Florida. He answered this sacred calling with humility, wisdom, and compassion. He guided his congregation with warmth and moral clarity. He built a community rooted in kindness, responsibility, and faith.

I was honored to join him in his congregation for many Passover Seders, moments that reflected his generosity of spirit that I will never ever forget.

Rabbi Klein's commitment to tikkun olam extended beyond the synagogue. A trusted adviser on Israel, he served on AIPAC's National Council and worked tirelessly to strengthen the U.S.-Israel relationship. I will miss him dearly. He was one of a kind and irreplaceable.

Mr. Speaker, may his memory be eternal and a blessing, and may God comfort his grieving widow, Ilene, and devoted children. He was a wonderful, wonderful person.

PRESIDENT TRUMP'S ILLEGAL TARIFFS

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

Mr. STANTON. Mr. Speaker, no matter who you are shopping for this holiday season, you will be paying a lot more due to Trump's illegal tariffs.

Prices for toys and games are up 17 percent. Clothing and shoes are up 20 percent. Electronics are up 34 percent.

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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Home and kitchen gifts are up a whooping 38 percent.

Too many Arizona families are getting squeezed, and their paychecks are buying less and less. Joy and happiness are being replaced with stress and fear, fear that they can't provide for their families, and fear that things aren't getting any better.

Until Congress stands up to Trump and his illegal, reckless tariffs, things won't get better. Arizona families will continue to face uncertainty, but the Speaker of this House is about to send Congress home for the holidays without a single vote to rein in the President's abuse of tariff power, not one vote.

Enough is enough. House Republicans need to stand up for their constituents, stand up to Trump, and put an end to this tax on American families.

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

RECOGNIZING SHERIFF DAVE LANGE

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

Mr. FINSTAD. Mr. Speaker, I rise today to recognize Sheriff Dave Lange, who is retiring this month after a nearly 40-year career in law enforcement, including 29 years with the Nicollet County Sheriff's Department.

A proud son of southern Minnesota, Sheriff Lange joined the department right out of high school as a jailer-dispatcher. He then went on to work briefly in North Mankato before returning to the sheriff's department for good.

In 2002, he was elected sheriff, a position he has proudly held for the past 23 consecutive years. Since joining in the mid-1980s, Sheriff Lange has seen the department navigate decades of change. During his years of leadership, he spearheaded the procurement of new vehicles and equipment and oversaw the implementation of new technologies within the department.

Mr. Speaker, I thank Sheriff Lange for his years of service and the example that he has set for all of us in southern Minnesota. I offer congratulations to Sheriff Lange on his retirement and best of luck in this next chapter.

HONORING THE LIFE AND LEGACY OF CHUCK MANGIONE

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

Mr. MORELLE. Mr. Speaker, I rise today to honor the life and legacy of Rochester's own Chuck Mangione, a world-class musician whose unique sound carried our city's spirit to every corner of the globe.

Born and raised in Rochester, Chuck never forgot where he came from. From

his early days playing alongside his brother, Gap, as The Jazz Brothers, to studying at and later leading the Eastman School of Music's jazz program, Chuck's commitment to his hometown never wavered. His flugelhorn gave us classics like "Feels So Good," earned Grammy Awards, and became the soundtrack to unforgettable moments.

In Rochester, we remember Chuck not just for his fame but for his generosity, joy, and the pride he shared in our community. He leaves a legacy that will keep our city swinging for generations. May we honor him by celebrating our hometown music the way Chuck always did.

□ 0910

HONORING STORM VICTIMS IN WASHINGTON STATE

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

Ms. SCHRIER. Mr. Speaker, I rise to honor the communities all over the Eighth Congressional District and throughout Washington State that are feeling the tremendous impacts of this week's and last week's storms and floods.

Nearly 5 trillion gallons of rain in just 7 days have swelled rivers to record highs and at record speeds, trapping many before they even had a chance to evacuate. One person drowned. Countless houses were severely damaged; some even lifted right off their foundations. Farms were under water. Livestock was evacuated. So many families are worried about how they will ever get back on their feet.

Amid this tragedy, we also saw the very best in our communities. Neighbors helped neighbors. Emergency planners and government leaders kept careful watch, planned the evacuations, prevented dams from overtopping, monitored levees, and arranged for temporary shelter.

Our first responders have displayed immense bravery, working around the clock to conduct helicopter and swift water rescues, sometimes putting their own lives at risk. They are true heroes, and we are deeply grateful.

As our communities begin this process of recovery, I want them to know that I will do everything I can here with my colleagues to ensure they get the Federal support they need to recover.

SUPPORTING WHOLE MILK FOR SCHOOLCHILDREN

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

Mr. MANNION. Mr. Speaker, I rise today in support of legislation that promotes the health and well-being of America's schoolchildren, while

strengthening American agriculture, including the world-class dairy products and family farms across Central New York and the Mohawk Valley. That legislation, Mr. Speaker, is the Whole Milk for Healthy Kids Act.

Earlier this week, the House passed this bill with overwhelming bipartisan support, a clear sign that commonsense policy can still bring Democrats and Republicans together.

This bipartisan bill that I proudly co-sponsored does something simple and practical. It gives schools the flexibility to serve nutritious milk options, while supporting local dairy farmers.

Since whole milk was removed from school cafeterias, milk consumption has dropped sharply. Kids aren't meeting recommended daily intake, and that matters for their health and their focus. Speaking as a former teacher for nearly three decades, it matters for their academic success.

Mr. Speaker, notably, this bill doesn't mandate changes. It simply restores choice. Kids can't learn on empty stomachs. This is the right policy for our schools, for our farmers, and for our country. I thank my colleagues for supporting it.

IMPACT OF EXPIRING TAX CREDITS

(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, I rise today to call out the impact of the Republican healthcare crisis in my community, particularly those hurt by the expiring tax credits.

One of those people is Gerry from Kirkland. Gerry has cancer and depends on his Affordable Care Act coverage to afford treatment. Right now, Gerry and his wife pay \$2,800 a month in premiums. Without the ACA tax credits, the same plan next year will cost him nearly \$4,500 a month. That is a 67 percent increase.

Gerry and his wife thought they could retire comfortably. Instead, they are facing \$54,000 a year in insurance premiums alone because of the healthcare crisis that Republicans and Donald Trump created. There is no way they will be able to sustain themselves with that much of a price increase.

Mr. Speaker, I am going to keep fighting for Gerry and the millions of other Americans so that they can afford the coverage they need.

GUN SAFETY IN AMERICA

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

Mr. WHITESIDES. Mr. Speaker, I rise today to share the story of someone from my district who I know personally. Her name is Mia Tretta.

In 2019, as a 15-year-old freshman at Saugus High School, Mia was shot in

the stomach during a horrific attack that took the life of her best friend. She survived, endured surgeries, and fought to reclaim her life, eventually earning her way into Brown University.

This past weekend, the nightmare returned. While studying for finals in her dorm, Mia was forced to shelter in place as a shooter roamed the Brown campus. She told reporters no one should ever have to go through one shooting, let alone two.

We are failing our children. It is a national disgrace that a student in America can survive a high school shooting, only to face another one before graduating college. We cannot accept this as normal.

Mr. Speaker, we need commonsense gun safety legislation now, reforms supported by the vast majority of Americans, to end this epidemic.

Mia and her generation deserve to study in peace, not fear.

END HUNGER NOW

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

Mr. McGOVERN. Mr. Speaker, the Trump administration is at it again. It is death by a thousand cuts to our Nation's antihunger programs. Nearly \$200 billion stolen from Federal food assistance in the big, ugly bill wasn't enough. Now they are literally trying to bury the data on hunger.

In September, USDA announced that it was canceling its annual "Household Food Security Report" which for 30 years has measured food insecurity data. More recently, we are hearing that USDA is canceling food security questions as part of the Census Bureau's population surveys.

Mr. Speaker, at first blush, these cancellations may sound wonky. This vital data helps researchers, policymakers, and community-based organizations understand the problem of hunger and target resources to those most in need.

Mr. Speaker, it is no surprise that Trump doesn't want USDA to measure how many people go hungry, as his big, ugly bill kicks millions and millions of people off of food assistance and makes hunger worse. Trump is literally burying the data to hide how terrible his policies are. We can and we should do more to end hunger now.

HONORING CLAUDIA MOYNE

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

Mr. SUOZZI. Mr. Speaker, today I rise to honor the life and legacy of Claudia Moyne. She served as mayor of Sea Cliff when I was mayor of Glen Cove, and she was a close colleague. Claudia was an extraordinary educator, public servant, and pillar of the Sea Cliff community.

Her life reflected a deep commitment to learning and service. She devoted her professional career to shaping young minds as a social studies teacher and department chair at Wheatley high school where she inspired generations to think critically and believe in their own potential.

Claudia gave tirelessly to her community, most notably as the first woman to serve as the mayor of the village of Sea Cliff. She knew her neighbors personally, cared deeply for the well-being of the village, and remained actively engaged until the very end of her life.

At the center of Claudia's life was her family. She was a devoted wife of John, a loving mother to Nicholas and Parvin, and a proud grandmother and sister.

Those who knew her well will remember her sharp intellect, warmth, and exceptional energy. Her life was a great example of a life well lived.

Mr. Speaker, on behalf of the people of New York's Third Congressional District, I extend my deepest condolences to her family and loved ones. I ask that this recognition and recollection of her remarkable life be entered into the CONGRESSIONAL RECORD.

□ 0920

PROVIDING FOR CONSIDERATION OF H.R. 6703, LOWER HEALTH CARE PREMIUMS FOR ALL AMERICANS ACT; PROVIDING FOR CONSIDERATION OF H.R. 498, DO NO HARM IN MEDICAID ACT; PROVIDING FOR CONSIDERATION OF H.R. 3492, PROTECT CHILDREN'S INNOCENCE ACT; AND RELATING TO CONSIDERATION OF H.R. 4776, STANDARDIZING PERMITTING AND EXPEDITING ECONOMIC DEVELOPMENT ACT

MR. GRIFFITH. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 953 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 953

Resolved, That upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 6703) to ensure access to affordable health insurance. 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 among and controlled by the respective chairs and ranking minority members of the Committees on Education and Workforce, Energy and Commerce, and Ways and Means, or their respective designees; and (2) one motion to recommit.

SEC. 2. Upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 498) to amend title XIX of the Social Security Act to prohibit Federal Medicaid funding for gender transition procedures for minors. All points of order against consideration of the bill are waived. The bill

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

SEC. 3. Upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 3492) to amend section 116 of title 18, United States Code, with respect to genital and bodily mutilation and chemical castration of minors. All points of order against consideration of the bill are waived. The amendment in the nature of a substitute recommended by the Committee on the Judiciary now printed in the bill 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 question 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 the Judiciary or their respective designees; (2) the further amendment printed in the report of the Committee on Rules accompanying this resolution, if offered by the Member designated in the report, which shall be in order without intervention of any point of order, shall be considered as read, shall be separately debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, and shall not be subject to a demand for division of the question; and (3) one motion to recommit.

SEC. 4. During consideration of the bill (H.R. 4776) to amend the National Environmental Policy Act of 1969 to clarify ambiguous provisions and facilitate a more efficient, effective, and timely environmental review process, pursuant to House Resolution 951, the further amendment specified in section 5 of this resolution shall be considered as adopted in the House and in the Committee of the Whole.

SEC. 5. The amendment referred to in section 4 of this resolution is as follows:

"Page 29, after line 6, insert the following:

SEC. 4. PRESERVATION OF ONGOING ADMINISTRATIVE CORRECTIONS.

This Act, and the amendments made by this Act, shall not apply to any agency action with respect to which a Federal agency has, during the period beginning on January 20, 2025, and ending on the date of enactment of this Act—

(1) filed a motion to voluntarily remand; or

(2) otherwise reopened, reconsidered, or initiated corrective action under the statutory authority of the Federal agency, regardless of whether the Federal agency has completed such corrective action as of the date of enactment of this Act.”

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

MR. GRIFFITH. 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. GRIFFITH. Mr. Speaker, I ask unanimous consent that all Members

may 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 Virginia?

There was no objection.

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

Mr. Speaker, the Rules Committee met last night and reported out a rule providing for consideration of three measures: H.R. 6703, Lower Healthcare Premiums for All Americans Act; H.R. 498, Do No Harm in Medicaid Act; and H.R. 3492, Protect Children's Innocence Act.

Mr. Speaker, House Resolution 953 provides for consideration of H.R. 6703, the Lower Healthcare Premiums for All Americans Act, under a closed rule. The rule provides 1 hour of general debate, equally divided among and controlled by the respective chairs and ranking minority members of the Committees on Education and the Workforce, Energy and Commerce, and Ways and Means, or their respective designees, and one motion to recommit.

The rule also provides for consideration of H.R. 498, the Do No Harm in Medicaid Act, under a closed rule with 1 hour of general debate, equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce, or their respective designees, and provides one motion to recommit.

The rule further provides for consideration of H.R. 3492, the Protect Children's Innocence Act, under a structured rule with 1 hour of general debate, equally divided and controlled by the chair and ranking minority member of the Committee on the Judiciary, or their respective designees, and provides each one a motion to recommit.

Finally, the rule provides that, during consideration of H.R. 4776, pursuant to House Resolution 951, the further amendment specified in section 5 of this resolution shall be considered as adopted.

Mr. Speaker, this rule deals with several important bills that will lower healthcare costs for Americans and protect children. One of the bills, H.R. 3492, the Protect Children's Innocence Act, is led by the gentlewoman from Georgia (Ms. GREENE).

This bill prohibits genital and bodily mutilation and chemical castration for a minor, which generally is anyone under the age of 18 years, while also preserving the exception for this care if there is a legitimate medical need for certain procedures.

Another bill we are considering in this rule is H.R. 498, the Do No Harm in Medicaid Act, led by the gentleman from Texas (Mr. CRENSHAW).

This is a simple bill that prohibits Federal medical dollars to pay for gender transition procedures for individuals under the age of 18. The bill also includes protections for individuals if some of those treatments are medically necessary.

These are important bills to ensure that Federal taxpayer dollars are not

going toward a minor's gender transition surgery if it is not medically necessary. These bills also put guardrails in place so that minors cannot make permanent life-altering decisions before they are 18 years of age.

Finally, we are considering H.R. 6703, the Lower Healthcare Premiums for All Americans Act, led by the gentlewoman from Iowa (Mrs. MILLER-MEEKS).

This bill lowers premiums for Americans, creates more insurance options, brings greater transparency, and cuts red tape.

Unlike our Democrat friends' plan, our Republican plan actually lowers premiums by double digits, roughly 11 percent, according to the data.

All the Democrats want to do is throw billions more dollars toward insurance companies. Instead of attempting to lower the premiums of the individuals who are on the insurance plan that the Democrats created, which should be called the unaffordable care act, the Democrats have cried wolf that Republicans are responsible for premiums being unaffordable, but let's get the facts straight.

Every single Democrat voted in support of the so-called Affordable Care Act. They claimed that people's premiums would be lowered; patients would have more choice; and if you like your doctor, you can keep him or her. However, just the opposite has happened. Their so-called Affordable Care Act has caused premiums to skyrocket. Due to this, the Democrats are too afraid to own up to the fact that their health plan has failed to actually lower premiums.

Instead, they have said to themselves: Hey, instead of acknowledging our failure, let's just blame the Republicans for that failure.

Mr. Speaker, I distinctly remember a hearing before the Committee on Energy and Commerce, shortly after I was elected, where most of the witnesses said that the so-called Affordable Care Act was going to make insurance premiums go up for Americans.

Mr. Speaker, that was over a decade ago, but the Democrats on the committee insisted that the witnesses were wrong and that Republicans were merely trying to scare the American people.

Mr. Speaker, unfortunately for the American people, the witnesses were right. The so-called Affordable Care Act has, in fact, negatively impacted the price of health insurance in America. This plan, the so-called Affordable Care Act, is a major reason that your insurance premiums have gone up and have done so repeatedly.

When not blaming Republicans for the failures of this so-called Affordable Care Act, do you know what the Democrats' solution is? Folks watching this debate at home won't be surprised to know it. Democrats want to throw billions of additional dollars to healthcare insurance companies in an attempt to distract the American people from their own policy failures.

I don't know if you all have been following the news closely, but the insurance companies that the Democrats want to give an additional \$85 billion to with their 3-year clean extension of the temporary COVID enhanced premium tax credits have not been knocking on the doors, Mr. Speaker, of the United States bankruptcy courts seeking protection or aid. In fact, they have been making record profits—record profits.

(930)

Further, we know these temporary COVID-enhanced premium tax credits have been riddled with waste, fraud, and abuse.

The independent Government Accountability Office recently came out with a preliminary report that showed one Social Security number was used to receive over 125 different insurance policies in 2023 alone. That is fraud.

There is also a huge amount of waste. Mr. Speaker, my estimate, based on data that I have seen, is that roughly 20 percent of enrollees in the temporary COVID-enhanced premium tax credits don't really exist. They are shadow enrollees.

Let me explain. In most healthcare insurance plans, they generally have about 15 percent of the enrollees who make no claims in a given year. In the arena of the temporary COVID-enhanced premium tax credits, that number for those particular policies that have no claims is closer to 35 percent. There is no reasonable explanation. Mr. Speaker, other than those extra 20 percent of people not making claims don't really exist. Now, I call this waste and not fraud, and that is because I actually believe the insurance companies don't know which enrollees are shadow enrollees.

How does this happen? It is a glitch in the way the bill was written originally. People move around. If an individual signed up for a program in north Florida to receive the enhanced premium tax credit and then moved to south Georgia, or even to another city in Florida, and signed up again, thinking, "Well, I have moved, so I probably need a different plan," the consumer has a right to believe that somebody at their new plan or new company will notify the old carrier that they have switched policies.

The way the program was designed by our friends on the other side of the aisle, that never happens, and because an individual is automatically re-enrolled each year, this can go on for years. Thus, over time, it builds up to that 20 percent of shadow enrollees.

We cannot, in good conscience, in defense of the American taxpayers' money, just cleanly extend these temporary COVID-enhanced premium tax credits without addressing the realities behind the waste, the fraud, and the abuse that is occurring in this program.

I also find it interesting that the Democrats voted twice to extend these temporary enhanced premium tax credits but specifically did not make these

premium tax credits permanent. They didn't do it. They had many opportunities to make these permanent if they wanted to do that as much as they say today, but they didn't. They had many opportunities to make these permanent if the enhanced premium tax credits were as imperative to make the system work as they will claim here on the floor today, and have been for several weeks, but they didn't do it.

Whose fault is that? Logic would tell us it is the Democrats' fault, but when it comes to healthcare, the Democrats are never willing to admit their policies failed. What do they do? Blame Republicans.

In the Inflation Reduction Act, Mr. Speaker, the Democrats prioritized giving out around \$1 trillion to Green New Deal initiatives instead of making their temporary premium tax credit program permanent.

The fact is, even they couldn't find the votes when they had control of both Houses and the White House to make the enhanced premium tax credits permanent. Now, they are demanding Republicans do what they could not do and clean up their mess, which was an add-on to the so-called Affordable Care Act.

I can't make that make sense, and, Mr. Speaker, I bet you can't either.

What are they asking for now? You guessed it: another temporary extension that fails to address the underlying causes of the skyrocketing costs; doesn't deal with the waste, fraud, and abuse; and worsens healthcare access caused by their so-called Affordable Care Act. Instead, they just want to blame Republicans, use it as a political issue, and give more money to insurance companies making enormous profits.

What the Republicans have drafted is a plan to address health issues across the board for our people and for our Nation. This bill brings more transparency on the pharmacy benefit manager middlemen, better known as PBMs, for employers. For too long, PBMs have gotten away with operating in a black box and causing drug prices to rise. We are bringing transparency into the commercial market for PBMs under this bill.

The bill also expands access to association health plans, which allow small businesses and self-employed workers to band together and purchase health insurance. One of the biggest complaints we hear from businesses, especially small businesses, is the rising costs of premiums that they have.

In fact, Mr. Speaker, Virginia tried to create these plans, and CMS told them they couldn't do it, that they would penalize them. The Virginia Association of Realtors—let's see if I got the name right—in an article from 2023, the leader said that they would create a plan for 7,000 association members who were uninsured because they don't make enough money to afford the Federal marketplace coverage—that would be the so-called Affordable Care Act—

or to qualify for subsidies in the small group and individual plans.

These small businesses don't have the bargaining power that larger businesses do to help lower their premiums. Allowing these small businesses to join together and have more bargaining power will help lower their health insurance costs.

Another part of the plan codifies a 2019 Trump administration rule that allows employers to give tax-advantaged dollars to their employees, who can then use those dollars to purchase health insurance and for other medical costs. When businesses are planning their financial future, unpredictable health insurance costs and rising premiums make it almost financially unviable in some cases. Allowing businesses to have this option brings them more certainty and will give power to their employees to choose a plan that is best for them.

Another flexibility we grant under this bill is by exempting stop-loss insurance from the definition of health insurance coverage. Stop-loss coverage is a type of coverage an employer can purchase to protect themselves from unexpected catastrophic health claims if that employer has chosen to self-insure their employees' healthcare. This allows an employer to limit the financial risk imposed on them if an employee, or a few of them, have unusually high medical claims that exceed the budgeted amount. Some States have attempted to restrict or prohibit these plans, which makes a self-insured option less attractive.

This bill clarifies that this type of coverage is exempted from the definition of health insurance coverage, which means that these States would be limited in how they can regulate stop-loss coverage while still having to follow the regulations of ERISA.

On top of all of this, I would reiterate that the bill lowers premiums of individuals who are enrolled in the so-called Affordable Care Act plans by roughly 11 percent. It does this by appropriating dollars for cost-sharing reductions. This will stop the practice of silver loading by putting dollars toward lowering beneficiaries' out-of-pocket costs, which in turn lowers premiums for Americans who are on the so-called Affordable Care Act, again, by roughly 11 percent.

Today, Mr. Speaker, you will hear my friends and colleagues on the other side, the Democrats, tell you this plan is not meaningful and that the only way to help individuals is to throw more money at big insurance. Throwing more money at the insurance companies, Mr. Speaker, is not the answer.

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

Mr. McGOVERN. Mr. Speaker, I thank the gentleman from Virginia for yielding the customary 30 minutes, and I yield myself such time as I may consume.

Mr. Speaker, we heard a lot of words from the gentleman from Virginia, but

the reality is that some people's premiums are going up 100 percent. Their big, grand plan is to give people an 11 percent coupon. This is laughable. It is pathetic.

Mr. Speaker, here we are, likely one of the very last floor debates of the year, and Republicans have decided to use it to eliminate healthcare for millions of Americans, not by accident, but because they simply don't care, because they are clueless. They are incompetent, and they are unbelievably out of touch.

This Republican majority has done nothing for working people, nothing to lower costs, nothing to make life more affordable, but, boy, have they delivered for billionaires, corporations, and special interests.

They have spent an entire year screwing over the people they represent. They are betraying the voters who sent them here.

□ 0940

They are pretending like Trump's economy is great, even though they know it sucks. They have showered tax breaks on the ultrarich. They have bent the knee to Big Oil, Big Pharma, and Big Tech. They have handed the Pentagon billions it didn't even ask for, and now they have the nerve to tell working families: Sorry, no money for your healthcare; can't do a thing.

I mean, really? Give me a freaking break.

The American people are begging for action on affordability. They are begging for action to lower the cost of healthcare. What more do they need to do to get Republicans to take action?

Premiums are about to double, triple, and in some cases, quadruple. Families could see their premiums increase as much as \$1,000 a month.

Open enrollment deadlines have already passed. Parents have sat at their kitchen tables and realized that between rent, groceries, childcare, and Trump's tariffs driving up the cost of damn near everything, health insurance is something they could no longer afford.

Instead of a plan on healthcare, last night in the Rules Committee, I heard one Republican excuse after another about why they can't extend these tax credits that help people get insurance coverage.

You guys have been in charge of this place for 3 years, for God's sake. Donald Trump has been President or running for President for like a decade. Where the hell is the Republican plan on healthcare? Where is it?

Republicans keep blaming the ACA. They have spent years and years trying to repeal it, but they haven't repealed it yet because they have no replacement, no alternative.

Mr. Speaker, one of your own Republican Members called this entire chagrin political malpractice. He was right.

Meanwhile, Democrats have been trying for months to avert this crisis.

Governors, doctors, and patients have been sounding the alarm. Instead of working with us, they decided to shut down the government. Instead of trying to partner with us, Donald Trump is calling affordability a con job. That is unbelievable and so out of touch with reality.

Now, Republicans have slapped together this pathetic bill to provide cover, a bill that is not worth the paper it is printed on, a bill that actually kicks people off of coverage and fails to extend the tax credits that keep healthcare affordable for over 20 million Americans.

I mean, come on. Get real.

Just to make sure that we all know that they aren't serious, Republicans included a poison pill which brings us closer and closer to a nationwide abortion ban. They are going after abortion even in States where it is legal.

I mean, who the hell asked for this? This is like a plot of "The Handmaid's Tale."

Despite Republicans' endless attempts to undermine the ACA, it is popular because it works. After Democrats strengthened people's ability to pay for healthcare by plussing up the premium tax credits, enrollment more than doubled from around 11 million to over 24 million Americans with real health insurance.

Eighty-eight percent of that growth happened in States that Donald Trump won in 2024, by the way. So by choosing to not extend these credits, Republicans are simply hurting their own constituents, hurting the people who trusted them, and hurting the people who voted for them.

More than 20 million Americans will see their healthcare costs explode on January 1. Instead of a fix, we get a stupid, pathetic, last-minute bill designed to let Republicans cover their ass before they flee town for the holidays.

What a lousy, rotten, pathetic thing to do. This is a terrible bill that screws over millions of American families. I urge every Member of this House to vote "hell, no" on this Republican rule.

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

Mr. GRIFFITH. Mr. Speaker, I yield 1½ minutes to the gentlewoman from Georgia (Ms. GREENE).

Ms. GREENE of Georgia. Mr. Speaker, I am here this morning to urge my colleagues to support the rule which includes H.R. 3492, the Protect Children's Innocence Act.

My bill criminalizes the genital mutilation, such as this young lady right here, and chemical castration of children, imprisoning offenders for up to 10 years.

For far too long, children have been sexually exploited under the malicious falsehood of so-called gender-affirming care.

Mutilating children's bodies and giving them sterilizing drugs is anything but affirming and anything but care, especially given the fact that this is

happening in too many cases before these kids are ever old enough to legally vote, legally get a tattoo, ink printed on their own bodies, and make real adult decisions.

The same drug that has been used to chemically castrate sex offenders has been given to children who have been manipulated into thinking they were born in the wrong body.

Everyone knows that children many times are confused about who they want to be when they grow up or about their identity. The children are not to blame. It is our job as adults to protect these kids and allow them to grow up safely and healthy and not make decisions that last a lifetime, such as this right here that happened to this teenage girl.

Mr. Speaker, I urge my colleagues to vote "yes" to the rule, and I urge my colleagues to do the most responsible thing any adult can do for a child and protect them while they grow up.

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

The gentleman from Virginia keeps saying that if we really supported premium tax credits that we would have made them permanent.

I think we all know that is kind of ridiculous because I want to point out that their number one floor protocol requires that programs end or sunset by a certain date. I mean, it was part of their ridiculous Pledge to America. I mean, maybe they don't believe all of the garbage that they put out there, but that is their protocol.

Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Mr. Speaker, in a bill that they call "big" and "beautiful," Republicans have approved the biggest reduction in access to healthcare in American history. They rejected my amendment in committee to maintain the tax credits that make the Affordable Care Act truly affordable.

Now, after shutting down the government for weeks, delaying further weeks, they offer this sorry bill, this loser, wrapped up in a bow for Christmas.

To Andrew and his family down in Austin, this phony bill means zero relief on premiums, premiums that are going to spike for his family by nearly \$2,000 per month. It means nothing for Russell, a prostate cancer survivor just 2 years away from Medicare, wondering how he will afford the screenings and any necessary care.

For a mother in Austin, who contacted me about the stop-loss provision that is reinforced in this bill, it means the possibility that after her 3-year-old child was diagnosed with cancer, they will lose all their coverage.

These are real-life stories from my neighbors who have been forgotten by Republicans in their rush to provide more tax benefits for their billionaire buddies. They forget the struggles of so many working Americans.

Republicans have made over 70 attempts to destroy the Affordable Care

Act, which they all opposed. They peddled junk insurance policies that would deny essential consumer protection benefits under the Affordable Care Act.

They could even make matters worse with one provision in this bill that will allow the reinstating of preexisting conditions that were used to bar coverage for so many people before the Affordable Care Act.

This is their commitment to deny healthcare, to provide no relief on premiums that are soaring. In short, it means replacing ObamaCare with nothingcare.

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

It gets curioser and curioser.

The gentleman from Massachusetts referenced that our protocol is to have sunsets, but when my colleagues on the other side of the aisle had the opportunity to make permanent the premium enhanced tax credits, we didn't control the floor. They controlled the floor.

They don't have that protocol, as I understand it. They don't have that protocol that they put sunsets on things. They could have and did make other programs in the Green New Deal permanent. They could have made it permanent; they chose not to. They had the Senate, the House, and the Presidency.

It is not House Republican protocol that stopped them. It was a lack of votes or will. If the program is so imperative today, why wasn't it imperative for them 3 years ago?

□ 0950

I submit this is a paper tiger and that there is no substance in their arguments or, if some substance, just a small amount.

Mr. Speaker, they had the chance. They had the power, and they didn't use it to do what they want us to do today to fix their problems with their so-called Affordable Care Act.

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

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

Mr. Speaker, I merely point out Republican hypocrisy which we deal with every single day, and we want to have a vote on extending the tax credits, but Republicans denied that in the Rules Committee.

Republicans could be bringing up a bill to make the enhanced premium tax credits permanent, but they are not. Instead, what they did is they brought a bill to the floor to make tax cuts for multimillionaires and billionaires permanent. Every millionaire in this country is going to get an \$80,000 tax break. That is where their priorities are. Every millionaire will get an \$80 million tax credit, and the 25 million people in this country who are relying on enhanced tax credits so they won't lose their health insurance, they are basically saying to them: To hell with you.

That is where their priorities are.

We don't share the same values when it comes to making sure the people in this country have healthcare that is affordable and that is quality. That is the difference. That is the difference.

We are here today to fight to make sure that we have a vote to extend these tax credits so that people do not lose their health insurance and people do not see their healthcare premiums explode.

Mr. Speaker, I yield 2 minutes to the gentlewoman from Ohio (Mrs. SYKES).

Mrs. SYKES. Mr. Speaker, today I rise in support of my proposed amendment to H.R. 6703 and in opposition to the underlying bill.

In 2 weeks, 22 million Americans will see their healthcare premiums double, triple, or quadruple, costing them hundreds of additional dollars a month, and more than 4 million Americans will lose their coverage entirely. This includes 12,300 Ohioans in my district alone.

This Republican healthcare crisis is completely and entirely preventable, and House Democrats and even a few Republicans have a solution: Extend the Affordable Care Act enhanced premium tax credits.

Mr. Speaker, what do House Republicans propose instead?

It is a collection of failed policies that would raise prices, leaving an additional 100,000 people without insurance and restricting access to abortion care, setting the stage for a national abortion ban.

However, I believe it is my job to offer solutions to help the American people and, specifically, my constituents in Ohio. That is why I proposed an amendment to remove the section responsible for increasing costs and limiting access to reproductive healthcare.

Right now, any and all abortion coverage provided under marketplace plans are not paid for by Federal dollars. However, this bill would impose unprecedented restrictions on private dollars and is yet another Republican attempt to ban reproductive healthcare coverage across this country.

It is unacceptable that Congress is about to head home having done nothing—nothing—to protect the millions of Americans who will lose coverage on January 1.

I have heard heartbreaking stories from my constituents who have no clue how they are going to make ends meet as we enter into what should be a merry holiday season.

Mr. Speaker, I had a professor in college who was very clear in calling us out when we were unprepared when we showed up for our class. He would call us derelict, negligent, and trifling.

This Congress, Mr. Speaker, is derelict, negligent, and trifling for failing to ensure that Americans have healthcare coverage and we are actually lowering their costs.

Mr. Speaker, this bill is deceptive at best and cruel at worst. I urge my colleagues to extend the enhanced tax credits before it is too late.

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

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

Mr. Speaker, Republicans keep talking about how Democrats want to give more money to insurance companies, which is absolutely absurd, and they all know that. Nothing could be more ridiculous.

Let me correct the record. First of all, ACA tax credits go to our constituents to help them pay for healthcare. Second, it was the Affordable Care Act, you know the bill that the gentleman and a lot of Republicans want to repeal, which mandated that greedy insurance companies have to spend 80 percent to 85 percent of premiums on medical care. It is called the medical loss ratio. The gentleman should look it up. It is in the Affordable Care Act.

When he is talking about repealing the ACA, he is the one who wants to overturn that provision and let insurance companies rip people off even more than they already do.

Let me make one last point. We could easily move away from health insurance companies ripping people off. We could do what the vast majority of developed nations do and move toward a public option so that people don't have to choose a private health insurance company. But to say the Democrats are the ones who want to enrich insurance companies is absurd.

Mr. Speaker, Republicans support big banks. They support Big Tech. They support billionaires, and they support tax breaks for huge, greedy corporations. And they accuse Democrats of being in the pocket of the insurance industry?

Give me a break. Nobody believes this BS.

Mr. Speaker, look at your big, ugly bill. Look at all the tax breaks that go to millionaires and billionaires and big corporations. Every millionaire, as I stated before, because of Republicans, are getting an \$80,000 tax break, every millionaire in this country.

What we are saying here is we want to make sure that health insurance is affordable for every single person in this country, and Republicans are replying by: We can't be bothered with that. That is not where our priorities are.

Maybe they don't write big enough checks for their campaigns.

The bottom line is that we are here arguing that people in this country shouldn't lose their healthcare because they can't afford it. We could do something right this instant to fix that. Republicans are blocking every attempt, and they are bringing this crappy bill to the floor that didn't even go through regular order and it didn't go through committee. They just patched it together and brought it before the Rules Committee.

By the way, CBO says that their terrible bill that they are bringing to the floor will throw another 100,000 people off of health insurance. By just passing

this bill, 100,000 additional people will lose their health insurance. This is ridiculous.

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

Mr. GRIFFITH. Mr. Speaker, I yield 6 minutes to the gentlewoman from North Carolina (Ms. FOXX) who is the chairwoman of the Rules Committee.

Ms. FOXX. Mr. Speaker, I thank the vice chair of the committee for yielding.

Mr. Speaker, the unaffordable care act was born as a lie and continues to be promoted in terms that are lies.

Mr. Speaker, do you remember these promises?

If you like your doctor, you can keep your doctor. If you like your health insurance, you can keep your insurance. Americans will save over \$2,500 per year.

All of those were lies, and now those who continue to support the unaffordable care act are misleading Americans about its current situation.

When the law was first debated, Democrats insisted that only 50 million Americans couldn't afford health insurance. That was exposed as a lie. Many Americans proved simply to be forgoing insurance in many instances. Democrats used this as an excuse to rewrite the entire framework of the individual healthcare insurance marketplace, forcing people onto plans that had their premiums rise by 129 percent since 2014. Indeed, the very first year ObamaCare went into effect, premiums skyrocketed by 47 percent. This is the true record of the unaffordable care act.

Despite the lies that continue to be told in the media to this day, Republicans have always proposed alternatives to the failed unaffordable care act framework that Democrats continue to force onto Americans. We are doing it again with this bill.

Instead of simply enabling the current fraud, waste, and abuse exposed in the unaffordable care act subsidy scheme that Democrats are addicted to, we are offering transformative policies that will root out hidden costs, attack inflationary programs, and increase competition throughout the entire healthcare insurance marketplace, lowering premiums for all Americans.

However, Mr. Speaker, even when all the evidence is presented to them on how rancid of a healthcare scheme the unaffordable care act really is, Democrats leap to their feet and become entirely apoplectic. They do not tell the truth about the current situation or what we are doing.

□ 1000

This is why: They fused themselves to the unaffordable care act to such a point that they outright refuse to seek reasonable reforms that help Americans afford healthcare. They won't do it.

Look at how they have superglued themselves to their temporary COVID subsidies that they themselves concocted and stamped an end date on, as my colleague has said.

I suppose all they know how to do is prop up a failed program that is littered with waste, fraud, and abuse, like cancerous lesions.

Don't take my word for it. Just look at the GAO report: Its estimates show millions of improper enrollments, costing American taxpayers up to \$27 billion annually. One Social Security number used for 26,000 days of coverage, and more than 58,000 deceased people receiving tax credits.

All in all, it is a massive, fraudulent boondoggle for the American people. Meanwhile, Republicans remain committed to rooting out waste, fraud, and abuse in all corners of the Federal Government.

The CBO already confirmed that our efforts to root out waste, fraud, and abuse in the unaffordable care act, by way of H.R. 1, lowered healthcare premiums for enrollees. Imagine that, attacking waste and fraud lowers costs. Yet, Democrats want to embrace the opposite and cement a system of inflation.

Here is the kicker, Mr. Speaker: Only 7 percent of Americans enrolled in an unaffordable care act plan would see a paltry 4 percent decrease in their premiums if these subsidies were extended.

Republicans are advancing real reforms in healthcare. Unlike Democrats, we are not attempting to place a Band-Aid on a ruptured artery and call it a day.

Mr. Speaker, the Lower Health Care Premiums for All Americans Act is our solution. It is the solution that the American people deserve.

It would lower healthcare premiums by 11 percent for all Americans, increase healthcare access, expand choice in healthcare, and bring about greater transparency to the healthcare system in the United States.

Republicans are offering a clear, responsible, and straightforward solution so that all Americans have access to healthcare that is affordable and meets their respective needs.

If our colleagues were serious about making healthcare more affordable for Americans, they would support this bill alongside Republicans. Let's see what they choose to do.

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

Mr. Speaker, the gentlewoman, the chairwoman of the Rules Committee, knows I have great affection for her, but I just want to correct something. She says that the Republicans have always had a plan to deal with healthcare and to lower costs for people, but the truth is they have always said they have a plan, but they have never had a plan.

Let me just go through a list of things here.

In February 2016, then-Presidential candidate Donald Trump said: "We are going to replace ObamaCare with something so much better." Nothing followed.

On February 27, 2017, the President said: "We have a really terrific, I be-

lieve, healthcare plan coming out." Never did.

May 10, 2018, Donald Trump said: "But wait until you see the plans that we have coming out literally over the next 4 weeks. We have great healthcare plans coming out." Nothing happened.

At a press gaggle near Air Force One in May 2019, he said: "We are coming up with a great healthcare plan. We are going to have fantastic healthcare, and the plan is coming out over the next 4 weeks." Nothing ever materialized.

June 16, 2019, the President said: "We are going to produce phenomenal healthcare, and we already have the concept of a plan, and it will be so much better healthcare. Yeah, well, we will be announcing it in about 2 months, maybe less." Nothing happened.

In a FOX News interview, the President said: "We are signing a healthcare plan within 2 weeks, a full and complete healthcare plan." Nothing happened.

July 2020, the President said: "Well, we are going to be doing a healthcare plan. We are going to be doing a very inclusive healthcare plan. I will be signing it sometime very soon. It might be—it might be Sunday, but it is going to be very soon." Nothing happened.

August 3, 2020, the President said: "We are going to be introducing a tremendous healthcare plan sometime prior—hopefully, prior to the end of the month. It is just about completed now." Nothing.

September 15, 2020, the President says: "You are going to have new healthcare. We have other alternatives to ObamaCare that are 50 percent less expensive, and they are actually better." Nothing. It never happened.

September 10, 2024, ABC News Presidential debate, he says: "I have concepts of a plan. . . . You will be hearing about it in the not-too-distant future." Nothing happened.

December 8, 2024, he said: "Yes, we have concepts of a plan that would be better. You will see it very soon." It produced nothing.

In May 2025, at a White House event, he said: "So we are going to maybe come up with something. I think this gives the Republicans a chance to actually do a healthcare that is much better than ObamaCare." Nothing.

People are sick and tired of the empty rhetoric. They are sick and tired of Republicans saying they have a plan, and they never produce one. All they want to do is undermine healthcare for hardworking, average Americans.

Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Ms. RIVAS).

Ms. RIVAS. Mr. Speaker, I thank the ranking member for yielding to me.

Republicans have been in the majority and in control for this whole year, yet they have not put forward a bill that helps working families with the rising cost of living or to prevent hard-working Americans' healthcare premiums from skyrocketing in price.

Republicans drove the country into a healthcare crisis, and they continue to have no pathway to get us out of it.

With healthcare premiums set to skyrocket at the end of December, Republicans' solution is an unserious proposal that kicks millions of Americans off their coverage, puts healthcare out of reach, and takes away women's freedom to make their own healthcare decisions.

Under Republicans' concept of a healthcare plan, working Americans will be forced to make tough decisions, such as if they should take their child to the doctor or buy groceries for the week. Republicans' concept of a healthcare plan means bankruptcy will be one medical emergency away for millions of Americans.

If Republicans were serious about helping their constituents and addressing the healthcare crisis that they manufactured with the big, ugly bill, they would join Democrats and vote to extend the ACA tax credits for 3 years. We only need one more Republican to sign, one more to help American families afford healthcare.

I will vote "no" on this rule and the underlying bill to protect my over 31,000 constituents who rely on these ACA tax credits to make their healthcare affordable. I encourage my colleagues to do the same.

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

Mr. Speaker, my colleagues on the other side continually say that we haven't done anything. We just received a message from the Senate on a Republican bill that does something. Now, they may not like it, but I find it fascinating. These debates are always so interesting, Mr. Speaker.

They say we haven't put forward anything at some points, and at other points in their debate, they claim that this bill is terrible, that it does nothing.

Let me remind you, Mr. Speaker, that a part of this bill revives a Democratic plan that was supposed to be short term called cost-sharing reductions. It is fascinating because during the first Trump administration, in May 2017, my Democratic colleagues—and I know some of them weren't here yet—but 196 of them, including the gentleman from Massachusetts, signed a letter asking—because it was not codified—President Trump to use his executive power to continue the cost-sharing plan.

□ 1010

Mr. Speaker, I would love to hear from my colleagues why cost-sharing reduction by them was considered to be so important to be continued to help 7 million hardworking Americans and their families, more than half—I am reading from their letter—of all marketplace enrollees for 2017 afford their out-of-pocket healthcare costs. That is what cost-sharing reduction does.

Today, they claim, as a part of our bill, it is nothing. It is worthless. It is

not worth the paper it is written on, but in 2017, 196 of them, including the gentleman from Massachusetts, asked the President of the United States to continue the program.

Today, we are answering that call, saying we will answer that and put it in our bill, but because it is now proposed as part of a Republican bill, my colleagues, for some reason, don't remember their position in 2017 and call it trash.

Could it be mere political posturing for November elections? I submit it is.

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

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

Mr. Speaker, if we defeat the previous question, I will offer an amendment to the rule to provide for consideration of H.R. 6074, which would extend the Affordable Care Act enhanced premium tax credits for 3 years, through 2028.

Mr. Speaker, this is it. This is the one last chance this year, this session, for this Republican majority to do the right thing and vote to extend the ACA enhanced premium tax credits.

If Republicans allow them to expire, millions of Americans, millions of their constituents, will be faced with rising health insurance costs and, in some cases, by more than \$1,000 per month.

Mr. Speaker, I have an important announcement to make, and if there is anybody in the press gallery listening, I want them to hear this. I have called on Republicans to put country over politics, put country over their party, to do the right thing for their constituents. We have a discharge petition that 214 Democrats have signed on to, to force a bill on a 3-year clean extension. While we have been debating, four Republicans have actually done that.

We are now at 218. What that means is that it sets in place a process that will allow us to vote on a clean extension. We have 218 people who will vote for it, which means we will pass it.

Unfortunately, the procedures on a discharge petition mean that we can't get to it until we come back from our holiday break in January, but we don't need to wait for the discharge petition to ripen. We can actually act today if we want to preserve the tax credits for 20 million working-class Americans that rely on them.

Democrats in this House and in the Senate have acted like adults during our entire months-long effort to get Republicans to do the right thing. I thank those Republicans who signed the discharge petition because that is actually going to make sure that we have a vote and that we can extend these tax benefits.

Again, we can kind of short-circuit the process. If we defeat the previous question, we could vote on it today. We are offering this to be able to bring it up immediately.

Mr. Speaker, I ask unanimous consent to insert the text of my amend-

ment into the RECORD, along with any 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 to the gentleman from Texas (Mr. DOGGETT) for the purpose of a colloquy.

Mr. DOGGETT. While we are thankful for this belated decision of four Republicans here at the last minute to join the discharge petition, unless they join us in voting in favor of this action on the previous question, there is nothing that can be done this year because the Speaker will continue to obstruct premium relief for Americans.

Mr. McGOVERN. That is correct. We do thank these Republicans for getting us to 218, but we hope they would join us.

Mr. DOGGETT. This would be the key vote?

Mr. McGOVERN. This would be the key vote.

Mr. Speaker, I yield 3 minutes to the gentlewoman from Connecticut (Mrs. HAYES) to discuss our proposal.

Mrs. HAYES. Mr. Speaker, I rise to defeat the previous question and bring up H.R. 6074, which provides for a clean 3-year extension of the Affordable Care Act enhanced tax credits.

Congress has 3 legislative days left to extend the ACA tax credits, or they will expire at the end of the year. The impact of the tax credits expiring is devastating. Expiration of the tax credits will result in health premiums increasing by an average of 114 percent for individuals who rely on the marketplace, forcing 4.2 million people to lose their health insurance.

I hear the fear in the voices of my constituents, Republicans and Democrats, and Americans across the country who talk about healthcare and the looming crisis. Small business owners, independent contractors, retirees, farmers, and constituents in my district continue to call my office or stop me to share how they will be unable to afford healthcare as they continue to experience rising costs for essentials like groceries, insurance, utilities, and housing.

If Republicans can find a way to provide tax cuts for billionaires, Congress can find a way to provide relief for individuals to access healthcare. As I have said, we are under the pressure of time. We have a discharge petition, but that will take 7 days for a ripening through the House procedures. What we can do today is vote to defeat this previous question.

Mr. Speaker, I thank the four Republicans who have joined us, but time is of the essence. They need to go one step further and vote to defeat the previous question, alongside Democrats, so that we can have a vote today in this House before we go on break.

Congress must protect healthcare and lower the costs for all Americans by extending the ACA tax credits.

As my colleague, Mr. McGOVERN, said, this isn't about Democrats. This is all of our constituents who benefit from the Affordable Care Act. This is all of our constituents who face rising deductibles and premiums. This is all of our constituents who fear that they will lose their healthcare. No reasonable proposal has been introduced. This is what we have today.

Help us defeat the previous question.

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

Mr. McGOVERN. Mr. Speaker, may I inquire as to the time remaining.

The SPEAKER pro tempore. The gentleman from Massachusetts has 5½ minutes remaining. The gentleman from Virginia has 4½ minutes remaining.

Mr. McGOVERN. Mr. Speaker, I yield myself 1 minute.

Mr. Speaker, Republicans love to find ways to justify kicking millions of working people off of healthcare. The chairwoman of the Rules Committee talked about fraud. If fraud is your primary concern, how about you start with President Trump, who has pardoned or commuted not one, not two, but 12 people. He pardoned 12 people convicted of healthcare fraud. My Republican friends have been silent, not a word.

One guy was convicted of \$1.3 billion in a Medicare fraud scheme, the largest healthcare fraud scheme charged by the Department of Justice. We had another woman convicted of orchestrating \$205 million in a Medicare fraud scheme involving assisted living facilities. We had another guy convicted of 67 counts of healthcare fraud and related charges relating to Medicare and other healthcare programs.

I could go on and on, Mr. Speaker. I am not sure what they did to earn those pardons, but maybe they promised to say nice things about Trump.

When Republicans come to the floor and talk about fraud, just remember that they are the ones who pardoned over and over and over again healthcare fraudsters while at the same time screwing over the American people by taking away their healthcare.

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

Mr. GRIFFITH. Mr. Speaker, I am prepared to close, and I reserve the balance of my time.

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

Mr. Speaker, let's be honest about what is happening here because this really is not that complicated, and the American people aren't stupid.

This Republican bill does not fix the healthcare crisis facing this country. It doesn't even try. Instead, Republicans are going to raise costs, weaken coverage, and deliberately allow the Affordable Care Act tax credits to expire, knowing full well that millions of families will lose affordable coverage as a result.

That outcome is not a side effect. It is the point. For more than a decade,

Republicans have promised a better healthcare system, a replacement for the ACA, something, anything that would justify taking coverage away from people who need it.

Ten years later, there is still no plan, no replacement, no solution. Why? Because they are totally fine with a system of the haves and have-nots. They want a system where those at the top have affordable care, and everyone else is left in the dust.

□ 1020

Mr. Speaker, Republicans have controlled the House of Representatives for 3 long years. During that time, the priorities of this majority have been crystal clear.

When billionaires, CEOs, and corporate special interests need something, Republicans move with lightning speed. Loopholes appear out of nowhere. Regulations vanish into thin air while Big Oil, Big Tech, and big banks get what they want.

Republicans have no problem handing out massive tax giveaways to donors who write big campaign checks. They have no problem padding the profits of greedy corporations. They have no problem voting to give the Pentagon \$8 billion more than it even asked for without so much as a shrug.

When it comes to working people, when they need affordable healthcare, suddenly the story changes. Suddenly, there is hand-wringing. Suddenly, there is paralysis. Suddenly, the money is gone. Suddenly, America can't pay for it.

If my friends on the other side of the aisle are okay with that, we do not share the same values. If they think it is fine to give handouts to billionaires, while stealing healthcare from regular people, we do not have the same moral compass.

The bottom line is this country has a Republican Congress that works just fine for the rich and powerful, while telling everybody else to tighten their belts.

There is always money for giveaways to CEOs and corporate stock buybacks. There is always money for billionaire tax shelters. When a working family needs help staying insured, Republicans say it is too expensive. This is a question of our priorities as a Nation.

What makes this even more infuriating is that Democrats have already put forward a responsible and reasonable solution that would help stop this crisis in its tracks. We have 218 people who have signed this discharge petition. Mr. Speaker, four Republicans signed this discharge petition. I hope they will vote to bring this same bill up today.

To the moderates who didn't get the opportunity to sign it, I say this. This is their chance to go on record and show their constituents that they are serious about getting this done. Imagine what that would mean. It would mean lower costs, stable coverage, and a Congress that proves it still answers

to working families instead of to the billionaire class. Instead, we get this GOP inaction and incompetence.

Mr. Speaker, at the end of the day, healthcare coverage should not depend on how much money someone makes. We live in the richest country on Earth. Healthcare should be a human right available to every person and every community without exception.

The United States remains the only major developed Nation that does not guarantee healthcare for everyone. That is not because we can't afford it. It is because powerful interests make too much money from the status quo.

To any Republican who knows this bill is wrong, who understands what this will do back home, and who still believes that this institution should work for the people it represents, this is the moment. Extend the tax credits. Protect the coverage of our constituents. Stand with us to say that it is time for Congress to put patients ahead of profits and working families ahead of billionaires.

Mr. Speaker, I urge a "no" vote on this rule, and I yield back the balance of my time.

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

Mr. Speaker, the gentleman is absolutely correct on this one point. If what they want is socialized medicine, yes, I am against it and so are most of the Republicans in this House. We are not for socialized medicine.

When I was a student, I remember being in Edinburgh in 1979. Mr. Finch across the hall with socialized medicine had to wait 10 months to get surgery for a blockage in his heart.

When I came home, I discovered that in the United States it would have been 3 days before he would have had that surgery. He died a couple of years later because socialized medicine warehouses people until they have time to get to them. That is not what our system does nor should it.

Further, I would say that the Democrats come here today, and it is their healthcare system. They created it. When they created the Affordable Care Act, there were no Republican votes. When they extended it or changed it a little bit and eventually renewed it again in the Inflation Reduction Act, there were no Republican votes for that.

Today, they want to blame Republicans for their policy failures. The American people will eventually see through that. I know they have done a great job of convincing the American people that is the case, but it isn't true.

They talk about the fact that, as costs are going up and they want this new plan to throw \$85 billion at the insurance companies, 85 percent has to be spent on healthcare. That is true.

Mr. Speaker, 15 percent of \$500 that the insurance companies get to put in their pockets is a whole lot less than 15 percent of \$2,000. If we throw more money at the insurance companies, the

big insurance executives get more money to put in their pockets. They are smiling like Cheshire cats as the costs go up and they pocket larger profits.

Perhaps my Democratic colleagues don't want to admit it or don't realize that they are the front men for big insurance, but that is what they are. They are the front men for big insurance. Instead of facing reality, their answer is to blame the Republicans and throw more taxpayer money at the big insurance companies.

Mr. Speaker, giving the insurance companies more money will not solve our healthcare problems.

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

AN AMENDMENT TO H. RES. 953 OFFERED BY MR. MCGOVERN OF MASSACHUSETTS

At the end of the resolution, add the following:

SEC. 6. Immediately upon adoption of this resolution, the House shall proceed to the consideration in the House of the bill (H.R. 6074) to amend the Internal Revenue Code of 1986 to extend the enhancement of the health care premium tax credit. 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 Ways and Means or their respective designees; and (2) one motion to recommit.

SEC. 7. Clause 1(c) of the rule XIX shall not apply to the consideration of H.R. 6074.

Mr. GRIFFITH. 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 9 of rule XX, the Chair will reduce to 5 minutes the minimum time for any electronic vote on the question of adoption of the resolution.

The vote was taken by electronic device, and there were—yeas 204, nays 203, not voting 26, as follows:

[Roll No. 343]

YEAS—204

Aderholt	Bilirakis	Clyde
Alford	Boebert	Cole
Allen	Bost	Collins
Amodei (NV)	Brecheen	Comer
Babin	Bresnahan	Crane
Bacon	Buchanan	Crank
Baird	Burchett	Crawford
Balderson	Burlison	Davidson
Barrett	Calvert	De La Cruz
Bean (FL)	Cammack	DesJarlais
Begich	Carey	Donalds
Bentz	Carter (GA)	Downing
Bergman	Carter (TX)	Dunn (FL)
Bice	Ciscomani	Edwards
Biggs (AZ)	Cline	Ellzey
Biggs (SC)	Cloud	Emmer

Jayapal	Morelle	Sewell
Jeffries	Morrison	Sherman
Johnson (GA)	Moskowitz	Simon
Johnson (TX)	Moulton	Smith (WA)
Kamlager-Dove	Mrvan	Sorensen
Kaptur	Mullin	Soto
Keating	Neal	Stansbury
Kelly (IL)	Neguse	Stanton
Kennedy (NY)	Norcross	Stevens
Khanna	Ocasio-Cortez	Strickland
Kiggans (VA)	Olszewski	Subramanyam
Krishnamoorthi	Omar	Suozzi
Landsman	Pallone	Sykes
Larsen (WA)	Panetta	Takano
Larson (CT)	Pappas	Thanedar
Latimer	Pelosi	Tlaib
Lee (NV)	Perez	Thompson (CA)
Lee (PA)	Peters	Thompson (MS)
Leger Fernandez	Pettersen	Titus
Levin	Pingree	Tonko
Liccardo	Pocan	Torres (CA)
Lieu	Pou	Torres (NY)
Lofgren	Pressley	Vargas
Lynch	Quigley	Vasquez
Magaziner	Ramirez	Veasey
Mannion	Randall	Velazquez
Matsui	Raskin	Vindman
McBride	Riley (NY)	Wasserman
McClain Delaney	Rivas	Wasserman
McClellan	Ross	Wasserman
McCullom	Ruiz	Wasserman
McDonald Rivet	Ryan	Wasserman
McGarvey	Salinas	Wasserman
McGovern	Sánchez	Wasserman
McIver	Scanlon	Wasserman
Meeks	Schakowsky	Wasserman
Menendez	Schneider	Waterson
Meng	Scholten	Watson Coleman
Mfume	Schriner	Whitesides
Min	Scott (VA)	Williams (GA)
Moore (WI)	Scott, David	Wilson (FL)

NOT VOTING—11

Courtney	LaLota	Nunn (IA)
Feenstra	McBath	Rogers (KY)
Garcia (TX)	Murphy	Swalwell
Hinson	Nadler	

□ 1106

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.

PERSONAL EXPLANATION

Ms. GARCIA of Texas. Mr. Speaker, due to illness, I was unable to vote today. Had I been able to vote, I would have voted NAY on Roll Call No. 343, Ordering the Previous Question on H. Res. 953; NO on Roll Call No. 344, H. Res. 953.

PERSONAL EXPLANATION

Mr. NADLER. Mr. Speaker, today, I missed votes due to a personal matter. Had I been present, I would have voted NAY on Roll Call No. 343 and NO on Roll Call No. 344.

MESSAGE FROM THE SENATE

A message from the Senate by Mr. Ferrari, one of its clerks, announced that the Senate has passed without amendment bills of the House of the following titles:

H.R. 131. An act to make certain modifications to the repayment for the Arkansas Valley Conduit in the State of Colorado.

H.R. 187. An act to provide for the standardization, consolidation, and publication of data relating to public outdoor recreational use of Federal waterway among Federal land and water management agencies, and for other purposes.

H.R. 410. An act to extend the Alaska Native Vietnam era veterans land allotment program, and for other purposes.

H.R. 1043. An act to direct the Secretary of the Interior to convey certain Federal land in Arizona to La Paz County, Arizona, and for other purposes.

The message also announced that the Senate has passed bills of the following titles in which the concurrence of the House is requested:

S. 355. An act to require the secretary of Health and Human Services, acting through the Commissioner of Food and Drugs, to publish a final rule relating to nonclinical testing methods.

S. 594. An act to amend the Post-Katrina Management Reform Act of 2006 to repeal certain obsolete requirements, and for other purposes.

S. 612. An act to amend the Native American Tourism and Improving Visitor Experience Act to authorize grants to Indian tribes, tribal organizations, and Native Hawaiian organizations, and for other purposes.

S. 727. An act to correct the inequitable denial of enhanced retirement and annuity benefits to certain U.S. Customs and Border Protection Officers.

S. 856. An act to amend the Lobbying Disclosure Act of 1995 to clarify a provision relating to certain contents of registrations under that Act.

S. 861. An act to streamline the sharing of information among Federal disaster assistance agencies, to expedite the delivery of life-saving assistance to disaster survivors, to speed the recovery of communities from disasters, to protect the security and privacy of information provided by disaster survivors, and for other purposes.

S. 865. An act to amend the Lobbying Disclosure Act of 1995 to require certain disclosures by registrants regarding exemptions under the Foreign Agents Registration Act of 1938, as amended.

S. 1049. An act to direct the Office of Victims of Crime of the Department of Justice to continue implementing the anti-trafficking recommendations of the Government Accountability Office and to report to Congress regarding such implementation.

S. 3021. An act to amend title 18, United States Code, to enhance enforcement with respect to material depicting obscene child sexual abuse or constituting child pornography, and for other purposes.

S. 3490. An act to establish the Fort Ontario Holocaust Refugee Shelter National Historical Park, to designate the American's National Churchill Museum National Historic Landmark, and for other purposes.

The message also announced that pursuant to the provisions of Public Law 106-398, as amended by Public Law 108-7, the Chair, on behalf of the Democratic Leader, and in consultation with the Ranking Members of the Senate Committee on Armed Services and the Senate Committee on Finance, appoints the following individual to serve as a member of the United States-China Economic and Security Review Commission:

Michael Kuiken of the District of Columbia for a term beginning January 1, 2026 and expiring December 31, 2027.

ELECTING A MEMBER TO A CERTAIN STANDING COMMITTEE OF THE HOUSE OF REPRESENTATIVES

Mr. AGUILAR. Mr. Speaker, by direction of the Democratic Caucus, I offer a privileged resolution and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 954

Resolved, That the following named Member be, and is hereby, elected to the fol-

lowing standing committee of the House of Representatives:

COMMITTEE ON SCIENCE, SPACE, AND TECHNOLOGY: Mr. Beyer.

Mr. AGUILAR (during the reading). Mr. Speaker, I ask unanimous consent that the resolution be considered as read.

The SPEAKER pro tempore (Mr. SIMPSON). Is there objection to the request of the gentleman from California?

There was no objection.

The resolution was agreed to.

A motion to reconsider was laid on the table.

□ 1110

LOWER HEALTH CARE PREMIUMS FOR ALL AMERICANS ACT

Mr. GUTHRIE. Mr. Speaker, pursuant to House Resolution 953, I call up the bill (H.R. 6703) to ensure access to affordable health insurance, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. GUEST). Pursuant to House Resolution 953, the bill is considered read.

The text of the bill is as follows:

H.R. 6703

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 “Lower Health Care Premiums for All Americans Act”.

TITLE I—IMPROVING HEALTH CARE OPTIONS FOR WORKERS

SEC. 101. ASSOCIATION HEALTH PLANS.

(a) TREATMENT OF GROUP OR ASSOCIATION OF EMPLOYERS.—Section 3(5) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(5)) is amended by inserting after “capacity” the following: “(including, for the purpose of establishing or maintaining a group health plan, a group or association of employers that satisfies the requirements of section 736(a))”.

(b) RULES APPLICABLE TO GROUP HEALTH PLANS ESTABLISHED AND MAINTAINED BY A GROUP OR ASSOCIATION OF EMPLOYERS.—

(1) IN GENERAL.—Part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1181, et seq.) is amended by adding at the end the following:

“SEC. 736. RULES APPLICABLE TO GROUP HEALTH PLANS ESTABLISHED AND MAINTAINED BY A GROUP OR ASSOCIATION OF EMPLOYERS.

“(a) ASSOCIATION HEALTH PLANS.—A group or association of employers may maintain a group health plan, regardless of whether the employers composing such group or association are in the same industry, trade, or profession, if such group or association satisfies the following requirements:

“(1) GROUP OR ASSOCIATION REQUIREMENTS.—The group or association of employers—

“(A) shall—

“(i) have been formed and maintained in good faith for purposes other than providing health insurance coverage through a group health plan;

“(ii) establish a governing board or another indicator of formality as described in paragraph (2); and

“(iii) have existed for at least 2 years prior to offering a group health plan to the employees of such group or association; and

“(iv) make health insurance coverage under the group health plan offered by such group or association available—

“(I) to at least 51 employees; and

“(II) to all employees of the employer members, and any dependents of such employees;

“(B) may only provide health insurance coverage through the group health plan of the group or association—

“(i) to an employee of an employer member of the group or association or a dependent of such an employee; or

“(ii) as necessary to comply with part 6;

“(C) may include a health insurance issuer as an employer member, except that the group or association may not—

“(i) be a health insurance issuer; or

“(ii) be controlled or owned by a health insurance issuer (or a subsidiary or affiliate of a health insurance issuer).

“(D) may not condition the membership of an employer in the group or association on any health status-related factor (as described in section 702(a)(1) relating to any employee or dependent of any employee of any employer member.

“(2) ORGANIZATIONAL REQUIREMENTS.—

“(A) GOVERNING BOARD OR FORMAL ORGANIZATION OF THE GROUP OR ASSOCIATION.—

“(i) IN GENERAL.—The group or association shall have—

“(I) a formal organizational structure with a governing board and by-laws; or

“(II) another structure or indicator of formality.

“(ii) REQUIREMENT.—Both structures described in subclauses (I) and (II) of clause (i) shall comply with the requirements described in subparagraph (B).

“(B) FORMAL ORGANIZATION STRUCTURE OF GROUP OR ASSOCIATION.—

“(i) IN GENERAL.—The functions and activities of the group or association shall be controlled by the employer members in substance and in fact.

“(ii) CONTROL.—The control described in clause (i) shall be satisfied so long as at least 75 percent of the positions on the board or other formal organizational structure are held by employer members.

“(iii) ELECTIONS.—Each position of the governing board or other formal organizational structure shall be subject to scheduled elections, as determined by the group or association, and each employer-member shall be able to cast only one vote in each such election.

“(C) GROUP HEALTH PLAN REQUIREMENTS.—

“(i) CONTROL.—The group health plan shall be controlled in substance and in fact by employer members participating in the group health plan.

“(ii) ELIGIBILITY VERIFICATION.—A plan fiduciary shall verify, on a regular basis and pursuant to reasonable monitoring procedures as established by the plan fiduciary, whether an individual is a self-employed individual if such individual (or a beneficiary thereof) participates in the group health plan on the basis that such individual is a self-employed individual.

“(iii) INELIGIBLE SELF-EMPLOYED INDIVIDUALS.—

“(I) IN GENERAL.—Subject to subclause (II) and except as required under part 6, in the case that the plan fiduciary determines that an individual who participates in the group health plan no longer meets the requirements under a self-employed individual during a plan year, the group health plan shall not make health insurance coverage available to such individual for any plan year following the plan year in which such determination was made.

“(II) REMEDIAL ACTION.—If, after the plan fiduciary determines that an individual described in clause (i) is not a self-employed in-

dividual, the individual furnishes to the plan fiduciary evidence proving that such individual is a self-employed individual, such individual shall be eligible to participate in the group health plan.

“(3) DISCRIMINATION AND PRE-EXISTING CONDITION PROTECTIONS.—A group health plan established and maintained by the group or association of employers under this section may not—

“(A) establish any rule for eligibility (including continued eligibility) of any individual (including an employee of an employer member or a self-employed individual, or a dependent of such employee or self-employed individual) to enroll for benefits under the terms of the plan that discriminates based on any health status-related factor that relates to such individual (consistent with the rules under section 702(a)(1));

“(B) require an individual (including an employee of an employer member or a self-employed individual, or a dependent of such employee or self-employed individual), as a condition of enrollment or continued enrollment under the plan, to pay a premium or contribution that is greater than the premium or contribution for a similarly situated individual enrolled in the plan based on any health status-related factor that relates to such individual (consistent with the rules under section 702(b)(1)); and

“(C) deny coverage under such plan on the basis of a pre-existing condition (consistent with the rules under section 2704 of the Public Health Service Act).

“(b) PREMIUM RATES FOR A GROUP OR ASSOCIATION OF EMPLOYERS.—

“(1) IN GENERAL.—A group health plan established and maintained by a group or association of employers that meets that requirements of this section may, to the extent not prohibited under State law—

“(A) establish base premium rates formed on an actuarially sound, modified community rating methodology that considers the pooling of all plan participant claims; and

“(B) utilize the specific risk profile of each employer member of such group or association to determine contribution rates for each such employer member's share of a premium by actuarially adjusting the established base premium rates.

“(2) ONLY SELF EMPLOYED INDIVIDUALS.—In the case that a group or association is composed only of self-employed individuals, the group health plan established by such group or association shall—

“(A) treat all such self-employed individuals as a single risk pool;

“(B) pool all plan participant claims; and

“(C) charge each plan participant the same premium rate.

“(c) TREATMENT OF SELF-EMPLOYED INDIVIDUALS.—For purposes of this section, an individual who is a self-employed individual shall be treated as—

“(1) an employer who may be a member of a group or association of employers;

“(2) an employee who may participate in a group health plan established and maintained by such group or association; and

“(3) a participant of the group health plan in which the individual participates, subject to the eligibility determination and monitoring requirements set forth in subsection (a)(2)(C)(i).

“(d) DETERMINATION OF EMPLOYER OR JOINT EMPLOYER STATUS.—The provision of health insurance coverage by a group or association of employers may not be construed as evidence for establishing an employer or joint employer relationship under any Federal or State law.

“(e) RULES OF CONSTRUCTION.—

“(1) NO EXEMPTION FROM PHSAA.—Nothing in this section shall be construed to exempt a

group health plan (as defined in section 733(a)(1)) offered through a group or association of employers from the requirements of this part or from the provisions of part A of title XXVII of the Public Health Service Act as incorporated by reference into this Act through section 715.

“(2) PRIOR OR FUTURE GUIDANCE.—Nothing in this section may be construed to limit or otherwise affect the ability of a group or association of employers from establishing a single plan multiple employer welfare arrangement as specified in any prior or future guidance issued by the Secretary of Labor that provides alternative pathways to qualifying as a group or association of employer for purposes of section 3(5).

“(f) DEFINITIONS.—In this section—

“(1) EMPLOYER MEMBER.—The term 'employer member' means—

“(A) an employer who is a member of such group or association of employers and employs at least 1 common law employee; or

“(B) a group made up solely of self-employed individuals, within which all of the self-employed individual members of such group or association are aggregated together as a single employer member group, provided that such group includes at least 20 self-employed individual members.

“(2) SELF-EMPLOYED INDIVIDUAL.—The term 'self-employed individual' means an individual who—

“(A) does not have any common law employees;

“(B) has a bona fide ownership right in a trade or business, regardless of whether such trade or business is incorporated or unincorporated;

“(C) earns a wage (as defined in section 3121(a) of the Internal Revenue Code of 1986) or self-employment income (as defined in section 1402(b) of such Code) from such trade or business; and

“(D) works at least 10 hours a week, or 40 hours per month, providing personal services to such trade or business.”.

(2) CLERICAL AMENDMENT.—The table of contents is amended by inserting after the item relating to section 734 the following:

“735. Standardized reporting format.

“736. Rules applicable to group health plans established and maintained by a group or association of employers.”.

SEC. 102. CERTAIN MEDICAL STOP-LOSS INSURANCE OBTAINED BY CERTAIN PLAN SPONSORS OF GROUP HEALTH PLANS NOT INCLUDED UNDER THE DEFINITION OF HEALTH INSURANCE COVERAGE.

(a) IN GENERAL.—Section 733(b)(1) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1191b(b)(1)) is amended by adding at the end the following sentence: “Such term shall not include a stop-loss policy obtained by a self-insured group health plan or a plan sponsor of a group health plan that self-insures the health risks of its plan participants to reimburse the plan or sponsor for losses that the plan or sponsor incurs in providing health or medical benefits to such plan participants in excess of a predetermined level set forth in the stop-loss policy obtained by such plan or sponsor.”.

(b) EFFECT ON OTHER LAWS.—Section 514(b) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1144(b)) is amended by adding at the end the following:

“(10) The provisions of this title (including part 7 relating to group health plans) shall preempt State laws insofar as they may now or hereafter prevent an employee benefit plan that is a group health plan from insuring against the risk of excess or unexpected health plan claims losses.”.

SEC. 103. TREATMENT OF HEALTH REIMBURSEMENT ARRANGEMENTS INTEGRATED WITH INDIVIDUAL MARKET COVERAGE.

(a) IN GENERAL.—

(1) **TREATMENT.**—Section 9815(b) of the Internal Revenue Code of 1986 is amended—

(A) by striking “EXCEPTION.—Notwithstanding subsection (a)” and inserting the following: “EXCEPTIONS.—

“(1) **SELF-INSURED GROUP HEALTH PLANS.**—Notwithstanding subsection (a)”, and

(B) by adding at the end the following new paragraph:

“(2) **CUSTOM HEALTH OPTION AND INDIVIDUAL CARE EXPENSE ARRANGEMENTS.**—

“(A) **IN GENERAL.**—For purposes of this subchapter, a custom health option and individual care expense arrangement shall be treated as meeting the requirements of section 9802 and sections 2705, 2711, 2713, and 2715 of title XXVII of the Public Health Service Act.

“(B) **CUSTOM HEALTH OPTION AND INDIVIDUAL CARE EXPENSE ARRANGEMENTS DEFINED.**—For purposes of this section, the term ‘custom health option and individual care expense arrangement’ means a health reimbursement arrangement—

“(i) which is an employer-provided group health plan funded solely by employer contributions to provide payments or reimbursements for medical care subject to a maximum fixed dollar amount for a period,

“(ii) under which such payments or reimbursements may only be made for medical care provided during periods during which the individual is covered—

“(I) under individual health insurance coverage (other than coverage that consists solely of excepted benefits), or

“(II) under part A and B of title XVIII of the Social Security Act or part C of such title,

“(iii) which meets the nondiscrimination requirements of subparagraph (C),

“(iv) which meets the substantiation requirements of subparagraph (D), and

“(v) which meets the notice requirements of subparagraph (E).

“(C) NONDISCRIMINATION.—

“(i) **IN GENERAL.**—An arrangement meets the requirements of this subparagraph if an employer offering such arrangement to an employee within a specified class of employee—

“(I) offers such arrangement to all employees within such specified class on the same terms, and

“(II) does not offer any other group health plan (other than an account-based group health plan or a group health plan that consists solely of excepted benefits) to any employees within such specified class.

In the case of an employer who offers a group health plan provided through health insurance coverage in the small group market (that is subject to section 2701 of the Public Health Service Act) to all employees within such specified class, subclause (II) shall not apply to such group health plan.

“(ii) **SPECIFIED CLASS OF EMPLOYEE.**—For purposes of this subparagraph, any of the following may be designated as a specified class of employee:

“(I) Full-time employees.

“(II) Part-time employees.

“(III) Salaried employees.

“(IV) Non-salaried employees.

“(V) Employees whose primary site of employment is in the same rating area.

“(VI) Employees who are included in a unit of employees covered under a collective bargaining agreement to which the employer is subject (determined under rules similar to the rules of section 105(h)).

“(VII) Employees who have not met a group health plan, or health insurance issuer

offering group health insurance coverage, waiting period requirement that satisfies section 2708 of the Public Health Service Act.

“(VIII) **Seasonal employees.**

“(IX) Employees who are nonresident aliens and who receive no earned income (within the meaning of section 911(d)(2)) from the employer which constitutes income from sources within the United States (within the meaning of section 861(a)(3)).

“(X) Under such rules as the Secretary may prescribe, employees who are hired for temporary placement with an unrelated person that is not the common law employer.

“(XI) Such other classes of employees as the Secretary may designate.

An employer may designate (in such manner as is prescribed by the Secretary) two or more of the classes described in the preceding subclauses as the specified class of employees to which the arrangement is offered for purposes of applying this subparagraph.

“(iii) **SPECIAL RULE FOR NEW HIRES.**—An employer may designate prospectively so much of a specified class of employees as are hired after a date set by the employer. Such subclass of employees shall be treated as the specified class for purposes of applying clause (i).

“(iv) **RULES FOR DETERMINING TYPE OF EMPLOYEE.**—For purposes for clause (ii), any determination of full-time, part-time, or seasonal employment status shall be made under rules similar to the rules of section 105(h) or 4980H, whichever the employer elects for the plan year. Such election shall apply with respect to all employees of the employer for the plan year.

“(v) **PERMITTED VARIATION.**—For purposes of clause (i)(I), an arrangement shall not fail to be treated as provided on the same terms within a specified class merely because the maximum dollar amount of payments and reimbursements which may be made under the terms of the arrangement for the year with respect to each employee within such class—

“(I) increases as additional dependents of the employee are covered under the arrangement, and

“(II) increases with respect to a participant as the age of the participant increases, but not in excess of an amount equal to 300 percent of the lowest maximum dollar amount with respect to such a participant determined without regard to age.

“(D) **SUBSTANTIATION REQUIREMENTS.**—An arrangement meets the requirements of this subparagraph if the arrangement has reasonable procedures to substantiate—

“(i) that the participant and any dependents are, or will be, enrolled in coverage described in subparagraph (B)(ii) as of the beginning of the plan year of the arrangement (or as of the beginning of coverage under the arrangement in the case of an employee who first becomes eligible to participate in the arrangement after the date notice is given with respect to the plan under subparagraph (E) (determined without regard to clause (iii) thereof), and

“(ii) any requests made for payment or reimbursement of medical care under the arrangement and that the participant and any dependents remain so enrolled.

“(E) **NOTICE.**—

“(i) **IN GENERAL.**—Except as provided in clause (iii), an arrangement meets the requirements of this subparagraph if, under the arrangement, each employee eligible to participate is, not later than 60 days before the beginning of the plan year, given written notice of the employee’s rights and obligations under the arrangement which—

“(I) is sufficiently accurate and comprehensive to apprise the employee of such rights and obligations, and

“(II) is written in a manner calculated to be understood by the average employee eligible to participate.

“(ii) **NOTICE REQUIREMENTS.**—Such notice shall include such information as the Secretary may by regulation prescribe.

“(iii) **NOTICE DEADLINE FOR CERTAIN EMPLOYEES.**—In the case of an employee—

“(I) who first becomes eligible to participate in the arrangement after the date notice is given with respect to the plan under clause (i) (determined without regard to this clause), or

“(II) whose employer is first established fewer than 120 days before the beginning of the first plan year of the arrangement, the requirements of this subparagraph shall be treated as met if the notice required under clause (i) is provided not later than the date the arrangement may take effect with respect to such employee.”.

“(2) **TREATMENT OF CURRENT RULES RELATING TO CERTAIN ARRANGEMENTS.**—

(A) **NO INFERENCE.**—To the extent not inconsistent with the amendments made by this subsection—

(i) no inference shall be made from such amendments with respect to the rules prescribed in the Federal Register on June 20, 2019, (84 Fed. Reg. 28888) relating to health reimbursement arrangements and other account-based group health plans, and

(ii) any reference to custom health option and individual care expense arrangements shall for purposes of such rules be treated as including a reference to individual coverage health reimbursement arrangements.

(B) **OTHER CONFORMING OF RULES.**—The Secretary of the Treasury, the Secretary of Health and Human Services, and the Secretary of Labor shall modify such rules as may be necessary to conform to the amendments made by this subsection.

(3) **PARTICIPANTS IN CHOICE ARRANGEMENT ELIGIBLE FOR PURCHASE OF EXCHANGE INSURANCE UNDER CAFETERIA PLAN.**—Section 125(f)(3) of such Code is amended by adding at the end the following new subparagraph:

“(C) **EXCEPTION FOR PARTICIPANTS IN CHOICE ARRANGEMENT.**—Subparagraph (A) shall not apply in the case of an employee participating in a custom health option and individual care expense arrangement (within the meaning of section 9815(b)(2)) offered by the employee’s employer.”.

(4) **EFFECTIVE DATE.**—The amendments made by this subsection shall apply to plan years beginning after December 31, 2025.

(b) **INCLUSION OF CHOICE ARRANGEMENT PERMITTED BENEFITS ON W-2.**—

(1) **IN GENERAL.**—Section 6051(a) of such Code is amended by striking “and” at the end of paragraph (18), by striking the period at the end of paragraph (19) and inserting “, and”, and by inserting after paragraph (19) the following new paragraph:

“(20) the total amount of permitted benefits for enrolled individuals under a custom health option and individual care expense arrangement (as defined in section 9815(b)(2)) with respect to such employee.”.

(2) **EFFECTIVE DATE.**—The amendment made by this subsection shall apply to taxable years beginning after December 31, 2025.

TITLE II—LOWERING HEALTH CARE PREMIUMS FOR EVERYONE

SEC. 201. OVERSIGHT OF PHARMACY BENEFIT MANAGEMENT SERVICES.

(a) **PUBLIC HEALTH SERVICE ACT.**—Title XXVII of the Public Health Service Act (42 U.S.C. 300gg et seq.) is amended—

(1) in part D (42 U.S.C. 300gg-111 et seq.), by adding at the end the following new section:

“**SEC. 2799A-11. OVERSIGHT OF ENTITIES THAT PROVIDE PHARMACY BENEFIT MANAGEMENT SERVICES.**”

“(a) **IN GENERAL.**—For plan years beginning on or after the date that is 30 months

after the date of enactment of this section (referred to in this subsection and subsection (b) as the 'effective date'), a group health plan or a health insurance issuer offering group health insurance coverage, or an entity providing pharmacy benefit management services on behalf of such a plan or issuer, shall not enter into a contract, including an extension or renewal of a contract, entered into on or after the effective date, with an applicable entity unless such applicable entity agrees to—

“(1) not limit or delay the disclosure of information to the group health plan (including such a plan offered through a health insurance issuer) in such a manner that prevents an entity providing pharmacy benefit management services on behalf of a group health plan or health insurance issuer offering group health insurance coverage from making the reports described in subsection (b); and

“(2) provide the entity providing pharmacy benefit management services on behalf of a group health plan or health insurance issuer relevant information necessary to make the reports described in subsection (b).

“(b) REPORTS.—

“(1) IN GENERAL.—For plan years beginning on or after the effective date, in the case of any contract between a group health plan or a health insurance issuer offering group health insurance coverage offered in connection with such a plan and an entity providing pharmacy benefit management services on behalf of such plan or issuer, including an extension or renewal of such a contract, entered into on or after the effective date, the entity providing pharmacy benefit management services on behalf of such a group health plan or health insurance issuer, not less frequently than every 6 months (or, at the request of a group health plan, not less frequently than quarterly, and under the same conditions, terms, and cost of the semi-annual report under this subsection), shall submit to the group health plan a report in accordance with this section. Each such report shall be made available to such group health plan in plain language, in a machine-readable format, and as the Secretary may determine, other formats. Each such report shall include the information described in paragraph (2).

“(2) INFORMATION DESCRIBED.—For purposes of paragraph (1), the information described in this paragraph is, with respect to drugs covered by a group health plan or group health insurance coverage offered by a health insurance issuer in connection with a group health plan during each reporting period—

“(A) in the case of a group health plan that is offered by a specified large employer or that is a specified large plan, and is not offered as health insurance coverage, or in the case of health insurance coverage for which the election under paragraph (3) is made for the applicable reporting period—

“(i) a list of drugs for which a claim was filed and, with respect to each such drug on such list—

“(I) the contracted compensation paid by the group health plan or health insurance issuer for each covered drug (identified by the National Drug Code) to the entity providing pharmacy benefit management services or other applicable entity on behalf of the group health plan or health insurance issuer;

“(II) the contracted compensation paid to the pharmacy, by any entity providing pharmacy benefit management services or other applicable entity on behalf of the group health plan or health insurance issuer, for each covered drug (identified by the National Drug Code);

“(III) for each such claim, the difference between the amount paid under subclause (I) and the amount paid under subclause (II);

“(IV) the proprietary name, established name or proper name, and National Drug Code;

“(V) for each claim for the drug (including original prescriptions and refills) and for each dosage unit of the drug for which a claim was filed, the type of dispensing channel used to furnish the drug, including retail, mail order, or specialty pharmacy;

“(VI) with respect to each drug dispensed, for each type of dispensing channel (including retail, mail order, or specialty pharmacy)—

“(aa) whether such drug is a brand name drug or a generic drug, and—

“(AA) in the case of a brand name drug, the wholesale acquisition cost, listed as cost per days supply and cost per dosage unit, on the date such drug was dispensed; and

“(BB) in the case of a generic drug, the average wholesale price, listed as cost per days supply and cost per dosage unit, on the date such drug was dispensed; and

“(bb) the total number of—

“(AA) prescription claims (including original prescriptions and refills);

“(BB) participants and beneficiaries for whom a claim for such drug was filed through the applicable dispensing channel;

“(CC) dosage units and dosage units per fill of such drug; and

“(DD) days supply of such drug per fill;

“(VII) the net price per course of treatment or single fill, such as a 30-day supply or 90-day supply to the plan or coverage after rebates, fees, alternative discounts, or other remuneration received from applicable entities;

“(VIII) the total amount of out-of-pocket spending by participants and beneficiaries on such drug, including spending through copayments, coinsurance, and deductibles, but not including any amounts spent by participants and beneficiaries on drugs not covered under the plan or coverage, or for which no claim is submitted under the plan or coverage;

“(IX) the total net spending on the drug;

“(X) the total amount received, or expected to be received, by the plan or issuer from any applicable entity in rebates, fees, alternative discounts, or other remuneration;

“(XI) the total amount received, or expected to be received, by the entity providing pharmacy benefit management services, from applicable entities, in rebates, fees, alternative discounts, or other remuneration from such entities—

“(aa) for claims incurred during the reporting period; and

“(bb) that is related to utilization of such drug or spending on such drug; and

“(XII) to the extent feasible, information on the total amount of remuneration for such drug, including copayment assistance dollars paid, copayment cards applied, or other discounts provided by each drug manufacturer (or entity administering copayment assistance on behalf of such drug manufacturer), to the participants and beneficiaries enrolled in such plan or coverage;

“(ii) a list of each therapeutic class (as defined by the Secretary) for which a claim was filed under the group health plan or health insurance coverage during the reporting period, and, with respect to each such therapeutic class—

“(I) the total gross spending on drugs in such class before rebates, price concessions, alternative discounts, or other remuneration from applicable entities;

“(II) the net spending in such class after such rebates, price concessions, alternative

discounts, or other remuneration from applicable entities;

“(III) the total amount received, or expected to be received, by the entity providing pharmacy benefit management services, from applicable entities, in rebates, fees, alternative discounts, or other remuneration from such entities—

“(aa) for claims incurred during the reporting period; and

“(bb) that is related to utilization of drugs or drug spending;

“(IV) the average net spending per 30-day supply and per 90-day supply by the plan or by the issuer with respect to such coverage and its participants and beneficiaries, among all drugs within the therapeutic class for which a claim was filed during the reporting period;

“(V) the number of participants and beneficiaries who filled a prescription for a drug in such class, including the National Drug Code for each such drug;

“(VI) if applicable, a description of the formulary tiers and utilization mechanisms (such as prior authorization or step therapy) employed for drugs in that class; and

“(VII) the total out-of-pocket spending under the plan or coverage by participants and beneficiaries, including spending through copayments, coinsurance, and deductibles, but not including any amounts spent by participants and beneficiaries on drugs not covered under the plan or coverage or for which no claim is submitted under the plan or coverage;

“(iii) with respect to any drug for which gross spending under the group health plan or health insurance coverage exceeded \$10,000 during the reporting period or, in the case that gross spending under the group health plan or coverage exceeded \$10,000 during the reporting period with respect to fewer than 50 drugs, with respect to the 50 prescription drugs with the highest spending during the reporting period—

“(I) a list of all other drugs in the same therapeutic class as such drug;

“(II) if applicable, the rationale for the formulary placement of such drug in that therapeutic category or class, selected from a list of standard rationales established by the Secretary, in consultation with stakeholders; and

“(III) any change in formulary placement compared to the prior plan year; and

“(iv) in the case that such plan or issuer (or an entity providing pharmacy benefit management services on behalf of such plan or issuer) has an affiliated pharmacy or pharmacy under common ownership, including mandatory mail and specialty home delivery programs, retail and mail auto-refill programs, and cost-sharing assistance incentives funded by an entity providing pharmacy benefit services—

“(I) an explanation of any benefit design parameters that encourage or require participants and beneficiaries in the plan or coverage to fill prescriptions at mail order, specialty, or retail pharmacies;

“(II) the percentage of total prescriptions dispensed by such pharmacies to participants or beneficiaries in such plan or coverage; and

“(III) a list of all drugs dispensed by such pharmacies to participants or beneficiaries enrolled in such plan or coverage, and, with respect to each drug dispensed—

“(aa) the amount charged, per dosage unit, per 30-day supply, or per 90-day supply (as applicable) to the plan or issuer, and to participants and beneficiaries;

“(bb) the median amount charged to such plan or issuer, and the interquartile range of the costs, per dosage unit, per 30-day supply, and per 90-day supply, including amounts paid by the participants and beneficiaries, when the same drug is dispensed by other

pharmacies that are not affiliated with or under common ownership with the entity and that are included in the pharmacy network of such plan or coverage;

“(cc) the lowest cost per dosage unit, per 30-day supply and per 90-day supply, for each such drug, including amounts charged to the plan or coverage and to participants and beneficiaries, that is available from any pharmacy included in the network of such plan or coverage; and

“(dd) the net acquisition cost per dosage unit, per 30-day supply, and per 90-day supply, if such drug is subject to a maximum price discount; and

“(B) with respect to any group health plan, including group health insurance coverage offered in connection with such a plan, regardless of whether the plan or coverage is offered by a specified large employer or whether it is a specified large plan—

“(i) a summary document for the group health plan that includes such information described in clauses (i) through (iv) of subparagraph (A), as specified by the Secretary through guidance, program instruction, or otherwise (with no requirement of notice and comment rulemaking), that the Secretary determines useful to group health plans for purposes of selecting pharmacy benefit management services, such as an estimated net price to group health plan and participant or beneficiary, a cost per claim, the fee structure or reimbursement model, and estimated cost per participant or beneficiary;

“(ii) a summary document for plans and issuers to provide to participants and beneficiaries, which shall be made available to participants or beneficiaries upon request to their group health plan (including in the case of group health insurance coverage offered in connection with such a plan), that—

“(I) contains such information described in clauses (iii), (iv), (v), and (vi), as applicable, as specified by the Secretary through guidance, program instruction, or otherwise (with no requirement of notice and comment rulemaking) that the Secretary determines useful to participants or beneficiaries in better understanding the plan or coverage or benefits under such plan or coverage;

“(II) contains only aggregate information; and

“(III) states that participants and beneficiaries may request specific, claims-level information required to be furnished under subsection (c) from the group health plan or health insurance issuer;

“(iii) with respect to drugs covered by such plan or coverage during such reporting period—

“(I) the total net spending by the plan or coverage for all such drugs;

“(II) the total amount received, or expected to be received, by the plan or issuer from any applicable entity in rebates, fees, alternative discounts, or other remuneration; and

“(III) to the extent feasible, information on the total amount of remuneration for such drugs, including copayment assistance amounts paid, copayment cards applied, or other discounts provided by each drug manufacturer (or entity administering copayment assistance on behalf of such drug manufacturer) to participants and beneficiaries;

“(iv) amounts paid directly or indirectly in rebates, fees, or any other type of compensation (as defined in section 408(b)(2)(B)(ii)(dd)(AA) of the Employee Retirement Income Security Act) to brokerage firms, brokers, consultants, advisors, or any other individual or firm, for—

“(I) the referral of the group health plan's or health insurance issuer's business to an entity providing pharmacy benefit management services, including the identity of the recipient of such amounts;

“(II) consideration of the entity providing pharmacy benefit management services by the group health plan or health insurance issuer; or

“(III) the retention of the entity by the group health plan or health insurance issuer;

“(v) an explanation of any benefit design parameters that encourage or require participants and beneficiaries in such plan or coverage to fill prescriptions at mail order, specialty, or retail pharmacies that are affiliated with or under common ownership with the entity providing pharmacy benefit management services under such plan or coverage, including mandatory mail and specialty home delivery programs, retail and mail auto-refill programs, and cost-sharing assistance incentives directly or indirectly funded by such entity; and

“(vi) total gross spending on all drugs under the plan or coverage during the reporting period.

“(3) OPT-IN FOR GROUP HEALTH INSURANCE COVERAGE OFFERED BY A SPECIFIED LARGE EMPLOYER OR THAT IS A SPECIFIED LARGE PLAN.—In the case of group health insurance coverage offered in connection with a group health plan that is offered by a specified large employer or is a specified large plan, such group health plan may, on an annual basis, for plan years beginning on or after the date that is 30 months after the date of enactment of this section, elect to require an entity providing pharmacy benefit management services on behalf of the health insurance issuer to submit to such group health plan a report that includes all of the information described in paragraph (2)(A), in addition to the information described in paragraph (2)(B).

“(4) PRIVACY REQUIREMENTS.—

“(A) IN GENERAL.—An entity providing pharmacy benefit management services on behalf of a group health plan or a health insurance issuer offering group health insurance coverage shall report information under paragraph (1) in a manner consistent with the privacy regulations promulgated under section 13402(a) of the Health Information Technology for Economic and Clinical Health Act and consistent with the privacy regulations promulgated under the Health Insurance Portability and Accountability Act of 1996 in part 160 and subparts A and E of part 164 of title 45, Code of Federal Regulations (or successor regulations) (referred to in this paragraph as the ‘HIPAA privacy regulations’) and shall restrict the use and disclosure of such information according to such privacy regulations and such HIPAA privacy regulations.

“(B) ADDITIONAL REQUIREMENTS.—

“(i) IN GENERAL.—An entity providing pharmacy benefit management services on behalf of a group health plan or health insurance issuer offering group health insurance coverage that submits a report under paragraph (1) shall ensure that such report contains only summary health information, as defined in section 164.504(a) of title 45, Code of Federal Regulations (or successor regulations).

“(ii) RESTRICTIONS.—In carrying out this subsection, a group health plan shall comply with section 164.504(f) of title 45, Code of Federal Regulations (or a successor regulation), and a plan sponsor shall act in accordance with the terms of the agreement described in such section.

“(C) RULE OF CONSTRUCTION.—

“(i) Nothing in this section shall be construed to modify the requirements for the creation, receipt, maintenance, or transmission of protected health information under the HIPAA privacy regulations.

“(ii) Nothing in this section shall be construed to affect the application of any Federal or State privacy or civil rights law, in-

cluding the HIPAA privacy regulations, the Genetic Information Nondiscrimination Act of 2008 (Public Law 110-233) (including the amendments made by such Act), the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), section 1557 of the Patient Protection and Affordable Care Act (42 U.S.C. 18116), title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and title VII of the Civil Rights Act of 1964 (42 U.S.C. 2000e).

“(D) WRITTEN NOTICE.—Each plan year, group health plans, including with respect to group health insurance coverage offered in connection with a group health plan, shall provide to each participant or beneficiary written notice informing the participant or beneficiary of the requirement for entities providing pharmacy benefit management services on behalf of the group health plan or health insurance issuer offering group health insurance coverage to submit reports to group health plans under paragraph (1), as applicable, which may include incorporating such notification in plan documents provided to the participant or beneficiary, or providing individual notification.

“(E) LIMITATION TO BUSINESS ASSOCIATES.—A group health plan receiving a report under paragraph (1) may disclose such information only to the entity from which the report was received or to that entity's business associates as defined in section 160.103 of title 45, Code of Federal Regulations (or successor regulations) or as permitted by the HIPAA privacy regulations.

“(F) CLARIFICATION REGARDING PUBLIC DISCLOSURE OF INFORMATION.—Nothing in this section shall prevent an entity providing pharmacy benefit management services on behalf of a group health plan or health insurance issuer offering group health insurance coverage, from placing reasonable restrictions on the public disclosure of the information contained in a report described in paragraph (1), except that such plan, issuer, or entity may not—

“(i) restrict disclosure of such report to the Department of Health and Human Services, the Department of Labor, or the Department of the Treasury; or

“(ii) prevent disclosure for the purposes of subsection (c), or any other public disclosure requirement under this section.

“(G) LIMITED FORM OF REPORT.—The Secretary shall define through rulemaking a limited form of the report under paragraph (1) required with respect to any group health plan established by a plan sponsor that is, or is affiliated with, a drug manufacturer, drug wholesaler, or other direct participant in the drug supply chain, in order to prevent anti-competitive behavior.

“(5) STANDARD FORMAT AND REGULATIONS.—

“(A) IN GENERAL.—Not later than 18 months after the date of enactment of this section, the Secretary shall specify through rulemaking a standard format for entities providing pharmacy benefit management services on behalf of group health plans and health insurance issuers offering group health insurance coverage, to submit reports required under paragraph (1).

“(B) ADDITIONAL REGULATIONS.—Not later than 18 months after the date of enactment of this section, the Secretary shall, through rulemaking, promulgate any other final regulations necessary to implement the requirements of this section. In promulgating such regulations, the Secretary shall, to the extent practicable, align the reporting requirements under this section with the reporting requirements under section 2799A-10.

“(C) REQUIREMENT TO PROVIDE INFORMATION TO PARTICIPANTS OR BENEFICIARIES.—A group health plan, including with respect to group health insurance coverage offered in

connection with a group health plan, upon request of a participant or beneficiary, shall provide to such participant or beneficiary—

“(1) the summary document described in subsection (b)(2)(B)(ii); and

“(2) the information described in subsection (b)(2)(A)(i)(III) with respect to a claim made by or on behalf of such participant or beneficiary.

“(d) ENFORCEMENT.—

“(1) IN GENERAL.—The Secretary shall enforce this section. The enforcement authority under this subsection shall apply only with respect to group health plans (including group health insurance coverage offered in connection with such a plan) to which the requirements of subparts I and II of part A and part D apply in accordance with section 2722, and with respect to entities providing pharmacy benefit management services on behalf of such plans and applicable entities providing services on behalf of such plans.

“(2) FAILURE TO PROVIDE INFORMATION.—A group health plan, a health insurance issuer offering group health insurance coverage, an entity providing pharmacy benefit management services on behalf of such a plan or issuer, or an applicable entity providing services on behalf of such a plan or issuer that violates subsection (a); an entity providing pharmacy benefit management services on behalf of such a plan or issuer that fails to provide the information required under subsection (b); or a group health plan that fails to provide the information required under subsection (c), shall be subject to a civil monetary penalty in the amount of \$10,000 for each day during which such violation continues or such information is not disclosed or reported.

“(3) FALSE INFORMATION.—A health insurance issuer, an entity providing pharmacy benefit management services, or a third party administrator providing services on behalf of such issuer offered by a health insurance issuer that knowingly provides false information under this section shall be subject to a civil monetary penalty in an amount not to exceed \$100,000 for each item of false information. Such civil monetary penalty shall be in addition to other penalties as may be prescribed by law.

“(4) PROCEDURE.—The provisions of section 1128A of the Social Security Act, other than subsections (a) and (b) and the first sentence of subsection (c)(1) of such section shall apply to civil monetary penalties under this subsection in the same manner as such provisions apply to a penalty or proceeding under such section.

“(5) WAIVERS.—The Secretary may waive penalties under paragraph (2), or extend the period of time for compliance with a requirement of this section, for an entity in violation of this section that has made a good-faith effort to comply with the requirements in this section.

“(e) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to permit a health insurance issuer, group health plan, entity providing pharmacy benefit management services on behalf of a group health plan or health insurance issuer, or other entity to restrict disclosure to, or otherwise limit the access of, the Secretary to a report described in subsection (b)(1) or information related to compliance with subsections (a), (b), (c), or (d) by such issuer, plan, or entity.

“(f) DEFINITIONS.—In this section:

“(1) APPLICABLE ENTITY.—The term ‘applicable entity’ means—

“(A) an applicable group purchasing organization, drug manufacturer, distributor, wholesaler, rebate aggregator (or other purchasing entity designed to aggregate rebates), or associated third party;

“(B) any subsidiary, parent, affiliate, or subcontractor of a group health plan, health

insurance issuer, entity that provides pharmacy benefit management services on behalf of such a plan or issuer, or any entity described in subparagraph (A); or

“(C) such other entity as the Secretary may specify through rulemaking.

“(2) APPLICABLE GROUP PURCHASING ORGANIZATION.—The term ‘applicable group purchasing organization’ means a group purchasing organization that is affiliated with or under common ownership with an entity providing pharmacy benefit management services.

“(3) CONTRACTED COMPENSATION.—The term ‘contracted compensation’ means the sum of any ingredient cost and dispensing fee for a drug (inclusive of the out-of-pocket costs to the participant or beneficiary), or another analogous compensation structure that the Secretary may specify through regulations.

“(4) GROSS SPENDING.—The term ‘gross spending’, with respect to prescription drug benefits under a group health plan or health insurance coverage, means the amount spent by a group health plan or health insurance issuer on prescription drug benefits, calculated before the application of rebates, fees, alternative discounts, or other remuneration.

“(5) NET SPENDING.—The term ‘net spending’, with respect to prescription drug benefits under a group health plan or health insurance coverage, means the amount spent by a group health plan or health insurance issuer on prescription drug benefits, calculated after the application of rebates, fees, alternative discounts, or other remuneration.

“(6) PLAN SPONSOR.—The term ‘plan sponsor’ has the meaning given such term in section 3(16)(B) of the Employee Retirement Income Security Act of 1974.

“(7) REMUNERATION.—The term ‘remuneration’ has the meaning given such term by the Secretary through rulemaking, which shall be reevaluated by the Secretary every 5 years.

“(8) SPECIFIED LARGE EMPLOYER.—The term ‘specified large employer’ means, in connection with a group health plan (including group health insurance coverage offered in connection with such a plan) established or maintained by a single employer, with respect to a calendar year or a plan year, as applicable, an employer who employed an average of at least 100 employees on business days during the preceding calendar year or plan year and who employs at least 1 employee on the first day of the calendar year or plan year.

“(9) SPECIFIED LARGE PLAN.—The term ‘specified large plan’ means a group health plan (including group health insurance coverage offered in connection with such a plan) established or maintained by a plan sponsor described in clause (ii) or (iii) of section 3(16)(B) of the Employee Retirement Income Security Act of 1974 that had an average of at least 100 participants on business days during the preceding calendar year or plan year, as applicable.

“(10) WHOLESALE ACQUISITION COST.—The term ‘wholesale acquisition cost’ has the meaning given such term in section 1847A(c)(6)(B) of the Social Security Act.”;

(2) in section 2723 (42 U.S.C. 300gg-22)—

(A) in subsection (a)—

(i) in paragraph (1), by inserting “(other than section 2799A-11)” after “part D”; and

(ii) in paragraph (2), by inserting “(other than section 2799A-11)” after “part D”; and

(B) in subsection (b)—

(i) in paragraph (1), by inserting “(other than section 2799A-11)” after “part D”;

(ii) in paragraph (2)(A), by inserting “(other than section 2799A-11)” after “part D”; and

(iii) in paragraph (2)(C)(ii), by inserting “(other than section 2799A-11)” after “part D”.

(b) EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974.—

(1) IN GENERAL.—Subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1021 et seq.) is amended—

(A) in subpart B of part 7 (29 U.S.C. 1185 et seq.), by adding at the end the following:

“SEC. 726. OVERSIGHT OF ENTITIES THAT PROVIDE PHARMACY BENEFIT MANAGEMENT SERVICES.

“(a) IN GENERAL.—For plan years beginning on or after the date that is 30 months after the date of enactment of this section (referred to in this subsection and subsection (b) as the ‘effective date’), a group health plan or a health insurance issuer offering group health insurance coverage, or an entity providing pharmacy benefit management services on behalf of such a plan or issuer, shall not enter into a contract, including an extension or renewal of a contract, entered into on or after the effective date, with an applicable entity unless such applicable entity agrees to—

“(1) not limit or delay the disclosure of information to the group health plan (including such a plan offered through a health insurance issuer) in such a manner that prevents an entity providing pharmacy benefit management services on behalf of a group health plan or health insurance issuer offering group health insurance coverage from making the reports described in subsection (b); and

“(2) provide the entity providing pharmacy benefit management services on behalf of a group health plan or health insurance issuer relevant information necessary to make the reports described in subsection (b).

“(b) REPORTS.—

“(1) IN GENERAL.—For plan years beginning on or after the effective date, in the case of any contract between a group health plan or a health insurance issuer offering group health insurance coverage offered in connection with such a plan and an entity providing pharmacy benefit management services on behalf of such a group health plan or health insurance issuer, not less frequently than every 6 months (or, at the request of a group health plan, not less frequently than quarterly, and under the same conditions, terms, and cost of the semi-annual report under this subsection), shall submit to the group health plan a report in accordance with this section. Each such report shall be made available to such group health plan in plain language, in a machine-readable format, and as the Secretary may determine, other formats. Each such report shall include the information described in paragraph (2).

“(2) INFORMATION DESCRIBED.—For purposes of paragraph (1), the information described in this paragraph is, with respect to drugs covered by a group health plan or group health insurance coverage offered by a health insurance issuer in connection with a group health plan during each reporting period—

“(A) in the case of a group health plan that is offered by a specified large employer or that is a specified large plan, and is not offered as health insurance coverage, or in the case of health insurance coverage for which the election under paragraph (3) is made for the applicable reporting period—

“(i) a list of drugs for which a claim was filed and, with respect to each such drug on such list—

“(I) the contracted compensation paid by the group health plan or health insurance issuer for each covered drug (identified by the National Drug Code) to the entity providing pharmacy benefit management services or other applicable entity on behalf of the group health plan or health insurance issuer;

“(II) the contracted compensation paid to the pharmacy, by any entity providing pharmacy benefit management services or other applicable entity on behalf of the group health plan or health insurance issuer, for each covered drug (identified by the National Drug Code);

“(III) for each such claim, the difference between the amount paid under subclause (I) and the amount paid under subclause (II);

“(IV) the proprietary name, established name or proper name, and National Drug Code;

“(V) for each claim for the drug (including original prescriptions and refills) and for each dosage unit of the drug for which a claim was filed, the type of dispensing channel used to furnish the drug, including retail, mail order, or specialty pharmacy;

“(VI) with respect to each drug dispensed, for each type of dispensing channel (including retail, mail order, or specialty pharmacy)—

“(aa) whether such drug is a brand name drug or a generic drug, and—

“(AA) in the case of a brand name drug, the wholesale acquisition cost, listed as cost per days supply and cost per dosage unit, on the date such drug was dispensed; and

“(BB) in the case of a generic drug, the average wholesale price, listed as cost per days supply and cost per dosage unit, on the date such drug was dispensed; and

“(bb) the total number of—

“(AA) prescription claims (including original prescriptions and refills);

“(BB) participants and beneficiaries for whom a claim for such drug was filed through the applicable dispensing channel;

“(CC) dosage units and dosage units per fill of such drug; and

“(DD) days supply of such drug per fill;

“(VII) the net price per course of treatment or single fill, such as a 30-day supply or 90-day supply to the plan or coverage after rebates, fees, alternative discounts, or other remuneration received from applicable entities;

“(VIII) the total amount of out-of-pocket spending by participants and beneficiaries on such drug, including spending through copayments, coinsurance, and deductibles, but not including any amounts spent by participants and beneficiaries on drugs not covered under the plan or coverage, or for which no claim is submitted under the plan or coverage;

“(IX) the total net spending on the drug;

“(X) the total amount received, or expected to be received, by the plan or issuer from any applicable entity in rebates, fees, alternative discounts, or other remuneration;

“(XI) the total amount received, or expected to be received, by the entity providing pharmacy benefit management services, from applicable entities, in rebates, fees, alternative discounts, or other remuneration from such entities—

“(aa) for claims incurred during the reporting period; and

“(bb) that is related to utilization of such drug or spending on such drug; and

“(XII) to the extent feasible, information on the total amount of remuneration for such drug, including copayment assistance dollars paid, copayment cards applied, or other discounts provided by each drug manufacturer (or entity administering copayment assistance on behalf of such drug manufac-

turer), to the participants and beneficiaries enrolled in such plan or coverage;

“(ii) a list of each therapeutic class (as defined by the Secretary) for which a claim was filed under the group health plan or health insurance coverage during the reporting period, and, with respect to each such therapeutic class—

“(I) the total gross spending on drugs in such class before rebates, price concessions, alternative discounts, or other remuneration from applicable entities;

“(II) the net spending in such class after such rebates, price concessions, alternative discounts, or other remuneration from applicable entities;

“(III) the total amount received, or expected to be received, by the entity providing pharmacy benefit management services, from applicable entities, in rebates, fees, alternative discounts, or other remuneration from such entities—

“(aa) for claims incurred during the reporting period; and

“(bb) that is related to utilization of drugs or drug spending;

“(IV) the average net spending per 30-day supply and per 90-day supply by the plan or by the issuer with respect to such coverage and its participants and beneficiaries, among all drugs within the therapeutic class for which a claim was filed during the reporting period;

“(V) the number of participants and beneficiaries who filled a prescription for a drug in such class, including the National Drug Code for each such drug;

“(VI) if applicable, a description of the formulary tiers and utilization mechanisms (such as prior authorization or step therapy) employed for drugs in that class; and

“(VII) the total out-of-pocket spending under the plan or coverage by participants and beneficiaries, including spending through copayments, coinsurance, and deductibles, but not including any amounts spent by participants and beneficiaries on drugs not covered under the plan or coverage or for which no claim is submitted under the plan or coverage;

“(iii) with respect to any drug for which gross spending under the group health plan or health insurance coverage exceeded \$10,000 during the reporting period or, in the case that gross spending under the group health plan or coverage exceeded \$10,000 during the reporting period with respect to fewer than 50 drugs, with respect to the 50 prescription drugs with the highest spending during the reporting period—

“(I) a list of all other drugs in the same therapeutic class as such drug;

“(II) if applicable, the rationale for the formulary placement of such drug in that therapeutic category or class, selected from a list of standard rationales established by the Secretary, in consultation with stakeholders; and

“(III) any change in formulary placement compared to the prior plan year; and

“(iv) in the case that such plan or issuer (or an entity providing pharmacy benefit management services on behalf of such plan or issuer) has an affiliated pharmacy or pharmacy under common ownership, including mandatory mail and specialty home delivery programs, retail and mail auto-refill programs, and cost sharing assistance incentives funded by an entity providing pharmacy benefit services—

“(I) an explanation of any benefit design parameters that encourage or require participants and beneficiaries in the plan or coverage to fill prescriptions at mail order, specialty, or retail pharmacies;

“(II) the percentage of total prescriptions dispensed by such pharmacies to participants or beneficiaries in such plan or coverage; and

“(III) a list of all drugs dispensed by such pharmacies to participants or beneficiaries enrolled in such plan or coverage, and, with respect to each drug dispensed—

“(aa) the amount charged, per dosage unit, per 30-day supply, or per 90-day supply (as applicable) to the plan or issuer, and to participants and beneficiaries;

“(bb) the median amount charged to such plan or issuer, and the interquartile range of the costs, per dosage unit, per 30-day supply, and per 90-day supply, including amounts paid by the participants and beneficiaries, when the same drug is dispensed by other pharmacies that are not affiliated with or under common ownership with the entity and that are included in the pharmacy network of such plan or coverage;

“(cc) the lowest cost per dosage unit, per 30-day supply and per 90-day supply, for each such drug, including amounts charged to the plan or coverage and to participants and beneficiaries, that is available from any pharmacy included in the network of such plan or coverage; and

“(dd) the net acquisition cost per dosage unit, per 30-day supply, and per 90-day supply, if such drug is subject to a maximum price discount; and

“(B) with respect to any group health plan, including group health insurance coverage offered in connection with such a plan, regardless of whether the plan or coverage is offered by a specified large employer or whether it is a specified large plan—

“(i) a summary document for the group health plan that includes such information described in clauses (i) through (iv) of subparagraph (A), as specified by the Secretary through guidance, program instruction, or otherwise (with no requirement of notice and comment rulemaking), that the Secretary determines useful to group health plans for purposes of selecting pharmacy benefit management services, such as an estimated net price to group health plan and participant or beneficiary, a cost per claim, the fee structure or reimbursement model, and estimated cost per participant or beneficiary;

“(ii) a summary document for plans and issuers to provide to participants and beneficiaries, which shall be made available to participants or beneficiaries upon request to their group health plan (including in the case of group health insurance coverage offered in connection with such a plan), that—

“(I) contains such information described in clauses (iii), (iv), (v), and (vi), as applicable, as specified by the Secretary through guidance, program instruction, or otherwise (with no requirement of notice and comment rulemaking) that the Secretary determines useful to participants or beneficiaries in better understanding the plan or coverage or benefits under such plan or coverage;

“(II) contains only aggregate information; and

“(III) states that participants and beneficiaries may request specific, claims-level information required to be furnished under subsection (c) from the group health plan or health insurance issuer;

“(iii) with respect to drugs covered by such plan or coverage during such reporting period—

“(I) the total net spending by the plan or coverage for all such drugs;

“(II) the total amount received, or expected to be received, by the plan or issuer from any applicable entity in rebates, fees, alternative discounts, or other remuneration; and

“(III) to the extent feasible, information on the total amount of remuneration for such drugs, including copayment assistance dollars paid, copayment cards applied, or other discounts provided by each drug manufacturer (or entity administering copayment

assistance on behalf of such drug manufacturer) to participants and beneficiaries;

“(iv) amounts paid directly or indirectly in rebates, fees, or any other type of compensation (as defined in section 408(b)(2)(B)(ii)(dd)(AA)) to brokerage firms, brokers, consultants, advisors, or any other individual or firm, for—

“(I) the referral of the group health plan’s or health insurance issuer’s business to an entity providing pharmacy benefit management services, including the identity of the recipient of such amounts;

“(II) consideration of the entity providing pharmacy benefit management services by the group health plan or health insurance issuer; or

“(III) the retention of the entity by the group health plan or health insurance issuer;

“(v) an explanation of any benefit design parameters that encourage or require participants and beneficiaries in such plan or coverage to fill prescriptions at mail order, specialty, or retail pharmacies that are affiliated with or under common ownership with the entity providing pharmacy benefit management services under such plan or coverage, including mandatory mail and specialty home delivery programs, retail and mail auto-refill programs, and cost-sharing assistance incentives directly or indirectly funded by such entity; and

“(vi) total gross spending on all drugs under the plan or coverage during the reporting period.

“(3) OPT-IN FOR GROUP HEALTH INSURANCE COVERAGE OFFERED BY A SPECIFIED LARGE EMPLOYER OR THAT IS A SPECIFIED LARGE PLAN.—In the case of group health insurance coverage offered in connection with a group health plan that is offered by a specified large employer or is a specified large plan, such group health plan may, on an annual basis, for plan years beginning on or after the date that is 30 months after the date of enactment of this section, elect to require an entity providing pharmacy benefit management services on behalf of the health insurance issuer to submit to such group health plan a report that includes all of the information described in paragraph (2)(A), in addition to the information described in paragraph (2)(B).

“(4) PRIVACY REQUIREMENTS.—

“(A) IN GENERAL.—An entity providing pharmacy benefit management services on behalf of a group health plan or a health insurance issuer offering group health insurance coverage shall report information under paragraph (1) in a manner consistent with the privacy regulations promulgated under section 13402(a) of the Health Information Technology for Economic and Clinical Health Act (42 U.S.C. 17932(a)) and consistent with the privacy regulations promulgated under the Health Insurance Portability and Accountability Act of 1996 in part 160 and subparts A and E of part 164 of title 45, Code of Federal Regulations (or successor regulations) (referred to in this paragraph as the ‘HIPAA privacy regulations’) and shall restrict the use and disclosure of such information according to such privacy regulations and such HIPAA privacy regulations.

“(B) ADDITIONAL REQUIREMENTS.—

“(i) IN GENERAL.—An entity providing pharmacy benefit management services on behalf of a group health plan or health insurance issuer offering group health insurance coverage that submits a report under paragraph (1) shall ensure that such report contains only summary health information, as defined in section 164.504(a) of title 45, Code of Federal Regulations (or successor regulations).

“(ii) RESTRICTIONS.—In carrying out this subsection, a group health plan shall comply with section 164.504(f) of title 45, Code of Fed-

eral Regulations (or a successor regulation), and a plan sponsor shall act in accordance with the terms of the agreement described in such section.

“(C) RULE OF CONSTRUCTION.—

“(i) Nothing in this section shall be construed to modify the requirements for the creation, receipt, maintenance, or transmission of protected health information under the HIPAA privacy regulations.

“(ii) Nothing in this section shall be construed to affect the application of any Federal or State privacy or civil rights law, including the HIPAA privacy regulations, the Genetic Information Nondiscrimination Act of 2008 (Public Law 110-233) (including the amendments made by such Act), the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), section 1557 of the Patient Protection and Affordable Care Act (42 U.S.C. 18116), title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and title VII of the Civil Rights Act of 1964 (42 U.S.C. 2000e).

“(D) WRITTEN NOTICE.—Each plan year, group health plans, including with respect to group health insurance coverage offered in connection with a group health plan, shall provide to each participant or beneficiary written notice informing the participant or beneficiary of the requirement for entities providing pharmacy benefit management services on behalf of the group health plan or health insurance issuer offering group health insurance coverage to submit reports to group health plans under paragraph (1), as applicable, which may include incorporating such notification in plan documents provided to the participant or beneficiary, or providing individual notification.

“(E) LIMITATION TO BUSINESS ASSOCIATES.—

A group health plan receiving a report under paragraph (1) may disclose such information only to the entity from which the report was received or to that entity’s business associates as defined in section 160.103 of title 45, Code of Federal Regulations (or successor regulations) or as permitted by the HIPAA privacy regulations.

“(F) CLARIFICATION REGARDING PUBLIC DISCLOSURE OF INFORMATION.—Nothing in this section shall prevent an entity providing pharmacy benefit management services on behalf of a group health plan or health insurance issuer offering group health insurance coverage, from placing reasonable restrictions on the public disclosure of the information contained in a report described in paragraph (1), except that such plan, issuer, or entity may not—

“(i) restrict disclosure of such report to the Department of Health and Human Services, the Department of Labor, or the Department of the Treasury; or

“(ii) prevent disclosure for the purposes of subsection (e), or any other public disclosure requirement under this section.

“(G) LIMITED FORM OF REPORT.—The Secretary shall define through rulemaking a limited form of the report under paragraph (1) required with respect to any group health plan established by a plan sponsor that is, or is affiliated with, a drug manufacturer, drug wholesaler, or other direct participant in the drug supply chain, in order to prevent anticompetitive behavior.

“(5) STANDARD FORMAT AND REGULATIONS.—

“(A) IN GENERAL.—Not later than 18 months after the date of enactment of this section, the Secretary shall specify through rulemaking a standard format for entities providing pharmacy benefit management services on behalf of group health plans and health insurance issuers offering group health insurance coverage, to submit reports required under paragraph (1).

“(B) ADDITIONAL REGULATIONS.—Not later than 18 months after the date of enactment of this section, the Secretary shall, through rulemaking, promulgate any other final regulations necessary to implement the requirements of this section. In promulgating such regulations, the Secretary shall, to the extent practicable, align the reporting requirements under this section with the reporting requirements under section 725.

“(C) REQUIREMENT TO PROVIDE INFORMATION TO PARTICIPANTS OR BENEFICIARIES.—A group health plan, including with respect to group health insurance coverage offered in connection with a group health plan, upon request of a participant or beneficiary, shall provide to such participant or beneficiary—

“(1) the summary document described in subsection (b)(2)(B)(ii); and

“(2) the information described in subsection (b)(2)(A)(i)(III) with respect to a claim made by or on behalf of such participant or beneficiary.

“(D) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to permit a health insurance issuer, group health plan, entity providing pharmacy benefit management services on behalf of a group health plan or health insurance issuer, or other entity to restrict disclosure to, or otherwise limit the access of, the Secretary to a report described in subsection (b)(1) or information related to compliance with subsections (a), (b), or (c) of this section or section 502(c)(13) by such issuer, plan, or entity.

“(E) DEFINITIONS.—In this section:

“(1) APPLICABLE ENTITY.—The term ‘applicable entity’ means—

“(A) an applicable group purchasing organization, drug manufacturer, distributor, wholesaler, rebate aggregator (or other purchasing entity designed to aggregate rebates), or associated third party;

“(B) any subsidiary, parent, affiliate, or subcontractor of a group health plan, health insurance issuer, entity that provides pharmacy benefit management services on behalf of such a plan or issuer, or any entity described in subparagraph (A); or

“(C) such other entity as the Secretary may specify through rulemaking.

“(2) APPLICABLE GROUP PURCHASING ORGANIZATION.—The term ‘applicable group purchasing organization’ means a group purchasing organization that is affiliated with or under common ownership with an entity providing pharmacy benefit management services.

“(3) CONTRACTED COMPENSATION.—The term ‘contracted compensation’ means the sum of any ingredient cost and dispensing fee for a drug (inclusive of the out-of-pocket costs to the participant or beneficiary), or another analogous compensation structure that the Secretary may specify through regulations.

“(4) GROSS SPENDING.—The term ‘gross spending’, with respect to prescription drug benefits under a group health plan or health insurance coverage, means the amount spent by a group health plan or health insurance issuer on prescription drug benefits, calculated before the application of rebates, fees, alternative discounts, or other remuneration.

“(5) NET SPENDING.—The term ‘net spending’, with respect to prescription drug benefits under a group health plan or health insurance coverage, means the amount spent by a group health plan or health insurance issuer on prescription drug benefits, calculated after the application of rebates, fees, alternative discounts, or other remuneration.

“(6) PLAN SPONSOR.—The term ‘plan sponsor’ has the meaning given such term in section 3(16)(B).

“(7) REMUNERATION.—The term ‘remuneration’ has the meaning given such term by

the Secretary through rulemaking, which shall be reevaluated by the Secretary every 5 years.

“(8) SPECIFIED LARGE EMPLOYER.—The term ‘specified large employer’ means, in connection with a group health plan (including group health insurance coverage offered in connection with such a plan) established or maintained by a single employer, with respect to a calendar year or a plan year, as applicable, an employer who employed an average of at least 100 employees on business days during the preceding calendar year or plan year and who employs at least 1 employee on the first day of the calendar year or plan year.

“(9) SPECIFIED LARGE PLAN.—The term ‘specified large plan’ means a group health plan (including group health insurance coverage offered in connection with such a plan) established or maintained by a plan sponsor described in clause (ii) or (iii) of section 3(16)(B) that had an average of at least 100 participants on business days during the preceding calendar year or plan year, as applicable.

“(10) WHOLESALE ACQUISITION COST.—The term ‘wholesale acquisition cost’ has the meaning given such term in section 1847A(c)(6)(B) of the Social Security Act (42 U.S.C. 1395w-3a(c)(6)(B)).”;

(B) in section 502 (29 U.S.C. 1132)—

(i) in subsection (a)(6), by striking “or (9)” and inserting “(9), or (13)”;

(ii) in subsection (b)(3), by striking “under subsection (c)(9)” and inserting “under paragraphs (9) and (13) of subsection (c)”;

(iii) in subsection (c), by adding at the end the following:

“(13) SECRETARIAL ENFORCEMENT AUTHORITY RELATING TO OVERSIGHT OF PHARMACY BENEFIT MANAGEMENT SERVICES.—

“(A) FAILURE TO PROVIDE INFORMATION.—The Secretary may impose a penalty against a plan administrator of a group health plan, a health insurance issuer offering group health insurance coverage, or an entity providing pharmacy benefit management services on behalf of such a plan or issuer, or an applicable entity (as defined in section 726(f)) that violates section 726(a); an entity providing pharmacy benefit management services on behalf of such a plan or issuer that fails to provide the information required under section 726(b); or any person who causes a group health plan to fail to provide the information required under section 726(c), in the amount of \$10,000 for each day during which such violation continues or such information is not disclosed or reported.

“(B) FALSE INFORMATION.—The Secretary may impose a penalty against a plan administrator of a group health plan, a health insurance issuer offering group health insurance coverage, an entity providing pharmacy benefit management services, or an applicable entity (as defined in section 726(f)) that knowingly provides false information under section 726, in an amount not to exceed \$100,000 for each item of false information. Such penalty shall be in addition to other penalties as may be prescribed by law.

“(C) WAIVERS.—The Secretary may waive penalties under subparagraph (A), or extend the period of time for compliance with a requirement of this section, for an entity in violation of section 726 that has made a good-faith effort to comply with the requirements of section 726.”; and

(C) in section 732(a) (29 U.S.C. 1191a(a)), by striking “section 711” and inserting “sections 711 and 726”.

(2) CLERICAL AMENDMENT.—The table of contents in section 1 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1001 et seq.) is amended by inserting after

the item relating to section 725 the following new item:

“Sec. 726. Oversight of entities that provide pharmacy benefit management services.”.

(c) INTERNAL REVENUE CODE OF 1986.—

(1) IN GENERAL.—Chapter 100 of the Internal Revenue Code of 1986 is amended by adding at the end of subchapter B the following:

“SEC. 9826. OVERSIGHT OF ENTITIES THAT PROVIDE PHARMACY BENEFIT MANAGEMENT SERVICES.

“(a) IN GENERAL.—For plan years beginning on or after the date that is 30 months after the date of enactment of this section (referred to in this subsection and subsection (b) as the ‘effective date’), a group health plan, or an entity providing pharmacy benefit management services on behalf of such a plan, shall not enter into a contract, including an extension or renewal of a contract, entered into on or after the effective date, with an applicable entity unless such applicable entity agrees to—

“(1) not limit or delay the disclosure of information to the group health plan in such a manner that prevents an entity providing pharmacy benefit management services on behalf of a group health plan from making the reports described in subsection (b); and

“(2) provide the entity providing pharmacy benefit management services on behalf of a group health plan relevant information necessary to make the reports described in subsection (b).

“(b) REPORTS.—

“(1) IN GENERAL.—For plan years beginning on or after the effective date, in the case of any contract between a group health plan and an entity providing pharmacy benefit management services on behalf of such plan, including an extension or renewal of such a contract, entered into on or after the effective date, the entity providing pharmacy benefit management services on behalf of such plan, not less frequently than every 6 months (or, at the request of a group health plan, not less frequently than quarterly, and under the same conditions, terms, and cost of the semiannual report under this subsection), shall submit to the group health plan a report in accordance with this section. Each such report shall be made available to such group health plan in plain language, in a machine-readable format, and as the Secretary may determine, other formats. Each such report shall include the information described in paragraph (2).

“(2) INFORMATION DESCRIBED.—For purposes of paragraph (1), the information described in this paragraph is, with respect to drugs covered by a group health plan during each reporting period—

“(A) in the case of a group health plan that is offered by a specified large employer or that is a specified large plan, and is not offered as health insurance coverage, or in the case of health insurance coverage for which the election under paragraph (3) is made for the applicable reporting period—

“(i) a list of drugs for which a claim was filed and, with respect to each such drug on such list—

“(I) the contracted compensation paid by the group health plan for each covered drug (identified by the National Drug Code) to the entity providing pharmacy benefit management services or other applicable entity on behalf of the group health plan;

“(II) the contracted compensation paid to the pharmacy, by any entity providing pharmacy benefit management services or other applicable entity on behalf of the group health plan, for each covered drug (identified by the National Drug Code);

“(III) for each such claim, the difference between the amount paid under subclause (I) and the amount paid under subclause (II);

“(IV) the proprietary name, established name or proper name, and National Drug Code;

“(V) for each claim for the drug (including original prescriptions and refills) and for each dosage unit of the drug for which a claim was filed, the type of dispensing channel used to furnish the drug, including retail, mail order, or specialty pharmacy;

“(VI) with respect to each drug dispensed, for each type of dispensing channel (including retail, mail order, or specialty pharmacy)—

“(aa) whether such drug is a brand name drug or a generic drug, and—

“(AA) in the case of a brand name drug, the wholesale acquisition cost, listed as cost per days supply and cost per dosage unit, on the date such drug was dispensed; and

“(BB) in the case of a generic drug, the average wholesale price, listed as cost per days supply and cost per dosage unit, on the date such drug was dispensed; and

“(bb) the total number of—

“(AA) prescription claims (including original prescriptions and refills);

“(BB) participants and beneficiaries for whom a claim for such drug was filed through the applicable dispensing channel;

“(CC) dosage units and dosage units per fill of such drug; and

“(DD) days supply of such drug per fill;

“(VII) the net price per course of treatment or single fill, such as a 30-day supply or 90-day supply to the plan after rebates, fees, alternative discounts, or other remuneration received from applicable entities;

“(VIII) the total amount of out-of-pocket spending by participants and beneficiaries on such drug, including spending through copayments, coinsurance, and deductibles, but not including any amounts spent by participants and beneficiaries on drugs not covered under the plan, or for which no claim is submitted under the plan;

“(IX) the total net spending on the drug;

“(X) the total amount received, or expected to be received, by the plan from any applicable entity in rebates, fees, alternative discounts, or other remuneration;

“(XI) the total amount received, or expected to be received, by the entity providing pharmacy benefit management services, from applicable entities, in rebates, fees, alternative discounts, or other remuneration from such entities—

“(aa) for claims incurred during the reporting period; and

“(bb) that is related to utilization of such drug or spending on such drug; and

“(XII) to the extent feasible, information on the total amount of remuneration for such drug, including copayment assistance dollars paid, copayment cards applied, or other discounts provided by each drug manufacturer (or entity administering copayment assistance on behalf of such drug manufacturer), to the participants and beneficiaries enrolled in such plan;

“(ii) a list of each therapeutic class (as defined by the Secretary) for which a claim was filed under the group health plan during the reporting period, and, with respect to each such therapeutic class—

“(I) the total gross spending on drugs in such class before rebates, price concessions, alternative discounts, or other remuneration from applicable entities;

“(II) the net spending in such class after such rebates, price concessions, alternative discounts, or other remuneration from applicable entities;

“(III) the total amount received, or expected to be received, by the entity providing pharmacy benefit management services, from applicable entities, in rebates, fees, alternative discounts, or other remuneration from such entities—

“(aa) for claims incurred during the reporting period; and

“(bb) that is related to utilization of drugs or drug spending;

“(IV) the average net spending per 30-day supply and per 90-day supply by the plan and its participants and beneficiaries, among all drugs within the therapeutic class for which a claim was filed during the reporting period;

“(V) the number of participants and beneficiaries who filled a prescription for a drug in such class, including the National Drug Code for each such drug;

“(VI) if applicable, a description of the formulary tiers and utilization mechanisms (such as prior authorization or step therapy) employed for drugs in that class; and

“(VII) the total out-of-pocket spending under the plan by participants and beneficiaries, including spending through copayments, coinsurance, and deductibles, but not including any amounts spent by participants and beneficiaries on drugs not covered under the plan or for which no claim is submitted under the plan;

“(iii) with respect to any drug for which gross spending under the group health plan exceeded \$10,000 during the reporting period or, in the case that gross spending under the group health plan exceeded \$10,000 during the reporting period with respect to fewer than 50 drugs, with respect to the 50 prescription drugs with the highest spending during the reporting period—

“(I) a list of all other drugs in the same therapeutic class as such drug;

“(II) if applicable, the rationale for the formulary placement of such drug in that therapeutic category or class, selected from a list of standard rationales established by the Secretary, in consultation with stakeholders; and

“(III) any change in formulary placement compared to the prior plan year; and

“(iv) in the case that such plan (or an entity providing pharmacy benefit management services on behalf of such plan) has an affiliated pharmacy or pharmacy under common ownership, including mandatory mail and specialty home delivery programs, retail and mail auto-refill programs, and cost sharing assistance incentives funded by an entity providing pharmacy benefit services—

“(I) an explanation of any benefit design parameters that encourage or require participants and beneficiaries in the plan to fill prescriptions at mail order, specialty, or retail pharmacies;

“(II) the percentage of total prescriptions dispensed by such pharmacies to participants or beneficiaries in such plan; and

“(III) a list of all drugs dispensed by such pharmacies to participants or beneficiaries enrolled in such plan, and, with respect to each drug dispensed—

“(aa) the amount charged, per dosage unit, per 30-day supply, or per 90-day supply (as applicable) to the plan, and to participants and beneficiaries;

“(bb) the median amount charged to such plan, and the interquartile range of the costs, per dosage unit, per 30-day supply, and per 90-day supply, including amounts paid by the participants and beneficiaries, when the same drug is dispensed by other pharmacies that are not affiliated with or under common ownership with the entity and that are included in the pharmacy network of such plan;

“(cc) the lowest cost per dosage unit, per 30-day supply and per 90-day supply, for each such drug, including amounts charged to the

plan and to participants and beneficiaries, that is available from any pharmacy included in the network of such plan; and

“(dd) the net acquisition cost per dosage unit, per 30-day supply, and per 90-day supply, if such drug is subject to a maximum price discount; and

“(B) with respect to any group health plan, regardless of whether the plan is offered by a specified large employer or whether it is a specified large plan—

“(i) a summary document for the group health plan that includes such information described in clauses (i) through (iv) of subparagraph (A), as specified by the Secretary through guidance, program instruction, or otherwise (with no requirement of notice and comment rulemaking), that the Secretary determines useful to group health plans for purposes of selecting pharmacy benefit management services, such as an estimated net price to group health plan and participant or beneficiary, a cost per claim, the fee structure or reimbursement model, and estimated cost per participant or beneficiary;

“(ii) a summary document for plans to provide to participants and beneficiaries, which shall be made available to participants or beneficiaries upon request to their group health plan, that—

“(I) contains such information described in clauses (iii), (iv), (v), and (vi), as applicable, as specified by the Secretary through guidance, program instruction, or otherwise (with no requirement of notice and comment rulemaking) that the Secretary determines useful to participants or beneficiaries in better understanding the plan or benefits under such plan;

“(II) contains only aggregate information; and

“(III) states that participants and beneficiaries may request specific, claims-level information required to be furnished under subsection (e) from the group health plan;

“(iii) with respect to drugs covered by such plan during such reporting period—

“(I) the total net spending by the plan for all such drugs;

“(II) the total amount received, or expected to be received, by the plan from any applicable entity in rebates, fees, alternative discounts, or other remuneration; and

“(III) to the extent feasible, information on the total amount of remuneration for such drugs, including copayment assistance dollars paid, copayment cards applied, or other discounts provided by each drug manufacturer (or entity administering copayment assistance on behalf of such drug manufacturer) to participants and beneficiaries;

“(iv) amounts paid directly or indirectly in rebates, fees, or any other type of compensation (as defined in section 408(b)(2)(B)(ii)(dd)(AA) of the Employee Retirement Income Security Act (29 U.S.C. 1108(b)(2)(B)(ii)(dd)(AA))) to brokerage firms, brokers, consultants, advisors, or any other individual or firm, for—

“(I) the referral of the group health plan's business to an entity providing pharmacy benefit management services, including the identity of the recipient of such amounts;

“(II) consideration of the entity providing pharmacy benefit management services by the group health plan; or

“(III) the retention of the entity by the group health plan;

“(v) an explanation of any benefit design parameters that encourage or require participants and beneficiaries in such plan to fill prescriptions at mail order, specialty, or retail pharmacies that are affiliated with or under common ownership with the entity providing pharmacy benefit management services under such plan, including mandatory mail and specialty home delivery programs, retail and mail auto-refill programs,

and cost-sharing assistance incentives directly or indirectly funded by such entity; and

“(vi) total gross spending on all drugs under the plan during the reporting period.

“(3) OPT-IN FOR GROUP HEALTH INSURANCE COVERAGE OFFERED BY A SPECIFIED LARGE EMPLOYER OR THAT IS A SPECIFIED LARGE PLAN.—In the case of group health insurance coverage offered in connection with a group health plan that is offered by a specified large employer or is a specified large plan, such group health plan may, on an annual basis, for plan years beginning on or after the date that is 30 months after the date of enactment of this section, elect to require an entity providing pharmacy benefit management services on behalf of the health insurance issuer to submit to such group health plan a report that includes all of the information described in paragraph (2)(A), in addition to the information described in paragraph (2)(B).

“(4) PRIVACY REQUIREMENTS.—

“(A) IN GENERAL.—An entity providing pharmacy benefit management services on behalf of a group health plan shall report information under paragraph (1) in a manner consistent with the privacy regulations promulgated under section 13402(a) of the Health Information Technology for Economic and Clinical Health Act (42 U.S.C. 17932(a)) and consistent with the privacy regulations promulgated under the Health Insurance Portability and Accountability Act of 1996 in part 160 and subparts A and E of part 164 of title 45, Code of Federal Regulations (or successor regulations) (referred to in this paragraph as the ‘HIPAA privacy regulations’) and shall restrict the use and disclosure of such information according to such privacy regulations and such HIPAA privacy regulations.

“(B) ADDITIONAL REQUIREMENTS.—

“(i) IN GENERAL.—An entity providing pharmacy benefit management services on behalf of a group health plan that submits a report under paragraph (1) shall ensure that such report contains only summary health information, as defined in section 164.504(a) of title 45, Code of Federal Regulations (or successor regulations).

“(ii) RESTRICTIONS.—In carrying out this subsection, a group health plan shall comply with section 164.504(f) of title 45, Code of Federal Regulations (or a successor regulation), and a plan sponsor shall act in accordance with the terms of the agreement described in such section.

“(C) RULE OF CONSTRUCTION.—

“(i) Nothing in this section shall be construed to modify the requirements for the creation, receipt, maintenance, or transmission of protected health information under the HIPAA privacy regulations.

“(ii) Nothing in this section shall be construed to affect the application of any Federal or State privacy or civil rights law, including the HIPAA privacy regulations, the Genetic Information Nondiscrimination Act of 2008 (Public Law 110-233) (including the amendments made by such Act), the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), section 1557 of the Patient Protection and Affordable Care Act (42 U.S.C. 18116), title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and title VII of the Civil Rights Act of 1964 (42 U.S.C. 2000e).

“(D) WRITTEN NOTICE.—Each plan year, group health plans shall provide to each participant or beneficiary written notice informing the participant or beneficiary of the requirement for entities providing pharmacy benefit management services on behalf of the group health plan to submit reports to group health plans under paragraph (1), as applicable, which may include incorporating such

notification in plan documents provided to the participant or beneficiary, or providing individual notification.

“(E) LIMITATION TO BUSINESS ASSOCIATES.—A group health plan receiving a report under paragraph (1) may disclose such information only to the entity from which the report was received or to that entity's business associates as defined in section 160.103 of title 45, Code of Federal Regulations (or successor regulations) or as permitted by the HIPAA privacy regulations.

“(F) CLARIFICATION REGARDING PUBLIC DISCLOSURE OF INFORMATION.—Nothing in this section shall prevent an entity providing pharmacy benefit management services on behalf of a group health plan, from placing reasonable restrictions on the public disclosure of the information contained in a report described in paragraph (1), except that such plan or entity may not—

“(i) restrict disclosure of such report to the Department of Health and Human Services, the Department of Labor, or the Department of the Treasury; or

“(ii) prevent disclosure for the purposes of subsection (c), or any other public disclosure requirement under this section.

“(G) LIMITED FORM OF REPORT.—The Secretary shall define through rulemaking a limited form of the report under paragraph (1) required with respect to any group health plan established by a plan sponsor that is, or is affiliated with, a drug manufacturer, drug wholesaler, or other direct participant in the drug supply chain, in order to prevent anticompetitive behavior.

“(H) STANDARD FORMAT AND REGULATIONS.—

“(A) IN GENERAL.—Not later than 18 months after the date of enactment of this section, the Secretary shall specify through rulemaking a standard format for entities providing pharmacy benefit management services on behalf of group health plans, to submit reports required under paragraph (1).

“(B) ADDITIONAL REGULATIONS.—Not later than 18 months after the date of enactment of this section, the Secretary shall, through rulemaking, promulgate any other final regulations necessary to implement the requirements of this section. In promulgating such regulations, the Secretary shall, to the extent practicable, align the reporting requirements under this section with the reporting requirements under section 9825.

“(C) REQUIREMENT TO PROVIDE INFORMATION TO PARTICIPANTS OR BENEFICIARIES.—A group health plan, upon request of a participant or beneficiary, shall provide to such participant or beneficiary—

“(1) the summary document described in subsection (b)(2)(B)(ii); and

“(2) the information described in subsection (b)(2)(A)(i)(III) with respect to a claim made by or on behalf of such participant or beneficiary.

“(D) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to permit a health insurance issuer, group health plan, entity providing pharmacy benefit management services on behalf of a group health plan or health insurance issuer, or other entity to restrict disclosure to, or otherwise limit the access of, the Secretary to a report described in subsection (b)(1) or information related to compliance with subsections (a), (b), or (c) of this section or section 4980D(g) by such issuer, plan, or entity.

“(E) DEFINITIONS.—In this section:

“(1) APPLICABLE ENTITY.—The term ‘applicable entity’ means—

“(A) an applicable group purchasing organization, drug manufacturer, distributor, wholesaler, rebate aggregator (or other purchasing entity designed to aggregate rebates), or associated third party;

“(B) any subsidiary, parent, affiliate, or subcontractor of a group health plan, health

insurance issuer, entity that provides pharmacy benefit management services on behalf of such a plan or issuer, or any entity described in subparagraph (A); or

“(C) such other entity as the Secretary may specify through rulemaking.

“(2) APPLICABLE GROUP PURCHASING ORGANIZATION.—The term ‘applicable group purchasing organization’ means a group purchasing organization that is affiliated with or under common ownership with an entity providing pharmacy benefit management services.

“(3) CONTRACTED COMPENSATION.—The term ‘contracted compensation’ means the sum of any ingredient cost and dispensing fee for a drug (inclusive of the out-of-pocket costs to the participant or beneficiary), or another analogous compensation structure that the Secretary may specify through regulations.

“(4) GROSS SPENDING.—The term ‘gross spending’, with respect to prescription drug benefits under a group health plan, means the amount spent by a group health plan on prescription drug benefits, calculated before the application of rebates, fees, alternative discounts, or other remuneration.

“(5) NET SPENDING.—The term ‘net spending’, with respect to prescription drug benefits under a group health plan, means the amount spent by a group health plan on prescription drug benefits, calculated after the application of rebates, fees, alternative discounts, or other remuneration.

“(6) PLAN SPONSOR.—The term ‘plan sponsor’ has the meaning given such term in section 3(16)(B) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(16)(B)).

“(7) REMUNERATION.—The term ‘remuneration’ has the meaning given such term by the Secretary, through rulemaking, which shall be reevaluated by the Secretary every 5 years.

“(8) SPECIFIED LARGE EMPLOYER.—The term ‘specified large employer’ means, in connection with a group health plan established or maintained by a single employer, with respect to a calendar year or a plan year, as applicable, an employer who employed an average of at least 100 employees on business days during the preceding calendar year or plan year and who employs at least 1 employee on the first day of the calendar year or plan year.

“(9) SPECIFIED LARGE PLAN.—The term ‘specified large plan’ means a group health plan established or maintained by a plan sponsor described in clause (ii) or (iii) of section 3(16)(B) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(16)(B)) that had an average of at least 100 participants on business days during the preceding calendar year or plan year, as applicable.

“(10) WHOLESALE ACQUISITION COST.—The term ‘wholesale acquisition cost’ has the meaning given such term in section 1847A(c)(6)(B) of the Social Security Act (42 U.S.C. 1395w-3a(c)(6)(B)).

“(2) EXCEPTION FOR CERTAIN GROUP HEALTH PLANS.—Section 9831(a)(2) of the Internal Revenue Code of 1986 is amended by inserting “other than with respect to section 9826,” before “any group health plan”.

“(3) ENFORCEMENT.—Section 4980D of the Internal Revenue Code of 1986 is amended by adding at the end the following new subsection:

“(g) APPLICATION TO REQUIREMENTS IMPOSED ON CERTAIN ENTITIES PROVIDING PHARMACY BENEFIT MANAGEMENT SERVICES.—In the case of any requirement under section 9826 that applies with respect to an entity providing pharmacy benefit management services on behalf of a group health plan, any reference in this section to such group health plan (and the reference in subsection

(e)(1) to the employer) shall be treated as including a reference to such entity.”.

“(4) CLERICAL AMENDMENT.—The table of sections for subchapter B of chapter 100 of the Internal Revenue Code of 1986 is amended by adding at the end the following new item: “Sec. 9826. Oversight of entities that provide pharmacy benefit management services.”.

SEC. 202. FUNDING COST SHARING REDUCTION PAYMENTS.

Section 1402 of the Patient Protection and Affordable Care Act (42 U.S.C. 18071) is amended by adding at the end the following new subsection:

“(h) FUNDING.—

“(1) IN GENERAL.—There are appropriated out of any monies in the Treasury not otherwise appropriated such sums as may be necessary for purposes of making payments under this section for plan years beginning on or after January 1, 2027.

“(2) LIMITATION.—

“(A) IN GENERAL.—The amounts appropriated under paragraph (1) may not be used for purposes of making payments under this section for a qualified health plan that provides health benefit coverage that includes coverage of abortion.

“(B) EXCEPTION.—Subparagraph (A) shall not apply to payments for a qualified health plan that provides coverage of abortion only if necessary to save the life of the mother or if the pregnancy is a result of an act of rape or incest.”.

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

The gentleman from Michigan (Mr. WALBERG), the gentleman from Virginia (Mr. SCOTT), the gentleman from Kentucky (Mr. GUTHRIE), the gentleman from New Jersey (Mr. PALLOLINE), the gentleman from Missouri (Mr. SMITH), and the gentleman from Massachusetts (Mr. NEAL) shall each control 10 minutes.

The Chair recognizes the gentleman from Kentucky.

GENERAL LEAVE

Mr. GUTHRIE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material on the legislation, H.R. 6703.

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

There was no objection.

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

Mr. Speaker, I rise today in strong support of H.R. 6703, the Lower Health Care Premiums for All Americans Act.

When the Democrats passed ObamaCare over a decade ago, they sold the bill on the promise that it would lower healthcare costs and preserve plan options. If you like your plan, you can keep it and if you like your doctor, you can keep them, we remember being quoted. These famous last words still haunt us.

Today, we know that ObamaCare has not lived up to the Democrats' lofty promises. Instead, the consequences of that bill continue to burden American patients as they have since its enactment. Healthcare spending has nearly doubled since ObamaCare passed.

Healthcare plan options have been decimated by Democratic overreach, and millions of Americans are saddled with medical debt across the country.

ObamaCare premiums are up 80 percent since the program's inception, with patients paying on average \$5,000 out of their own pocket to hit their deductible. The average out-of-pocket spending maximum for 1 year is over \$20,000. Without a doubt, ObamaCare has proven to be unaffordable and unsustainable.

In an attempt to respond to the affordability crisis created by ObamaCare, Democrats leveraged a public health emergency to shovel hundreds of billions of dollars to big health insurance plans to mask the risk of rising unaffordability of coverage. First, in the American Rescue Plan of 2021 and then again in the Inflation Reduction Act of 2023, Democrats sent temporary taxpayer-funded enhanced premium tax credits directly to the coffers of big insurance plans.

They did this without a single Republican vote of support. On both occasions, Democrats chose to make these COVID credits temporary. They could have made them permanent, but they chose instead to focus on advancing priorities for wealthy Americans, which some of these they did make permanent by subsidizing electric vehicles for politically connected cronies to siphon off Federal dollars of the greenhouse gas slush fund.

Now, Democrats are uniting behind that policy to send billions more of taxpayer dollars to big health insurance plans. With the Democrats' temporary COVID credits set to expire at the end of the year, they are attempting to turn their policy failures into political gains using the American people as collateral.

It is worth reiterating. Democrats funded temporary Band-Aids to cover up unaffordable care. They set the expiration dates. They chose to fund liberal priorities instead of making them permanent.

While Democrats continue to fearmonger, I want to shed light on what Republicans are doing to fix the Democrats' affordability crisis, with policies that deliver real, lasting relief to the American people. These include eliminating health plan gimmicks like silver loading, which will lower ACA premiums by 11 percent; increasing transparency for pharmacy benefit managers, the middlemen that will lower costs of drugs for all Americans; and increasing affordable plan choices and putting patients back in the driver's seat for their own healthcare plan choices by instituting association health plans, CHOICE arrangements, and stop-loss insurance.

This proposal results in more than double the premium reduction that Democrats' extension of the enhanced tax credit subsidies would. The Congressional Budget Office estimates this plan will lower premiums by 11 percent compared to just 5 percent from the Democratic subsidies. These policies will also lower healthcare costs for all Americans, not just the roughly 7 percent enrolled in the ObamaCare marketplace. Many of these policies are bipartisan: Ending silver loading, addressing nefarious PBM practices, and strengthening the employer insurance marketplace all have garnered broad bipartisan support.

I hope we can overlook politics that are clouding the issue and come together to pass this bill and continue to work together in 2026 to deliver more affordable healthcare to all Americans.

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

□ 1120

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

Mr. Speaker, I rise to call on Speaker JOHNSON to immediately bring the bipartisan 3-year extension of the Affordable Care Act tax credits to the floor. This bill now has the support, pursuant to a discharge petition, of a majority of House Members and should get a vote immediately before the ACA tax credits expire.

Mr. Speaker, without this tax credit extension bill by Mr. JEFFRIES, health insurance premiums are going to skyrocket for more than 20 million Americans across the country. They will see prices double, triple, and even quadruple. It will leave millions with the difficult decision of going without coverage because they simply cannot afford rising costs.

Just days before prices skyrocket for American families, Republicans are bringing a bill to the floor that does absolutely nothing to lower prices. Instead, Republicans are using this affordability crisis to prop up junk health insurance plans that discriminate against people and leave them hanging when they get sick.

Mr. Speaker, the American people are desperate for our help, and this Republican bill doesn't do a thing to provide it. This bill is a sham, and a majority of the House knows it.

I urge my colleagues to vote "no." We should take real action immediately by passing the Jeffries bill.

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

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Iowa (Mrs. MILLER-MEEKS), the sponsor of this legislation.

Mrs. MILLER-MEEKS. Mr. Speaker, I rise today in strong support of my bill, the Lower Health Care Premiums for All Americans Act, a bill rightfully named because that is exactly what it does.

Republicans want to lower healthcare costs and premiums for all

Americans, all the Americans on commercial insurance, all the small businesses, all the people on the ACA exchanges, and all the self-insured, not just a select few, and not subsidizing profitable insurance companies.

Insurance, especially bad insurance, is not care.

The Lower Health Care Premiums for All Americans Act offers commonsense solutions to America's broken healthcare system.

It lowers premiums through choice and competition. By expanding association health plans, we give small businesses and self-employed workers the buying power of large employers, cutting premiums by as much as 30 percent.

It gives families control over their dollars. We strengthen CHOICE arrangements, allowing defined contributions and pretax options so workers can choose the right plan for their needs, rather than being stuck in plans that cost too much and deliver too little care.

It brings transparency transparent to drug pricing. We take on the pharmacy benefit managers, which have long operated behind the scenes as middlemen, collecting hidden fees while prescription prices climb. Our reforms force transparency so families can finally see where their healthcare dollars go and pay less at the pharmacy counter.

It protects access to employer-sponsored insurance. By clarifying access to stop-loss insurance, we safeguard small businesses from being financially ruined by catastrophic health claims.

It stabilizes premiums responsibly. We responsibly fund cost-sharing reduction payments, lowering ACA premium costs for all in the marketplace by 11 percent. This policy alone results in an average premium savings of \$900 nationally, while reducing Federal spending, saving taxpayers \$36 billion.

Contrary to what we hear from my colleagues on the other side of the aisle, the premium tax credits continue and revert back to their 2021 levels.

This bill delivers what Americans have been asking for: lower premiums, more choices, and a healthcare system that works for them, not against them. It is time to put all Americans and their doctors in the driver's seat and ahead of profitable insurance companies.

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

Mr. PALLONE. Mr. Speaker, before I yield time, I will make sure that the gentlewoman from Iowa knows that without the ACA tax credit extension, a middle-class 60-year-old couple in her district is seeing their premium go up by \$1,422 per month.

Mr. Speaker, I yield 2 minutes to the gentlewoman from Massachusetts (Ms. CLARK), the Democratic whip.

Ms. CLARK of Massachusetts. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, my question to the Republican Party is, what are you doing?

What are you doing? Why won't you use your immense powers as the majority to help the American people?

The bill before us does nothing for the 15 million Americans who are about to lose their health insurance, the 1 million children who are about to become uninsured, the hundreds of hospitals that are closing or on the verge of closing, or the 24 million people who are staring down premiums they simply cannot afford.

It does nothing to solve a crisis that the Republicans have inflicted on the American people, but, but, but, in typical fashion, here is what it does do. It does promote the GOP dream of a nationwide abortion ban.

You found time for that, but today is the day to stop these tax credits from expiring. You called us back in July from recess to make sure that we voted on tax cuts, to make them permanent for the very richest Americans, but now that we have a bipartisan discharge petition ready to vote on today, you can't find the time to do it.

We are ready to vote, Mr. Speaker. You have the power to bring that to the floor today.

Let the will of the people be the will of the people's House. Let's stop the premium hikes, extend the ACA tax credits, and get back to building a healthcare system that is worthy of the American people.

Mr. GUTHRIE. Mr. Speaker, I will remind my friends that the premium tax credits from the ACA are extended. They are permanent. These are the enhanced premium tax credits. It is good, and sad, that my colleagues are recognizing that the Affordable Care Act is failing.

Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. PFLUGER), my good friend and leader on the Energy and Commerce Committee.

Mr. PFLUGER. Mr. Speaker, I will remind my colleagues across the aisle that not a single Republican has ever voted for ObamaCare. This is your plan. You put it into law. It was a disaster then. It is a disaster now. It was more expensive now than it has ever been, and it is your plan. It is our job to fix it, which is exactly what we are doing.

Mr. Speaker, ObamaCare has failed to deliver on its promises. It has left millions of Americans with higher premiums. Again, your votes did that. It has fewer choices, less coverage, and is plagued by fraud, waste, and abuse.

Mr. Speaker, I recently had a constituent write to me, outlining her and her husband's experience, demonstrating systematic fraud within the ACA marketplace. Her husband has been repeatedly enrolled in an ACA plan without consent since November 2023 in a scheme where brokers and agents are fraudulently enrolling individuals to collect commissions and meet enrollment quotas. This broker gained unauthorized access to his prescription records and replaced his legitimate employer-sponsored insurance coverage at his pharmacy.

I wish I could say that these examples are one-time instances, but we know they are not. The system was built for this kind of fraud. They represent the broader failure that is ObamaCare.

We must take action to fix this broken system and make healthcare actually affordable, not the Ponzi scheme that it currently is.

The Lower Health Care Premiums for All Americans Act is a great first step toward this mission, and we will drive down health insurance premiums immediately by 11 percent through cost-sharing reduction payments, provide patients with greater transparency, and support small businesses that offer employment-based healthcare.

Mr. Speaker, we should do more as a Republican Conference, including creating Trump health freedom accounts and allowing Americans to shop across State lines, encouraging competition.

Not a single Republican ever voted for your plan, but we are fixing it now. This is a good first step.

Mr. PALLONE. Mr. Speaker, before I yield time, I will make sure that the gentleman from Texas knows that without the ACA tax credit extension, a middle-class 60-year-old couple in his district is seeing their premium go up by \$2,049 per month.

Mr. Speaker, I yield 1 minute to the gentlewoman from California (Ms. MATSUI).

□ 1130

Ms. MATSUI. Mr. Speaker, I rise today in opposition to this bill. This should be called the lower healthcare premiums for none act.

Next year, my constituent, Natalie's, insurance will go from \$175 to \$400 a month, a fifth of her monthly wages. She is a college student who relies on her insurance for mental health care. She wrote to me: I don't want to pick between my dream, mental health, and food.

What does this bill do for her? Nothing. I know Republicans are getting similar calls. Yet, instead of caring about the millions of Americans who are being forced to make impossible choices, they are putting up this sham of a bill. They should be ashamed.

Mr. Speaker, we came here to deliver for our constituents. Let's vote on a clean extension and avert the cliff. Let's put an end to this scam.

Mr. GUTHRIE. Mr. Speaker, I yield myself 1 minute.

Mr. Speaker, we have heard sad stories. Last night, in the Rules Committee, the Rules chairman read through different stuff. The Rules' ranking member was in townhalls and heard stories about people who had to buy care on the Affordable Care Act marketplace that is failing.

There is one thing nobody has ever answered. They say they have to face their constituents. Do my colleagues explain to their constituents that in the bill that they voted for that gave billions of dollars of the Green New

Deal; in the same bill they set these tax cuts to expire?

I know it was during reconciliation they could have done them within 10 years instead of 5. They also could have done them permanently. There is a way in reconciliation to do them permanently, as well.

No one on the other side has ever explained why they chose to make these tax credits expire. I am still waiting to hear the answer for that.

In the meantime, we have our bill that will lower premiums, calculated by CBO, in the individual market by 11 percent, as opposed to the 5 percent that would happen if we just passed the enhanced tax credits. Not just the 7 percent in the ObamaCare marketplace will benefit but all Americans will benefit from this bill.

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

Mr. PALLONE. Mr. Speaker, I want to make sure the chairman from Kentucky knows that a middle-class, 60-year-old couple in his district is seeing their premium go up by \$1,711 per month unless we extend the ACA tax credits.

Mr. Speaker, I yield 1 minute to the gentlewoman from Florida (Ms. CASTOR), the ranking member of the Subcommittee on Energy.

Ms. CASTOR of Florida. Mr. Speaker, I rise to oppose this Republican charade and to stand up for my neighbors back home who deserve quality and affordable health coverage. That includes over half a million of my hardworking neighbors across the Tampa Bay area.

Mr. Speaker, 4.7 Floridians, or one in five who live in the Sunshine State, are doing everything right. They are entrepreneurs. They are caregivers.

They are part-time workers and small business owners like Linda Misener and her husband. Their premiums will go from \$288 per month to over \$3,200 per month next year. They cannot afford \$39,000 for their healthcare. They are terrified that they are going to lose everything.

David, who is being treated for pancreatic cancer, is unsure how he will continue treatments and afford everything else.

It is unconscionable that Republicans are ripping away coverage to fund their tax breaks for billionaires, the wealthy, and the well-connected. Americans deserve so much better.

Mr. Speaker, defeat this Republican bill. Bring the 3-year bipartisan extension to the floor now.

Mr. GUTHRIE. Mr. Speaker, I yield myself 30 seconds.

Mr. Speaker, I again ask the question: Why were these set to expire? We hear the stories that people are reading about people in their districts, and they say how it is unconscionable. It is unconscionable that money was spent on the Green New Deal at the expense of the enhanced tax credits they talk about.

We want to solve it. Mr. Speaker, \$39,000 is what is brought up for

healthcare. That is the problem in America. Mr. Speaker, \$39,000 for health insurance is what we have to fix.

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

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentleman from New York (Mr. TONKO), the ranking member of our Subcommittee on Environment.

Mr. TONKO. Mr. Speaker, as a result, 4 million people will lose their insurance. Everyone else on an ACA plan will pay more for worse coverage, while billionaires sit comfortably and enjoy their tax breaks from the One Big Beautiful Bill Act.

Remember in the summer and fall, when Republicans told us that this wasn't the right time to negotiate these subsidies over the shutdown, they said: Don't worry. That doesn't expire until later in the year. We are working on a plan.

Later is here. What does this Republican plan do to extend the ACA subsidies? It does nothing. It does absolutely nothing. This is unacceptable and downright cruel. While I am disappointed that Republicans refuse to extend this lifeline, I am not surprised. They had no intention of voting on extending ACA subsidies.

In fact, I heard that Republican leadership told my fellow New York Republicans that they needed to find a way to pay for the ACA subsidy extension if they wanted to even have a vote on it.

Playing under the Republicans' new rules, shouldn't this be free, or does that math only apply for their billionaire buddies and their tax breaks?

Mr. Speaker, I urge every Member who cares about their constituents having affordable healthcare to oppose this plan and sign Leader JEFFRIES' petition. Do it for the people.

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

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentlewoman from California (Ms. BARRAGÁN), a member of our committee.

Ms. BARRAGÁN. Mr. Speaker, Americans should run away as far and as fast as they can from Republicans' last-minute mess of a healthcare plan.

Under the Republicans' plan, millions of Americans will not be able to afford health insurance because Republicans don't provide money for Americans to pay for the healthcare under the Affordable Care Act.

Americans don't have an extra \$1,000 or \$2,000 in their pockets every month to pay for health insurance. They shouldn't have to choose between being able to afford a doctor's visit or feeding their family.

House Democrats' discharge petition will extend the tax credits that lower costs and help Americans buy health insurance. Mr. Speaker, four Republicans just joined our efforts. We welcome more.

Speaker JOHNSON should bring the bill to the floor immediately. Don't send Congress on holiday without mak-

ing sure that we protect healthcare for over 20 million Americans.

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

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentlewoman from Massachusetts (Mrs. TRAHAN), also a member of our committee.

Mrs. TRAHAN. Mr. Speaker, this vote is a waste of time. Nothing in this Republican healthcare plan will stop Americans' healthcare premiums from skyrocketing.

When this bill fails to become law—and it will fail—20 million Americans will see their premiums surge on January 1. Many will not even be able to afford hundreds or even thousands more each month, they will lose their healthcare coverage completely.

This is a partisan exercise that does nothing to address the crisis before us. That is why, moments ago, four Republicans signed onto the bipartisan legislation to end this crisis and protect Americans' healthcare, giving it the signatures necessary to be considered on the House floor. The American people expect us to act with urgency, decisiveness, and transparency.

Mr. Speaker, cancel this vote. Call up the bipartisan bill to save Americans' healthcare before you take another vacation.

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

Mr. PALLONE. Mr. Speaker, may I inquire as to how much time is remaining.

The SPEAKER pro tempore. The gentleman from New Jersey has 1 minute remaining. The gentleman from Kentucky has 15 seconds remaining.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentlewoman from Texas (Mrs. FLETCHER), the vice ranking member of the Energy and Commerce Committee.

Mrs. FLETCHER. Mr. Speaker, I rise in opposition to the disingenuously named Lower Healthcare Premiums for All Americans Act, which does not, in fact, lower healthcare premiums for all Americans.

In response to political pressure from the very real healthcare crisis before us, House Republicans have rushed this bill to the floor without input from House Democrats and without going through the Energy and Commerce Committee, as it should, or any actual legislative process.

That might sound like it is in the weeds, but it is not. It is a glaring failure to engage in real and meaningful policy that the country is demanding. It is a response to the crisis that this Republican Congress has created with the cuts it made earlier this year and its failure to extend the premium tax credits, which we can fix today. It is another example of this Congress failing to do its real work.

We have to see the big picture here. Congress isn't working as it should. Speaker JOHNSON and House Republicans are pushing this bill on the floor to address a political crisis, not the healthcare crisis.

If House Republicans were serious, this bill would actually do something to lower costs. Instead, the experts tell us this bill will do nothing to decrease costs for Americans and nothing to curb junk plans, but it does have a backdoor ban on abortion for people on ACA plans.

The SPEAKER pro tempore. The time of the gentleman from New Jersey (Mr. PALLONE) has expired.

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

Mr. Speaker, we are here to solve the problem for all Americans. Mr. Speaker, 20 million people are trapped in the Affordable Care Act marketplace. Our proposal lowers those premiums by 11 percent.

There are over 160 million Americans who get it through their employers. There are Americans on other types of health insurance. We need to fix this problem.

My good friend from Florida, Mr. Speaker, said \$39,000 is what they pay for health insurance. That is the problem. That is what we need to fix.

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

□ 1140

The SPEAKER pro tempore. The gentleman from Missouri (Mr. SMITH) and the gentleman from Massachusetts (Mr. NEAL) will each control 10 minutes.

The Chair recognizes the gentleman from Missouri.

Mr. SMITH of Missouri. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, when it comes to healthcare, Republicans are focused on lowering costs and expanding choice for all Americans. That is 347 million people, not just 7 percent of the population, which is all you are going to hear from the other side of the aisle, and that is all you have been hearing from the other side of the aisle.

Mr. Speaker, for more than a decade, Democrats have promised that ObamaCare would lower costs. They actually named the bill the "Affordable Care Act." Find one American—find one American who says that their healthcare is now cheaper today than it was when they passed this disastrous bill. You won't. You won't find one.

In fact, the sky is falling because of their enhanced premium tax credits that they made temporary because they decided to make permanent tax benefits for wealthy environmentalists who support them. That is why we are where we are today.

Mr. Speaker, since ObamaCare has passed, we have seen 150-plus hospitals close their doors. Since ObamaCare has passed, we have seen premiums go up more than 80 percent. It doesn't sound like the Affordable Care Act by any means.

Even worse, the Government Accountability Office has confirmed what Republicans have been warning for years: ObamaCare is riddled with

waste, fraud, and abuse. The GAO led a covert investigation by creating fictitious ObamaCare applicants with fake documentation where 100 percent of those applicants were accepted and enrolled.

Guess what? A year later, this year, of that 100 percent, 90 percent were still receiving subsidies. That means that insurance companies were still being subsidized for fake accounts where the people didn't even exist.

Data analysis from GAO also finds that 58,000-plus enrollees matched Social Security numbers with death records, with 7,000 of them dead before enrollment even began. There were dead people on the rolls, but what do they want to do? Their answer is to just continue the same old-same old by extending the current program with no reforms.

Mr. Speaker, one Social Security number alone had more than 125 different policies attached to it—just one. This all came from the GAO. This didn't come from the House Republicans.

We should not continue propping up a system that has completely failed to lower costs for Americans. The Lower Healthcare Premiums for All Americans Act takes a much different approach. It is one that delivers real relief.

First, it provides more freedom and flexibility through CHOICE Arrangements, empowering small businesses to offer tax-free benefits so that their employees can find health coverage that works for them.

This levels the playing field for small businesses, putting them on equal footing with large employers when competing for workers. These arrangements are proven to be successful. In fact, 83 percent of employers using CHOICE Arrangements are offering coverage for the very first time.

The bill also brings transparency to pharmacy benefit managers, requiring them to open up the books to finally give employers the data that they need to increase competition and negotiate better drug prices for workers. The result: Healthcare costs and premiums will be lowered for all—for all Americans, not just the 7 percent that the Democrats are fighting for in the enhanced COVID-era premium tax credits, but also for the 300 million-plus Americans.

Mr. Speaker, ObamaCare has driven costs up and choice down. This bill does the complete opposite.

Mr. Speaker, I urge my colleagues to support the Lower Healthcare Premiums for All Americans Act and stand with families, workers, and small businesses who deserve—they deserve a real affordable, accountable healthcare plan.

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

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

Mr. Speaker, the Republican bill was put together with bubble gum and

Elmer's glue last Friday night. This isn't a plan. It sounds like their argument that 300-year-olds are receiving Social Security benefits.

Families are staring at massive premium hikes, and now, thanks to four Republicans, we can force a vote. When you listen to the argument earlier from the gentleman from Texas (Mr. PFLUGER), he said that Republicans never had a chance to vote on the Affordable Care Act. This morning, we want to give you a chance.

Speaker JOHNSON could end this crisis and bring the bill up. Instead, they are wasting time on this dusty bill that will increase the number of uninsured Americans, and that is a fact. People don't need healthcare that costs more and covers less. To stave off this crisis, this bipartisan discharge petition is a workable path forward, and over the course of the next few minutes, we intend to tell you that you can hear why.

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

Mr. SMITH of Missouri. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. ARRINGTON), the chairman of the Budget Committee.

Mr. ARRINGTON. Mr. Speaker, let me simplify the debate today for the American people.

Republicans are bringing forward reforms that will actually lower the cost of care. According to CBO, which is the gold standard for my Democratic colleagues, it will reduce premiums by 11 percent.

Mr. Speaker, the only other time premiums have gone down since ObamaCare was enacted was when Republicans actually advanced reforms in the One Big Beautiful Bill Act; namely, rooting out waste, fraud, and abuse. That lowered the cost of care.

We continue to bail out the unaffordable care act and actually make it more affordable, along with other policies that provide the Federal assistance to the people, not insurance agencies, and give the private market more competition and transparency so that people have more choice. That is our plan, and it lowers costs for everybody.

The Democrats are trying to put forward an extension of a COVID-era, fraud-ridden subsidy that has proven time and again—GAO, CBO, all the watchdogs say it is fraught with tens of billions of dollars of fraud. Tens of thousands of Social Security numbers from dead people have been used to siphon money away from this program.

Millions of people, according to CBO, are ineligible on the program, and the answer from the Democrats is to perpetuate this fraud bag, which is a completely egregious and reckless thing to do as stewards of tax dollars. This is not to mention that it is propping up the underlying program that, year after year, has raised premiums and deductibles two times—it has doubled premiums and deductibles since ObamaCare has been enacted.

We have fewer choices. Things are worse.

As Ronald Reagan said so beautifully, so aptly, in this moment, I can't think of any better words: "Government is not the solution . . ." here. Democrats all have proven that. "Government is the problem," and we have the solution that actually delivers the affordability to the American people.

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

Mr. NEAL. Mr. Speaker, I yield 45 seconds to the gentleman from California (Mr. THOMPSON).

□ 1150

Mr. THOMPSON of California. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise to call for a vote immediately to save America's healthcare.

Across our country, American families are being squeezed by high grocery prices, high utility bills, and soaring costs for holiday gifts. Families can't afford to pay double for their healthcare. Republicans cut \$1 trillion from healthcare to give a tax break to their billionaire donors. Americans of every party stripe are being hurt, and they have had enough.

This morning, four Republicans joined every Democrat to sign a petition forcing you to hold a vote on our bill that will save healthcare for 4 million people. Mr. Speaker, it is your turn to act. Hold the vote to save healthcare now.

It is important to point out that the CBO analysis that my Republican friends keep talking about says that it is going to cost 100,000 people more every year for healthcare.

Hold the vote on the bill that will save healthcare.

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

Mr. SMITH of Missouri. Mr. Speaker, I yield 2 minutes to the gentleman from Oklahoma (Mr. HERN).

Mr. HERN of Oklahoma. Mr. Speaker, I am pleased this bill is coming to the floor today.

Every patient's health needs are unique, and every person's situation is different. This is why it is so important to expand and protect the different options available to individuals, and this bill does exactly that. It gives the decisionmaking process back to the American people.

I am honored that this package includes my bill, the CHOICE Arrangement Act, which makes it easier for small businesses—something that I know something about after 35 years in business—to offer healthcare coverage. It gives individuals more options to choose health plans that work for them.

CHOICE accounts put individuals in the driver's seat when it comes to picking their healthcare plan and lets their employer financially support their decision. This empowers people in one of their most personal decisions, their healthcare.

Over the last 15 years, healthcare has become unaffordable for everyone, including 164 million Americans covered by employer-sponsored plans. Yet, my colleagues on the other side of the aisle continue to ignore these individuals in their healthcare conversations.

The gentleman from California just stated, "This is for 4 million," what they are talking about. We want to lower the healthcare costs for over 300 million people in America.

Premiums are rising for all Americans, whether you are on the exchange or an employer-sponsored plan, whether you are a Democrat or a Republican, whether you are healthy or you are unhealthy.

We should be focused on making healthcare affordable for all Americans and include those on the exchange, employer-sponsored plans, Medicare, and Medicaid.

The provisions of this bill are a start to doing so by giving Americans what they need: lower costs, more choices, and increased transparency.

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

Mr. NEAL. Mr. Speaker, I yield 45 seconds to the gentleman from Connecticut (Mr. LARSON).

Mr. LARSON of Connecticut. Mr. Speaker, I thank Mr. NEAL for the time.

Mr. Speaker, a constituent in my district in Middletown is going to be paying more for health insurance than he does for his mortgage.

Let's cut right to the chase. This is about a vote for the American people. This great democracy that we live in, this Chamber that could once actually discuss and debate issues, Speaker JOHNSON should be bringing this bill to the floor today.

Do Republicans have the courage to vote, or are they going to run and hide? Four Republicans have stood up and said: You know what, in a democracy, this deserves a vote.

Listen carefully, American people, how they decry this bill, yet they won't even have a vote.

Mr. SMITH of Missouri. Mr. Speaker, may I inquire as to how much time I have remaining.

The SPEAKER pro tempore. The gentleman from Missouri has 1 minute and 15 seconds remaining.

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

Mr. NEAL. Mr. Speaker, I yield 45 seconds to the gentleman from Illinois (Mr. DAVIS).

Mr. DAVIS of Illinois. Mr. Speaker, I got this note this morning from a constituent of mine who said: "Dear Congressman Davis, I wish you were voting to extend the tax credits for healthcare today. I am a single mother with a daughter in college. Without these Federal tax credits, we will be in an extremely vulnerable position. Accessing healthcare would be virtually impossible, and the stability of our lives would be at serious risk. These tax credits are not just helpful. They are

essential. I don't know what we would do without them."

Mr. Speaker, I agree with Shameka.

Mr. SMITH of Missouri. Mr. Speaker, I yield 1 minute to the gentleman from Ohio (Mr. MILLER).

Mr. MILLER of Ohio. Mr. Speaker, Ohio families and small businesses continue to face unprecedented healthcare costs, making it increasingly difficult for my constituents to access affordable, high-quality care.

Since the enactment of the so-called Affordable Care Act in 2010, healthcare costs have risen dramatically, with premiums increasing by more than 25 percent over the last 5 years. This trend makes clear that our Nation's healthcare system needs reform to lower costs for patients and ensure stability for providers.

The Lower Health Care Premiums for All Americans Act is a critical step forward in curbing rising premiums, expanding choice, and improving transparency. The legislation includes provisions to improve affordability, particularly for small businesses, along with cost-sharing reduction funding and PBM reforms.

As we move toward these goals, I urge the adoption of the Lower Health Care Premiums for All Americans Act and remain committed to reforming a broken healthcare system, increasing choice and competition to lower healthcare costs for our Nation.

Mr. NEAL. Mr. Speaker, I yield 45 seconds to the gentlewoman from Alabama (Ms. SEWELL).

Ms. SEWELL. Mr. Speaker, I rise today in strong opposition to this bill.

In a matter of days, roughly 130,000 people in my home State of Alabama will lose their healthcare coverage because Republicans in this body refuse to extend the ACA tax credits. Millions of Americans will find themselves one diagnosis away from bankruptcy.

Rather than addressing the crisis that they created, Republicans are pushing legislation that will make matters worse. Not only does this bill fail to extend the tax credits, but it promotes junk insurance plans that will rip off consumers and make healthcare even more unaffordable.

House Republicans are incapable of dealing with our Nation's affordability crisis. They should stop their political games and put the bipartisan JEFFRIES bills on the floor today.

Mr. Speaker, we deserve better. My constituents deserve better. Every American deserves better.

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

Mr. NEAL. Mr. Speaker, I yield 45 seconds to the gentlewoman from California (Ms. CHU).

Ms. CHU. Mr. Speaker, in 2 weeks, 22 million Americans will see their health insurance premiums skyrocket, not by accident, but because Republicans refuse to extend ACA tax credits that keep care affordable.

After 15 years, this is the Republican healthcare plan: higher costs, weaker

coverage, and recycled ACA sabotage. Millions will pay hundreds or thousands of dollars more, and millions could lose coverage altogether.

Democrats have a solution right now and have the 218 bipartisan signatures for a clean bill to extend these tax credits. Speaker JOHNSON must put this bill on the floor now. The consequences are real. The American people are watching.

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

Mr. NEAL. Mr. Speaker, I yield 45 seconds to the gentlewoman from Wisconsin (Ms. MOORE).

Ms. MOORE of Wisconsin. Mr. Speaker, I thank Mr. NEAL for the time.

Mr. Speaker, time is up. The ACA tax credits are expiring December 31.

The ACA premium tax credits have provided healthcare access for 15 years to over 20 million people who were previously uninsured. The ACA has saved lives, but time is up. America can't wait another 15 years for Republicans to offer a real healthcare proposal that provides full coverage to all Americans.

"Lowering healthcare costs" may be in the title, but it is nowhere in this proposal today.

I know that my own Senator, RON JOHNSON, a millionaire, has told me he would be just fine reverting to the pre-ACA world of high-risk pools and plans with limited benefits. This bill carries us back to a time when millions have an insurance card in their wallets that covers little to nothing.

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

Ms. MOORE of Wisconsin. The one big, beautiful bill transferred healthcare dollars—

The SPEAKER pro tempore. The gentlewoman is out of order. Her time has expired.

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

Mr. NEAL. Mr. Speaker, I yield 1 minute to the gentleman from New York (Mr. JEFFRIES), the minority leader, who has done a terrific job on managing this legislation.

□ 1200

Mr. JEFFRIES. Mr. Speaker, let me first thank RICHARD NEAL, the once and future chairman of the powerful Ways and Means Committee, as well as FRANK PALLONE, BOBBY SCOTT, all my colleagues in government on the Democratic side, and the Republicans who have joined us now to make sure that we extend the Affordable Care Act tax credits which are scheduled to expire at the end of this month.

For months now, Democrats have made clear that we have a broken healthcare system that Republicans continue to destroy. They have exacerbated our healthcare crisis month after month after month, including with the one big, ugly bill, with the largest cut to Medicaid in American history, ripping healthcare away from 14 million Americans.

Hospitals, nursing homes, and community-based health centers are closing all across the country, including in rural America because of the Republican healthcare crisis.

Republicans, Mr. Speaker, continue to attack the National Institutes of Health, the Centers for Disease Control, the FDA, and vaccine availability.

Republicans have launched an all-out assault on the healthcare of the American people, and it continues today with this toxic piece of legislation that will rip healthcare away from an additional 4 million people and jam junk health insurance plans down the throats of the American people.

Democrats are strongly opposed to this legislation, and the American people know Republicans have zero credibility on fighting to protect their healthcare.

In this great country of ours, the wealthiest country in the history of the world, it should be the case, we believe, that access to high-quality healthcare should not simply be a privilege available only to the wealthy, the well-off, and the well-connected. Access to high-quality healthcare should be a right available to every single American. That is what House Democrats are continuing to fight hard to achieve.

One of the ways we can make sure that we strive to achieve that principle is to extend the Affordable Care Act tax credits, which are scheduled to expire in 15 days. That means that tens of millions of Americans, working-class Americans, middle-class Americans, people in urban America, rural America, small-town America, suburban America, the heartland of America, Black and Brown communities all throughout America, tens of millions of people, Americans of every stripe, in every region, are about to experience their health insurance premiums increase in some instances by \$1,000 or \$2,000 per month. That is unacceptable.

Now, we have a bipartisan coalition here in the House of Representatives, at least 218 votes, to extend the Affordable Care Act tax credits for 3 years, to provide everyday Americans with the certainty they deserve in terms of being able to afford to go see a doctor when they need one.

Mr. Speaker, Republicans need to bring the Affordable Care Act tax credit extension bill to the floor today. Under no circumstances should we leave this Capitol this week before voting on an extension of the Affordable Care Act tax credit bill that we know will pass, that the votes exist, in a bipartisan way, to protect the healthcare of everyday Americans.

House Democrats have made clear we are in this fight until we win this fight, to cancel the cuts, lower the costs, save healthcare, and extend the Affordable Care Act tax credits.

Mr. SMITH of Missouri. Mr. Speaker, I include in the RECORD the bombshell GAO report showing the waste, fraud, and abuse within the ObamaCare exchanges.

GAO, U.S. GOVERNMENT ACCOUNTABILITY OFFICE, Washington, DC, December 3, 2025.

Hon. BRETT GUTHRIE,
Chairman, Committee on Energy and Commerce, House of Representatives.
Hon. JIM JORDAN,
Chairman, Committee on the Judiciary, House of Representatives.
Hon. JASON SMITH,
Chairman, Committee on Ways and Means, House of Representatives.

PATIENT PROTECTION AND AFFORDABLE CARE ACT: PRELIMINARY RESULTS FROM ONGOING REVIEW SUGGEST FRAUD RISKS IN THE ADVANCE PREMIUM TAX CREDIT PERSIST

The Patient Protection and Affordable Care Act (PPACA) provides premium tax credits to those who purchase private health insurance plans and meet certain income and other requirements. Individuals may have the federal government pay this credit to their health insurance issuers in advance on their behalf, known as the advance premium tax credit (APTC), which lowers their monthly premium payments.

Millions of consumers have purchased health insurance plans through the marketplaces established under PPACA. The Centers for Medicare & Medicaid Services (CMS), within the Department of Health and Human Services (HHS), is responsible for maintaining the federal Marketplace and overseeing state-based marketplaces. Under PPACA, states may elect to operate their own state-based marketplace or to use the federal Marketplace. These marketplaces determine eligibility for APTC, based in part on income, and allow individuals to compare and choose among insurance plans offered by participating private health care coverage issuers. CMS estimated it paid nearly \$124 billion in APTC for about 19.5 million enrollees for plan year 2024.

Consumers can enroll in health insurance coverage through a marketplace independently or with assistance, such as from an insurance agent or broker. As discussed later in this report, agents and brokers can help a consumer apply for coverage, including for related financial assistance, and enroll in a plan. Assistance from an agent or broker is of no cost to a consumer. Rather, agents and brokers are allowed to receive compensation directly from health insurance issuers in accordance with agreements with those issuers and any applicable state requirements.

Indictments from December 2024 and February 2025 highlight concerns about agent and broker practices in the federal Marketplace. Specifically, the indictments allege that bad actors enrolled consumers in insurance through the federal Marketplace by falsifying information on their applications. Additionally, according to CMS, the agency received approximately 275,000 complaints between January and August 2024 that consumers were enrolled in a plan or had their plan changed without their consent. Such practices can result in wasteful federal spending on APTC for enrollees who are not eligible. Further, such practices can result in harm and unexpected costs for consumers. These can include loss of access to medical providers and medications, higher copayments and deductibles, or repayment of APTC if income or other eligibility was misrepresented.

We previously reported that APTC is at risk of fraud. For example, in September 2016, we found that federal and state marketplaces approved coverage for our fictitious applicants. Nearly all of these fictitious applicants remained covered after we sent fictitious documents or no documents to resolve issues with our applications. Further, in July 2017, we found that CMS did not de-

sign processes to verify eligibility for APTC, including preventing duplicate coverage.

You asked us to review issues related to fraud risk management in APTC. This report is based on preliminary results and analyses from that ongoing work. Specifically, this report addresses preliminary results from our

1. covert testing of federal Marketplace enrollment controls for plan years 2024 and 2025,

2. analyses of federal Marketplace enrollment data for plan years 2023 and 2024, and
3. evaluation of CMS's fraud risk assessment and antifraud strategy for APTC.

To perform covert testing of federal Marketplace enrollment controls, we created 20 fictitious identities and submitted applications for individual health care coverage in the federal Marketplace. We submitted applications for four of these fictitious identities in October 2024 for coverage through December 2024, which was the remainder of that plan year. We pursued coverage for plan year 2025 for all 20 fictitious identities, including the four identities for which we already submitted applications. Our covert testing for plan year 2025 is ongoing, since the plan year is not yet complete. As a result, we will describe additional details of the 2025 applications in a future report.

Our covert testing included applications submitted independently through HealthCare.gov, which is the federal Marketplace's website, and applications submitted with assistance from an insurance agent or broker. For all our applicant scenarios, we sought to act as an ordinary consumer would in attempting to make a successful application. For example, if, during online applications, we were directed to make phone calls to complete the process, we acted as instructed.

For applications for plan year 2024, our covert tests included fictitious applicants who provided invalid (i.e., never issued) Social Security numbers (SSN). Additionally, we stated income at a level eligible to obtain APTC. As appropriate, we used publicly available information to construct our applications for coverage and subsidies. We also used publicly available hardware, software, and materials to produce counterfeit documents that we submitted, if appropriate for our testing, when instructed to do so. We then observed the outcomes of the document submissions, such as any approvals received or requests to provide additional supporting documentation. The results of our covert testing, while illustrative of potential enrollment control weaknesses, cannot be generalized to the overall enrollment population.

To examine federal Marketplace enrollment for plan years 2023 and 2024, we obtained and analyzed federal Marketplace enrollment and payment data, including APTC information, from CMS. We also matched enrollee SSNs in the data to two additional data sources: (1) Social Security Administration's (SSA) full death file, a database containing records of death that have been reported to SSA, as of November 2024 and (2) April 2025 data from the Internal Revenue Service (IRS) on APTC reconciliation from tax forms filed for tax year 2023. We assessed the reliability of all data sets by performing electronic tests to determine the completeness and accuracy of key fields. We also reviewed agency documentation and interviewed knowledgeable agency officials about the reliability of the data. Overall, we found that the data were reliable for our purposes.

To examine CMS's fraud risk assessment and antifraud strategy for APTC, we reviewed documentation of CMS's policies and fraud risk management activities related to APTC. This included CMS's 2018 fraud risk

assessment for APTC. Additionally, we interviewed agency officials about CMS's fraud risk management activities in this program. We reviewed relevant reports from GAO and HHS's Office of the Inspector General. We evaluated information from relevant documentation and interviews of agency officials against relevant leading practices in GAO's A Framework for Managing Fraud Risks in Federal Programs (Fraud Risk Framework).

To support all three objectives, we interviewed CMS officials and representatives from seven stakeholder organizations that represent agents and brokers, state insurance regulators, researchers, and one of the entities that CMS approved to host a non-marketplace website where consumers can apply for and enroll in a plan offered through the federal Marketplace.

The ongoing work upon which this report is based is being conducted in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our preliminary findings and conclusions based on our audit objectives. Additionally, our related investigative work is being conducted in accordance with standards prescribed by the Council of the Inspectors General on Integrity and Efficiency.

BACKGROUND

APTC Eligibility and Enrollment Processes

APTC Eligibility

To qualify for a premium tax credit, individuals must be enrolled in a qualified health plan offered through a marketplace and meet certain criteria. These tax credits can be paid in advance through APTC. See figure 1 for the APTC eligibility requirements.

The amount of the premium tax credit varies based on household income and the cost of a benchmark plan. The credit limits what the consumer would pay for that plan to be no more than a certain percentage of their household income. The American Rescue Plan Act of 2021 made temporary changes to premium tax credits by expanding eligibility to higher-income individuals and increasing premium tax credits for lower-income individuals for tax years 2021 and 2022. For example, the law increased the premium tax credit amounts for eligible individuals and families, resulting in access to plans with no premium contributions for those earning 100 to 150 percent of the federal poverty level. It also expanded eligibility for premium tax credits to include certain individuals and families with incomes at or above 400 percent of the federal poverty level. Public Law 117-169—commonly known as the Inflation Reduction Act of 2022—extended these provisions through the end of tax year 2025. See table 1.

In 2013, CMS developed the Data Services Hub (Hub) to help verify applicant eligibility in an automated manner. To do so, the Hub matches applicant information, such as SSN and estimated income, against trusted data sources. These sources include records from SSA and IRS. In the federal Marketplace, the system generates an inconsistency when data matching processes are not able to verify applicant information against the Hub's trusted sources. When an inconsistency is generated, applicants are instructed to provide documentation to support information on their applications that cannot be verified by the Hub's data matching.

Marketplaces and Enrollment Pathways

States, along with the District of Columbia, may elect to rely on the federal Market-

place or operate their own health insurance marketplace. Table 2 describes the types of health insurance marketplaces.

The federal Marketplace offers multiple pathways to enroll in health insurance coverage and receive APTC. Consumers in states that use the federal Marketplace may enroll in coverage through the pathway known as HealthCare.gov or an enhanced direct enrollment (EDE) pathway, among others. Table 3 describes examples of enrollment pathways in the federal Marketplace.

Role of Agents and Brokers

Consumers seeking to obtain health insurance through the federal Marketplace may receive assistance from agents and brokers who help them apply for coverage, including related financial assistance, and enroll in a health plan. In return, agents and brokers receive payment (commissions or salaries) from the issuers of the health plans. Agents and brokers must be licensed in the state in which they sell plans and registered with CMS to sell plans through the federal Marketplace. According to CMS, most enrollments in the federal Marketplace are assisted by an agent or broker through the EDE and direct enrollment pathways.

CMS is responsible for oversight of agents and brokers in the federal Marketplace and ensuring that they comply with federal rules. Agents and brokers are required to, among other things, obtain and document consumers' consent before assisting them with applying for and enrolling in coverage through the federal Marketplace. For example, consumer consent is required before the agent or broker can:

collect or use any personally identifiable information, such as name, date of birth, and SSN;

help a consumer apply for coverage or financial assistance by completing an eligibility application on their behalf; and

actively enroll a consumer in a plan offered through the federal Marketplace.

After a consumer has applied or is enrolled, the agent or broker can also update a consumer's eligibility application or plan selection on their behalf, if the initial consent authorized the agent or broker to do so, or if they obtained subsequent consent for any new actions. Agents and brokers are required to make documentation of consumer consent available to CMS upon request in response to monitoring, audit, and enforcement actions.

Fraud Risk Management

The objective of fraud risk management is to ensure program integrity by continuously and strategically mitigating both the likelihood and effects of fraud, while also facilitating a program's mission. The Fraud Risk Framework provides a comprehensive set of leading practices that serve as a guide for agency managers to use when developing efforts to combat fraud in a strategic, risk-based manner. As depicted in figure 2, the framework organizes the leading practices within four components: (1) Commit, (2) Assess, (3) Design and Implement, and (4) Evaluate and Adapt.

In June 2016, the Fraud Reduction and Data Analytics Act of 2015 (FRDAA) required the Office of Management and Budget (OMB) to establish guidelines for federal agencies to create controls to identify and assess fraud risks to design and implement antifraud control activities. The act further required OMB to incorporate the leading practices from the Fraud Risk Framework in the guidelines. The Payment Integrity Information Act of 2019 repealed FRDAA but maintained the requirement for OMB to provide guidelines to agencies in implementing the Fraud Risk Framework.

In its 2016 Circular No. A-123 guidelines, OMB directed agencies to adhere to, the

Fraud Risk Frameworks leading practices. In October 2022, OMB issued a Controller Alert reminding agencies that they must establish financial and administrative controls to identify and assess fraud risks. In addition, the alert reminded agencies that they should adhere to the leading practices in the Fraud Risk Framework as part of their efforts to effectively design, implement, and operate an internal control system that addresses fraud risks.

THE FEDERAL MARKETPLACE APPROVED SUBSIDIZED COVERAGE FOR NEARLY ALL OF OUR FICTITIOUS APPLICANTS IN PLAN YEARS 2024 AND 2025, SUGGESTING WEAKNESSES PERSIST

Our covert testing of enrollment controls in the federal Marketplace suggests weaknesses have persisted since our tests in plan years 2015 through 2016. All four of our fictitious applications received subsidized coverage through the federal Marketplace in late 2024. Additionally, although our work is ongoing, as of September 2025 18 of our 20 fictitious applications for plan year 2025 were receiving subsidized coverage. We will continue to monitor the status of these applications during plan year 2025.

All Four of Our Fictitious Applicants Received Subsidized Coverage in Late 2024

To test enrollment controls, we developed and submitted four fictitious applications to obtain insurance coverage with APTC through the federal Marketplace. We applied for coverage for these four applicants in October 2024. We submitted the applications outside of the open enrollment period, using a special enrollment period for low-income applicants. In two cases, we applied for coverage directly through HealthCare.gov. In the other two cases, we applied via telephone with assistance from an insurance broker. The brokers that assisted us used EDE systems to submit our applications.

The federal Marketplace approved fully subsidized insurance coverage for all four of our fictitious applicants for November through December 2024. The combined total amount of APTC paid to insurance companies for all four fictitious enrollees was about \$2,350 per month. While our fictitious enrollees are not generalizable to the universe of enrollees, they suggest weaknesses in enrollment controls—such as identity proofing and income verification—in the federal Marketplace through both HealthCare.gov and EDE systems. Table 4 summarizes the results of our covert testing of enrollment controls for plan year 2024.

The results of our covert testing for plan year 2024 are generally consistent with results of similar testing we conducted for plan years 2014 through 2016.

Mr. NEAL. Mr. Speaker, I yield 45 seconds to the gentleman from Virginia (Mr. BEYER).

Mr. BEYER. Mr. Speaker, earlier this year, House Republicans passed a bill that strips healthcare from millions of Americans and raises costs for millions more.

That was a monstrous bill, but this is a cowardly bill. It does nothing to stop the skyrocketing costs that we have been warning about for months. Nothing in this bill will extend the tax credits that help 20 million Americans afford health insurance.

This bill won't stop the Republican cuts that will raise my constituents' costs by \$900 a month or restore coverage to millions whose coverage was sacrificed to give billionaires tax cuts.

The developed countries around the world have figured out how to give affordable healthcare to their citizens.

A vote for this bill is a vote for the Republican healthcare crisis.

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

Mr. NEAL. Mr. Speaker, I yield 45 seconds to the gentleman from Illinois (Mr. SCHNEIDER).

Mr. SCHNEIDER. Mr. Speaker, my Republican colleagues are saying we are seeing inflation. Inflation in healthcare has been going on for generations. In fact, during the years of the George W. Bush administration, premiums increased 118 percent.

The Republican-led legislation they are presenting to us today is barely even a concept of a healthcare plan. After 15 years of efforts, they should be embarrassed by this slapdash effort.

Not only does the bill not address the expiring tax credits, it hurts patients, it hurts families, and it hurts women and seniors.

I want to be very clear. My Republican colleagues are taking zero action to extend the tax subsidies that help American families provide insurance to their families.

We need to do better. We can vote today on a clean 3-year extension because we have Republicans who have joined Democrats to call for that.

Mr. Speaker, I urge my colleagues to support the 3-year extension.

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

Mr. NEAL. Mr. Speaker, I yield 45 seconds to the gentleman from California (Mr. PANETTA).

Mr. PANETTA. Mr. Speaker, if we don't extend the tax credits for the Affordable Care Act, costs for healthcare will go up for 20 million people and millions more will lose their health insurance.

Three-quarters of those who rely on those tax credits live in Republican-won States. Yet Speaker JOHNSON and President Trump, who are in charge and had all year to do anything, to do something, on healthcare, did nothing.

Rather than fulfill the President's promise to reduce prices, they gave tax breaks to billionaires, they gutted Medicaid, and they added trillions to our debt.

I get that division and dysfunction define the Republican Party, but we can't keep letting it define Congress. Put the Democratic discharge petition on the floor, extend the tax credits, so that together we can actually do something to fix healthcare. By doing that, we do our job, not just in Congress but for all Americans.

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

Mr. NEAL. Mr. Speaker, I yield 45 seconds to the gentleman from Nevada (Mr. HORSFORD).

Mr. HORSFORD. Mr. Speaker, after 15 years of talk, House Republicans have finally brought their healthcare bill to the floor, yet it fails working families. Despite its name, it does nothing to lower costs.

Republicans found time to lock in tax breaks for big corporations and bil-

lionaires but not the urgency or respect to help Americans afford their healthcare.

House Democrats are 100 percent united, and now four Republicans, after months of delay, have finally chosen to join us to extend the advanced premium tax credits.

That is why it is time for the Speaker to bring the House Democrats' bipartisan discharge petition to the floor immediately.

Every Member must make a choice. Stand with the working men and women of this country and small businesses or Donald Trump.

Vote "no" on this sham of a bill. Vote "yes" on the Jeffries discharge petition.

Mr. SMITH of Missouri. Mr. Speaker, I have no additional speakers. I am prepared to close, and I reserve the balance of my time.

Mr. NEAL. Mr. Speaker, may I inquire as to the time remaining.

The SPEAKER pro tempore (Mr. PATRONIS). The gentleman from Massachusetts has 30 seconds remaining.

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

Mr. Speaker, my constituent company, Merriam-Webster, declared this week that the word of the year is "slop," and it is appropriate today.

This bill won't lower costs. Without the ACA tax credits, costs are going to skyrocket for the American people. That is a bombshell report. They are undermining protections and forcing people into junk plans.

The only path forward is Leader JEFFRIES' discharge petition. It is a 3-year extension, clear and clean, bipartisan.

Mr. Speaker, I urge Speaker JOHNSON to bring this legislation up, and I yield back the balance of my time.

Mr. SMITH of Missouri. Mr. Speaker, we have heard a lot of comments from the Democrats on this side of the floor.

Back where I come from, the comments that I have heard, we call it hogwash, because it has not been true and it has not been factual. This bill before you will lower healthcare costs for all Americans, not just the 7 percent that they are fighting for. It lowers costs for all 347 million.

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

□ 1210

The SPEAKER pro tempore. The gentleman from Michigan (Mr. WALBERG) and the gentleman from Virginia (Mr. SCOTT) each will control 10 minutes.

The Chair recognizes the gentleman from Michigan.

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

Mr. Speaker, I rise today in support of H.R. 6703.

Because of the unaffordable care act, healthcare costs are out-of-control, and small businesses and the families that they employ are paying the price. The unaffordable care act drove premiums up and added red tape forcing many

small employers to drop coverage or stop offering it altogether.

Now my Democrat colleagues want to extend enhanced benefits that they couldn't get their own party to support for more than 3 years when they passed them.

They made this problem, and now they want us to fix it by doing the same thing that has extended this problem. They want our family, friends, and neighbors to suffer further pain as opposed to joining us and fixing the problem as opposed to extending it.

My bill, the Association Health Plans Act, allows small businesses and self-employed Americans to band together, like large companies, to lower costs and deliver high-quality coverage. The CBO report today estimates that this could cover more than 200,000 previously uninsured Americans and attract 700,000 people annually to association health plans.

Complementing this, the Self-Insurance Protection Act, authored by Representative BOB ONDER, shields small businesses from regulatory overreach while expanding affordable healthcare options.

Together, these measures, included in the Lower Health Care Premiums for All Americans Act, cut red tape, protect choice, and lower costs.

I plead with my Democrat colleagues to join us in bringing about a remedy to our healthcare system which is broken because of the unaffordable care act.

They broke it, but please join us to fix it.

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

Mr. SCOTT of Virginia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in opposition to the so-called Lower Health Care Premiums for All Americans Act.

This package includes two partisan proposals marked up in the Education and Workforce Committee. First, it recklessly expands association health plans which would allow small employer groups and individuals to join associations to offer health insurance that are subject to fewer regulations than traditional plans in the individual and small group markets.

AHPs would make it easier for associations to cherry-pick small employers with younger, mostly male workforces who are healthier and can be charged lower rates. Smaller employers whose workers are older and sicker would remain in the traditional market. Simple arithmetic dictates that if you pull healthy groups out, then all of those left behind will be paying more.

Furthermore, these plans, if history is any guide, will show that they are more vulnerable to fraud and insolvency than those in the marketplace.

The second proposal is the Self-Insurance Protection Plan which would prohibit the Department of Labor and States from ever regulating stop-loss

insurance, inviting nefarious practices that could hurt consumers and employers by creating loopholes for plans that will escape any regulatory oversight.

Further, Mr. Speaker, this plan does nothing to extend the ACA enhanced tax credits which are set to expire. Millions of people will see their premiums skyrocket, and millions more won't be able to afford any insurance at all. If we bring up the bipartisan bill, then we could avoid that result.

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

Mr. WALBERG. Mr. Speaker, I yield 2 minutes to the gentleman from Utah (Mr. OWENS), who is the chairman of the Subcommittee on Higher Education.

Mr. OWENS. Mr. Speaker, today I rise to speak in strong support of the Lower Health Care Premiums for All Americans Act.

This legislation will make it easier for small businesses to offer quality, affordable healthcare coverage to their employees by allowing them to band together to have access to the same regulatory and economic benefits as large group plans.

Right now, small businesses are on an unequal playing field with larger companies and unions. Because they have fewer employees, small business have limited bargaining power when it comes to negotiating lower insurance costs for their workers. Since 2010, the share of small businesses with fewer than 50 employees offering health coverage has dropped from 39 to 30 percent.

Small businesses have ranked the cost of health insurance as their number one problem for 32 straight years. For nearly four decades, it has remained the top concern. In fact, 98 percent of small businesses report that healthcare costs will become unsustainable in the next 5 to 10 years, threatening their ability to survive and remain competitive.

This is not because small businesses do not want to offer healthcare benefits. Small business owners work very hard to provide for their employees. The problem is that healthcare in this country has become simply unaffordable for far too many businesses and working families.

Employers are looking for innovative solutions to lower costs and increase coverage for their employees. When asked, 79 percent of employers reported they were interested in joining an association health plan. We know these plans work. Under the first Trump administration's association health plan rule, healthcare costs for those enrolled in an AHP decreased for some industries by more than 50 percent.

The Lower Health Care Premiums for All Americans Act would level the playing field for small businesses and empower their employees to access quality healthcare at a lower cost. It also represents an essential step toward purchasing health insurance across State lines.

As we continue our efforts to lower costs for small business owners and workers, this is just one step we can take to make sure that more Americans can access high-quality, affordable healthcare.

Mr. Speaker, I urge my colleagues to vote "yes" on H.R. 6703.

Mr. SCOTT of Virginia. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. DESAULNIER), who is the ranking member of the Health Employment Subcommittee.

Mr. DESAULNIER. Mr. Speaker, I thank the ranking member for yielding.

Mr. Speaker, I rise as a former small business owner having over three decades owning and managing restaurants in strong opposition to this sad healthcare plan.

After kicking 10 million Americans off Medicaid in the big, ugly bill, Republicans are following up with this proposal that the Congressional Budget Office says will take healthcare away from an additional 100,000 Americans a year.

We need to make healthcare more affordable for all Americans. Despite spending 18½ percent of our GDP in the United States on healthcare, we have the worst outcomes: the highest mortality rate, life expectancy, and acuity.

We need to make it more affordable. I agree with the ranking member and the chair that we should work together on the inefficiencies in the system. However, this is not it.

After spending 15 years on their healthcare plan, Republicans have just repackaged some of their old ideas, and they are hoping the American people won't notice that it is not going to help. Instead, we should extend the tax credits for 3 years and come together.

Mr. WALBERG. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. KILEY), who is the chairman of the Subcommittee on Early Childhood, Elementary, and Secondary Education.

□ 1220

Mr. KILEY of California. Mr. Speaker, I will be voting for this measure today because the policy is good, but let's be realistic. It is extremely modest, and it has no chance of becoming law because it was hastily thrown together without, apparently, any bipartisan input, when bipartisan support is necessary to pass any measure like this.

However, worst of all, the bill does not address the immediate urgent problem in front of us, which is that 22 million people are about to pay a lot more for health insurance. These are independent contractors, freelancers, gig workers, and Uber drivers. It is small business owners and their employees, and retirees who are not yet eligible for Medicare who are going to pay thousands of dollars more in many cases. Some people won't be able to afford health insurance at all.

What are we supposed to tell these folks? "Oh, don't worry, it is Obama's

fault." Or, "Oh, no, don't worry, we did a show vote on this Lower Health Care Premiums for All Americans Act." Is that going to be any consolation?

Now, I have been extremely critical of the House Speaker for refusing to put any measure to extend these tax credits on the floor, and I think that criticism right now is more well deserved than ever.

We have in the past seen measures come to the floor that divided the Republican Conference but that were able to pass with bipartisan support on continuing resolutions or on foreign aid bills. There is no reason that cannot be done here, and let the House work its will. That, after all, is the best expression of the will of the people.

What about the minority leader, HAKEEM JEFFRIES? He has had every opportunity to endorse a compromise measure that has a temporary extension with reforms. There are three bills that have numerous bipartisan co-authors, but instead of supporting any of those, he has directed his Members to only support an uncompromising measure that has zero bipartisan co-sponsors. That has already been rejected by the Senate and so has no chance of becoming law.

This whole issue encapsulates what is wrong with this institution, where party leaders focus most of their time and energy on trying to blame problems on the other side rather than trying to solve those problems, but it is not too late for action now. I am calling on the Speaker or the minority leader or both to get a bill to the floor. That is what this institution needs. It is what America needs.

Mr. SCOTT of Virginia. Mr. Speaker, I yield 1 minute to the gentlewoman from North Carolina (Ms. ADAMS), the ranking member of the Higher Education and Workforce Development Subcommittee.

Ms. ADAMS. Mr. Speaker, I rise to speak for the 186 Americans who have lost their lives today, not because of disease or illness, but because they did not have access to the health insurance they needed to get treatment.

Every year, 68,000 Americans die because they do not have health insurance, and Republicans have chosen to turn their backs on these Americans and make this crisis worse.

Not only does their bill fail to extend the ACA tax credits, something that helps 88,000 folks in my district afford health insurance, it abandons financial assistance for middle-class families when they are already struggling to make ends meet. It strips away protections for patients, opening them up to discrimination and predatory practices. It restricts access to abortion care which, by the way, is healthcare, putting the government, not a woman and her doctor, in charge of her body.

People are dying, Mr. Speaker, and it is time Republicans take this crisis seriously. Republicans need to wake up. Have some compassion. Our constituents cannot wait. Let's vote "no" on

this awful Republican bill, Mr. Speaker.

Mr. WALBERG. Mr. Speaker, I yield 2 minutes to the gentleman from Missouri (Mr. ONDER).

Mr. ONDER. Mr. Speaker, I rise in strong support of the Lower Health Care Premiums for All Americans Act, which includes legislation which I introduced earlier this year, the Self-Insurance Protection Act. This bill ensures that employers who choose to self-insure retain access to a critical financial tool: stop-loss insurance.

Many employers choose to self-insure so they can tailor coverage to the specific needs of their workforce. This flexibility lowers healthcare costs and increases take-home pay for employees. However, self-insurance carries a greater financial risk, which is why employers rely on stop-loss insurance to protect against catastrophic claims.

In recent years, some States have tried to regulate self-insurance out of existence. States like New York have barred small employers from purchasing stop-loss insurance. For years, Democrats, in their pursuit of single-payer healthcare, have tried to regulate it as traditional health insurance. The Self-Insurance Protection Act makes it clear that stop-loss insurance is a financial safeguard, not health insurance.

The Lower Health Care Premiums for All Americans Act will expand access to other options that increase competition and lower costs, like association health plans. The first Trump administration expanded access to associated health plans and lowered costs by 26 percent.

Through AHPs, employers can pool together to set up their own insurance plan and negotiate better healthcare coverage. This approach could eventually allow Costco or Sam's Club to offer their own revolutionary low-cost health insurance.

As a physician, I have seen firsthand that increasing competition and choice lowers costs, and the Lower Health Care Premiums for All Americans Act will deliver lower costs for the 78 percent of Americans who receive insurance through their employer. In addition, it will lower ObamaCare premiums by 11 percent.

Mr. Speaker, I strongly support this bill and urge its passage.

Mr. SCOTT of Virginia. Mr. Speaker, I yield 45 seconds to the gentleman from Ohio (Mr. LANDSMAN).

Mr. LANDSMAN. Mr. Speaker, of the 22 million Americans who rely on the Affordable Care Act subsidies, 32,000 live in my district. They are about to experience healthcare costs that are skyrocketing. They want one thing, that is it, Mr. Speaker. They want one thing. They want us to extend the Affordable Care Act subsidies. Eighty percent of Americans have said this is what they want. These are farmers, small businesses, and families. If they were in this Chamber today, they would point to the well and say: There

are 218 signatures on this discharge petition. Just put it on the floor, vote for it, and give us the subsidies that help us pay for our healthcare.

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

Mr. CARTER of Georgia. Mr. Speaker, I rise today in strong support of the Lower Health Care Premiums for All Americans Act, which is the right prescription to lower healthcare costs and provide American citizens with more affordable coverage.

Nearly 15 years ago, the Democrats unaffordable care act broke our healthcare system. They broke our healthcare system. Since its inception, ObamaCare premiums have skyrocketed by over 220 percent. A family of four now pays \$10,000 more for coverage today than they did before ObamaCare, and their deductibles have doubled, in part to offset waste, fraud, and abuse that runs rampant throughout the program.

Rather than fix the problems of the unaffordable care act, Democrats in Congress want to continue to send billions of taxpayer money directly to giant insurance companies and leave families with thousands of dollars in healthcare costs that they cannot afford.

The unaffordable care act is broken, and throwing more hard-earned taxpayer money after bad policy is not going to fix it. That is why we must give power to the patient, not to the big insurance companies.

While Republicans are working to make life more affordable, Democrats' prescription is to raise taxes. Mr. Speaker, I encourage my colleagues to support the Lower Health Care Premiums for All Americans Act.

Mr. SCOTT of Virginia. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. TAKANO), the ranking member of the Veterans' Affairs Committee.

Mr. TAKANO. Mr. Speaker, I rise in strong opposition to this bill.

My Republican colleagues have tried and failed to repeal or weaken the Affordable Care Act more than 70 times over the past 15 years.

The bill before us does nothing to address the expiring tax credits, and contrary to what my colleague Mr. KILEY has said, the bill that would extend the tax credits is bipartisan. It would pass this House.

In the richest country in the world, the country that is the global leader in medical innovation, Americans will die from treatable conditions.

Republicans claim that their bill will give consumers more choices. No choice, this is not about choice. People will have the choice to be refused health insurance for preexisting conditions by unregulated junk health insurance plans and be denied reproductive healthcare.

Instead of making the ACA tax credits permanent, Republicans have once again proposed a piecemeal, non-

solution that makes health insurance more expensive and strips Americans of their basic healthcare rights.

Mr. Speaker, vote against this bill. Bring the bipartisan solution to the floor.

Mr. WALBERG. Mr. Speaker, may I inquire how much time I have remaining.

The SPEAKER pro tempore. The gentleman from Michigan has 30 seconds remaining.

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

Mr. SCOTT of Virginia. Mr. Speaker, I yield 45 seconds to the gentlewoman from Virginia (Ms. McCLELLAN).

Ms. McCLELLAN. Mr. Speaker, I rise in opposition to this bill. In just 15 days, health insurance premiums will skyrocket for more than 20 million Americans.

At a time when people are already struggling with higher costs for groceries, rent, childcare, and utilities, this bill does nothing to stop the immediate harm heading their way on January 1.

Here is what that looks like for Virginians in Virginia: A 60-year-old couple earning \$85,600 a year will see their premiums rise by \$15,446, and a family of four earning \$66,000 a year will see their premiums jump \$2,651.

Mr. Speaker, these are not abstract numbers. They are small business owners, employees, farmers, gig workers, self-employed, and more who will be forced to make impossible choices.

We still have time. We can pass a bill now to extend the tax credits. We should do so.

□ 1230

Mr. WALBERG. Mr. Speaker, I am prepared to close, and I reserve the balance of my time.

Mr. SCOTT of Virginia. Mr. Speaker, may I inquire as to the time remaining.

The SPEAKER pro tempore (Mr. ROGERS of Alabama). The gentleman from Virginia has 4 minutes remaining.

Mr. SCOTT of Virginia. Mr. Speaker, I yield 45 seconds to the gentlewoman from Arizona (Mrs. GRIJALVA).

Mrs. GRIJALVA. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, first and foremost, I will state that nobody should ever be denied basic healthcare, period. No one is better off when people are forced to receive healthcare in emergency rooms or receive a later stage diagnosis because of lack of preventive care and seeing a doctor on a regular basis.

Over 22 million people, including 400,000 Arizonans, with marketplace coverage are seeing their premiums skyrocket.

I cannot state this any clearer: People cannot afford to pay more for their healthcare and shouldn't be forced to. Allowing premiums to skyrocket, enacting a backdoor abortion ban, and allowing plans to not cover things like maternity care and preexisting conditions is not a solution. It is abandonment.

Mr. Speaker, I urge a “no” vote on this bill.

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

Mr. SCOTT of Virginia. Mr. Speaker, I yield 1 minute to the gentleman from Louisiana (Mr. CARTER).

Mr. CARTER of Louisiana. Mr. Speaker, for months, Democrats have urged Republicans to come to the table to work together on a clean extension of the Affordable Care Act tax credits. Now, we are just days away from the deadline, and Republicans are scrambling to push through an unserious proposal at the eleventh hour. People aren’t stupid. They can see this.

Their so-called Lower Health Care Premiums for All Americans Act would have the exact opposite effect than what it claims to do.

Most importantly, it does nothing to extend the ACA tax credits. The tax credits have been a lifeline for countless hardworking families, small business owners, and seniors in Louisiana and across our country, helping them afford coverage in a time when the cost of living continues to climb. This is something that we, as Members of Congress, should do. Without these extensions, their premiums will skyrocket.

Healthcare is not a luxury. It is a fundamental human right.

Mr. Speaker, I stand with Leader JEFFRIES and House Democrats as we continue our fight for affordable, quality healthcare in this country.

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

Mr. SCOTT of Virginia. Mr. Speaker, I yield 1 minute to the gentlewoman from Illinois (Ms. UNDERWOOD).

Ms. UNDERWOOD. Mr. Speaker, I rise today because, in just 2 weeks, the Affordable Care Act tax credits that help millions of Americans afford their premiums will expire, and this Republican healthcare bill does absolutely nothing to keep costs from surging.

In fact, every House Democrat has signed a discharge petition for my bill to extend these tax credits for 3 years, and now four Republicans have signed on, as well.

For this reason, at the appropriate time, I will offer a motion to recommit this bill back to committee. If the House rules permitted, I would have offered the motion with an important amendment to this bill.

My amendment would extend the enhanced premium tax credits for 3 years to do what this Republican bill fails to do and help American families afford their healthcare.

Mr. Speaker, I ask unanimous consent to include in the RECORD the text of this amendment immediately prior to the motion to recommit.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Illinois?

There was no objection.

Ms. UNDERWOOD. Mr. Speaker, I hope my colleagues will join me in voting for the motion to recommit.

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

Mr. SCOTT of Virginia. Mr. Speaker, may I inquire as to the time remaining.

The SPEAKER pro tempore. The gentleman from Virginia has 1 1/4 minutes remaining.

Mr. SCOTT of Virginia. Mr. Speaker, I yield 30 seconds to the gentleman from California (Mr. RUIZ).

Mr. RUIZ. Mr. Speaker, Republicans just passed their big, ugly law that rips Medicaid by nearly a trillion dollars, adds 15 million people uninsured, and raises costs for everybody. Now, to add insult to injury, they refuse to extend the Affordable Care Act.

This bill that they want to replace it with is a bamboozle. It is a hoodwink. It is a scam for the American people. It promotes junk plans that rip off the American people. It does not cover essential health benefits. It allows them to discriminate against people with preexisting conditions, increases out-of-pocket costs, and will lead to millions more uninsured.

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

Mr. SCOTT of Virginia. Mr. Speaker, I yield 30 seconds to the gentlewoman from Oregon (Ms. DEXTER).

Ms. DEXTER. Mr. Speaker, I rise today in strong opposition to the GOP higher healthcare costs for worse coverage act.

I did not spend 20 years as an ICU doctor saving lives to come to Congress and sit back while Republicans strip healthcare coverage from millions. No. I came to Congress to fight for affordable, accessible healthcare for all.

This bill does nothing to accomplish that goal. Worse than that, it pushes people toward less coverage at a higher cost and opens a backdoor abortion ban that marches us a step closer to a national one.

Mr. WALBERG. Mr. Speaker, I am prepared to close, and I reserve the balance of my time.

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

Mr. Speaker, this bill does nothing to reduce costs for all Americans. By weakening protections, undermining State oversight, and siphoning healthy individuals out of the ACA, this bill will actually increase premiums and reduce oversight and protection for families.

We need to extend the 3-year extension for the enhanced tax credits. I oppose the bill and urge my colleagues to do the same.

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

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

Mr. Speaker, most Americans rely on employer-provided healthcare, but government-driven costs are making that coverage more expensive every year. Families are paying more, and small businesses are struggling to keep up with the mandates and the red tape.

Americans deserve affordable, high-quality coverage that puts decisions back where they belong with workers,

families, and employers, not the Federal Government.

Bottom line, the Lower Health Care Premiums for All Americans Act empowers workers and job creators and makes healthcare more affordable for everyday Americans. By the way, perchance you want to keep the unaffordable care act for yourself, you still can.

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

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

Pursuant to House Resolution 953, the previous question is ordered on the bill.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT

Ms. UNDERWOOD. Mr. Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Ms. Underwood of Illinois moves to recommit the bill H.R. 6703 to the Committee on Energy and Commerce.

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

Ms. Underwood moves to recommit the bill H.R. 6703 to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith with the following amendment:

Strike all after the enacting clause and insert the following:

SECTION 1. EXTENSION OF ENHANCED HEALTH INSURANCE PREMIUM TAX CREDIT.

(a) IN GENERAL.—Section 36B(c)(1)(E) of the Internal Revenue Code of 1986 is amended—

(1) by striking “January 1, 2026” and inserting “January 1, 2029”, and

(2) by striking “2025” in the heading thereof and inserting “2028”.

(b) APPLICABLE PERCENTAGES.—Section 36B(b)(3)(A)(iii) of such Code is amended—

(1) by striking “January 1, 2026” and inserting “January 1, 2029”, and

(2) by striking “2025” in the heading thereof and inserting “2028”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2025.

The SPEAKER pro tempore. Pursuant to clause 2(b) of rule XIX, the previous question is ordered on the motion to recommit.

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.

Ms. UNDERWOOD. 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.

□ 1240

DIRECTING THE PRESIDENT, PURSUANT TO SECTION 5(c) OF THE WAR POWERS RESOLUTION, TO REMOVE UNITED STATES ARMED FORCES FROM HOSTILITIES WITH PRESIDENTIALLY DESIGNATED TERRORIST ORGANIZATIONS IN THE WESTERN HEMISPHERE

Mr. MAST. Mr. Speaker, pursuant to the order of the House of December 16, 2025, I call up the concurrent resolution (H. Con. Res. 61) directing the President, pursuant to section 5(c) of the War Powers Resolution, to remove United States Armed Forces from hostilities with presidentially designated terrorist organizations in the Western Hemisphere, and ask for its immediate consideration in the House.

The Clerk read the title of the concurrent resolution.

The SPEAKER pro tempore. Pursuant to the order of the House of December 16, 2025, the concurrent resolution is considered as read.

The text of the concurrent resolution is as follows:

H. CON. RES. 61

Resolved by the House of Representatives (the Senate concurring), That, pursuant to section 5(c) of the War Powers Resolution (50 U.S.C. 1544(c)), Congress directs the President to remove United States Armed Forces from hostilities with any presidentially designated terrorist organization in the Western Hemisphere, unless authorized by a declaration of war or a specific congressional authorization for use of military force against such presidentially designated terrorist organization.

The SPEAKER pro tempore. The concurrent resolution shall be debatable for 1 hour, equally divided and controlled by the chair and ranking minority member of the Committee on Foreign Affairs or their respective designees.

The gentleman from Florida (Mr. MAST) and the gentleman from New York (Mr. MEEKS) each will control 30 minutes.

GENERAL LEAVE

Mr. MAST. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the resolution under consideration.

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

There was no objection.

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

Mr. Speaker, right now we have cartels operating in our backyard. They are kidnapping Americans, extorting families, trafficking women and children, and flooding our towns with fentanyl to maximize death and addiction on American soil.

Someone tell me that I am wrong. I don't hear anything. Just look at the images next to me. It is not photoshopped. None of this is new. It is just new that it is being defeated by President Trump and brought to an end

by President Trump. This violence comes from the Sinaloa and Jalisco cartels. It comes from Tren de Aragua, MS-13, and Cartel of the Suns, headed by Nicolas Maduro, just to name a few.

The President has every bit of Article II authority to defend the United States of America from these imminent threats. These cartels that are doing this are an imminent threat. These cartels have tens of thousands of members who wake up every day and see it as their sole mission to flood the United States with lethal drugs. My Democrat colleagues want to ignore that.

Sinaloa and Jalisco alone have 45,000 members combined. The Gulf Cartel has 50,000 members. MS-13 has another 30,000. They are coming across the Gulf constantly. Mr. Speaker, 365 days a year, 7 days a week, they are coming to the United States of America with their violence. That is the definition of "imminent."

These drug cartels are highly organized and militarized. They are terrorist networks that have convinced my colleagues they are nothing more than small street gangs.

They control territory, run armed convoys, use drones for surveillance, and communicate through encrypted networks like the military. They terrorize entire countries with extreme violence, and they terrorize the United States of America and our people. They spread carnage wherever they go, not just across the border but on our side of the border, as well, right here in the United States of America.

Look at this morbid scene we will put up here. These two men are about to be decapitated literally out in the open by the Gulf Cartel. The tactics of these cartels are the same as those used by al-Qaida and ISIS. These are terrorist networks. Some are given safe haven by foreign governments. Others, like Tren de Aragua, take orders from Nicolas Maduro. Americans have paid the price for it.

Laken Riley, a 22-year-old nursing student, was murdered in Georgia by a confirmed member of Tren de Aragua. Claretha Daniels and Justin Lawless were executed outside of their Bronx apartment by six Tren de Aragua terrorists. These were neighbors of my ranking member.

Mr. Speaker, a 74-year-old American rancher was killed in Brownsville, Texas, when his truck hit an IED planted by the cartel. That is exactly the same kind of thing that took off my legs.

Democrats don't want the President to be able to defend America from these terrorists. Even more tragic is the fact that nearly 80,000 Americans overdosed last year on fentanyl, cocaine, and other drugs trafficked by cartels. Democrats don't want to protect us from that either.

In fact, yesterday, after we had a classified briefing, the gentleman on my left, the ranking member, went directly to the press to claim that these

strikes were not protecting America. He literally said that these strikes were not stopping drugs. Everything that he said is very easy for me to prove wrong.

Every drug boat sunk is literally drugs not coming to the United States of America. Every narcoterrorist killed is an American life, like Laken Riley or Claretha Daniels, saved. The threat is pressing, and it is frequent.

In November, the Coast Guard announced it seized 510,000 pounds of cocaine in the eastern Pacific and the Caribbean since the start of 2025. This is enough cocaine to harm nearly 170 million Americans. Congressional authorization is not required to carry out precise, limited strikes.

My colleagues did not object when prior Presidents conducted military operations in Yemen and Libya and Syria, operations which were also limited and successful.

This resolution is also reckless and poorly written. It prevents the President from acting against any foreign terrorist organization in the Western Hemisphere. Under this resolution, the President could strike al-Qaida or ISIS in the Middle East. If those same terrorists came across into the Western Hemisphere, they could be untouchable and free to kill as many Americans as they want.

Democrats are not putting forward an authorized use of military force, telling the President how to combat any of these issues. Democrats are putting forward a resolution to say the President cannot do anything about MS-13 or Tren de Aragua and every other cartel. That is giving aid and comfort to narcoterrorists. That is ignoring an imminent threat.

The cartels are relentless and ruthless. They have military capabilities and use them every day against the American homeland. When a threat poses immediate danger to Americans, the Constitution gives the President the authority to act.

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

Mr. MEEKS. Mr. Speaker, I yield myself such time as I may consume for the purpose of speaking in favor of H. Con. Res. 61.

Mr. Speaker, I will get to the chairman's remarks later about his incorrect statements. What I want to point out is, since September 2, the administration has carried out 25 known strikes, killing 95 people. Among these was a so-called double-tap strike where U.S. Forces killed two survivors clinging to the wreckage of a destroyed vessel in open sea.

The administration now refuses to release the video of this strike, denying the American people the ability to see for themselves what is being done in their names. In fact, they are denying Members of this House, including me and I believe the chairman himself, from seeing that video. Many believe this strike may constitute a war crime.

Following another strike, on October 16, the Department of Defense repatriated two survivors to their home countries rather than prosecute them in the United States courts, as we would expect if these individuals were, in fact, dangerous drug traffickers bound for the United States.

The fact of the matter is a number of the individuals that he talked about, if they were in the United States, they would have been tried in our courts. That decision raises serious questions about the administration's own assessment of threat, necessity, and purpose.

These strikes have not been authorized by Congress, and the administration has not sought congressional authorization to use lethal military force to address alleged criminal activity that under the United States law—and we are a country of laws—does not carry the death penalty.

That is a profound escalation, and one Congress has neither debated nor proved. They openly covet Venezuelan oil. That is what this is about. The President is coveting Venezuelan oil.

□ 1250

Despite promises to end wars, this President is threatening military invasions not just in Venezuela but across the Western Hemisphere.

Just last night, President Trump declared: "Venezuela is completely surrounded by the largest armada ever assembled in the history of South America," and that "the shock . . . will be like nothing they have ever seen. . . ."

This is not a strategy. This is a game, and the President is playing it with the lives of American servicemembers, threatening a regime-change war with no plan for what would happen next.

This President wants to be the judge, the jury, and the executioner. However, this Congress—Congress is not a part of the executive branch. We are a coequal branch of government. The Constitution vests this body with authority over matters of war and peace. That power has too often been ceded to the executive branch.

Earlier this month, on a bipartisan and bicameral basis, we repealed outdated authorizations for use of military force to prevent Presidents of either party from abusing it. We cannot now abandon our constitutional duty over these strikes in the Western Hemisphere.

Even if you happen to disagree with me when I say these strikes—and they are—not about making Americans safer, that these strikes are about oil, that they are about another reckless foreign war or stretching Presidential power toward that of a would-be king—all of those things happen to be true, by the way—this vote is ultimately not about whether you agree with the administration's policy. It is not about whether any President can take these actions. It is about, and what it should be about, is whether this President can take these actions without congressional approval.

Every Member of Congress should want to do their job. Congress must make clear—all of us—that no President can unilaterally draw the United States into a conflict that the American people do not want.

Democrats and Republicans, those of us who were elected by the people, are the closest to the people. We should not shirk our responsibility. We should make sure that, right here, we do what the Constitution tells us to do and have debate and vote on the House floor so that all of America knows where we stand on matters of going to war or not. That is what they elected us to do.

For us to just give away that power to the executive branch is not doing our job. We should have a vote because it is the rule of law. We are the United States of America. We are not part of the Duma or have a Putin who just does what they want with getting around and not dealing with the people's Representatives. We should stand for the power that was vested in us. That is what this is really all about.

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

Mr. MAST. Mr. Speaker, I would let the ranking member know that, just in the last year in his district, he has lost at least 140 people to overdose, which apparently he does not want to protect his community from those like the President wants to protect his community.

Mr. Speaker, I yield 4 minutes to the gentlewoman from Florida (Ms. SALAZAR), the chairwoman of the Western Hemisphere Subcommittee.

Ms. SALAZAR. Mr. Speaker, I am here today because I oppose this resolution. It is fundamentally flawed. It is trying to invoke the War Powers Resolution of 1973, which doesn't even apply in the case of Venezuela.

The War Powers Resolution applies when there is active combat with the United States forces. It does not include law enforcement or counter-narcotics operations against declared terrorists like Nicolas Maduro, who happens to be the head of a major drug cartel in the Western Hemisphere.

Therefore, we do not need this resolution because what the President is doing is well within the law. The President does not need congressional approval to protect Americans from terrorist attacks.

Let's see what the Constitution says. The Founding Fathers vested in Congress the power to declare war, but they were equally clear that the power to defend the homeland from foreign and domestic threats belongs to the President as Commander in Chief.

Therefore, President Trump does not need congressional permission to kill terrorists at sea who are bringing cocaine and fentanyl to the streets of Miami, New York, or Chicago.

Let's see what international law says. The United States is waging a noninternational armed conflict with Venezuela. What does that mean? Our

issue is not with Venezuela as a country but with Nicolas Maduro, the narcotrafficker who hijacked that country after he stole the elections last year. Under the Law of Armed Conflict, we can use military force to stop his drug cartel from flooding the streets of the United States.

According to article 29 of the Charter of the Organization of American States, of which the United States is a member, it says that the countries of the Western Hemisphere may take military action against a threat that endangers the peace of the Americas.

The Maduro regime has destroyed the peace of the whole Western Hemisphere. If not, ask anyone who lives in my district, the city of Miami.

Now let's go back to American history, which says that Maduro is the world's largest drug trafficker. In 2020, he was indicted by a Federal grand jury in this country for pushing hundreds of thousands of tons of cocaine to the streets of the United States.

Back in 1989, we had a very similar experience in Panama with Manuel Noriega. At the time, President Bush took action in Panama to remove Noriega. There was no need for congressional approval, but as Commander in Chief, he did what he needed to do. Today, Panamanians are eternally grateful to the United States.

In 1983, President Ronald Reagan ordered United States forces into the islands of Grenada to protect the lives of American citizens. Once again, the President did not ask approval from Congress. Reagan acted swiftly, lawfully, and decisively.

Today, the actions taken against the cartel of the los Soles, headed by Maduro, fall squarely into this same category—operations against nonstate actors and criminal organizations, not a war against a sovereign nation or a legitimate President.

This resolution presented by the Democratic Party would tie President Trump's hands in the fight against drug-trafficking terrorists. Every Venezuelan knows that Maduro is just a thug and a delinquent who has been in the drug-trafficking business for 27 years since he took over the country. They have totally destroyed the most prosperous country in Latin America, Venezuela.

Of course, Congress has the crucial role in authorizing wars, but the President has independent authority to defend the mainland. Panama is thriving. Grenada is thriving.

Once Maduro is gone and order is restored to the country, it will be the most prosperous country in Latin America, having the largest reserves of oil in the world, which will give them enough resources not to depend on the charity of the United States or any other country to fix the destruction that Maduro wrought.

Mr. Speaker, for those reasons, I strongly oppose this resolution, and I urge my colleagues to do the same.

Mr. MEEKS. Mr. Speaker, I just say that the President said yesterday that

that oil was the United States' oil, not the Venezuelan people.

I thank the gentlewoman for her passion, though. I only wish she had the same passion to speak out against the Trump administration's mass deportation of Venezuelans legally in the United States of America.

Mr. Speaker, if this truly was about addressing drugs, then tell me why the administration pardoned Ross Ulbricht, who ran one of the largest online drug marketplaces in history and was serving a double life sentence.

Why did the President pardon the former President of Honduras, whom a U.S. court convicted and sentenced for flooding the U.S. with 400 tons of cocaine and bragged?

He said: " . . . shove the drugs right up the noses of the gringos," and he was pardoned by the President of the United States into our districts.

□ 1300

I am a former special narcotics prosecutor, and I know this to be a fact. You don't run a serious counter-narcotics strategy by carrying out the death penalty for those who are at the bottom of the drug trade while freeing those who are the very top and ordering them to come.

At the same time, the administration asks us to believe that deploying fighter jets, an aircraft carrier, and more than 15,000 troops to the Caribbean is merely a counterdrug mission. This is the largest U.S. military buildup in the region since the Cuban Missile Crisis.

If this were really about drugs, why are the United States forces seizing oil tankers? The stated mission, the scale of buildup, and the actions taken simply do not align.

The administration can't keep its story straight, and it is no longer trying to hide its real motivations. Senior officials, including the President himself, have made it clear that the real objective is provoking a conflict with Venezuela to oust Maduro. Trump's chief of staff said to Vanity Fair: "He wants to keep on blowing boats up until Maduro cries uncle."

Mr. Speaker, I yield 3 minutes to the gentleman from Connecticut (Mr. HIMES), the ranking member of the House Permanent Select Committee on Intelligence.

Mr. HIMES. Mr. Speaker, I thank the ranking member for the time.

Mr. Speaker, I came down here to debate something that this Chamber has been debating for generations, which is the push and pull between the Congress and the Chief Executive on the use of our military.

I was profoundly disturbed to hear the chairman denigrate the ranking member. To suggest that he doesn't care about the losses in his district, to suggest that we want the President to do nothing about narcotics, he knows that is not true. I will tell the chairman that I have opposed every Presidential attempt to use the American Armed Forces without congressional approval since I have been here.

This is about one thing, and it is not about the comity of this institution or the dignity that the majority should show in such a debate. This is about one thing and one thing only. It is not about the horrors of drug abuse.

We know that over here. There is not a Democrat who doesn't believe that 100,000 overdoses is an appalling outcome. There is not a Democrat here who doesn't experience the crushing, disgusting horror of those losses. We couldn't agree with the majority more that this is a huge problem.

What this is about is whether the Representatives of the people should be involved in a discussion about how we solve this problem—the Constitution says so—and the questions raised here.

For the first time in 250 years, the United States military is deliberately targeting civilians. They may be awful civilians, I will grant you that, but they are deliberately targeting civilians. We have the largest military force ever assembled in the Caribbean, with no discussion, no debate in this Chamber amongst the Representatives of the people.

The administration has created a war that is not a war, a non-international armed conflict. It is a war inasmuch as we have an aircraft carrier and massive amounts of military hardware in the region, and we have killed upward of 100 people in 23, 24 strikes. Yet, it is not a war that needs to be even informed to the Congress.

The only question that matters—and you can show all the pictures of decapitations, horror, and overdoses. We will stand with you 100 percent about how horrible that is, but do you know what else is horrible? That the majority is comfortable with the removal of the Representatives of the people on this most consequential of issues.

Let's agree that there will be a Democratic President someday who does something that the majority doesn't agree with, but every word they say here today will unbind the hands of that Democratic President to do whatever he or she wants.

This is about our privileges as the Representatives of the people. This is about our fidelity to the Constitution of the United States that demands us to have this debate.

Let's stop trying to scare the American people, and for the first time in a very long time, let's stand up with the dignity and decency that this topic deserves and debate how we are going to address this huge problem while preserving our privileges and prerogatives as Representatives of all the American people.

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

Mr. Speaker, to Representative HIMES, I tell him that he has had 182 overdoses in his district in the last year and lost somebody named Angel Samaniego by a suspected Tren de Aragua member.

Voting for this resolution to limit the President absolutely is not stand-

ing with the United States of America. There are people deliberately targeting Americans, and he is saying the President can do nothing about it. That is what his vote will say today.

Mr. Speaker, I yield 3 minutes to the gentleman from Texas (Mr. SELF), the chair of the Europe Subcommittee.

Mr. SELF. Mr. Speaker, I thank the Chairman for the time.

Mr. Speaker, I rise in opposition to this resolution.

This is neither the time nor the right legislation to deal with this issue. This resolution suspends all military actions against any organization that the President deems a designated terrorist organization unless Congress acts.

This is a dangerous limitation on the President's constitutional authority to defend the United States. Our world is changing and changing fast. The President must have the flexibility to change with the threats.

These drug cartels, especially Tren de Aragua, are behind much of the drug trafficking, human smuggling, and violent crimes that are tearing communities apart and fueling the opioid crisis in America.

According to the Centers for Disease Control and Prevention, there were more than 72,000 fentanyl-related overdose deaths in 2023, the last year available. This number represents a tragic national public health crisis.

The intention of this resolution may be to stop the attacks on the drug boats, but by refusing military action against presidentially designated terrorist organizations, you shut the door for action against other dangerous groups, including Mexican cartels or Islamic terrorist groups that might want to establish themselves or attack elsewhere in the Western Hemisphere.

Instead of considering this resolution, which carries little or no consequences for hostilities that don't exist, this Chamber should focus on supporting the President's efforts to deter the growing national security threat from Venezuela.

Hundreds of Americans die each day due to illegal drugs like fentanyl. Rather than Democrats making it their life's mission to destroy Donald Trump, America would be better served if Members of this Chamber would help him prevent the flow of illicit drugs.

As a 25-year Active-Duty member who deployed multiple times, including that invasion of Grenada that Ms. SALAZAR mentioned in the Caribbean without congressional action, I caution the ranking member on accusing the President of the United States of war crimes. That is beyond the pale. I recommend he walk those comments back.

Mr. Speaker, I urge my colleagues to oppose this resolution.

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

Mr. Speaker, I am still waiting for the chairman to tell me why the President of the United States decided to let convicted drug pushers, convicted in

United States courts and in jail, be pardoned if this is about drugs. I am waiting for an answer. I haven't heard that yet.

Mr. Speaker, I yield 1½ minutes to the gentleman from Mississippi (Mr. THOMPSON), the ranking member of the Committee on Homeland Security and an original cosponsor of this bill.

Mr. THOMPSON of Mississippi. Mr. Speaker, I rise in support of the resolution.

I am proud to be an original cosponsor of the resolution, and I thank my colleague from New York for having the moral courage to offer it.

We are a nation of laws. The Trump administration's boat bombings are illegal under U.S. and international laws. Simply put, these are war crimes.

Further, the administration has failed to provide Congress with basic information, even as Trump directs a massive buildup of U.S. forces and threatens war.

I might add, Mr. Speaker, those of us who have been in so-called classified briefings still have not received any additional information beyond what is already in the eyes of the public and on TV.

It is our duty as Congress to rein in the lawless administration and prevent an illegal war. This is a moment for Members on both sides to choose order over chaos, morality over expedience, and country over party. We must rise to the occasion and vote "yes" on this resolution.

□ 1310

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

I think the other side should take a look at the chart. You can see when operations were kicking off in September, there were 3 strikes, going up in October to 11 strikes. Then it started to come down. Why? Because people started thinking about, am I going to push off the dock in this boat full of drugs and then take a Hellfire through the hull of my vessel sitting out here in the middle of the Gulf because I am transporting drugs to the United States of America? It dropped down to seven, dropped down to four, and it is going to continue to drop off because, finally, those that are shipping drugs to the United States of America are recognizing there are real consequences.

Mr. Speaker, I am proud to yield 2 minutes to the gentleman from Georgia (Mr. MCCORMICK).

Mr. MCCORMICK. Mr. Speaker, I rise in strong opposition to this resolution. I am an ER doctor who served many years just before coming to Congress, which was not that long ago, where I saw multiple overdoses every single night during a time where we had over 100,000 deaths per year in the United States, far more civilian casualties than any war we have ever experienced in the history of the United States. That is an average of well over 250 deaths per day.

Imagine the worst mass shooting we have ever had and multiply that times five times a day for every day during the year for 3 years running. That is what we are dealing with. That is the emergency we have. That is an emergency.

This opioid crisis is fundamentally different from any past drug epidemic. These substances are engineered to be highly lethal. The amount that you can fit on a pinhead could kill a person. Unknown exposure just from somebody coming to assist somebody could kill somebody. These are weapons of mass destruction.

It is different from anything we have ever experienced in the history of the United States or the world, for that matter.

If a foreign actor released a chemical agent that killed tens of thousands of Americans, the response would be immediate, unified, and decisive.

We can and must act immediately to save American lives.

This is not unprecedented. Every President in my lifetime, in my adult lifetime, has used the military to this end, to protect the people of the United States, which is the President's first and most important charge as President.

Therefore, I continue to have strong opposition to this resolution.

Mr. MAST. Mr. Speaker, I don't quite reserve yet.

I would let the next speaker on the other side know that they lost 116—Ms. KAMLAGER-DOVE had 116 overdoses in the last year. I can count at least six individuals killed recently by MS-13. The President is working to protect her district from MS-13.

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

Mr. MEEKS. Mr. Speaker, I am still waiting to hear why major drug dealers, two major drug dealers, were pardoned by the President of the United States. I will wait.

Nothing?

Mr. Speaker, I yield 1½ minutes to the gentlewoman from California (Ms. KAMLAGER-DOVE), the ranking member on the Subcommittee on South and Central Asia.

Ms. KAMLAGER-DOVE. Mr. Speaker, I rise in support of this resolution to stop the administration's illegal and ridiculous boat strikes. It is hard to overstate how pointless and pernicious these strikes really are.

The administration is trying to sell their military kill campaign by saying they are targeting drug traffickers who are selling fentanyl and hurting Americans.

Fact: Fentanyl and fentanyl precursors do not come to the United States through Caribbean sea routes.

Fact: The drug boats that the administration is blowing up are mostly carrying cocaine to Europe.

Fact: President Trump just pardoned a known Honduran cocaine kingpin.

Fact: Most smugglers that bring drugs into the country are U.S. citizens.

Fact: The real national security threat is selling our AI chips to China, not blowing up fishermen.

American taxpayers are spending millions of dollars to stop the Europeans from partying. What is in it for us? Normalization of extrajudicial killings, a total lack of due process, evidence, or congressional authorization. We need to stop this madness.

I authorize and tell—just tell my colleagues to support this resolution.

Mr. MAST. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. DIAZ-BALART), the chairman of the Appropriations Subcommittee on National Security, Department of State, and Related Programs.

Mr. DIAZ-BALART. Mr. Speaker, I strongly oppose this resolution, which limits the United States' ability to fight narcoterrorist traffickers in our own hemisphere, where we are most directly impacted.

I just heard from the distinguished gentlewoman that these are fishermen, that these are fishermen in these boats. Really? I guess we are supposed to not believe our own eyes when we see these boats loaded with narcotics coming to the United States and going to other countries.

These are narcoterrorists who have been killing Americans by the thousands every single year through their poison. It is about time that we have a President who is taking the murdering and the poisoning of our youth seriously.

Literally, Mr. Speaker, every time one of these narcoboots is removed from the water, it literally is saving thousands of American lives.

Let me refresh everybody's memory about who we are dealing with and who the President of the United States is going after. They are going after narcoterrorist organizations such as Tren de Aragua, Cartel de los Soles, Clan del Golfo, and MS-13, just to mention some of these dangerous cartels that kidnap and maim and poison our youth.

Let's put it in perspective, Mr. Speaker. More Americans have died because of these narcocartels that are poisoning our youth than Americans we lost in World War I, World War II, Vietnam, and Korea. They are staggering numbers.

These cartels are responsible for the loss of lives of more Americans than ISIS and al-Qaida combined. These are terrorist organizations that are responsible for the death of our people.

I just also heard, oh, upset about pressuring Maduro, President Maduro. Maduro is not a President. He is the head of a narcocartel that has taken over by force and by terror a great country, the country of Venezuela. This is man who is under indictment.

Let's vote this down, and let's protect the American people. Let's not defend the narcocartel's drugs that are poisoning our people.

Mr. MEEKS. Mr. Speaker, maybe the gentleman from the National Security Subcommittee can tell me, since the

chairman can't, why the President of the United States pardoned a narcoterrorist and the former President of Honduras. Maybe he can tell me why. I am trying to get an answer.

Nothing? Walking out? Does he have an answer for me? Why would the President of the United States pardon a convicted drug dealer, over 400 million tons, killing Americans? I got nothing.

Mr. Speaker, I yield 1½ minutes to the gentlewoman from Washington (Ms. JAYAPAL), an esteemed member of the House Foreign Affairs Committee.

Ms. JAYAPAL. Mr. Speaker, I rise in strong support of this measure to rein in President Trump's unlawful boat strikes.

These strikes and Trump's naval blockade represent appalling violations of international law and Congress' constitutional authority to authorize the use of military force.

Drug trafficking is a serious offense. Communities across the United States have seen the devastating impact of addiction. But that does not give Donald Trump the right to go to war, to deploy military forces without congressional authority, or to kill anyone against the laws of war.

Drug trafficking cases should be handled in a courtroom. Listen, the majority's entire argument that this was so serious it required action without congressional approval is completely destroyed when the President himself just pardoned the former Honduran President, who has been convicted by an American jury for a drug trafficking scheme that moved about 4½ billion doses of cocaine into the United States. Give me a break. It doesn't pass the laugh test.

By the way, if Donald Trump were serious about addressing the opioid epidemic, he would not have cut Medicaid funding, and he would not have frozen \$8 billion in funding for drug abuse and addiction.

We have seen the disastrous impacts of attempted regime change in Latin America. The American people do not want another forever war. Vote "yes" on this resolution.

□ 1320

Mr. MAST. Mr. Speaker, I would let Ms. JAYAPAL know that in her district they have lost 237 people in the last year from overdoses and had a number of people killed by MS-13 and Tren de Aragua. The President is working to protect her people.

Mr. Speaker, I yield 3 minutes to the gentleman from Alabama (Mr. ROGERS), who is the chairman of the House Armed Services Committee.

Mr. ROGERS of Alabama. Mr. Speaker, I rise in strong opposition to this resolution.

For decades, violent drug cartels have ravaged American communities. They have flooded our streets with deadly narcotics. They have destabilized our hemisphere, creating openings for malign influence from China,

Russia, and Iran. Year after year, they have killed thousands of Americans.

We decided long ago that we would not tolerate threats to the American people from terrorists like al-Qaida and ISIS. We shouldn't tolerate them from narcoterrorists either.

Yesterday, the U.S. House of Representatives received a detailed briefing from the administration on Operation Southern Spear. We heard directly from Secretary Rubio, Secretary Hegseth, and General Caine. Their message was clear: Narcoterrorists are the single greatest threat in the Western Hemisphere.

President Trump is acting decisively, lawfully, and within his authority as Commander in Chief. Our military is targeting known drug smuggling boats loaded with drugs and moving along well-established trafficking routes. Every strike is based on rigorous intelligence linking these boats with well-known narcoterrorists.

Every strike undergoes a comprehensive legal review and complies with defined rules of engagement to ensure innocent civilians are not harmed. The Armed Services Committee is notified of every strike and has been briefed on this operation several times. These strikes are lawful under U.S. law and international law, and all actions are in compliance with the law of armed conflict.

Most importantly, these strikes have dramatically reduced drug smuggling operations.

The bottom line is that Americans are safer today because of President Trump's actions. Let's not return to the old, failed playbook of treating our counterterrorism administrations solely as a law enforcement matter. We tried that for decades, and it didn't work. It cost hundreds of thousands of American lives.

Mr. Speaker, I urge my colleagues to join me in protecting Americans by opposing this resolution.

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

Again, I offer the chairman, Mr. ROGERS, the opportunity to tell me why the President pardoned these drug dealers.

I am proud of this institution and who we are. I am a Member of the House of Representatives, a former chairman of the committee.

I would also ask the chairman: Why don't we do hearings?

Why can't we bring the administration into the Foreign Affairs Committee and have them answer questions of Members of Congress on what they are doing and why they are doing it?

That is our job. That is our responsibility.

Have we had one hearing on Venezuela on drugs coming in? Not a one. Have we brought anybody in from the administration?

That is our job.

Why don't we do our job?

That is why we were elected. I would hope that the chairman would have

some hearings so that we can discuss this as Members of Congress.

Mr. Speaker, I yield 1½ minutes to the gentlewoman from Minnesota (Ms. OMAR), who is an original cosponsor of this important resolution.

Ms. OMAR. Mr. Speaker, I thank Ranking Member MEEKS for yielding.

Mr. Speaker, may I answer that question for Mr. MEEKS?

The answer is that this is not about drugs. This is about regime change. We also have the White House Chief of Staff on record saying that this is about regime change. It has nothing to do with drugs.

Mr. Speaker, I rise today in strong support of this resolution. I was proud to co-lead Ranking Member MEEKS' effort, and I urge all my colleagues to join us today in reasserting this body's constitutional authority on matters of war and peace.

Let's be perfectly clear: Only Congress has the power to declare war.

The Trump administration's military escalation in the Caribbean is not only reckless, it is blatantly illegal. We cannot allow this kind of dangerous overreach to go unchecked.

Trump, a President who touts himself as a global peacemaker, has appointed himself judge, jury, and executioner in the Western Hemisphere.

His brutal military campaign, which has killed more than 90 people, further threatens a region that has already been destabilized by decades of U.S. interventionism. It risks driving us into further war in Venezuela.

The American people across the political spectrum have been clear that they do not want to fight and fund another war.

With this vote, every Member of Congress has the chance to show the American people where they stand. Will they enable Trump's illegal warmaking, or will they stand on the side of the Constitution?

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

Mr. MEEKS. Mr. Speaker, I yield an additional 30 seconds to the gentlewoman from Minnesota.

Ms. OMAR. Mr. Speaker, stand on the side of the Constitution and put an end to this unauthorized use of military force.

Mr. Speaker, I urge all my colleagues to uphold the separation of powers and pass this resolution.

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

Mr. MAST. Mr. Speaker, I would let Representative OMAR know that in her district, she lost 205 people in the last year from overdose and have had people killed by MS-13. Teenagers have been killed by MS-13. The President is working to stop that from happening.

I would also remind the ranking member that just yesterday—he should know this, he was standing on stage with me—we had a classified briefing

with the Secretary of War and the Secretary of State. His comments afterwards did not reflect the truth of what was said, but he was there.

Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. GIMENEZ).

Mr. GIMENEZ. Mr. Speaker, I rise today in strong opposition to H. Con. Res. 61.

This resolution would prohibit the President of the United States from using all tools at his disposal in the fight against designated terrorist organizations in the Western Hemisphere. These are the same narcoterrorists who are waging, and have been waging, a war on the American people through the use of deadly drugs and poison that are flooding into our country.

Let's talk about reality, not about rhetoric.

First of all, the number one job of any government is to protect its people. Since September 11, 2001, roughly 4,000 Americans have been killed inside the United States either by al-Qaida, ISIS, and similar ideologically linked terrorist groups.

Meanwhile, since 2001—I am not talking about 2001—nearly 400,000 Americans have died from overdose poisoning, deaths fueled by foreign terrorist organizations including the Venezuelan regime and violent cartels operating in our own backyard. That 400,000 is about the size of my native city of Miami. This is, in reality, a weapon of mass destruction.

Yet here we are, debating whether to retreat from fighting terrorists in our own hemisphere, while continuing to fight them halfway around the world.

I have spent my life in public safety. Mr. Speaker, I have seen what happens when you hesitate, when you retreat, and when you take your foot off the gas. People die. Families are destroyed, and communities suffer.

This resolution does nothing to promote peace. It invites danger, continued chaos, and the loss of more American lives—more American lives.

It tells terrorists and cartels that the United States Congress is willing to tie the hands of our Commander in Chief while they ship poison into our communities and profit from American death.

As someone who fled communism, I know this lesson well: Weakness invites aggression. When America steps back, evil steps forward.

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

Mr. MAST. Mr. Speaker, I yield an additional 1 minute to the gentleman from Florida.

Mr. GIMENEZ. We must reject this resolution and make clear to the world that the United States has the will to confront narcoterrorism head-on and that we will never surrender to the very people who are killing our children.

Too many Americans have already died because we turned a blind eye to this threat.

For the sake of our national security, our communities, and the men and

women in uniform who stand the line every single day, I urge a “no” vote on this resolution.

Mr. Speaker, I thank my colleague from Florida (Mr. MAST) for yielding me the time to speak on this important matter.

Mr. MAST. Mr. Speaker, may I inquire how much debate time remains.

The SPEAKER pro tempore. The gentleman from Florida has 7½ minutes remaining. The gentleman from New York has 10¼ minutes remaining.

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

□ 1330

Mr. MEEKS. Mr. Speaker, the gentleman can use my time if he can answer why the President of the United States pardoned major drug dealers who were convicted and doing time. It was the little guys. I will wait.

Also, if this is about drugs, the fact is, the drugs come from China, the fentanyl. The mainstay of fentanyl is from China. I haven't heard China in this debate at all.

In fact, the President runs around and says some of those—we are back selling chips or whatever he wants to do with China, which is a danger to our national security, killing our people. The number one drug that is killing Americans is fentanyl. There are no ships there.

My main focus is, as I said earlier, even if you disagree with me, why don't we do our work as Members of Congress? Why aren't we having hearings, open, public hearings with members of the administration coming to testify before us and the American people so that they can hear for themselves?

In prior Congresses, when I was the chair, even when Mr. McCaul was the chair, and there was a Democrat in the office, they were bringing in the Secretary of State on a consistent basis, subpoenaing them, having them come in to address certain things, and they came in.

I make judgments now to go to hearings when I see someone from the administration is going to be there, and, boy, that is very rare. Generally, it is just somebody on the other side, from the private sector or something of that nature on foreign affairs. The diplomats and representatives from the State Department and people directly from the administration don't come before our committee.

No matter what your position is, this is about the United States House of Representatives doing its duty and responsibility.

Let me tell you, when it comes to drugs, I had a career in fighting drugs as a prosecutor. No one, to this day, fights harder and wants to make sure that we lock up and bring to justice those who bring in and those who sell narcotics in our communities. We still have laws because when we did, we didn't execute them. We tried them in a court of law.

That is who we are. That is not who Vladimir Putin is and who some of these other authoritarian governments are. That is what they do. That is not what we do here.

We have values, and we have a job to do, as Members of the United States House of Representatives, for the people. I am saying to my colleagues on the other side of the aisle: Let's do our jobs. Let's bring in the administration and members of the administration. Let them testify and talk to us, where we can question them, and talk to the American people because, ultimately, this is about them.

The American people should be able to see what took place in those waters when those two individuals were hanging on the boat. There was no problem showing all the others. What are we hiding from the American people? We, as Members of Congress, should be demanding that the administration be accountable to the American people, and the best way to do that is for them to come to Congress because that is our job.

Ultimately, I am saying we should do our jobs as Members of Congress and not give away our power to someone who would like to just be an authoritarian. We don't have that kind of government.

That is why the United States of America was created in the first place, to make sure that one man or woman couldn't make unilateral decisions around the United States Congress.

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

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

Mr. Speaker, the ranking member made the claim that nobody fights harder against drugs. He made a big speech. Nobody fights harder against drugs than the President of the United States of America. He is the one sinking the boats.

Democrats are the ones saying any terrorist organization, no matter how many people they kill, behead, abduct, no matter how much drugs they traffic, the President shall not have the authority to go out there and combat them.

If there is a boat coming across with anthrax in it, the President can't hit it. If there is a boat coming across that had something brought over from Iran, the President can't deal with it. Anything that comes across in the Western Hemisphere—that is literally what his legislation says—the President cannot go out there and defend the United States of America from imminent threats.

How imminent is this threat of drugs? Mr. Speaker, 365 days a year, 7 days a week prior to President Trump starting to sink their boats that they were bringing to the United States of America, that is as imminent as it gets. It is as imminent as the Sun rising. That is how prevalent that threat has been.

The President is finally bringing it to an end. Nobody fights harder than the

President of the United States of America. Nobody is fighting harder to allow drugs into this country than Democrats with this reckless and ridiculous piece of legislation.

Mr. Speaker, I have no further speakers. I reserve the balance of my time until the gentleman yields back his time.

Mr. MEEKS. Mr. Speaker, I yield myself the balance of my time to close.

Mr. Speaker, this War Powers Resolution would immediately end President Trump's extrajudicial boat strikes in the Western Hemisphere, which have never been approved by Congress and far exceed the President's authority.

We are a country of laws. Individuals in the streets have to abide by our laws. The President of the United States should be abiding by our laws.

In our laws, you convict somebody in court. You can't just go out and kill them. What I had to do was build a case in public, try that case, and convince a jury to unanimously convict someone so that they would go to jail. That was my job.

I think that the President of the United States cannot summarily determine that he is going to go kill someone without coming and getting authorization from this Congress.

The worst criminals have had to go to court. The fact of the matter is, we know of two such people, the worst of the worst. They sold drugs and said they were going to shove it up their noses. He wasn't killed. He shouldn't have been killed. He was tried. He was from another country. In fact, he was the President of another country.

He was tried in a court of law, and he was convicted by a unanimous jury. He is on the streets today. Why? Because the President of the United States said he deserved the pardon. No matter how many people he killed, no matter how many drugs he brought in, the President of the United States said it is okay, we are going to send him back on the streets.

There is another individual who sold drugs over the internet, killing Americans. He was not executed. He was tried and convicted unanimously in a court. He is back on the streets.

□ 1340

As a prosecutor, I would have been—and the family members of the victims, of those two, in particular, and others like them, for them to be convicted and then released by the President of the United States of America, is that justice? Is that protecting us? What kind of message is that sending to just go after the little guy in a boat who was instructed by others?

How many of the big kingpins have been brought to justice? Who is going after and building a case to prosecute them and have them locked up in jail?

This administration wants to say these strikes are about stopping drugs from entering the country. Putting aside the fact that drug smuggling is not a crime punishable by death, or

that these boats could have, per the law, been intercepted by the Coast Guard and suspected traffickers questioned and prosecuted in a U.S. court, this is not a counternarcotics operation.

The administration's actions, whether the largest military deployment to the region since the Cuban Missile Crisis, the seizure of a Venezuelan oil tanker, ordering a blockade of Venezuela, or the many public statements issued by U.S. officials, including President Trump—

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

Mr. MEEKS. Let me just say, I see him putting up a picture.

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

Mr. MEEKS. Let me tell you about that picture. That is diplomacy before he was the President of the United States. He was a member—

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

The gentleman is no longer recognized.

Members are reminded to refrain from engaging in personalities toward the President.

Mr. MAST. Mr. Speaker, let me put this up. I was asked to take it down for a moment. Let me take a second and put this up. I will get to it.

This resolution, plain and simple, is about telling the President he has no authority to combat terrorists in the Western Hemisphere. Those are the words of this resolution. It is not a secret. Anybody can read it.

The President doesn't have the authority to combat MS-13, Tren de Aragua, Sinaloa Cartel, take your pick. If the President says they are terrorists, and they are in the Western Hemisphere, the President can't touch them.

That is what they are trying to do. They want to tie his hands and not let him defend the United States of America.

We are not talking about street gangs. They are militarized threats. They have taken over entire apartment complexes and neighborhoods in the United States.

My colleagues say this resolution is just about putting Congress on record, so let's put Congress on record.

If you stand with protecting the United States of America against narcoterrorists, then oppose this resolution. It is plain and simple. If you stand shoulder to shoulder with MS-13, Tren de Aragua, and Sinaloa Cartel, and the dictators who work hand in hand with them, like Nicolas Maduro in this photo, then this resolution is for you. Vote for it.

We know exactly where some of my colleagues stand. You can look to see where they stand in this photo. Let's talk a little bit about that in a moment. I will touch on something else first.

Since President Trump took office, we have seen our Democrat colleagues fight to unmask agents, to dox Border

Patrol officers. We have seen them issue warnings ahead of immigration raids. They spent taxpayer dollars to keep illegal immigrants in the United States. Now, Democrats are going even further with this resolution and saying the President can't protect our country.

I am going to show you this photo. I actually thought a lot about this photo as chairman of the Foreign Affairs Committee because I take photos with foreign heads of state, diplomats, and other people from other countries on a daily basis. I shake hands and greet people. Whether I like them or not, I shake hands. It is something that I do, but I can tell you what I don't do. I do not let other people wrap their arms around me unless they are my kids, my friends, or my family.

That is Nicolas Maduro's hand right there. I will put a little arrow there. That is Ranking Member MEEKS, who has been arguing with me for the last little while, right here. That is his arm around the ranking member. I don't let people put their arms around me, especially not people like that.

In this photo of Nicolas Maduro, you probably also recognize John Kerry. It is sad to see that. I think it says a lot about the origination of this bill, the heart of this bill. This is not a handshake. It is an embrace of somebody with a relationship. That is what happens.

If somebody puts their arm around me, that means they have a relationship with me. To me, this says a lot about who this bill stands shoulder to shoulder with.

Do you stand shoulder to shoulder with Nicolas Maduro, with his arms wrapped around you, or do you stand shoulder to shoulder to protect the United States of America and our people from the people who are murdering us and sending their drugs over? The choice is up to you.

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

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

Pursuant to the order of the House of December 16, 2025, the previous question is ordered on the concurrent resolution.

The question is on adoption of the concurrent resolution.

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

Mr. MEEKS. 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.

REMOVAL OF THE USE OF UNITED STATES FORCES FOR HOSTILITIES WITHIN OR AGAINST VENEZUELA

Mr. MAST. Mr. Speaker, pursuant to the order of the House of December 16,

2025, I call up the concurrent resolution (H. Con. Res. 64) to direct the removal of United States Armed Forces from hostilities within or against Venezuela that have not been authorized by Congress, and ask for its immediate consideration in the House.

The Clerk read the title of the concurrent resolution.

The SPEAKER pro tempore. Pursuant to the order of the House of December 16, 2025, the concurrent resolution is considered read.

The text of the concurrent resolution is as follows:

H. CON. RES. 64

Resolved by the House of Representatives (the Senate concurring),

SEC. 1. REMOVAL OF THE USE OF UNITED STATES FORCES FOR HOSTILITIES WITHIN OR AGAINST VENEZUELA.

Pursuant to section 5(c) of the War Powers Resolution (50 U.S.C. 1544(c)), Congress hereby directs the President to remove the use of United States Armed Forces from hostilities within or against Venezuela, unless explicitly authorized by a declaration of war or specific statutory authorization for use of military force.

The SPEAKER pro tempore. The concurrent resolution shall be debatable for 1 hour, equally divided among and controlled by Representative MAST of Florida, Representative MEEKS of New York, and Representative McGOVERN of Massachusetts, or their respective designees.

The gentleman from Florida (Mr. MAST), the gentleman from New York (Mr. MEEKS), and the gentleman from Massachusetts (Mr. McGOVERN) each will control 20 minutes.

The Chair recognizes the gentleman from Florida.

GENERAL LEAVE

Mr. MAST. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the resolution under consideration.

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

There was no objection.

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

Mr. Speaker, this resolution is weak. It is unnecessary. It is dangerous. It is also not about oversight. It is not about the Constitution. Just like the last resolution, it is about tying the President's hands, specifically in Venezuela. It is about telling President Trump that he does not have the authority to defend the United States of America.

This resolution is preemptive surrender. As written, it limits the President's ability to respond to future threats posed by Venezuela.

If Russia delivers nukes there, the President cannot respond. If Iran delivers a dirty bomb there, the President can't respond. If China delivers anthrax or some other biological weapon, like they did with COVID-19, but far more deadly, the President can't respond. No matter what the threat, the President cannot respond.

Additionally, this resolution to me doesn't make much sense because we are not in hostilities inside Venezuela. The Authorization for Use of Military Force process exists in Congress, but Democrats are not writing a scope of action for the President to defend the United States of America. This resolution is a blanket statement to say to the President that he cannot defend the United States of America.

□ 1350

Mr. Speaker, no matter the threat emanating from Venezuela, you cannot defend. You cannot defend me. You cannot defend our country against it.

This resolution is not stopping war. It is not stopping invasion. It is not stopping drug running. It is not stopping terrorism. It is not stopping the President. It is just stopping the President from acting decisively before Americans die. That is what it stops.

Let's be clear about who we are dealing with. Venezuela is the largest and best-funded cartel in the world. We just saw the ranking member with Nicolas Maduro. Maduro had his hand around him. He is not a legitimate head of state. He is a legitimate narcoterrorist who is poisoning Americans.

All the stuff we talked about in the last debate is Maduro. He is the head of a cartel who will abduct somebody, behead somebody, or torture somebody to support his political ends.

Both Republican and Democrat administrations agree that Maduro is an illegitimate dictator who rules through repression, fraud, and violence. He uses the Venezuelan military to move cocaine into the United States. That is not theory. This is a state-run criminal enterprise. Venezuela is not a gang. It is a cartel state. It rakes in billions, moving more than 250 metric tons of Colombian cocaine through their country every year.

The United States already has bipartisan sanctions on Venezuelan oil. President Trump supported them. President Biden kept them. Maduro is violating those sanctions. We just caught him doing it again. A ghost ship was intercepted, smuggling Venezuelan oil. Maduro admitted the oil was his.

Here is the simple question: How do we enforce sanctions if we are not allowed to stop the shipments? The answer is that we cannot. Interdicting those Venezuelan oil shipments is not war. It is sanction enforcement. It is law and order.

Given that it is the Venezuelan Government that is the cartel, the trafficker, the one moving these ships, that is why it requires the military to do so.

This resolution reads as if Maduro wrote it himself. It gives a narcoterrorist dictator a free pass to keep trafficking drugs, funding criminal networks, and killing Americans because it appears Democrats hate President Trump more than they can love America.

President Trump has the authority and the obligation to take limited and

targeted action to protect the United States of America wherever those threats emanate from.

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

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

Mr. Speaker, let me just say maybe I can teach the chairman something about diplomacy. Maybe he doesn't know anything about diplomacy.

First, let me talk about the picture he tried to show me. That was a bipartisan trip, Democrats and Republicans, working together. It was called the Boston Group. We were bringing the opposition and at that time the Chavistas together.

The SPEAKER pro tempore. Will the gentleman suspend? Unless a Member is under recognition, they cannot display exhibits.

Mr. MEEKS. Mr. Speaker, we were diplomatically working together. We were trying to help the people of Venezuela.

In fact, we can also see how long ago that was. I had all-black hair at the time. I think I looked good. I got gray. I had all-black hair because that was back in 2002. I was a new Member of Congress, trying to work together with diplomacy from the very beginning.

Mr. Speaker, I didn't come here with prop photos because I am here to debate substance. I am here to find out why the President of the United States pardoned convicted drug dealers. I have not gotten an answer to that yet.

If we are talking about pictures, I could have come with pictures of President Trump with his arm around Kim Jong Un. I could have come with pictures of President Trump offering the red carpet to Vladimir Putin. I could have come with a whole lot of pictures of President Trump with Epstein. I didn't come to play games. My colleague is playing a game on the House floor.

I came because we have serious business here. This is not a game. This is about our responsibility as Members of Congress in addressing issues that should be before this body. It is about us having a debate in committee and holding the administration accountable, as we do any President. It is about us being the Representatives of people who elect us.

Mr. Speaker, this is not a game. Diplomacy is not a game. War is not a game. There are rules in war. When people violate rules in war, they have to be held accountable. When people violate rules in our cities, they have to be held accountable.

The people who are in these positions—law enforcement officers, police officers, and the President of the United States—have to be held responsible. If we close our eyes on one, our country is not the country we have said it is.

I said earlier on the floor during this debate: My War Powers Resolution to end this administration's extrajudicial strikes on boats in the Western Hemisphere, those bombs are not about drugs.

If the administration did want to stop drugs, Trump would not have pardoned the former President of Honduras, Juan Orlando Hernandez, or Ross Ulbricht who operated the Silk Road drug marketplace. He wouldn't seize an oil tanker off the coast of Venezuela or threaten CIA operations, blockades, and strikes on Venezuela.

This is no joke. This is serious. This is not about drugs. It is about regime change. It is about being honest with the people of America. That is what the Chief of Staff of the President just did. She didn't talk about drugs. She talked about regime change. It is Trump himself saying it.

He said he wanted the oil. He said it was our oil, not Venezuela's oil. He said it is our oil and our territory. We are going to take it back. That is the tweet of the President. This is no joke. This is no game. This is serious business.

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

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

Mr. Speaker, I never thought I would say this, but I am glad I am not on the Foreign Affairs Committee. I thought the Rules Committee was tough. Listening to this debate, I would go out of my mind. I couldn't follow the chairman of the Foreign Affairs Committee.

I want to correct something. This is not a Democratic resolution. It is a bipartisan resolution. Maybe that is something the chairman is not familiar with, but this is a bipartisan resolution. Democrats and Republicans have sponsored it.

In this Chamber, I guess we have all become accustomed to debating trivial issues passionately and important ones not at all. We spend a lot of time renaming post offices and passing bills that do nothing for anybody. Maybe the distinguished chairman is not used to doing big things.

Mr. Speaker, I will say that the issue of war is a big deal. It is a big deal. It should be a big deal to Democrats. It should be a big deal to Republicans.

□ 1400

It is our constitutional responsibility, and so I am here because I am deeply troubled that the President of the United States, in my view, is slowly but surely marching us toward open hostilities with Venezuela. I don't say that as a Democrat. I say it as an American who is worried about this country getting dragged into another potentially endless war.

Mr. Speaker, let me be crystal clear. I mean, that is what we are talking about. That is what we are talking about. This is not some hypothetical, abstract debate. Donald Trump has already engaged in acts that are considered hostile under U.S. law.

He has threatened to close Venezuelan airspace. He says that he plans a naval blockade against the country soon. He has warned that military strikes on Venezuela will start "very soon."

Our Constitution provides this body, the United States Congress, with the solitary authority to declare war, and the President, despite already engaging in hostile actions toward Venezuela, has neither requested nor received the authorization for the use of military force as required by the War Powers Resolution of 1973.

Mr. Speaker, American troops take an oath to protect and defend this country. It is our duty in Congress to debate and vote before they are put into harm's way.

Right now, by placing U.S. military assets off the coast of Venezuela, this administration has them in harm's way right now. That is why, in a bipartisan way, we have introduced this resolution. It provides the House of Representatives with the simple up-or-down vote. It is a simple "yes" or "no." Do my colleagues want an unauthorized war in Venezuela or not?

Mr. Speaker, you may want a war in Venezuela. You ought to vote for it if you want it, but I do not want any war in Venezuela. I am joined on this resolution, again, by Members of Congress across the political spectrum, Democrats and Republicans who, like me, are deeply troubled by the idea of endless wars and of America spending more of its treasure on wars that are not clearly defined, that we have no idea how they will end up, at a time when we can't even provide people healthcare in this country and where we have homeless veterans.

I was here in 2002, Mr. Speaker. I voted against the war in Iraq, and Americans do not want another Iraq. If we intensify hostilities against Venezuela, we have no idea what we are walking into.

The oversight in this Congress has been almost nonexistent given what is going on. Congress has been lied to repeatedly—repeatedly by administrations from both parties who want to use our military in ill-defined and often unwinnable conflicts.

I remember the Bush administration telling us that the war in Iraq would be a cinch. It was clearly not. We spent over a decade at war. We lost American lives, civilian lives, and added trillions of dollars to our debt at the expense of the basic needs of the American people.

At least George Bush had the decency to come to Congress for approval in 2002. Don't the American people deserve that respect today?

This is about whether we want to use taxpayer dollars and risk American lives on regime change, endless wars, and costly quagmires, or whether we want to invest here in our own country and solve our own problems.

For God's sake, we live in a country where we, again, have homeless veterans, where we have hungry school kids, where seniors can't afford their medication, and families struggle to get by.

Mr. Speaker, I think it is immoral. It is not just a strategic failure but a moral failure that we have a President

beating the drums of war without so much as a vote in the House of Representatives. This is not America first.

Mr. Speaker, I know that some of my colleagues may say that war is justified. I can't for the life of me figure out that logic, but I went to the classified briefing that the administration organized yesterday. I went to other classified briefings.

I heard no justification that there was some imminent military threat from Venezuela, nothing that would justify the hostilities that the President is engaged in right now in building up troops.

To those who want to go to war and say that this is about drugs and cartels, let me just say that this administration's own Drug Enforcement Administration reports that fentanyl is overwhelmingly produced in other countries using chemicals that come from elsewhere in the world. Venezuela isn't listed as a fentanyl source or transit country in any edition of the National Drug Threat Assessment.

More fentanyl comes from China and Mexico than Venezuela. Maybe the chairman wants to go to war with China and Mexico.

By the way, as is pointed out, Donald Trump pardoned the ex-President of Honduras who was found guilty of drug trafficking. The chairman said nothing about that.

Over 3,667 people in Florida died from fentanyl, and the President of the United States pardoned one of the people who was primarily responsible for getting fentanyl into our country. He also pardoned the dark web guy who smuggled fentanyl in from China. Not a word. No oversight. Who cares because they don't want to say anything about Donald. He is the pardoner in chief. If you want to stop drugs from coming in, start by not pardoning drug dealers.

Those who want to go to war also point out that Nicolas Maduro is a tyrant. I agree that he is a tyrant. He violates the human rights of his own people. He has unlawfully detained Americans and Venezuelans as political prisoners. He is a violent, vicious, brutal dictator. Guess what, Mr. Speaker. Sadly, the globe is full of violent, vicious tyrants—in China, Russia, and North Korea. Do you want to go to war with all of them?

For God's sake, we sell weapons to Saudi Arabia, the UAE, and Egypt, countries that have awful human rights violations. I hate Maduro, and I condemn him all the time. While we should have a discussion about how to help the people of Venezuela, the answer is not going to war.

Congress should have the guts to at least debate this issue and vote on it and not just cede all of this power to the administration.

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

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

Mr. Speaker, this is serious. It is not a joke. It is not just about pictures, but pictures tell a thousand words.

You came here to prevent the President from defending the United States of America, plain and simple. There have been deaths in Florida. There have been deaths in Representative McGOVERN's district: 262 overdoses in the last year, people beaten by MS-13, strangled by MS-13, stabbed 32 times by MS-13. The list goes on.

That is what the President is trying to defend from happening in the United States of America. That is as serious as it gets, and it absolutely matters that Nicolas Maduro has his arm around the authors of this legislation that would prevent the President from defending against that country, their cartels, their terrorists, and the drugs coming through that country. What the President is doing in the Gulf is protecting the homeland of the United States of America, protecting the homeland.

I would give this last comment to the gentleman from Massachusetts (Mr. McGOVERN): I never saw the things that I did as big or small. Risking my life for my country, I simply saw as my duty.

Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. SELF), the chair of the Europe Subcommittee.

Mr. SELF. Mr. Speaker, I thank the chairman for yielding to me.

Mr. Speaker, I rise in strong opposition to this resolution, which is not necessary, as it removes our Armed Forces from hostilities against a country where there have been no hostilities. The War Powers Act has no legal bearing on actions that could happen in the future. Yet that is exactly what this concurrent resolution attempts to do.

To date, there are no confirmed U.S. servicemembers engaged in combat with Venezuela.

While I could end it there, since Democrats are turning a blind eye to the killing of Americans by illicit drugs from Venezuela, I also highlight that Venezuela has become a strategic outpost for China, Russia, and Iran, not to mention criminal and terrorist organizations.

Just yesterday, at a Europe Subcommittee hearing, I made the point that China and Russia are engaged in hybrid war against the United States today.

Not only has Maduro's regime purchased Iranian-armed drones, but they have also allowed Iran to establish production facilities for its military drones within their borders.

Terrorist organizations like Hezbollah use Caracas as a base to operate their criminal terror organizations in South America, generating revenue through narcotrafficking.

Russia, a longtime ally of the regime, still provides Venezuela with military aid while also facing the challenges of waging war in Ukraine. In fact, Venezuela opened a factory last summer to manufacture Russian Kalashnikov rifle munitions.

□ 1410

China, Russia, Iran, and Cuba use the country as a platform for intelligence operations in asymmetric warfare.

Instead of considering this resolution, which carries little or no consequences for hostilities that do not exist, this Chamber should focus on supporting the President's efforts to deter the growing national security threat from Venezuela.

Hundreds of Americans die each day due to illegal drugs. Rather than Democrats making it their life's mission to destroy Donald Trump, America would be better served by Members of this Chamber if we helped him prevent the flow of illicit drugs that are killing our citizens.

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

Mr. MAST. Mr. Speaker, I yield an additional 30 seconds to the gentleman from Texas.

Mr. SELF. Mr. Speaker, I urge my colleagues to oppose this resolution.

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

Mr. Speaker, I am not going to get into these back-and-forths. I have been waiting for an answer because this is serious business. The American people want an answer that they can't quite get yet. I can't get anybody at a hearing from the administration to answer the question. I can't even get anybody from the administration, when I saw some yesterday, to answer the question. I have been waiting here. The American people want to know why a President of the United States would pardon two drug dealers. They are not just accused. They are convicted and in jail. They were, but not anymore. They are free men now.

I have been waiting for an answer. I am not playing jokes. This is very serious. I am asking everybody, all of my Republican colleagues, anybody who speaks, anybody, just answer the question. We are on C-SPAN. Here is an opportunity to tell the American people why the President of the United States, for whom you say this is about drugs, would let go of two major convicted drug dealers, not small guys, but major. I just don't know why kingpins can get away with doing and pedaling drugs in the United States, but a peon in the operation must die.

Even if you survived a strike and are holding on for dear life—you have no weapons, no phone, no anything—you are still an imminent danger, so they say, to the United States.

We have pictures that will show whether or not they were a threat to the United States while holding onto that boat. The administration has decided they can show all the others, but the American people cannot see that.

I have been waiting for an answer. The American people want an answer. I will wait.

Nothing.

Mr. Speaker, I yield 2 minutes to the gentlewoman from New York (Ms. VELÁZQUEZ), the ranking member of the Committee on Small Business.

Ms. VELÁZQUEZ. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise today in support of this War Powers Resolution.

Twenty-three years ago, I stood on this same floor as Congress debated an Authorization for Use of Military Force in Iraq.

The Bush administration relied on bad intelligence and outright lies to march America into a disastrous foreign intervention that cost trillions of dollars, took thousands of American lives, and helped destabilize the region for a generation.

Today, I fear we are watching history repeat itself. Once again, a far-right administration is using the same playbook. The justification this administration has provided to Congress and the American people is a joke.

If this were about drugs, why seize an oil tanker and threaten an illegal Navy blockade? If this were about drugs, why would the President pardon a drugtrafficking former President of Honduras?

This is not about drugs. This is about regime change and control of Venezuela's resources.

Nicolas Maduro is a dictator, and you don't have to defend him to recognize a simple truth: Venezuela does not pose an imminent threat, and a war will do nothing to make America safer.

We are sleepwalking into another disastrous foreign war, and Congress must wake up and stop this before it is too late.

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

Mr. McGOVERN. Mr. Speaker, I yield myself 1½ minutes.

Mr. Speaker, I include in the RECORD an article from The Washington Post titled: "Trump pardons major drug traffickers despite his anti-drug rhetoric."

[From The Washington Post, Dec. 8, 2025]

TRUMP PARDONS MAJOR DRUG TRAFFICKERS
DESPITE HIS ANTI-DRUG RHYTHM

(By Meryl Kornfield and Emily Davies)

On President Donald Trump's first full day in office this year, he pardoned Silk Road founder Ross Ulbricht, who was convicted of creating the largest online black market for illegal drugs and other illicit goods of its time.

In the months since, he has granted clemency to others, including Chicago gang leader Larry Hoover and Baltimore drug kingpin Garnett Gilbert Smith. And last week, he pardoned former Honduran president Juan Orlando Hernández, who had been sentenced to 45 years in prison for running his country as a vast "narco-state" that helped to move at least 400 tons of cocaine into the United States.

Overall, Trump—who campaigned against America's worsening drug crisis and promised to crack down on the illegal flow of deadly drugs coming across the border—has pardoned or granted clemency to at least 10 people for drug-related crimes since the beginning of his second term, according to a Washington Post analysis. He also granted pardons or commutations to almost 90 others for drug-related crimes during the four years of his first term, the analysis showed.

At the same time, Trump has threatened military action against Venezuela over accusations that the country's government is

supporting the drug trade and has pushed the Pentagon to conduct targeted strikes on boats suspected of smuggling drugs in the Caribbean. The contrasting actions have come under fire from Democrats and other critics, who say Trump's broad use of clemency contradicts promises to get tough on drugs.

"President Trump is claiming to be taking action to stop the flow of narcotics into the United States," Sen. Tim Kaine (D-Virginia) said on the Senate floor Tuesday, describing the crimes of Ulbricht and Hernández. "... How does this protect Americans from the flow of narcotics entering our country?"

Asked about the contrast, White House press secretary Karoline Leavitt said the pardon of the Honduran president doesn't make it difficult to defend the administration's lethal strikes on suspected drug traffickers.

"I think that President Trump has been quite clear, in his defense of the United States homeland, to stop these illegal narcotics from coming to our borders, whether that's by land or by sea, and he's also made it quite clear that he wants to correct the wrongs of the weaponized Justice Department under the previous administration," she told reporters last Monday.

Asked about Trump's spate of drug-related pardons and commutations, White House spokeswoman Abigail Jackson told The Post that Trump had exercised his constitutional authority, and she attacked former president Joe Biden.

"The only pardons anyone should be critical of are from President Autopen, who pardoned and commuted sentences of violent criminals including child killers and mass murderers—and that's not to mention the proactive pardons he 'signed' for his family members like Hunter on his way out the door," Jackson said.

Trump and his aides have baselessly claimed that Biden's staffers routinely used an autopen to sign pardons and other documents without his knowledge.

Trump has wielded one of the greatest powers of the presidency, clemency, far more this year than he did in his first term. He has pardoned almost all of the approximately 1,500 Jan. 6, 2021, U.S. Capitol attack defendants. He also has pardoned about a dozen members of Congress, mostly Republicans, including most recently Rep. Henry Cuellar (D-Texas), who was charged last year with bribery, money laundering and conspiracy.

By comparison, Trump granted clemency to more than 230 people in his first term, just two of those in his first year.

The pardon frenzy has given rise to a lucrative cottage industry, The Post previously reported. Public disclosures show that lobbyists have spent more than \$2.1 million this year on firms that advocate for pardons, clemency and other forms of executive relief—more than double the total spent in 2024. The records also show that individuals seeking pardons have paid up to \$1 million to hire people close to the president to plead their case.

Experts say the administration's efforts to strike boats near Venezuela have not proved effective in limiting the flow of drugs entering the country because the passage is not ordinarily used to traffic drugs to the United States. Drugs containing fentanyl, which have contributed to most recent drug deaths, are typically manufactured in Mexico and smuggled into the U.S. across the land border. The administration has not provided detailed evidence that the boats they have sunk had drugs on board and were heading for the United States.

The administration has claimed that the strikes are an effective deterrent for other drug traffickers. Defense Secretary Pete

Hegseth told reporters last week that they paused the strikes "because it's hard to find boats to strike right now, which is the entire point, right? Deterrence has to matter." However, experts say there is no available evidence to support the theory that trafficking is down.

"Drug trafficking is like water," said Regina LaBelle, a Georgetown University drug policy professor and former acting director of the Office of National Drug Control Policy. "It's going to find a way to get in."

Critics of the war on drugs have also long asserted that the government has insufficiently addressed the root cause of deaths in the U.S.: addiction. Advocates have urged the government to invest more in overdose prevention measures, such as naloxone and treatment options.

The rate of overdose deaths has been on the rise for decades, fueled by fentanyl since around 2015, until the end of Biden's term, when the rate declined.

Mr. McGOVERN. Mr. Speaker, I don't want to be lectured by the distinguished chairman of the Committee on Foreign Affairs because, as I mentioned, in Florida, 3,667 people have died from fentanyl.

This President has pardoned drug dealer after drug dealer, and there has not been a peep from my friends on the other side of the aisle, who are now talking about the issue of drugs in the United States, not a peep. I don't know how you explain that to the families of those who lost their lives, number one.

Number two, the chairman made a big deal about pictures, that if you are in a picture with somebody and you touch them, that somehow you are affiliated with them.

Here is a picture of Donald Trump and Vladimir Putin with a nice handshake. Does that say that Trump is somehow Vladimir Putin's friend? Here is Trump with Kim Jong-un, giving him a nice hug, another dictator that Trump seems to be enamored with. I don't even know what the hell that proves, but the chairman of the Committee on Foreign Affairs seems to think that photos are a big deal.

Let me read our resolution to you. It says: "Pursuant to section 5(c) of the War Powers Resolution (50 U.S.C. 1544(c)), Congress hereby directs the President to remove the use of United States Armed Forces from hostilities within or against Venezuela, unless explicitly authorized by a declaration of war or specific statutory authorization for use of military force."

That is it. I can't even believe this is controversial. I can't even believe that my friends on the other side of the aisle have a problem with this. This is the most basic stuff.

Mr. Speaker, I yield 3 minutes to the gentleman from Kentucky (Mr. MASSIE).

Mr. MASSIE. Mr. Speaker, James Madison warned us that: "In no part of the Constitution is more wisdom to be found than in the clause which confides the question of war or peace to the legislature, and not to the executive." Madison called it the crown jewel of Congress.

The Framers understood a simple truth: To the extent that warmaking

power devolves to one person, liberty dissolves.

If the President believes military action against Venezuela is justified and needed, he should make the case, and Congress should vote before American lives and treasure are spent on regime change in South America.

Let's be honest about likely outcomes. Do we truly believe that Nicolas Maduro will be replaced by a modern-day George Washington? How did that work out in Cuba, Libya, Iraq, or Syria?

Previous Presidents told us to go to war over WMDs, weapons of mass destruction, that did not exist. Now, it is the same playbook, except we are told that drugs are the WMDs.

If it were about drugs, we would bomb Mexico, China, or Colombia, and the President would not have pardoned Juan Orlando Hernandez. This is about oil and regime change.

□ 1420

When it comes to regime change, we have already been down this road with Venezuela with nothing to show for it. In 2019, we recognized Juan Guaidó. We seized their embassy here in D.C. We were told that regime change was imminent. Years later, Maduro remains in power.

Today, we are told to place our hopes in other exiled figures: Edmundo Gonzalez and Maria Corina Machado. I wish them well. I do. But Congress should not express moral sympathy in the form of a blank check for military escalation and American lives.

Let's take a moment to acknowledge the contradiction at the heart of this policy. This administration tells us that the Maduro regime is made up of narcoterrorists. By escalating toward war, we would predictably create countless refugees. At the same time, this administration has moved to end temporary protected status for hundreds of thousands of Venezuelans and deports them back to the very regime it condemns. So which is it?

Are we prepared to receive swarms of the 25 million Venezuelans who will likely become refugees and lose billions in American treasure that will be used to destroy and inevitably rebuild that nation? Do we want a miniature Afghanistan in the Western Hemisphere?

If that cost is acceptable to this Congress, then we should vote on it, as a voice of the people, and in accordance with our Constitution.

Yet today, we aren't even voting on whether to declare war or authorize the use of military force. All we are voting on is a war powers resolution that strengthens the fabric of our Republic by reasserting the plain and simple language in the Constitution that Congress must decide questions of war.

Mr. Speaker, I urge support for this resolution.

Mr. MAST. Mr. Speaker, I will give a lecture anyway to the Speaker in reference to what Mr. McGOVERN said.

I shake a lot of people's hands that I don't like. I definitely don't let them put their arm around me. There is a big difference. People with common sense recognize that. I wouldn't speak for him, but I suspect he would live life in the same way.

Mr. Speaker, I yield 3 minutes to the gentleman from Arkansas (Mr. CRAWFORD), the chair of the House Permanent Select Committee on Intelligence.

Mr. CRAWFORD. Mr. Speaker, I thank the chairman for his leadership on this initiative. I am glad somebody is showing some leadership here today.

I rise in opposition to the removal of the use of United States Armed Forces for hostilities within or against Venezuela, or the support for drug dictators act.

The United States is using a proportional force to apply pressure on narco-terrorists who are colluding with the illegitimate leader of Venezuela, Nicholas Maduro. They have already acknowledged that.

The use of military pressure, which matches pressure that the U.S. has used in the global fight on terrorism, is a proper extension of the use of force in the Western Hemisphere where narco-terrorists operating through and with Venezuela are creating instability and poisoning Americans in droves.

The use of measured military power is the logical step to attempt to stop narcotics terrorists from supporting Maduro.

The United States has imposed individual, financial, and sectoral sanctions on the Venezuelan Government as well as sanctions on the Maduro government and its supporters. This proposed resolution would disable the very effective tool that has been used to keep pressure on terrorist forces who have a Venezuelan nexus and are planning, plotting, and carrying out attacks against the U.S. and our interests.

The strikes on narco-terrorist cartel assets have been precise and limited. Military action of this nature does not require congressional authorization. Under Article II of the Constitution, the President has the authority—and I would say the responsibility—to protect the United States and American citizens from attack. Moreover, U.S. troops have not been put into harm's way.

Admittedly, it shocks me that we need to remind my colleagues on the other side of the aisle what we are fighting for here. The most recent CDC data shockingly reports that more than 82,000 drug overdose deaths have occurred during the 12-month period ending in January 2025. If ISIS or al-Qaida had contributed to the killing of that many Americans in a single year, our leaders would be rightfully assailed for failing to respond.

Now that President Trump is taking the fight to the terrorists who have actually contributed to our Nation's drug overdose epidemic, he is met with criti-

cism rather than the praise that he and his administration deserve.

I guarantee you that family and friends don't distinguish between the branch of terrorism that led to the death of their loved ones. They just want them defeated.

For too long, these cartels have poisoned the American people, destabilized and corrupted our neighbors, and tortured and killed thousands of innocents throughout our hemisphere.

I have traveled extensively across the Western Hemisphere and met with many of our neighbors' leaders and their forces who are also engaged in the fight against these cartels, and these terrorist organizations are some of the most vile and evil in the world.

To bar the President from using military force consistent with other counterterrorism activities, simply due to a Venezuelan nexus, is not supportable and is antithetical to his duty to protect our Nation from foreign terrorism threats.

This resolution would prevent the application of the use of force against the very narcotics terrorists cooperating with Venezuela.

How in the world is that consistent with the primary duty of the government to protect our Nation and its citizens?

I strongly recommend that my colleagues vote against this misguided resolution.

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

Let me just say this real quick, because the chairman keeps going on about these pictures. I am not going to keep belaboring, but I do remember something, if you want to talk about it now.

I think that we know that Kim Jong-un, who he is, et cetera. I have a quote, if you really want to talk about relationships, Mr. Chairman, that you can get directly from the President of the United States. When he was talking about Kim Jong-un, here is what he said: "We fell in love, okay? No, really. He wrote me beautiful letters, and they're great letters." We are in love.

That is Kim Jong-un. You can also talk about him and Xi, where fentanyl is coming into the United States. Those are real relationships.

Any time you are ready to answer the question about why somebody, the President of the United States, would pardon kingpins in the drug trade, I will get an answer. I have been waiting. I have been asking everybody. Not only the chairman but any Republican that wants to make a statement, if they could just explain to the American people. They don't have to explain it to me. Explain it to the American people. Just give me some explanation of why the President of the United States would pardon convicted drug traffickers.

Mr. Speaker, I yield 2 minutes to the gentleman from Maryland (Mr. RASKIN), the ranking member of the Judiciary Committee.

Mr. RASKIN. Mr. Speaker, why did the Framers vest the power to declare war in Congress alone? It was because the kings were constantly plunging their entire nations into wars of vanity, of conceit, of caprice, of mere whimsy.

They didn't trust one man to be able to take the entire country to war. They wanted that question proposed in the representatives of the people because it is our sons and daughters who will go fight, and it is the whole country's treasure that will be put at risk.

Now, Donald Trump, buffeted by dozens of election losses all across the country from Virginia to New York to New Jersey to California to Mississippi and Georgia, sinking in the polls like a stone because of his catastrophic unconstitutional tariffs and his complete destruction of the healthcare system of the country, now wants to turn the metaphorical war on drugs into an actual, physical war on drugs.

Well, Donald Trump's real interests in supporting dictators and big-time drug dealers were made clear with a series of Presidential pardons of major drug dealers, including the former President of Honduras, Juan Orlando Hernandez. The guy was sentenced to 45 years in prison for bringing 40 tons—I am sorry—400 tons of cocaine into the country. Eight hundred thousand pounds of cocaine he brought into our country, and President Hernandez says: I am going to stuff the cocaine up the noses of the gringos.

President Trump pardoned him without any explanation. We eagerly await an explanation from someone on that side because they have blown up 26 vessels on the high seas which have at most, if each one has 2 tons of cocaine in it, 52 tons, and he pardoned this guy who brought in 800,000 pounds of cocaine to stuff up the noses of the gringos.

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

Mr. MEEKS. Mr. Speaker, I yield an additional 30 seconds to the gentleman from Maryland.

Mr. RASKIN. Mr. Speaker, I urgently commend to our colleagues across the aisle the speech that President Lincoln, the founder of their party, made about the Mexican-American War. He stood in this Chamber and said: On something as important and as grave as going to war, we want to know exactly what the rationale is, exactly why we are doing it.

He got the nickname Spotty because he said he wanted to know the exact spot where American blood was shed.

Well, there is a real accounting to be done in terms of what is the factual predicate for this war that Donald Trump wants.

□ 1430

Mr. McGOVERN. Mr. Speaker, the chairman of the Foreign Affairs Committee has said some strange things today about how you interpret photographs if the people are shaking hands

or whatever, but, somehow, if your arm is around somebody that means that you are dear friends.

I am just looking at this photo of Donald Trump with his arm around Jeffrey Epstein. By the gentleman's standards, they must be in love.

This debate is not about the gentleman's personal weird code on touching. This is about war, and that is what we are here to talk about. Quite frankly, it deserves a more serious treatment from the chairman of the Foreign Affairs Committee.

Mr. Speaker, I yield 3 minutes to the gentleman from Texas (Mr. CASTRO), who is one of the cosponsors of this resolution.

Mr. CASTRO of Texas. Mr. Speaker, we are at war with Venezuela. Last night, the President declared a naval blockade of Venezuela. This is an act of war.

The President has said that strikes on land are imminent. He is dragging us into a war that the American people do not want and that the Congress did not authorize.

Mr. Speaker, Americans are asking: Why?

Is it about the drugs?

It can't be about the drugs because he just pardoned one of the largest drug traffickers in U.S. history.

Is it about fentanyl?

Venezuela doesn't traffic fentanyl.

One can't say that it is because Nicholas Maduro is a dictator. He certainly is a dictator, and the Venezuelan people deserve better, but so is Mohammed bin Salman, who is a leader the President praises all the time.

Mr. Speaker, you can't say that it is about communism, because China is one of our largest trading partners.

So what is this war about?

It is about regime change, power, graft, oil, and land. Yesterday, the President told us he wants to seize the oil and the land. The President has no plans to address rising grocery prices, healthcare prices, childcare prices, and rent that is going up. Instead of attacking Venezuela, he should be attacking those high prices.

These are issues that Americans want us to focus on, but, instead, he is sending American servicemembers into an illegal war.

We have been down this path before. The vote to authorize the Iraq war came to define the legacy of every Member of the 107th Congress. That vote came to haunt many.

Your vote today will be part of your legacy. It will be part of how your service in the House of Representatives will be defined.

I urge you to vote "yes" on this bipartisan resolution.

The SPEAKER pro tempore (Mr. MEUSER). Members are reminded to direct their comments to the Chair.

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

Mr. MAST. Mr. Speaker, for every one of my colleagues on the other side, it is about drugs. It is about the drugs

being prevented from going into their community, like Representative CASTRO's, who had 101 people die last year from overdose and somebody murdered by Tren de Aragua on June 16, 2024. It is absolutely about preventing those things. It is about preventing those things, and they are going to allow it in.

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

Mr. McCORMICK. Mr. Speaker, I am in strong opposition to this resolution because the issue before us is not one of Presidential authority. It is whether Congress should undermine the President's ability to deter threats and protect the United States' interests in our own hemisphere.

History shows that time after time, Mr. Speaker, if you signal weakness, it emboldens your adversaries. A resolution that publicly constrains the Commander in Chief does not promote peace. What it does is it telegraphs weakness to a hostile regime like Venezuela and encourages them to test U.S. resolve.

This is not a distant theater. This is our hemisphere. Supporting the President's authority is not a blank check for war. It is a recommendation that timely, flexible military posturing is what prevents war, and in this case protects Americans against the most lethal attack ever on the American people and the population where we have lost over 250 people per day for the last 3 years.

This is not the time to act in opposition to the Commander in Chief and to oppose him from the most important obligation he has: protect the American public. That is why I oppose this.

Mr. MEEKS. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. TAKANO), who is the ranking member of the Veterans' Affairs Committee.

Mr. TAKANO. Mr. Speaker, no President, Democrat or Republican, can declare war without Congress. Congress is the branch of government vested with this solemn responsibility.

President Trump has not requested or received any authorization for the use of military force against Venezuela. Yet he continues to escalate the situation by striking speedboats, seizing oil tankers, and establishing blockades, which is an act of war.

Congress must be consulted. The President is either trying to distract Americans from the fact that millions of people are going to lose their healthcare, or he believes that he is a king unbound by our laws, unbound by international law, and unbound by our Constitution.

We cannot allow him to unilaterally declare war. Congress must be consulted.

Vote "yes" on this resolution.

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

Mr. McGOVERN. Mr. Speaker, I yield 2 minutes to the gentlewoman from Illinois (Mrs. RAMIREZ).

Mrs. RAMIREZ. Mr. Speaker, from the start of the Trump administration, this Republican-led Congress has willingly given up our powers and authority: our power of the purse, our oversight authority, our legislative authority, and now, our war powers.

Members of this body have surrendered their ability to check the executive and have failed to stand up for democracy and the American people.

I say: Enough is enough. Congress must start acting as a coequal branch of government. Trump and his administration, while waging a war in our cities, are committing war crimes in the Caribbean.

While Trump lies to us about how they are going after narcotics, he is pardoning convicted narcotics who are probably responsible for many of the overdoses we have seen around the country.

The hypocrisy is suffocating. The administration is lying, consolidating power, and committing war crimes in order to control, to dominate, and to seize Venezuelan oil and pursue regime change for their imperialistic agenda in the Western Hemisphere. They do this all so they can extract resources, they can expand their wealth, and they can make sure that one day, should they lose their hold on power, which they will, they can be pardoned for their corruption.

It seems like Republicans love Trump and protecting pedophiles more than they love America and children. It is shameful, and it is pitiful. It is filthy, and we have to put an end to it.

Mr. Speaker, I urge my colleagues to vote "yes" on this resolution. Let's take back the power and authority that rightfully belongs to Congress and put an end to the lawlessness that makes us all less safe.

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

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

Mr. MAST. Mr. Speaker, may I inquire as to how much time I have remaining.

The SPEAKER pro tempore. The gentleman from Florida has 7 minutes remaining. The gentleman from Massachusetts has 3 minutes remaining. The gentleman from New York has 4 minutes remaining.

□ 1440

Mr. MAST. Mr. Speaker, I yield 1½ minutes to the gentlewoman from South Carolina (Mrs. BIGGS).

Mrs. BIGGS of South Carolina. Mr. Speaker, I rise today in strong opposition to the resolution which seeks to limit the constitutional authority of the President under Article II and micromanage the Commander in Chief during a national security crisis.

While our Nation's first priority must always be the pursuit of peace

over conflict, we cannot remain idle when an indicted drug trafficker weaponizes narcoterrorists to assault our sovereignty. Peace is maintained through strength, and it would be both unconstitutional and irresponsible to tie the hands of the President, who is protecting the American people from drug cartels and terrorist tactics.

Decades of executive branch precedent, affirmed by both parties, establish that restricted engagements involving no ground troops and limited operations do not require congressional authorization.

The President's targeted strikes on narcoterrorist vessels have been precise and targeted and have not put U.S. troops in harm's way.

Passage of this resolution would set catastrophic precedent. It would define any defensive use of force as an act of war, effectively stripping the Commander in Chief of his constitutional mandate to respond to foreign threats and to secure our borders against a criminal regime.

Mr. Speaker, the War Powers Resolution was never intended to be a tool for the legislative branch to conduct tactical oversight of military operations.

We have one Commander in Chief for a reason. Which side are we on: keeping Americans safe or protecting narcoterrorists? I urge my colleagues to vote "no."

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

Mr. MCGOVERN. Mr. Speaker, does the gentleman from Florida have additional speakers? I reserve the balance of my time.

Mr. MAST. Mr. Speaker, I have three more speakers.

Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. GIMENEZ).

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

This resolution would prohibit the use of United States Armed Forces off the coast of Venezuela without regard for the real and growing threats posed by the foreign terrorist Maduro regime.

Let's be clear-eyed about the danger that we face. The Maduro regime is a designated foreign terrorist organization, a narcoterrorist state that collaborates with other foreign terrorist organizations and violent cartels to flood our hemisphere and our communities with deadly poison.

Venezuela has been taken over. The Venezuelan people are held hostage by a foreign terrorist regime that uses their land as an operating base for international drug trafficking, fueling a crisis that has cost nearly 400,000 Americans their lives since 2021.

This resolution would have us pull back from the fight against designated terrorist regimes and cartels in our own hemisphere, just miles from our shores. It tells the foreign terrorist regime in Venezuela and its criminal allies that Congress is willing to look the other way as hundreds of thousands of Americans continue to die every single year.

We must reject this resolution and send a clear message: The United States will confront narcoterrorist regimes in our hemisphere, stand with the Venezuelan people, and never surrender to terrorist regimes that threaten our security. Too many Americans have already paid with their lives because this threat was ignored.

For the sake of our national security, our communities, and the men and women in uniform who stand the line every day, I urge a "no" vote on this resolution. I thank my colleague for yielding me the time.

Mr. MEEKS. Mr. Speaker, I yield 30 seconds to the gentleman from Illinois (Mr. KRISHNAMOORTHI).

Mr. KRISHNAMOORTHI. Mr. Speaker, the purpose of the War Powers Act was to prevent secret wars from happening after Vietnam. The reason why we have this is so that the administration is accountable to the people. No war should be declared and no war should be prosecuted in the name of the American people without their consent.

If the President wishes to go to war, he must come to the people, explain his rationale, and get their consent. He is not doing that now. When he doesn't do that, bad things happen. Bad things are happening today.

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

Mr. MAST. Mr. Speaker, I yield 1½ minutes to the gentleman from California (Mr. MCCLINTOCK).

Mr. MCCLINTOCK. Mr. Speaker, the gentleman is absolutely right, the Constitution is crystal clear that only Congress can start a war. However, in their deliberations on this subject, the Founders also made clear that they were leaving the President certain limited inherent power to react to an attack. For example, he can order up defensive measures or hot pursuit of an enemy or retaliatory strikes. That is the distinction they debated when they substituted "declare war" instead of "make war" among Congress' enumerated powers.

The supporters of this resolution are correct. Congress has to initiate hostilities, but neither of these resolutions are applicable to current events. H. Con. Res. 64 orders the President to remove forces from Venezuela that are not in Venezuela. Until and unless they are, this is at best an empty partisan exercise. Worse, it could be construed to constrain his inherent powers in the event of an attack by Venezuela that requires an immediate response.

H. Con. Res. 61 orders him to cease attacks on terrorist groups, presumably the drug runners, but these are unflagged vessels carrying contraband in international waters. An attack on them is not an attack on a foreign power and, therefore, not an act of war. It is akin to firing on Somali pirates menacing international shipping.

If the President launched an unprovoked attack on Venezuela or Venezuelan-flagged vessels without

congressional declaration, we should have this debate. Until then, I think the Democrats would do well not to cry wolf on such an important matter.

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

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

Mr. MAST. Mr. Speaker, I yield 30 seconds to the gentleman from Ohio (Mr. DAVIDSON).

Mr. DAVIDSON. Mr. Speaker, I would ask Mr. MCGOVERN: Is the contention that this is a present condition, that there are U.S. forces in violation of the War Powers Resolution, or is it about a hypothetical future?

I yield to the gentleman from Massachusetts.

Mr. MCGOVERN. The first thing you said.

Mr. DAVIDSON. The contention is it is a pressing condition?

Mr. MCGOVERN. Yes.

Mr. DAVIDSON. I disagree with that. I will be voting "no."

Mr. MCGOVERN. Read the intelligence.

Mr. MAST. Mr. Speaker, I have no additional speakers. I reserve the balance of my time until the gentlemen yield back.

Mr. MCGOVERN. Mr. Speaker, I yield myself the balance of my time to close.

Mr. Speaker, I really can't believe this debate from some of my friends on the other side of the aisle. They are talking about things that have nothing to do with the underlying legislation. I mean, they are talking about fentanyl. Well, fentanyl is coming from China. That is the problem. Do you want to bomb China? Then make the case to bomb China. That is where fentanyl is coming from.

They are talking about nuclear war. I don't even know what that has to do with what we are debating here today.

I think what is clear is my Republican friends are basically covering up for the President, who is sleepwalking us right into a war in Venezuela. That is the issue here.

The President, by his own words, has said that he wants to block the airspace in Venezuela. He has talked about troops in Venezuela. He is stationing American forces around Venezuela. Under U.S. law, those are acts of hostility.

I have seen this movie before, where my Republican friends get up and they talk tough: Let's go to war, let's go to war. Then we go to war, and it becomes a catastrophe. Then they say: Well, I never voted for a war. Oh, I didn't do that. That is not me.

Well, under the Constitution, we have a responsibility to declare war. We have a responsibility to debate war. Quite frankly, this Congress, given what is going on in Venezuela, ought to be doing more oversight and ought to be debating this issue. That it is somehow controversial or undercuts our attempts to stop drugs from coming into this country is ridiculous. It is ludicrous.

I have been around for a while. The one thing I can tell you with certainty, it is easy to get into a war. It is hard as hell to get out of war. I have been around long enough to hear Presidents of both parties talk about war as something simple: You can get into it, you get out of it easy, no big deal. That has never happened. That has never happened.

□ 1450

Even the Pentagon says it will be very complicated to topple Maduro, and what might result might be more violence, more chaos. It could be a quagmire.

All we are saying here is, let's do our job. If you don't want to do the job, I don't know why the hell you are here, seriously. The Foreign Affairs Committee ought to be taking the lead on this. This shouldn't be controversial.

My resolution is a bipartisan resolution. It deserves bipartisan support. This is the least we can do. This is the least we can do.

When we go to war, our troops have no choice but to follow the orders that are given to them. The bottom line is, we have a responsibility to make sure they don't get sent into a mess, that we know what the hell we are doing, that there is a clearly defined mission, and that this is the right thing to do.

It is the wrong thing to do, in my opinion. We have homeless veterans. We can't provide people in this country with healthcare. People don't have adequate housing. People are hungry.

You want to spend billions and trillions of dollars on another war. Well, I don't want any part of it. Please vote for this resolution.

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

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

I am not going to talk to my colleagues because they are not going to answer the question of why two convicted people, not just indicted, were pardoned by the United States President.

Mr. Speaker, I will address my fellow Americans. Congress would need to pass an Authorization for Use of Military Force if President Trump wanted to put boots on the ground or conduct military strikes in Venezuela to abide by the law.

For that, Republicans in Congress would need to cast their vote on whether to commit U.S. Armed Forces to an open-ended conflict that their constituents, the American people, certainly do not want.

Trump ran on ending forever wars, but now he has forgotten what they are, what his own Secretary of Defense, Pete Hegseth, characterized as “interventionism, undefined wars, regime change . . . and feckless nation building.” Yet, with Venezuela, Trump is provoking a new war right in our backyard and threatening to destabilize the entire region.

Let's be clear: Claiming a war with Venezuela will be quick and easy is a

fantasy. Maduro is by no means a good guy. He lost the last election and has violently repressed the Venezuelan people to stay in power against their democratic will. To think that if the U.S. military just chases him out, then Venezuela's military and armed groups around the country will welcome democracy with open arms is naive at best.

This administration has no plan for the day after. It has no strategy. If Members do not vote for Mr. McGOVERN's War Powers Resolution, they are signing their name to everything that comes after, a forever war in our own hemisphere, a quagmire the likes of Vietnam in a country twice the size of Iraq for a length of time that is completely unknown.

How many billions of dollars of taxpayers' money would be spent so Pete Hegseth can play a wartime general? How many U.S. servicemembers would make the ultimate sacrifice so Donald Trump can do in Latin America what Vladimir Putin does in Europe?

The power over matters of war and peace belongs to the United States Congress. It is our most solemn duty given in the Constitution of the United States, and votes like this are our most consequential. They are literally about life and about death.

If history has taught us anything, it is that wars are easy to start, but they are incredibly difficult to end. The choice you make on this vote will carry a long, a very long, a very long part in this history.

Mr. Speaker, I will end with this. Let me just tell you, the cameras of history are rolling. What will be the downstream effects of destabilizing the country, an entire region? Anyone who tells you they know, they are lying.

What we do know is that the American people don't want this. That is unequivocal. Even President Trump's supporters do not understand why he would do this.

I ask you, let's vote in this House for Mr. McGOVERN's bill. It is the right thing to do. Vote so the American people know how you stood at this point in history.

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

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

The defense of America is what is on the table here. The questions are simple: Does the President have the authority to defend the United States of America against these cartels, against their drugs, their beheadings, their murders? Does he or does he not?

My Democrat friends are arguing that he does not have the authority to defend our country, to protect the people of the United States of America, to protect the people in their communities. That is their argument.

The fact of the matter is, the President has the authority to defend our country, and he has the duty to defend our country.

Mr. Speaker, I urge my colleagues to vote “no,” and I yield back the balance of my time.

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

Pursuant to the order of the House of December 16, 2025, the previous question is ordered on the concurrent resolution.

The question is on adoption of the concurrent resolution.

The question was taken; and the Speaker pro tempore announced that the noes 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 of rule XX, further proceedings on this question will be postponed.

PROTECT CHILDREN'S INNOCENCE ACT

Mr. MOORE of Alabama. Madam Speaker, Pursuant to House Resolution 953, I call up the bill (H.R. 3492) to amend section 116 of title 18, United States Code, with respect to genital and bodily mutilation and chemical castration of minors, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mrs. BICE). Pursuant to House Resolution 953, the amendment in the nature of a substitute recommended by the Committee on the Judiciary, printed in the bill, is adopted and the bill, as amended, is considered read.

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

H.R. 3492

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 “Protect Children's Innocence Act”.

SEC. 2. GENITAL AND BODILY MUTILATION OF A MINOR; CHEMICAL CASTRATION OF A MINOR.

(a) IN GENERAL.—Section 116 of title 18, United States Code, is amended to read as follows:

“§ 116. Genital and bodily mutilation of a minor; chemical castration of a minor

“(a) GENITAL OR BODILY MUTILATION.—Except as provided in subsection (g), whoever, in any circumstance described in subsection (d), knowingly performs, or attempts to perform, genital or bodily mutilation on another person who is a minor, shall be fined under this title, imprisoned not more than 10 years, or both.

“(b) CHEMICAL CASTRATION OF A MINOR.—Except as provided in subsection (g), whoever, in any circumstance described in subsection (d), knowingly chemically castrates a minor shall be fined under this title, imprisoned not more than 10 years, or both.

“(c) CERTAIN OFFENSE RELATED TO FEMALE GENITAL MUTILATION.—Except as provided in subsection (g), whoever, in any circumstance described in subsection (d), knowingly—

“(1) facilitates or consents to female genital mutilation of a minor; or

“(2) transports a minor for the purpose of the performance of female genital mutilation on such minor, shall be fined under this title, imprisoned not more than 10 years, or both.

“(d) CIRCUMSTANCES DESCRIBED.—For the purposes of subsections (a) and (b), the circumstances described in this subsection are that—

“(1) the defendant or victim traveled in interstate or foreign commerce, or traveled using a means, channel, facility, or instrumentality of interstate or foreign commerce, in furtherance of or in connection with the conduct described in subsection (a) or (b);

“(2) the defendant used a means, channel, facility, or instrumentality of interstate or foreign commerce in furtherance of or in connection with the conduct described in subsection (a) or (b);

“(3) any payment of any kind was made, directly or indirectly, in furtherance of or in connection with the conduct described in subsection (a) or (b) using any means, channel, facility, or instrumentality of interstate or foreign commerce or in or affecting interstate or foreign commerce;

“(4) the defendant transmitted in interstate or foreign commerce any communication relating to or in furtherance of the conduct described in subsection (a) or (b) using any means, channel, facility, or instrumentality of interstate or foreign commerce or in or affecting interstate or foreign commerce by any means or in manner, including by computer, mail, wire, or electromagnetic transmission;

“(5) any instrument, item, substance, or other object that has traveled in interstate or foreign commerce was used to perform the conduct described in subsection (a) or (b);

“(6) the conduct described in subsection (a) or (b) occurred within the special maritime and territorial jurisdiction of the United States, or any territory or possession of the United States; or

“(7) the conduct described in subsection (a) or (b) otherwise occurred in or affected interstate or foreign commerce.

“(e) PROHIBITION ON CERTAIN DEFENSE.—It shall not be a defense to a prosecution under subsection (a) that female genital mutilation is required as a matter of religion, custom, tradition, ritual, or standard practice.

“(f) PROHIBITION ON PROSECUTION OF VICTIM.—No person who is chemically castrated or on whom genital or bodily mutilation is performed may be arrested or prosecuted for an offense under this section.

“(g) EXCEPTIONS.—

“(1) PROCEDURES.—

“(A) IN GENERAL.—Genital or bodily mutilation or chemical castration is not a violation of this section if such genital or bodily mutilation or chemical castration is—

“(i) necessary to the health of the minor on whom it is conducted, and is conducted by a person licensed in the place of such conduct as a medical practitioner; or

“(ii) in the case of female genital mutilation, performed on a minor in labor or who has just given birth and is performed for medical purposes connected with that labor or birth by a person licensed in the place it is performed as a medical practitioner, midwife, or person in training to become such a practitioner or midwife.

“(B) HEALTH OF A MINOR.—For the purposes of subparagraph (A), the health of a minor does not include—

“(i) mental, behavioral, or emotional distress; or

“(ii) a mental, behavioral, or emotional disorder.

“(2) EXEMPTION.—Genital or bodily mutilation or chemical castration is not a violation of this section if such genital or bodily mutilation or chemical castration is conducted with respect to any of the following individuals:

“(A) An individual with both ovarian and testicular tissue.

“(B) An individual with respect to whom a physician has determined through genetic or biochemical testing that the individual does not have normal sex chromosome structure, sex steroid hormone production, or sex steroid hormone action.

“(C) An individual experiencing infection, disease, injury, or disorder caused or exacer-

bated by a previous genital or bodily mutilation procedure or chemical castration.

“(D) An individual suffering from a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the individual in imminent danger of impairment of a major bodily function unless the procedure is performed.

“(E) An individual diagnosed with precocious puberty, to the extent such genital or bodily mutilation or chemical castration is for the purpose of normalizing puberty.

“(h) DEFINITIONS.—In this section:

“(1) GENITAL OR BODILY MUTILATION.—The term ‘genital or bodily mutilation’ means, with respect to an individual, any of the following:

“(A) Female genital mutilation.

“(B) Any surgery performed for the purpose of changing the body of such individual to correspond to a sex that differs from their biological sex, including—

“(i) castration;
“(ii) orchectomy;
“(iii) scrotoplasty;
“(iv) vasectomy;
“(v) hysterectomy;
“(vi) oophorectomy;
“(vii) ovariotomy;
“(viii) metoidioplasty;
“(ix) penectomy;
“(x) phalloplasty;
“(xi) vaginoplasty;
“(xii) vaginectomy;
“(xiii) vulvoplasty;
“(xiv) reduction thyrochondroplasty;
“(xv) chondrolaryngoplasty; and
“(xvi) mastectomy.

“(C) Any plastic surgery that feminizes or masculinizes the facial or other physiological features for the purposes described in subparagraph (B).

“(D) Any placement of chest implants to create feminine breasts for the purposes described in subparagraph (B).

“(E) Any placement of fat or artificial implants in the gluteal region for the purposes described in subparagraph (B).

“(F) Any surgery to reconstruct the fixed part of the urethra, whether or not such surgery includes a metoidioplasty or a phalloplasty, for the purposes described in subparagraph (B).

“(2) CHEMICAL CASTRATION.—The term ‘chemical castration’ means administering, supplying, prescribing, dispensing, distributing, or otherwise conveying to an individual medications for the purposes described in paragraph (1)(B), including—

“(A) gonadotropin-releasing hormone (GnRH) analogues or other puberty-blocking drugs to stop or delay normal puberty;

“(B) testosterone or other androgens to biological females at doses that are supraphysiologic to the female sex; and

“(C) estrogen to biological males at doses that are supraphysiologic to the male sex.

“(3) BIOLOGICAL SEX.—The term ‘biological sex’ means, with respect to a person, the classification of the person as male or female at birth.

“(4) FEMALE GENITAL MUTILATION.—The term ‘female genital mutilation’ means any procedure performed for non-medical reasons that involves partial or total removal of, or other injury to, the external female genitalia, and includes—

“(A) a clitoridectomy or the partial or total removal of the clitoris or the prepuce or clitoral hood;

“(B) excision or the partial or total removal (with or without excision of the clitoris) of the labia minora or the labia majora, or both;

“(C) infibulation or the narrowing of the vaginal opening (with or without excision of the clitoris); or

“(D) other procedures that are harmful to the external female genitalia, including pricking, incising, scraping, or cauterizing the genital area.

“(5) MINOR.—The term ‘minor’ means any person under the age of eighteen years.

“(6) MALE.—The term ‘male’ means a person who naturally has, had, will have, or would

have, but for a congenital anomaly, historical accident, or intentional or unintentional disruption, the reproductive system that at some point produces, transports, and utilizes sperm for fertilization.

“(7) FEMALE.—The term ‘female’ means a person who naturally has, had, will have, or would have, but for a congenital anomaly, historical accident, or intentional or unintentional disruption, the reproductive system that at some point produces, transports, and utilizes eggs for fertilization.

(b) CLERICAL AMENDMENT.—The table of sections for chapter 7 of title 18, United States Code, is amended by striking the item related to section 116 and inserting the following:

“116. Genital and bodily mutilation of a minor; chemical castration of a minor.”

The SPEAKER pro tempore. The bill, as amended, shall be debatable for 1 hour equally divided and controlled by the chair and ranking minority member of the Committee on the Judiciary or their respective designees.

After 1 hour of debate, it shall be in order to consider the further amendment printed in House Report 119-411, if offered by the Member designated in the report, which shall be considered read, shall be separately debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, and shall not be subject to a demand for a division of the question.

The gentleman from Alabama (Mr. MOORE) and the gentleman from Maryland (Mr. RASKIN) each will control 30 minutes.

The Chair recognizes the gentleman from Alabama.

□ 1500

GENERAL LEAVE

Mr. MOORE of Alabama. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 3492.

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

There was no objection.

Mr. MOORE of Alabama. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, we as a Nation are facing one of the greatest crises of our time: Child abuse disguised as medical intervention. Children are being coerced by adults in positions of authority into life-altering and medically questionable gender transition procedures without a full understanding of the meaning or that impact.

Democrats have embraced an extreme position on this so-called gender-affirming care. They are more interested in promoting the radical left policies than protecting our children from harm. Despite the American public's widespread rejection of the practice in 2024, the radical left continues to distort the debate surrounding so-called gender affirming care.

Instead of accurately describing the procedures as harmful and life-altering, the left deceptively frames the

procedures as being necessary to improve the health and the well-being of our children.

Through gender-affirming care, Democrats are indoctrinating children and causing them to make life-altering decisions about their body involving hormones and surgery and jeopardizing their health. So-called gender-affirming care is the genital mutilation and chemical castration of children. It is not lifesaving care. It is child abuse.

All evidence points to the fact that gender transition procedures, including the puberty blockers, the hormones, and the surgeries, are a form of genital mutilation. More and more de-transitioners, such as our brave Chloe Cole, are coming forward to share their horrific experiences of being used as experiments of the medical establishment. The majority of these brave transitioners are girls and women.

The first rule of medicine is do no harm. Yet, those in the medical community performing these grotesque procedures on children are committing some serious harm. In fact, these procedures are so grotesque that during the markup of this legislation, our colleagues on the other side of the aisle had a hard time hearing these specific procedures described. This begs the question: If they cannot bear to hear this, why are they forcing it on our children?

Doctors across the U.S. and other countries are beginning to take a stand against those in the medical community who insist on these being life-saving procedures. They should be questioned. Even our neighbors to the North have acted responsibly.

In Canada, all genital surgeries are only available to children who are 18 years of age or older. This policy aligns with the World Professional Association for Transgender Health standards. According to these standards, a person must be the age of majority to undergo reassignment surgery.

Likewise, in Austria, the Czech Republic, Croatia, Denmark, Finland, Italy, Latvia, Lithuania, the Netherlands, Poland, Portugal, Spain, and Sweden, the minimum age requirement to undergo any sex reassignment surgery is 18. We should not fall behind these countries when it comes to protecting our children.

The Protect Children's Innocence Act will hold those accountable who perform or attempt to perform genital mutilation and chemical castration on our children. This bill expands the covered offenses to include body mutilation and chemical castration of minors. Victims are protected by ensuring that they cannot be arrested or prosecuted if one of these, or other prohibited procedures, are performed on them.

This legislation continues President Trump's important priority to protect children. Earlier this year, President Trump issued an executive order titled: "Protecting Children From Chemical and Surgical Mutilation." This order defunds the chemical and surgical mu-

tilation of children and halts the use of Federal funds supporting gender-affirming medical care for youth under the age of 19.

H.R. 3492 works to codify President Trump's executive order and amends section 116 of the United States Code to explicitly include bodily mutilation and chemical castration.

My colleagues on the other side of the aisle have lamented: Leave our children alone. Madam Speaker, that is exactly what this bill does. This issue is simple. Do not force children into making decisions that they will not be able to reverse. Do not make these children lifelong patients and dependent on the medical system. Most importantly, do not abuse our Nation's children.

Madam Speaker, I urge my colleagues to support this legislation, and I reserve the balance of my time.

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

Madam Speaker, the bill would subject doctors, nurses, other medical providers, and even parents to up to 10 years' incarceration in Federal prison and up to \$250,000 in criminal fines for providing gender-affirming healthcare like hormone therapy to minors.

They want to criminalize more than a dozen different evidence-based medical treatments and procedures that are presently being recommended and used for gender dysphoria including the prescription of puberty blockers, which are commonly used by families for young people who are not trans but who face all the medical and social problems associated with early-onset puberty.

The gentlewoman's bill would engineer a massive invasion of the privacy rights of families engaged in medical decisionmaking in America. I thought a belief that families should be able to make their own decisions for their own children was something that united Liberals and Conservatives.

These are hard and often agonizing decisions that loving American families in our country face. Our colleagues now want to invite the Federal Government to come barging into the family dining room and in the doctor's exam room like a raging bull in a china shop.

Does anyone believe the Freedom Caucus and President Trump love America's children more than their own parents do or that they can make better decisions for tens of thousands of American children than their own parents? I can't understand the logic of it.

At a time of skyrocketing healthcare costs—which our colleagues will do nothing about except perhaps a handful of them who have crossed over to join us today in a discharge petition—at a time of skyrocketing healthcare costs, grocery prices, and housing, not to mention the recent news of escalating unemployment higher than the last 4 years, does anybody think that what the American people need right now and are looking for is a Federal law au-

thorizing FBI agents and government prosecutors to investigate doctors, nurses, hospitals, and parents for providing AMA-recommended medical care to children?

The politicians that have brought America to a point of crisis in healthcare coverage for millions of Americans—and can't seem to do anything about it—cannot be trusted to make the most intimate and fundamental decisions for the physical, mental, and emotional well-being of America's children. Let us leave it to people's parents. Let us leave it to the families.

Madam Speaker, I reserve the balance of my time.

Mr. MOORE of Alabama. Madam Speaker, I would like to mention that Gavin Newsom signed a bill into law recently not to notify parents. Administrators and schoolteachers don't notify parents that their kids are considering a transition. We do trust parents in many cases, but in a lot of cases in some of these blue States parents are not notified.

Madam Speaker, I yield 5 minutes to the gentlewoman from Georgia (Ms. GREENE).

Ms. GREENE of Georgia. Madam Speaker, one of the most serious responsibilities we have as adults, and particularly those of us who are elected and hold power when it comes to legislating and making law, is to protect children.

Today, the House is delivering on what the American people voted for. This is the opportunity to vote to end the gender mutilation of children via transgender treatments for children. I introduced this important bill years ago, and it is finally set for a vote in the House today.

It will criminalize gender-affirming care on minors, not adults, on minors who have not yet grown up to make adult decisions. It will end gender mutilation and chemical castration of children and imprison offenders for up to 10 years.

This is a direct legislative reflection of President Trump's executive order and every single Republican's campaign promise in 2024. It was also one of the top issues across the country.

Most Americans agree that kids just need to grow up before they do anything radical like a mastectomy on a 15-year-old girl, castrating themselves through surgery, or even taking dangerous drugs that have lifelong effects.

□ 1510

American children are being systematically indoctrinated with perverse gender ideology by teachers, doctors, mental health counselors, and on social media platforms. Autistic children are particularly vulnerable and are three to four times more likely to have gender dysphoria.

Joe Biden's former Assistant Secretary of Health, Richard Levine, who identifies himself as Rachel Levine, called for the Federal Government to

empower kids to go on puberty blockers and obtain sex-reassignment surgeries.

We truly don't know the lifelong effects of puberty blockers, but we do see the lifelong effects of sex-reassignment surgeries.

For far too long, children have been sexually exploited under the malicious falsehood of so-called gender-affirming care. Mutilating children's bodies and giving them sterilizing drugs is anything but affirming and anything but care.

These types of surgeries and hormone treatments are destroying children's lives all across the country, while this perverted multibillion-dollar industry rakes in profits. Pharmaceutical company Pfizer led the way in hormone production drugs, with revenues up to \$74 million from those products in 2022 alone. Total revenues for transgender drugs and surgeries in 2023 were estimated to surpass \$4.4 billion, and by 2030, the market is expected to grow to nearly \$8 billion.

There are for-profit pediatric gender clinics as well as hospitals that receive Federal funding that are engaged in this type of child abuse. One of the Nation's top children's hospitals in the country, Boston Children's Hospital, even released videos that explained its surgeries, promoting sterilization, castration, and mutilation of children to kids and their parents. The hospital had been discovered to have performed gender-affirming chest surgeries on 15-year-old girls—girls that are not even old enough to get a tattoo, buy nicotine, buy alcohol, and even vote.

Jamie Reid, who worked at a gender clinic and directly assisted transitioning 1,500 patients, she says, age 3 to 25 years old over 5 years, publicly came out to discuss the atrocities happening to children at these gender clinics.

"When a female takes testosterone, the profound and permanent effects of the hormone can be seen in a matter of months. Voices drop, beards sprout, body fat is redistributed. Sexual interest explodes, aggression increases, and mood can be unpredictable."

One of the side effects includes sterility.

Can you imagine this happening to a young woman before she is ever even of legal age to be considered an adult?

Jamie Reid has full blown come out as a whistleblower on how fraudulent the entire industry is. The clinicians didn't care about the symptoms of the child. If the child believed they were trans, the clinicians took their word for it.

If a child believes that they are a unicorn, do adults take their word for it, as well?

We have laws that prevent children from being sexually exploited already on the books. As a matter of fact, in 2020, this body passed a law to stop the female genital mutilation of young women all across America. My bill has the exact same Commerce Clause that is in the law preventing FGM.

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

Mr. MOORE of Alabama. Madam Speaker, I yield an additional 1 minute to the gentlewoman from Georgia.

Ms. GREENE of Georgia. Madam Speaker, we already have Federal laws that stop the sexual exploitation of children related to porn and sex crimes against children, and these Federal laws are so important because they protect children all across America.

There is historical data that shows that 60 to 90 percent of prepuberty children with gender dysphoria stop identifying as trans once they grow up. In 2022, there is a statistic that says that only 12 percent of boys with gender dysphoria continue it into adulthood.

This is a matter of common sense. This is a vote of good versus evil. It is our duty as a governing body, filled with responsible adults, to protect children from making the worst mistake of their lives before they are ever grown up and have the ability to enter into adulthood.

Madam Speaker, I urge the House to vote "yes" on the Protect Children's Innocence Act and do the right thing for America's children.

Mr. RASKIN. Madam Speaker, I yield 2 minutes to the distinguished gentleman from California (Mr. TAKANO), the chair of the Congressional Equality Caucus.

Mr. TAKANO. Madam Speaker, I rise in strong opposition to this bill. There are not words strong enough to express my disgust.

I will respond to the gentlewoman from Georgia. Gender-affirming surgery is never performed on young children. It is extremely rare for older transgender adolescents. This bill would have little impact on surgeries for transgender young people because surgery is already extremely rare for transgender adolescents.

Republicans keep bringing up surgeries to shift attention away from how extreme this bill is. This bill hypocritically bans safe and effective medications for an entire group of people just because of who they are, while still allowing them for everyone else.

This bill will not lower the cost of your healthcare. It will not protect children. It will not ease the strain on doctors and other healthcare providers.

What it will do is interfere with parental choice and open private medical data up to Federal investigation. It threatens to jail doctors who follow evidence-based practice supported by every medical association in the United States. It deprives children of proven lifesaving medical care.

My Republican colleagues should be ashamed. I am ashamed of what they are doing. I am ashamed that trans children out there may see this debate in the people's House and watch elected officials lie about them. I am ashamed that the world sees this democracy spending its time wielding the law as a weapon to attack a few rather than use the law as a shield to protect the vulnerable.

I am furious that, while millions of families struggle to afford groceries, healthcare, rent, and basic necessities, this is the vindictive, petty garbage that Republicans are using the people's House to put to a vote.

Banning healthcare for trans people cannot be justified by science. Using the Federal Government to strip parents of their right to make decisions for their children is a massive violation.

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

Mr. RASKIN. Madam Speaker, I yield an additional 30 seconds to the gentleman from California.

Mr. TAKANO. Madam Speaker, jailing doctors and, in some cases, parents for following best medical practices is backward, ignorant, and dangerous.

My colleagues who support this bill are not vested with the power to say that someone does not deserve medically necessary care. This body has a duty to protect the vulnerable. This bill is a radical perversion of that duty and a disgusting abuse of power.

Mr. MOORE of Alabama. Madam Speaker, this is not rare; 5,700 children had these surgeries, mainly between 2019 and 2023, in mainly blue States.

Here on PBMs, it says that puberty blockers have not been approved by the FDA for the indication of gender dysphoria, and they are off-label uses. So these are not safe uses in many cases of these transitions.

Madam Speaker, I yield 2 minutes to the gentlewoman from South Carolina (Ms. MACE).

Ms. MACE. Madam Speaker, I rise in strong support of the Protect Children's Innocence Act.

When we are talking about "shameful," shameful is castrating a kid. Shameful is chopping off the breasts of an underage girl, and that is what the Democrats are doing today. It is obscene. It is disgusting. You are seeing in real time Democrats wanting and defending grooming of children, and it is abhorrent.

There is a lie at the heart of the debate that we are having today that I have to correct. No child is born in their wrong body. There are only two sexes. They are male, and they are female. There are no others.

Every child is created in the Lord's image, and we cannot remain silent while demonic forces are here today on the floor, the left, here to groom children and defend it.

Children are innocent. For too long, Democrats have tried to mainstream satanic, irreversible procedures which destroy the bodies of young children and often lead to kids being sterilized for life. It leads to disease, leads to cancer, and leads to suicide.

Democrats say to protect trans kids. I came here today to the floor of the House of Representatives to say: There is no such thing as a trans kid. Transgenderism is a mind virus perpetuated by the far left to groom kids.

□ 1520

This is not gender-affirming care. It is genital-destroying child abuse.

This chemical and surgical mutilation of children has devastating consequences on their physical and mental health, and many live to regret it. Many live to detransition if they make it out at all.

This is sick. This is disgusting. We cannot allow the left to prey on underage kids any longer.

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

Madam Speaker, at a time when our colleagues are perfectly content to see millions of Americans lose their health insurance, when they do nothing to extend the Affordable Care Act tax credits that millions of Americans are depending on, at a time when they are happy to throw millions of people off of Medicaid coverage, they decide to change the subject in order to vilify and demonize a small minority.

That is a time-honored tactic in the authoritarian playbook, to pick a small minority of citizens—here, we are talking about around 2 million people who are transgender in America—and scapegoat them, dehumanize them, demonize them, satanize them, take away their basic freedoms, and even deny their very existence.

It is happening to gay people right now in Putin's Russia and in Orbán's Hungary. It is happening to Uyghurs and Tibetans in China. It is happening to Christians and free-thinkers in Pakistan. It is happening to Muslims in India. Now, it is happening to trans people in America when they are happy to attack them, vilify them, and try to destroy their community. If they purport to be acting in the name of the trans community, why is it that the trans community opposes their legislation so strongly?

Madam Speaker, I yield 1 minute to the gentleman from Illinois (Mr. KRISHNAMOORTHI).

Mr. KRISHNAMOORTHI. Madam Speaker, I rise in strong opposition to H.R. 3492.

This measure would allow politicians, not doctors, not families, to decide medically necessary care for family members. It criminalizes medically necessary, evidence-based lifesaving care, and it threatens parents and physicians with prison time for providing care for their kids.

As millions of Americans face losing their health insurance, Republicans are not working to protect coverage or lower costs. Instead, they are focused on throwing the parents and doctors of trans youth into jail.

We should be strengthening care, not dismantling it. We should trust doctors and families, not replace medicine with ideology. No parent should have to fear prosecution for trying to get their child the care they need, and that is exactly what this measure would do.

Madam Speaker, I urge a strong "no" vote.

Mr. MOORE of Alabama. Madam Speaker, I reserve the balance of my time.

Mr. RASKIN. Madam Speaker, I yield 1 minute to the gentlewoman from Oregon (Ms. BONAMICI).

Ms. BONAMICI. Madam Speaker, I join many of our colleagues in opposing this hateful and harmful legislation. This is a devastating moment for transgender youth, their parents, and their healthcare providers across the country.

The so-called Protect Children's Innocence Act is a blatant attack on the rights of parents. It allows the government to interfere with very personal healthcare decisions.

My Republican colleagues have spent years touting parental rights, yet now they want to put moms and dads and doctors in prison for deciding how to best support their own children. It is dangerous, and it is wrong. These decisions belong to parents, their children, and their healthcare providers, not politicians.

Every parent wants what is best for their children. As a parent, I cannot imagine how I would feel if a doctor told me that Republicans in Congress banned lifesaving, evidence-based care that would help my child.

Medical care for transgender youth is safe, effective, and supported by major medical associations. Access to transgender-related healthcare is critical, medically necessary, and often lifesaving.

The President and my Republican colleagues have spent the year scapegoating a very small group of very vulnerable children because they have no solution to strengthen the economy, reduce healthcare costs, or make our communities safer. This legislation is just the latest attack.

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

Ms. BONAMICI. As I close, Madam Speaker, I find it disturbing that my—The SPEAKER pro tempore. The time of the gentlewoman has again expired.

Mr. RASKIN. Madam Speaker, I yield an additional 20 seconds to the gentlewoman from Oregon.

Ms. BONAMICI. I find it disturbing and disappointing that my colleagues seem to be more obsessed with what genitals are in people's pants than whether they can afford their healthcare or housing bills.

Mr. MOORE of Alabama. Madam Speaker, I reserve the balance of my time.

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

Madam Speaker, we know that the proponents of this legislation are certainly not speaking for the families that have to deal with this problem because all of them are lobbying against this. They are saying that the last thing we want at this point is to send the FBI and Federal prosecutors in to deal with the problem. Let them deal with it. Well, perhaps they are speaking from medical authority? No, not at all.

Look at the letter that was just sent to Members of Congress. "We, the undersigned medical professional organizations, write in strong opposition to H.R. 3492 and H.R. 498. These bills would criminalize and dismantle healthcare for transgender young people and as such represent a direct threat to patient welfare. We urge you to reject these extreme proposals."

Look who signed this: American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, American Psychiatric Association, and so on.

The leading medical authorities in the country are saying: Hey, we can work this out at the State level.

The gentleman referred to California. There are States that are regulating in the field as they regulate lots of different kinds of medical treatments and procedures. Suddenly, we are going to turn the United States Congress into a super-medical licensing board for the entire country?

This is why our colleague from the other side of the aisle, Mr. Roy, raised the question of whether this is even constitutional. Where is the Federal jurisdictional nexus for us to be overriding State medical boards in order to bulldoze into people's living rooms and their kitchen tables to usurp the family decisionmaking process of Americans across the country?

Madam Speaker, I yield 1 minute to the gentlewoman from Oregon (Ms. SALINAS).

Ms. SALINAS. Madam Speaker, I rise in opposition to this disgusting bill that does nothing to protect children's innocence.

It endangers parents, healthcare providers, and children. It allows healthcare providers and parents to be fined and possibly jailed if they help a minor access lifesaving care. It permits Federal law enforcement to act as the national gender police, allowing them to invade children's private medical records.

This bill puts even more children in harm's way and exacerbates the mental health crises that our young people are facing because it stops them from actually receiving the care that they need right now.

Madam Speaker, why is our focus on this when what I am hearing from constituents is that Republicans are falling short in addressing the cost of groceries, healthcare, and housing?

To my Republican colleagues, why not focus on the issues that will impact millions of families who are just one paycheck away from homelessness or losing their healthcare instead of waging a war on children's genitals? What is this unhealthy obsession? Let's end it today by voting "no" on H.R. 3492.

Mr. MOORE of Alabama. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, in February 2024, the American College of Pediatricians released a position statement detailing

how social transition, puberty blockers, and cross-sex hormones have no demonstrable long-term benefits on the psychological well-being of adolescents in gender dysphoria.

I am reminded of a quote that a Vanderbilt University doctor said in 2022. He said: "These affirming procedures are huge moneymakers."

We are here to protect the children.

Madam Speaker, I yield 2 minutes to the gentleman from West Virginia (Mr. MOORE).

Mr. MOORE of West Virginia. Madam Speaker, I rise in strong support of this legislation.

I thank Congresswoman GREENE for bringing this bill up for debate here on the floor. I am a proud original cosponsor of this legislation.

We have heard a couple of people say that we are made in the image and likeness in God. For all of our clever scientific methods and self-rationalization out there, that is an absolute truth.

What this legislation is trying to do, and what it is going to do, God willing that it is signed into law, is prevent child abuse. That is what is going on in this country by allowing this. It is going to make it a felony for anybody to continue this abusive genital mutilation in this country on minors, on children. It is abhorrent what is being allowed right now in this country.

A felony, I think, is what is going to be able to stop this, and it should have been a felony a long time ago. I thank God that we have legislation that is going to make this criminal because it is a criminal act that is being done on the most vulnerable people in our society.

I point to a longitudinal study that was done by a Dr. Zucker years and years ago in Canada. They took minors who were looking at transitioning and actually gave them mental health counseling. By the end of that, at the age of 18, they had the option to transition or not. Ninety percent or more did not transition.

We have a mental health crisis in this country. Instead of addressing it, we are cutting people's body parts off. I rise in strong support of this legislation.

□ 1530

Mr. RASKIN. Madam Speaker, I yield 1 minute to the gentlewoman from Oregon (Ms. DEXTER), who is both a mom and a doctor.

Ms. DEXTER. Madam Speaker, I rise today to say as clearly as I possibly can: Politicians have no role in the medical exam rooms.

As a physician who spent 20 years caring for patients, I know responsible care requires building trust and understanding between a patient, their parent, and their physician. I never consulted a politician, and no doctor ever should.

At a time when our country is facing a critical physician shortage, Republicans are threatening them with going

to prison simply for providing evidence-based care.

This legislation fundamentally breaks a critical trust between patients, their parents, and their physicians, pulling them into a dangerous political crusade that targets our vulnerable transgender youth.

I offered two amendments: One to ensure no doctor can be imprisoned for providing evidence-based care and one to provide parents with protection when supporting their children's health. Republicans refused a vote on both.

We should be empowering doctors to take care of their patients, not locking them up. I will be relentless to keep politicians out of the exam room.

Mr. MOORE of Alabama. Madam Speaker, I reserve the balance of my time.

Mr. RASKIN. Madam Speaker, I yield 1 minute to the gentleman from Florida (Mr. FROST).

Mr. FROST. Madam Speaker, Republicans' whole healthcare plan is to restrict our ability to access healthcare. They are raising premiums, kicking millions off of Medicaid, and now forcing children to go without lifesaving care.

Under this bill, doctors and parents will spend 10 years in prison for saving kids' lives. If trans kids need care, they should have the freedom to get it, and their parents and doctors should not be jailed for it.

It amazes me that Republican politicians can't think of any better use for the power of the Federal Government than to bully transgender kids in bathrooms and schools. Now they want to be inside of their doctors' offices.

What amazes me even more is that they dare to call this bill the Protect Children's Innocence Act. Do you know what actually robs a child of their innocence? When they have to hide in a closet, in a bathroom, or in a locker as someone shoots and murders their classmates right in front of them.

If you want to protect the innocence of a child, why don't you ban assault weapons instead of banning healthcare. After all, the leading cause of death for a child in this country is bullets.

Mr. MOORE of Alabama. Madam Speaker, I reserve the balance of my time.

Mr. RASKIN. Madam Speaker, I yield 1 minute to the gentlewoman from Illinois (Mrs. RAMIREZ).

Mrs. RAMIREZ. Madam Speaker, the Republican Party is quickly becoming the party of child suffering. Under their leadership and because of their policies, children are sick from cuts to Medicaid and the end of the ACA subsidies. They are hungry from cuts to SNAP. They are orphaned by violently abducting their parents. They are criminalized and strip-searched at the border, and now they are denied life-saving gender-affirming care.

Since my Republican colleagues seem confused about what love, care, and protection looks like, let me be very

clear. The Protect Children's Innocence Act is not it. No one who causes or tolerates the suffering of children can claim to be their protector.

Love for our children would ensure each of them have every single thing they need to thrive assured to them.

Madam Speaker, I urge my colleagues here in the House of Representatives to vote "no." Let's build a future where our children, including our transgender little ones, are seen, are loved, and are valued.

Mr. MOORE of Alabama. Madam Speaker, I reserve the balance of my time.

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

Every major medical and mental health association in the United States of America, representing 1.3 million doctors—the American Medical Association, the American Psychological Association, and the American Psychiatric Association—all reject this legislation that is being advanced here. They all support gender-affirming care according to the most up-to-date science and medicine.

So if they are not speaking for the transgender community, which certainly they are not; if they are not speaking for all of the families and parents who are involved, which certainly they are not; if they are not speaking for the medical community and the scientific community, who indeed are they speaking for?

They describe the position that these medical associations have as satanic. I mean, are they looking for an exorcism to deal with the reality of lives for millions of people in the country?

Madam Speaker, I yield 1 minute to the gentlewoman from Oregon (Ms. HOYLE).

Ms. HOYLE of Oregon. Madam Speaker, today, we are not voting to reduce the cost of healthcare or make groceries or housing more affordable or to take back the power of Congress from the executive branch in determining tariffs or deciding whether or not we should invade a sovereign nation.

We are voting today on inserting government into private medical decisions. To listen to my Republican colleagues, you would think there is an epidemic of children being forced into unnecessary gender-affirming care. There is not.

The epidemics killing our children are drug addiction, overdoses, gun violence, and preventable diseases like measles. Let's work on that.

Banning doctors from providing healthcare to transgender young people has serious unintended consequences. Politicians are getting in the way of doctors, who have years of training and experience and are practicing according to professional standards of care. They know what is best for their patients. This is their area of expertise, not ours.

Providing care and advice is a doctor's job. Taking care of your children

is a parent's duty. Let's keep it that way.

I am proudly voting "no." I ask my colleagues to do the same.

Mr. MOORE of Alabama. Madam Speaker, I yield 5 minutes to the gentlewoman from Georgia (Ms. GREENE).

Ms. GREENE of Georgia. Madam Speaker, this poster displayed here is the result of females having their skin and flesh stripped from their arms and their legs in order for a surgeon to create a fake penis and have it sewn on their body. These are the horrific scars and damage that these women are left with for the rest of their lives after undergoing these barbaric surgeries.

This is not something any child, any minor under the age of 18 years old, should ever undergo. This is not healthcare. This is not a parent's choice for a child. This right here is child abuse. This is child abuse. No one under the age of 18 should ever make that decision, and no doctor should ever perform a surgery like this on a child simply because they are suffering from gender dysphoria and are confused about their feelings of how they identify and how they see themselves.

This condition that so many young people are suffering with—and it has been on the rise in the past 10 years—was something that was a very small percentage. But young people today have been indoctrinated on social media. They have been indoctrinated by school counselors, teachers, and many adults, even their own parents. They are being indoctrinated to believe and take that confusion they are having just as a child, whether it is prepuberty or while they are going through puberty, to believe they want to change their gender.

Here is the real truth. God only creates two sexes and two genders, male and female, and God does not make mistakes. No child is a mistake. No feeling they have inside of themselves can change that. No barbaric surgery, no chemical-castrating drugs that are given to sex predators, can change that. No amount of hormones can change that.

The reality is that parents and adults across the country can use our God-given responsibility to protect children while they are growing up. We have laws that do that. We have laws that say they can't register to vote until they are 18 because they are not adults yet to make those kinds of adult decisions.

□ 1540

We have laws that say they can't get ink tattooed on their skin until they are of legal age, and in most States it is 17 or 18 years old. We have laws that say they can't buy nicotine or even see an R-rated movie until they are 17 years old. This isn't an argument between Democrat and Republican. This is simply common sense, and most Americans agree.

The best thing that we can do for our children across this country is to say:

You are not ready to make these decisions. Your feelings are very likely going to change.

It is proven through the statistics. The statistics show one study from a doctor in Finland who happens to be the leading expert, Dr. Kaltiala, who says that four out of five gender-questioning kids grow up—four out of five stop questioning their gender. They stop those feelings. Twelve percent of boys with gender dysphoria continue it into adulthood, only 12 percent. These are major changes.

We already have Federal laws, and that is incredibly important to recognize. The legislation that made it a Federal law against female genital mutilation, which has the same Commerce Clause in the Protect Children's Innocence Act, the bill that we are considering that I have introduced, passed by voice in 2020. That meant that no Member of this body raised up and said that we needed a recorded vote because they wanted to vote "no." It simply passed by voice.

We also have so many other laws to protect children from sexual exploitation. This is something that doesn't affect people's sexual identity. It is in no way, shape, or form insulting to anyone who identifies as gay or lesbian or bisexual. This is simply a bill that tells kids, "Hold on," tells parents, "Hold on," before they have double mastectomies, before they are castrated, and before they take drugs that are not FDA approved for the use that they are given, that are chemical castrating drugs. We have to stop.

Madam Speaker, I urge the House to vote "yes" on the Protect Children's Innocence Act.

Mr. RASKIN. Madam Speaker, we are invited to believe that the United States Congress is not only more competent to make medical decisions for America's children than their own parents, but that the United States Congress is more competent than all 50 State legislatures to run medical practices within their States.

Madam Speaker, I yield 1 minute to the gentlewoman from Washington (Ms. SCHRIER), who is both a mom and a pediatrician.

Ms. SCHRIER. Madam Speaker, as the first and only pediatrician in Congress, I rise today to condemn the so-called Protect Children's Innocence Act.

I have served children and their families for over 20 years, and I find this piece of legislation to be dangerous and an absolute slap in the face for parents and for doctors who have dedicated their lives to caring for children and families.

This bill could put doctors behind bars for up to 10 years for providing medically appropriate care for children, and it doesn't even stop there. It could put parents behind bars for making, after deep consideration, and in many cases, anguish, the decision that they deem best for their own child.

This bill will instill fear in doctors and patients and rob parents of their

freedom to make decisions for and with their own children. Instead, it puts that power in the hands of D.C. lawmakers.

Healthcare decisions are deeply personal. The confidential relationship between a patient, their parents, and their physician is sacred. Physicians follow evidence-based guidelines and use their best clinical judgment.

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

Mr. RASKIN. Madam Speaker, I yield an additional 10 seconds to the gentlewoman from Washington.

Madam Speaker, it is outrageous for the government to commandeer those decisions.

Madam Speaker, I strongly oppose this bill, and I encourage my colleagues to all vote "no."

Mr. MOORE of Alabama. Madam Speaker, I yield 2 minutes to the gentleman from Wisconsin (Mr. GROTHMAN).

Mr. GROTHMAN. Madam Speaker, I thank my friend from Georgia for introducing this bill. It has so much common sense. It is so scary that our country has gone so far downhill that we would allow young people, sometimes as young as 14 or 13 years old, to take powerful drugs, puberty blockers, or do surgeries on them in the name of this idea that we, all of a sudden, have this epidemic of transgenderism, which is something that nobody ever miraculously seemed to know about 50 years ago.

Instead, in our society, we have all the helping professions, the guidance counselors, the psychologists, and the psychiatrists, as well as our pop culture icons from California, out there pushing our poor young people into the idea that it is cool to be transgender.

In fact, recently, it has come out that the number of kids who are transgender, and I think it is 18- or 19-year-olds, has been cut in half, which proves what anybody with common sense knew all along: It was a cool thing created so that young people could say: Look at me. I am transgender.

The life of some of these kids is ruined. It is a testament, by the way, that this is not genetic. All you have to do, Madam Speaker, is look at the fact that these kids have to continue to take powerful drugs even after surgery. If it was a natural thing, then you wouldn't have to keep taking the drugs.

In any event, I strongly hope we take up this bill.

I should also point out that last year doing doorbells, like politicians do, I ran into two grandparents who had one granddaughter and one grandson going down this rabbit hole. I felt so sorry for them because when somebody makes this decision, it affects not only themselves, but it affects the whole family.

In any event, I am glad the bill is introduced. I hope they have the common sense in the Senate—they probably won't—to pass the bill.

Mr. RASKIN. Mr. Speaker, I yield 2 minutes to the gentlewoman from Vermont (Ms. BALINT).

Ms. BALINT. Madam Speaker, I rise today in fierce opposition to Representative GREENE's bill that would throw doctors and parents in jail for providing lifesaving medical care. Even for Republicans, this bill is extreme.

Are we really attempting to lock up parents and doctors?

Your kids' medical care is none of their damn business.

We should call their obsession with being in your kids' pediatrician's office and what treatment they are getting in a pediatrician's office what it is. It is creepy. It is a creepy obsession we have had to deal with for years.

The science is clear: Evidence-based, medically necessary care for transgender youth is safe, effective, and supported by every major medical association in the United States, including the American Medical Association and the American Academy of Pediatrics.

My Republican colleagues know this, because this intentionally discriminatory bill includes a bunch of exemptions to allow other kids to receive the exact same medical care.

I call on my colleagues to vote "no" on this truly reprehensible piece of legislation. Congress should not be making medical decisions for your kids.

For this reason, at the appropriate time, I will offer a motion to recommit this bill back to committee. If the House rules permitted, I would have offered the motion with an important amendment to this bill. My amendment would ensure that this bill does not compromise the private medical records of a minor or result in parents and doctors being thrown in jail.

Madam Speaker, I ask unanimous consent to insert the text of my amendment in the RECORD immediately prior to the vote on the motion to recommit.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Vermont?

There was no objection.

Ms. BALINT. Madam Speaker, I hope my colleagues will join me in voting for the motion to recommit.

The SPEAKER pro tempore. Members are reminded to direct their comments to the Chair.

Mr. MOORE of Alabama. Madam Speaker, I reserve the balance of my time.

Mr. RASKIN. Madam Speaker, I yield myself the balance of my time for closing.

Madam Speaker, we obviously disagree vehemently on this bill, but this may be the last time that I get to share the floor with the distinguished gentlewoman from Georgia. I thank her for her hard work and her thoughtful comments in CNN news recently which moved me when she said: "I would like to say, humbly, I am sorry for taking part in the toxic politics. It is very bad for our country. It has been

something I thought about a lot, especially since Charlie Kirk was assassinated."

Madam Speaker, I thank the gentlewoman and wish her and her family all the best in her future.

Having said that, on the gentlewoman's bill, Madam Speaker, there are lots of people in the country who are not getting their kids vaccinated for different reasons and for different kinds of illnesses. A lot of people in the country reject that and oppose that, and perhaps the vast majority do.

Does that mean we should come forward with a bill to the United States Congress to say that we are going to put in jail any parents who don't vaccinate their children because we think they are making the wrong decision for their children?

In other words, we know better than the parents do, and we know better than the doctors do. We know better than the medical associations do, and we know better than all of the States do.

□ 1550

Madam Speaker, I think that would be an absurd abuse of our power and, as the gentleman from Texas (Mr. ROY) has been saying, a very questionable deployment of Federal power, given the fact that the United States Congress has limited powers that are supposed to deal with actual national and Federal issues, which is why medical care has always been left to the States to deal with.

This is like a bulldozer going into everybody's house if you happen to be dealing with this particular kind of medical crisis. You don't have to agree with any particular decision that any particular family or set of parents have made. All you have to do is respect their right to make decisions with and for their own children. That is all that we are talking about.

Do you know who is on this side and opposed to this legislation? Medical associations, like the American Medical Association, the American Psychiatric Association, the American Academy of Pediatrics, and the American Psychological Association, representing more than a million doctors in the country, are saying: No, don't let the politicians start finger painting all over the protocols for dealing with an actual medical problem that millions of people have had to deal with in our country.

We will stand with the families. We will stand with the doctors. We will stand with the medical associations. We will stand with the States. We have got enough real work on our hands.

Let's just try to get medical care and medical attention to the people of America. Millions of people are losing their access to health insurance and to Medicaid. Why don't we try to deal with that before we barge into the doctors' offices, and the living rooms and kitchen tables of America to try to take over what is a fundamentally private and personal decision that we

should be trusting families to make for themselves?

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

Mr. MOORE of Alabama. Madam Speaker, I yield myself the balance of my time to close.

Madam Speaker, how about we just don't mutilate our children? I think that is a good call. This is allowing people above the age of 18 to make those decisions.

Most of us here were young people at one time or another. I can remember being in the second or third grade. There was a thing called cooties. I don't know if you all remember that, but if you hung around the girls, they would say: Oh, don't do that, you are going to get the "cooties." I don't know if you ever heard that term. It is a south Alabama thing, Madam Speaker.

By the time we were in the sixth grade, we were on the gym floor, trying to decide whether or not to ask—we didn't have the courage to ask the girls to dance.

By the time we were in the 10th or 11th grade, we were hoping they would notice us in the hall. By the time we were seniors, maybe we had the courage to ask them on a date, and maybe they said yes.

The decisions they are wanting to make, these are kids that are in the second and third grade. These are not kids that are either old enough to understand that we might be interested, we might want to go in that direction. Like Marjorie said, only 12 percent of the males who go through this actually stick with it.

It is important to us to understand that these are children, and in many cases they are being bullied by the physicians. One of the physicians at Vanderbilt said: We make a boatload of money on these procedures.

Often, I think that it is more about the children and protecting the children than driving this ideological left-wing whatever it is and the mutilation of our children.

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

The SPEAKER pro tempore. All time for debate on the bill has expired.

The Chair understands that amendment No. 1 printed in House Report 119-411 will not be offered.

Pursuant to House Resolution 953, the previous question is ordered on the bill, as amended.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT

Ms. BALINT. Madam Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Ms. Balint of Vermont moves to recommit the bill H.R. 3492 to the Committee on the Judiciary.

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

Ms. Balint moves to recommit the bill H.R. 3492 to the Committee on the Judiciary with instructions to report the same back to the House forthwith, with the following amendment:

At the end of the text, add the following:

SEC. 3. EFFECTIVE DATE.

This Act, and the amendments made by this Act, shall take effect on the date on which the Comptroller General of the United States determines that this Act will not compromise the private medical records of a minor or result in the arrest or prosecution of a parent or health care provider for providing necessary health care.

The SPEAKER pro tempore. Pursuant to clause 2(b) of rule XIX, the previous question is ordered on the motion to recommit.

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.

Ms. BALINT. 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 are postponed.

RELIABLE POWER ACT

Mr. WEBER of Texas. Madam Speaker, pursuant to House Resolution 951, I call up the bill (H.R. 3616) to require the Federal Energy Regulatory Commission to review regulations that may affect the reliable operation of the bulk-power system, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 951, the amendment in the nature of a substitute recommended by the Committee on Energy and Commerce, printed in the bill, is adopted, and the bill, as amended, is considered read.

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

H.R. 3616

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 ‘‘Reliable Power Act’’.

SEC. 2. COMMISSION REVIEW AND COMMENT FOR COVERED AGENCY ACTIONS.

Section 215 of the Federal Power Act (16 U.S.C. 824o) is amended—

(1) in subsection (g)—

(A) by striking ‘‘The ERO’’ and inserting the following:

‘‘(1) IN GENERAL.—The ERO’’; and

(B) by adding at the end the following:

‘‘(2) ANNUAL LONG-TERM ASSESSMENT.—The assessments under paragraph (1) shall include an annual long-term assessment, which shall include—

‘‘(A) an analysis of the ability of the bulk-power system to supply sufficient electric energy necessary to maintain an adequate level of reliability, taking into account generation resource mix, transmission development, and electric energy demand trends;

‘‘(B) an analysis of the risk of future electric energy supply shortfalls under normal and ex-

treme weather conditions, and the risk of any such shortfalls within each region of the bulk-power system; and

‘‘(C) a determination of whether additional generation resources are necessary to supply sufficient electric energy to maintain an adequate level of reliability during the assessment period.

‘‘(3) NOTICE OF GENERATION INADEQUACY.—In conducting a long-term assessment under paragraph (2), if the ERO finds that the bulk-power system is at risk of not having adequate generation resources to supply sufficient electric energy to maintain an adequate level of reliability, the ERO shall publicly notify the Commission that the bulk-power system is in a state of generation inadequacy.

‘‘(4) DATA COLLECTION.—To conduct a long-term assessment under paragraph (2), the ERO may collect information and data from users, owners, and operators of the bulk-power system.’’;

‘‘(2) by redesignating subsections (h) through (k) as subsections (i) through (l), respectively; and

‘‘(3) by inserting after subsection (g) the following:

‘‘(h) COMMISSION REVIEW AND COMMENT FOR COVERED AGENCY ACTIONS.—

‘‘(1) NOTICE TO FEDERAL AGENCIES.—If the ERO notifies the Commission under subsection (g)(3) that the bulk-power system is in a state of generation inadequacy, the Commission shall promptly notify the Department of Energy, the Environmental Protection Agency, and any other Federal agency the Commission determines appropriate of such state of generation inadequacy.

‘‘(2) SUBMISSION.—Upon receiving notice under paragraph (1), the head of each Federal agency that received such notice shall provide to the Commission for review and comment any covered agency action by the Federal agency—

‘‘(A) on the first date on which such covered agency action is provided to the Office of Management and Budget or any other Federal agency for review and comment; or

‘‘(B) if such covered agency action is not provided to the Office of Management and Budget or any other Federal agency for review and comment, not later than 90 days before the date on which the covered agency action is published in the Federal Register or is otherwise made available for public inspection or comment.

‘‘(3) COMMISSION COMMENTS.—The Commission, in consultation with the ERO and transmission organizations, shall, by order, provide to the agency head that provided to the Commission a covered agency action under paragraph (2)—

‘‘(A) comments on such covered agency action, which such comments may include an assessment of the effect of the covered agency action on rates, terms, and conditions for services pursuant to the authority of the Commission under sections 201 and 206; and

‘‘(B) if applicable, recommendations for modifications to the covered agency action to prevent a significant negative impact on the ability of the bulk-power system to supply sufficient electric energy necessary to maintain an adequate level of reliability.

‘‘(4) AGENCY RESPONSE.—The head of a Federal agency may not finalize a covered agency action that is provided to the Commission under paragraph (2) until—

‘‘(A) the agency head responds in writing to the Commission with an explanation of how the agency head modified, or why the agency head determined not to modify, such covered agency action in response to any comments and recommendations provided by the Commission under paragraph (3); and

‘‘(B) the Commission finds that the covered agency action will not be likely to have a significant negative impact on the ability of the bulk-power system to supply sufficient electric energy necessary to maintain an adequate level of reliability.

‘‘(5) PUBLIC AVAILABILITY OF COMMENTS AND RESPONSES.—An agency head shall include any comments, recommendations, and responses for the covered agency action when—

‘‘(A) submitting the covered agency action to the Federal Register for publication; or

‘‘(B) otherwise making the covered agency action available for public inspection or comment.

‘‘(6) DEFINITIONS.—In this subsection:

‘‘(A) COVERED AGENCY ACTION.—The term ‘covered agency action’ means a regulation that—

‘‘(i) relates to, or otherwise directly affects, any generation resource in the bulk-power system; and

‘‘(ii) is under development to be proposed or otherwise under consideration in a rulemaking prior to finalization on the date on which the Federal agency receives notice from the Commission under paragraph (1).

‘‘(B) FEDERAL AGENCY.—The term ‘Federal agency’ means an Executive department (as that term is defined in section 101 of title 5, United States Code) or any other Executive agency that is in the President’s cabinet.’’

The SPEAKER pro tempore. The bill, as amended, shall be debatable for 1 hour equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce or their respective designees.

The gentleman from Texas (Mr. WEBER) and the gentleman from New Jersey (Mr. PALLONE) each will control 30 minutes.

The Chair recognizes the gentleman from Texas (Mr. WEBER).

□ 1600

GENERAL LEAVE

Mr. WEBER of Texas. Madam 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. 3616.

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

There was no objection.

Mr. WEBER of Texas. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support of H.R. 3616, the Reliable Power Act, sponsored by my colleague from Ohio’s 12th Congressional District, Mr. TROY BALDERSON.

Put simply, this bill protects reliability that is critical to the economy as well as public health.

The bill protects the public from future Federal rules that would force the premature retirement of power generation that is absolutely essential to keeping our grid reliable.

Madam Speaker, our Nation today is confronting a reliability crisis. The North American Electric Reliability Corporation, which is the Nation’s electric reliability organization, shows vast regions of our Nation are at risk for blackouts when weather events and peak demand collide. It is only going to get worse.

The Energy and Commerce Committee has repeatedly heard from grid authorities about the massive number of premature retirements of baseload power in our very own electric system.

These retirements take much-needed energy out of the grid system without adequate replacement of the types of baseload power needed to maintain reliability.

The numbers are staggering, Madam Speaker. Over the next decade, 115GW of power is expected to come offline while 151GW of demand is needed to come online. Do that math.

For too long, radical green activists in the Obama and Biden administrations were able to hijack environmental agencies with no authority over the grid to force shutdowns of power plants without regard to the impacts on that very reliability I said we depend on.

Madam Speaker, if the Biden EPA's radical clean power plan 2.0 had gone forward, it would have shut down most of the Nation's coal-fired power and threatened the closing of a substantial number of existing gas generation plants to disastrous effect.

We cannot—we must not—let Federal agencies with no authority over electric reliability undermine that very vital electric service. Congress already established the Federal Energy Regulatory Commission as the reliability authority, but when FERC is needed most, there is no requirement that its expert views should be accommodated. This bill fixes that. Let me repeat: This bill fixes that.

During periods of increased reliability risks, FERC, informed by the technical expertise of grid operators and NERC, can require changes before a rule can be finalized. FERC will not stop agencies from pursuing their policy responsibilities effectively. It just protects reliable power.

The legislation is necessary to provide a mechanism to adjust Federal rules to ensure they protect electric reliability, which is so essential, Mr. Speaker, to the economy, our public health, and, yes, our safety.

Mr. Speaker, I urge my colleagues to support H.R. 3616, and I reserve the balance of my time.

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

Mr. Speaker, I rise in strong opposition to H.R. 3616, yet another Republican bill that puts large corporate polluters over people. At a time when American families are struggling with rising monthly energy bills, this legislation does nothing to address the affordability crisis.

Electricity prices continue to go up. They have increased by 13 percent just since President Trump took office, and they are about to get worse as the Republicans' big, ugly bill is expected to increase those prices another 61 percent.

You would think Republicans would want to do something to address the affordability crisis, but this is just more of the same from them. They refuse to address healthcare affordability, and this afternoon, they continue to ignore the crisis with regard to electricity.

I guess we shouldn't be surprised. After all, they just blindly follow

President Trump, who simply does not care. He does not believe the affordability crisis is real. In fact, he recently said: "Affordability is a Democrat scam." That is what he actually said. The President should tell that to the hardworking families who are facing skyrocketing prices across the board. It is a crisis, and Republicans are simply ignoring it.

This bill is basically a thinly veiled attempt by Republicans to obstruct any future administration's EPA regulations that keep our air, lands, and water clean. This bill would allow the Federal Energy Regulatory Commission, or FERC, to block any regulation from any other agency under certain circumstances. It takes what should be an apolitical process, a neutral review of the reliability of our Nation's electric sector, and twists it into a fully partisan exercise. That is why we should reject this bill entirely.

Right now, a number of Federal agencies have authorities that could impact the power sector. FERC and the Department of Energy have the ability to comment on those regulations if they have concerns and work through the interagency review process to ensure that those concerns are heard.

FERC Commissioners in recent years have not been shy about using their powers to publicly highlight and comment on Federal actions that they deem flawed or insufficient. Agencies can, and do, respond to that feedback, as we saw with the EPA during the previous administration.

What no agency has the power to do now is to arbitrarily block another agency's regulations that Congress gave that agency the power to make. That is simply ridiculous.

If Republicans have their way, agencies would not only have to seek review from the Office of Management and Budget but will also have to ask permission from FERC to see if FERC likes the regulation or not. If not, even if the White House likes the regulation, the agency can't finalize it.

If that is not bad enough, FERC testified before the Energy and Commerce Committee that it does not even have the capacity and expertise necessary to investigate every other agency's regulation for the impacts that they will have on electric reliability. That was before the staff attrition that has hit FERC over the past 10 months.

The agency has lost over 11 percent of its staff through September. Who knows how many additional staff have left over the last 3 months because you know that the President is wanting to fire everybody.

Let me just review this, again, because I don't want to be too bureaucratic here, Mr. Speaker. House Republicans want FERC to do something it has no ability to do, that would politicize our Nation's electric reliability regulator, and that would make FERC into a super-authority with powers rivaling those of certain White House offices.

This is all to kill regulations that keep our air clean and our water drinkable. That is what this is all about. Let's not pretend that House Republicans are worried about regulations coming from the Trump administration. They knew those regulations were all going to destroy whatever clean air or clean water we have.

Instead, they are worried about the next time we have a President who actually cares about protecting public health and the environment, a President who wants to restore the bedrock environmental laws that the Republicans have gotten rid of.

Republicans then want to use this bill as a shield to protect polluters. If the polluter now, under a new President, isn't going to have the protection, and the public is going to have the protection to make sure that the water and the air are clean, then they want to make sure they have some shield to protect the polluters.

We shouldn't let them do that. That is not what we are supposed to do. We are supposed to worry about the public.

Mr. Speaker, I urge my colleagues to vote "no," and I reserve the balance of my time.

Mr. WEBER of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. ALLEN).

Mr. ALLEN. Mr. Speaker, I thank my friend from Texas for yielding.

Mr. Speaker, I rise today in support of H.R. 3616, the Reliable Power Act, of which I am a proud cosponsor.

My home State of Georgia has been named the number one State to do business in for 12 consecutive years, making it a popular destination for new manufacturing facilities and data centers. While I join Georgians in welcoming these economic drivers to our State, it also presents increased demand for our grid that we must address.

We know electricity demand is expected to grow significantly over the next several years, which means this body has a duty to ensure our constituents have a dependable grid that meets the needs of hardworking families.

□ 1610

Mr. Speaker, unfortunately, both the Obama and Biden-Harris administrations were guilty of using the EPA to promote radical policy designed to drive out baseload generation in favor of wind and solar, which simply cannot assure adequate grid reliability. It increases the risk of rolling blackouts.

H.R. 3616 will correct that very problem by improving Federal rulemaking to ensure that future regulations impacting power generation will not harm electricity reliability, especially in already vulnerable regions.

Under this bill, if FERC finds that a proposed rule will have a significant impact on reliability, the rule cannot be finalized. That is about as common-sense as it gets.

Mr. Speaker, the United States has an abundant energy supply. The question we must ask ourselves is not if we

have enough energy resources but can we produce energy at the necessary levels to meet the growing demand? The Reliable Power Act will help us do just that, and I urge a “yes” vote on H.R. 3616.

Mr. PALLONE. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Florida (Ms. CASTOR), the ranking member of our Subcommittee on Energy.

Ms. CASTOR of Florida. Mr. Speaker, I thank Ranking Member PALLONE for yielding the time.

Mr. Speaker, I rise in opposition to H.R. 3616. It is another Republican bill that fails to address skyrocketing electric bills that are a part of the overall affordability squeeze that is gripping the country right now.

What should we be doing on the floor of the House right now?

We should bring up the discharge petition to make sure that healthcare costs don't skyrocket for 20 million Americans and 4.7 million Floridians back home in the Sunshine State.

Now that the discharge petition has the necessary number of votes to come to the floor and extend those lifesaving and cost-saving ACA tax credits, we should be doing that instead. That would have a real impact. That would send a great sign to folks back home who are struggling with the rising cost of living and are wondering how they will pay for their health coverage next year. That would really help our neighbors back home. Alas, we are not doing that.

At a time when prices are up, inflation is up, and despite the Republican promises to do something about it, all of their bills and their policies are making it worse and making life even more expensive. Household electricity prices are up across America by about 13 percent and a lot higher in some places.

Why is that the case? First of all, the big, ugly bill that Republicans passed in July to provide tax breaks to the wealthy and well-connected took away tax credits to keep cleaner, cheaper energy producing across America. They ripped away rebates for households to help them afford the cost of upgrading their homes, making their lives more energy efficient.

Also, these arbitrary Trump tariffs are at the highest levels since the 1930s. We see it in our grocery bills, but it is also impacting electricity costs. Costs are way up for poles and wires and things that we import for our electricity systems. Those are being passed along to consumers.

The Trump administration has canceled hundreds of projects across America, some that were permitted and approved, ready to bring cleaner and cheaper energy onto the grid to help keep electricity prices lower. All of that is a recipe for skyrocketing electricity bills.

What do Republicans in Congress do? They keep bringing these random bills to the floor to boost the profits of pollu-

ters. This bill is a good example of that.

This bill would elevate the Federal Energy Regulatory Commission above any other Federal agency, give it unprecedented veto power, and transform it and the North American Electric Reliability Corporation into political actors. That is a world away from the independent agencies that they are now where they act in the public interest and not in the interest of polluters.

Mr. Speaker, FERC doesn't even want this power. They lack the capacity and the staff for this highly technical work.

When we discussed this bill 2 years ago, David Ortiz, then FERC's Director of the Office of Electric Reliability, testified before the Energy and Commerce Committee that FERC couldn't execute on the bill because FERC does not have the capacity to assume other agencies' expertise. That was before FERC lost 11 percent of its staff—hard-working public servants—due to resignations and layoffs under the Trump administration.

This bill doesn't do anything to provide FERC with the staff or funding they would need to implement the bill. No, it doesn't. Polluters simply want to short-circuit any oversight of their higher costs and pollution. That is what this is about.

FERC already has the power to intervene and comment on agency rule-making dockets if they think there could be a reliability issue, as does NERC, as does any of the grid operators, and any utility. This polluter-friendly bill is a way to sabotage cleaner and cheaper energy, however, and energy storage. It is a recipe for higher costs and electric bills for American families.

Regional grid operators have the necessary expertise and staffing to maintain reliability on their grids already. Regional operators know that there are cheaper, cleaner, and more reliable energy sources available, not just expensive coal and gas.

There are modern grid solutions that the committee has refused to take up this year. That is another reason electric bills are so high. There are solutions like energy storage, demand response, grid-enhancing technologies, and regional and interregional coordination that can provide reliability at a lower price with less pollution.

Republicans also don't want us to know that, while this bill gives FERC more responsibilities that it cannot meet and does not want, the Trump administration has been busy gutting the agencies that are already working to ensure that we have a reliable grid.

For example, the Trump Department of Energy eliminated the Grid Deployment Office last month. That was an office created under the bipartisan infrastructure law to manage important and cost-saving investments to make our grid more reliable. Over \$3 billion in grid deployment investments were cut in October.

The real Republican mantra should be a less reliable grid with higher costs because that is what this year has produced. Republican energy policy is creating a less reliable environment for businesses, making it harder for companies to invest in America.

Just yesterday, Ford announced they were laying off all 1,600 employees at their battery manufacturing plant in Glendale, Kentucky. In October, on top of the grid modernization cuts at the Department of Energy, DOE canceled 321 awards, totaling \$8 billion in funding. The largest award was \$316 million to support the manufacture of components from recycled EV batteries in Kentucky. That would have helped us compete with Chinese batteries.

Mr. Speaker, \$197 million was supposed to help a plant in St. Louis producing 30,000 metric tons annually of critical minerals products. Mr. Speaker, \$117 million was intended to support production of synthetic graphite, including construction of a large plant in Alabama. Also, \$31 million was cut that was going to build an advanced glass factory at the site of an old coal plant in Detroit.

As a result, the United States will have less capacity to support real and reliable power. This bill does not solve problems. It doesn't tackle the affordability crisis. It makes it worse. It doesn't even support more reliable power. Republicans are just trying to slap a new permitting reform label on bad ideas that they have never been able to pass into law.

Here we are, the last week in session this year, Mr. Speaker, and Republicans have not brought a single bill to the floor of the House that would lower costs for hardworking families. They have no new ideas here. They have no ideas on how to make energy more affordable for everyday Americans and no ideas to help us out of this healthcare crisis.

Mr. Speaker, people really deserve better. They deserve better over the holidays, and they deserve better from this Congress. I urge my colleagues to vote against the bill.

Mr. WEBER of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. BALDERSON), the author of this bill.

□ 1620

Mr. BALDERSON. Mr. Speaker, I thank Vice Chair WEBER for yielding.

Mr. Speaker, America's electric grid is facing a reliability crisis, one created by heavyhanded Federal rulemakings that prioritize politics and ignore the realities of power generation and the needs of American families. That is why I rise today in support of my bill, the Reliable Power Act.

Under the Biden administration, Federal agencies pushed out rapid-fire climate rules and mandates with little coordination and even less accountability. Instead of listening to grid operators, they raced to advance extreme policies that threaten our most dependable power sources with the American people paying the price.

The Reliable Power Act puts an end to this by preventing Federal rules from moving forward if they threaten the ability of the grid to keep the lights on. This legislation ensures proper coordination between FERC, the Federal Energy Regulatory Commission, and Federal agencies proposing regulations that could affect the power generation and grid reliability.

It strengthens Federal accountability, streamlines communication, and puts in place commonsense guardrails needed to protect the bulk of the power system.

Since introducing this bill in the spring, I have heard from energy leaders across Ohio—energy co-ops, utilities, manufacturers, and grid operators—who all say the same thing: Regulatory chaos driven by climate activists is putting grid reliability at risk and driving up costs.

Just look at this map I have with me today. You can see for yourself how shortsighted policies can drive up electricity costs from one State to the next. When Democratic States sidelined reliable, conventional fuels and mandated rushed transition to renewables, consumers paid more.

I don't know about New York or California, but Ohio cannot afford rolling blackouts, price spikes, or uncertainty about whether our grid can meet future demand.

Earlier this year, the Department of Energy released a reliability report warning that blackouts could increase by 100 percent by 2030.

The SPEAKER pro tempore (Mr. YAKYM). The time of the gentleman has expired.

Mr. WEBER of Texas. Mr. Speaker, I yield an additional 30 seconds to the gentleman from Ohio.

Mr. BALDERSON. The Reliable Power Act directly responds to those concerns. First, it requires NERC, the electricity reliability organization, to conduct annual long-term assessments of the bulk power system. If NERC finds the grid is at risk of inadequate generation, it must notify FERC.

FERC must then notify the Department of Energy, the EPA, and other relevant agencies. Once notified, those agencies must send the proposed rules back to FERC for review, comment, and recommendations to prevent severe impacts on grid reliability.

Mr. Speaker, I urge my colleagues on both sides of the aisle to support this bipartisan, commonsense legislation to ensure that no future administration or unelected Federal bureaucrat can unilaterally jeopardize grid reliability.

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

Mr. Speaker, I have a lot of respect for the gentleman from Ohio (Mr. BALDERSON), who just spoke, but the bottom line is that I think it is dishonest for Republicans to claim that the cost of compliance with environmental regulations is driving up utility prices.

The regulatory chaos that the gentleman from Ohio mentions is created

by the Trump administration. Since President Trump took office, his administration has created tremendous regulatory uncertainty through DOGE, senseless tariffs, and unprecedented executive actions. As a result, as I mentioned, electricity prices are up 13 percent, and natural gas prices are up 8 percent since the President took office.

Mr. Speaker, this holiday season, Americans are struggling to afford record-high utility bills and skyrocketing grocery prices. Donald Trump and the Republican Party were elected on their promise to bring prices down. Instead, the Republican Party is about to become the grinch who stole Christmas. They want to let the Affordable Care Act credits that kept health insurance affordable for families expire on January 1.

This bill, the Reliable Power Act, would let the Federal Energy Regulatory Commission, or FERC, kill any environmental regulations they don't like. In other words, this bill would make Americans sicker as health insurance prices are skyrocketing.

Republicans in Congress are just not delivering on their promise to bring down prices. The big, ugly bill will increase electricity prices for American families by 61 percent. Instead of passing partisan bills this week that would increase energy prices, Republicans should be working with us and Democrats on bipartisan proposals that can decrease energy bills.

Mr. Speaker, Americans are just begging for relief on skyrocketing prices, and President Trump's only response has been to call the affordability crisis the "Democratic hoax." His rhetoric is an insult to the American people, but my Democratic colleagues and I are taking the affordability crisis very seriously. We hear the concerns of the public, and we strongly urge our Republican colleagues to come to the table to pass commonsense legislation that brings prices down for the American people.

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

Mr. WEBER of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from Missouri (Mr. ONDER).

Mr. ONDER. Mr. Speaker, I rise in support of H.R. 3616, the Reliable Power Act.

Mr. Speaker, if the Democrats cared one whit about affordability, they would join me in that support. In Missouri's Third Congressional District, families, farmers, and manufacturers rely on affordable, dependable electricity. Our district is powered by a diverse mix of nuclear, hydropower, natural gas, and coal. That diversity is a strength, which is why Missouri consistently enjoys lower energy prices than the rest of the Nation.

However, reliability is threatened when Washington policies force premature plant closures and prioritize ideology over affordability. The Reliable Power Act restores common sense. It ensures that grid reliability is not

sacrificed and that critical baseload generation is protected when reliability is at risk.

This bill protects consumers from price hikes, safeguards American manufacturing, and keeps power flowing in communities like mine.

Mr. Speaker, reliable power is not a luxury. It is essential.

Mr. Speaker, I urge my colleagues to support H.R. 3616.

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

Mr. Speaker, I stress again that the President promised to cut Americans' power bills in half. Instead, he and his Republican accomplices in the House are causing those prices to soar with their backward policies and, essentially, their war on cheaper, clean energy.

Thanks to Republicans, electricity prices are climbing more than twice as fast as inflation, and more than 80 million Americans are struggling to pay their utility bills. Many of these Americans are having to make the impossible choice of either paying for housing, medicine, and food, or keeping their lights on.

Let me just give some examples. Since President Trump took office, electricity prices are up, 13 percent nationwide, as I mentioned. However, in Iowa, they are up 23 percent. In North Carolina, they are up 21 percent. In Pennsylvania, they are up 16 percent.

Mr. Speaker, electricity prices aren't the only bills that are skyrocketing. Residential natural gas prices are now 8 percent higher than they were a year ago nationally, but, again, 19 percent in Pennsylvania, 14 percent in Wisconsin, and 13 percent in North Carolina.

We mentioned that the big, ugly bill will raise electricity prices by a staggering 61 percent over the next decade due to its attacks on cleaner and cheaper energy and its crippling of the American clean energy industry.

The big, ugly bill destroyed tax credits that were designed to incentivize developers to build more domestic energy projects, raising barriers to those buildings in the process, and it will half the deployment of cheap, renewable American energy and imperil our power grid. These historic price hikes are on top of the \$29 billion in electricity bill rate hikes that utility companies have requested since the start of President Trump's term.

Mr. Speaker, I don't want to just talk about prices because the bottom line is we are also talking with this bill about a cost to Americans' health and safety.

This bill allows FERC to override regulations established by other agencies. This is the Christmas gift to some of the Nation's largest polluters. Think about that. FERC, which has no expertise in public health or environmental protections, would just be able to stop another agency's regulation meant to protect public health.

These are regulations that are responsible for safe drinking water, for

reducing air pollution, and preventing exposure to cancer-causing chemicals. We are not just talking about price increases here that the Trump administration has imposed. We are also talking about the impact on health and people's ability to breathe and drink clean water.

By advancing this bill, Republicans are telling communities that their health and safety is not a priority. Pollution is exacerbating your child's asthma. Who cares? Your water may be contaminated. That is nothing to worry about. We don't care.

Other agencies spent years crafting regulations, often after an extensive analysis that shows that the benefits of that regulation from a health and safety point of view outweighs the costs. However, this bill would throw all of that out the door by allowing FERC, which has no expertise in these areas, to just say "no," and FERC doesn't even want to do it. They told us.

As the ranking member of the Energy Subcommittee, Ms. CASTOR, said—they literally told us at the committee—that they didn't want to do this and didn't have the capacity to do it.

□ 1630

We have made so much progress in the United States on environmental protection over the last 50 years. Our Nation's rivers used to catch fire. Now, they don't. Smog used to surround our cities, particularly Los Angeles. Now, it doesn't.

President Trump and House Republicans want to undo all of that. They have waged an all-out war against public health, and this bill is just one piece of that.

If my colleagues care about public health, if they care about prices, if they want to make sure people can breathe and can still pay their electricity bills, I urge my colleagues to oppose this bill. It just makes common sense.

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

Mr. WEBER of Texas. Mr. Speaker, I thank the gentleman from Ohio's 12th Congressional District, TROY BALDERSO, for sponsoring this important legislation.

H.R. 3616, the Reliable Power Act, provides a critical tool to protect the public from future Federal rules that would force the premature retirement of power generation that is absolutely essential to keeping our grid reliable.

The Reliable Power Act, Mr. Speaker, is about safety. It is about security. It is also, quite frankly, about affordability. There is nothing more expensive, Mr. Speaker, than a blackout, a rolling blackout. I know.

There is nothing more costly than green visions that drive out affordable power for expensive overbuilding of weather-dependent generation and backup power. That is why these electric bills are rising.

Mr. Speaker, we cannot afford to let radical rules destroy reliability in our

great Nation. H.R. 3616 provides a way to adjust proposed rules to absolutely ensure good Federal policies while protecting electric reliability. A "yes" vote on H.R. 3616 is a vote for that kind of reliable power. There is nothing more important for our electric policy than that, Mr. Speaker.

Mr. Speaker, in closing, I urge my colleagues to vote "yes" on H.R. 3616, and I yield back the balance of my time.

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

Pursuant to House Resolution 951, the previous question is ordered on the bill, as amended.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on passage of the bill.

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

Mr. WEBER of Texas. 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.

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 4 o'clock and 33 minutes p.m.), the House stood in recess.

□ 1730

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. GIMENEZ) at 5 o'clock and 30 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Proceedings will resume on questions previously postponed.

Votes will be taken in the following order:

Adoption of H. Con. Res. 61;
Adoption of H. Con. Res. 64;
Passage of H.R. 3616;
The motion to recommit H.R. 6703;
Passage of H.R. 6703, if ordered;
The motion to recommit H.R. 3492; and,

Passage of H.R. 3492, if ordered.

The first electronic vote will be conducted as a 15-minute vote. Pursuant to clause 9 of rule XX, remaining electronic votes will be conducted as 5-minute votes.

DIRECTING THE PRESIDENT, PURSUANT TO SECTION 5(c) OF THE WAR POWERS RESOLUTION, TO REMOVE UNITED STATES ARMED FORCES FROM HOSTILITIES WITH PRESIDENTIALLY DESIGNATED TERRORIST ORGANIZATIONS IN THE WESTERN HEMISPHERE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the vote on adoption of the concurrent resolution (H. Con. Res. 61) directing the President, pursuant to section 5(c) of the War Powers Resolution, to remove United States Armed Forces from hostilities with presidentially designated terrorist organizations in the Western Hemisphere, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the resolution.

The vote was taken by electronic device, and there were—yeas 210, nays 216, not voting 7, as follows:

[Roll No. 345]

YEAS—210

Adams	Fletcher	McCollum
Aguilar	Foster	McDonald Rivet
Amo	Foushee	McGarvey
Ansari	Frankel, Lois	McGovern
Auchincloss	Friedman	McIver
Bacon	Frost	Meeks
Balint	Garamendi	Menendez
Barragán	Garcia (CA)	Meng
Beatty	Garcia (IL)	Mfume
Bell	Garcia (TX)	Min
Bera	Gillen	Moore (WI)
Beyer	Golden (ME)	Morelle
Bishop	Goldman (NY)	Morrison
Bonamici	Gomez	Moskowitz
Boyle (PA)	Goodlander	Moulton
Brown	Gottheimer	Mrvan
Brownley	Gray	Mullin
Budzinski	Green, Al (TX)	Nadler
Bynum	Grijalva	Neal
Carbajal	Harder (CA)	Neguse
Carson	Hayes	Norcross
Carter (LA)	Himes	Ocasio-Cortez
Casar	Horsford	Olszewski
Case	Houlahan	Omar
Casten	Hoyer	Pallone
Castor (FL)	Hoyle (OR)	Panetta
Castro (TX)	Huffman	Pappas
Cherifilus-	Ivey	Pelosi
McCormick	Jackson (IL)	Perez
Chu	Jacobs	Peters
Cisneros	Jayapal	Pettersen
Clark (MA)	Jeffries	Pingree
Clarke (NY)	Johnson (GA)	Pocan
Cleaver	Johnson (TX)	Pou
Clyburn	Kamlager-Dove	Pressley
Cohen	Kaptur	Quigley
Conaway	Keating	Ramirez
Correa	Kelly (IL)	Randall
Costa	Kennedy (NY)	Raskin
Craig	Khaanna	Riley (NY)
Crockett	Krishnamoorthi	Rivas
Crow	Landsman	Ross
Davids (KS)	Larsen (WA)	Ruiz
Davis (IL)	Larson (CT)	Ryan
Davis (NC)	Latimer	Salinas
Dean (PA)	Lee (NV)	Sánchez
DeGette	Lee (PA)	Scanlon
DeLauro	Leger Fernandez	Schakowsky
DelBene	Levin	Schneider
Deluzio	Liccardo	Scholten
DeSaulnier	Lieu	Schrier
Dexter	Lofgren	Scott (VA)
Dingell	Lynch	Scott, David
Doggett	Magaziner	Sewell
Elfreth	Mannion	Sherman
Escobar	Massie	Simon
Espallat	Matsui	Smith (WA)
Evans (PA)	McBride	Sorensen
Fields	McClain Delaney	Soto
Figures	McClellan	Stansbury

Stanton	Tlaib	Velázquez
Stevens	Tokuda	Vindman
Strickland	Tonko	Walkinshaw
Subramanyam	Torres (CA)	Wasserman
Suzozi	Torres (NY)	Schultz
Sykes	Trahan	Waters
Takano	Tran	Watson Coleman
Thanedar	Underwood	Whitesides
Thompson (CA)	Vargas	Williams (GA)
Thompson (MS)	Vasquez	Wilson (FL)
Titus	Veasey	

WESTERMAN, PFLUGER, and HERN of Oklahoma changed their vote from "yea" to "nay."

So the concurrent resolution was not agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

NAYS—216

Aderholt	Gimenez	Miller (OH)
Alford	Goldman (TX)	Miller (WV)
Allen	Gonzales, Tony	Miller-Meeks
Amodei (NV)	Gonzalez, V.	Mills
Arrington	Gooden	Moolenaar
Babin	Gosar	Moore (AL)
Baird	Graves	Moore (NC)
Balderson	Greene (GA)	Moore (UT)
Barr	Griffith	Moore (WV)
Barrett	Grothman	Moran
Baumgartner	Guest	Nehls
Bean (FL)	Guthrie	Newhouse
Begich	Hageman	Norman
Bentz	Hamadeh (AZ)	Nunn (IA)
Bergman	Haridopolos	Obreolte
Bice	Harrigan	Ogles
Biggs (AZ)	Harris (MD)	Onder
Biggs (SC)	Harris (NC)	Owens
Bilirakis	Harshbarger	Palmer
Boebert	Hern (OK)	Patronis
Bost	Higgins (LA)	Perry
Brecheen	Hill (AR)	Pfluger
Bresnahan	Hinson	Reschenthaler
Buchanan	Houchin	Rogers (AL)
Burchett	Hudson	Rogers (KY)
Burlison	Huijenga	Rose
Calvert	Hunt	Rouzer
Cammack	Hurd (CO)	Roy
Carey	Issa	Rulli
Carter (GA)	Jack	Rutherford
Carter (TX)	Jackson (TX)	Salazar
Ciscomani	James	Scalise
Cline	Johnson (LA)	Schmidt
Cloud	Johnson (SD)	Schweikert
Clyde	Jordan	Scott, Austin
Cole	Joyce (OH)	Self
Collins	Joyce (PA)	Sessions
Comer	Kean	Shreve
Crane	Kelly (MS)	Simpson
Crank	Kelly (PA)	Smith (MO)
Crawford	Kennedy (UT)	Smith (NE)
Crenshaw	Kiggans (VA)	Smith (NJ)
Cuellar	Kiley (CA)	Smucker
Davidson	Kim	Spartz
De La Cruz	Knott	Stauber
DesJarlais	Kustoff	Stefanik
Donalds	LaHood	Steil
Downing	LaLota	Steube
Dunn (FL)	Langworthy	Strong
Edwards	Latta	Stutzman
Ellzey	Lawler	Taylor
Emmer	Lee (FL)	Tenney
Estes	Letlow	Thompson (PA)
Evans (CO)	Loudermilk	Tiffany
Ezell	Lucas	Timmons
Fallon	Luna	Turner (OH)
Fedorchak	Luttrell	Valadao
Feenstra	Mace	Van Drew
Fine	Mackenzie	Van Duyn
Finstad	Malliotakis	Van Epps
Fischbach	Maloy	Van Orden
Fitzgerald	Mann	Wagner
Fitzpatrick	Mast	Walberg
Fleischmann	McCaul	Weber (TX)
Flood	McClain	Webster (FL)
Fong	McClintock	Westerman
Foxx	McCormick	Wied
Franklin, Scott	McDowell	Williams (TX)
Fry	McGuire	Wilson (SC)
Fulcher	Messmer	Wittman
Garbarino	Meuser	Yakym
Gill (TX)	Miller (IL)	Zinke

NOT VOTING—7

Courtney McBath Womack
Diaz-Balart Murphy
LaMalfa Swalwell

 1801

Messrs. AUSTIN SCOTT of Georgia,
BURCHETT, WEBSTER of Florida,
EMMER, CLINE, SIMPSON, JOHNSON
of Louisiana, ROUZER, BEGICH, Mses.
BOEBERT, MALLIOTAKIS. Messrs.
JOHNSON of South Dakota, NEHLS,

Omar	Scanlon	Thompson (MS)
Pallone	Schakowsky	Titus
Panetta	Schneider	Tlaib
Pappas	Scholten	Tokuda
Pelosi	Schrier	Tonko
Perez	Scott (VA)	Torres (CA)
Peters	Scott, David	Torres (NY)
Pettersen	Sewell	Trahan
Pingree	Sherman	Tran
Pocan	Simon	Underwood
Pou	Smith (WA)	Vargas
Pressley	Sorensen	Vasquez
Quigley	Soto	Veasey
Ramirez	Stansbury	Velázquez
Randall	Stanton	Vindman
Raskin	Stevens	Walkinshaw
Riley (NY)	Strickland	Wasserman
Rivas	Subramanyam	Schultz
Ross	Suozzi	Waters
Ruiz	Sykes	Watson Coleman
Ryan	Takano	Whitesides
Salinas	Thanedar	Williams (GA)
Sánchez	Thompson (CA)	Wilson (FL)

NAYS—213

Aderholt	Gill (TX)	Miller (OH)
Alford	Gimenez	Miller (WV)
Allen	Goldman (TX)	Miller-Meeks
Amodei (NV)	Gonzales, Tony	Moolenaar
Arrington	Gooden	Moore (AL)
Babin	Gosar	Moore (NC)
Baird	Graves	Moore (UT)
Balderson	Griffith	Moore (WV)
Barr	Grothman	Moran
Barrett	Guest	Nehls
Baumgartner	Guthrie	Newhouse
Bean (FL)	Hamahed (AZ)	Norman
Begich	Haridopolos	Nunn (IA)
Bentz	Harrigan	Obernolte
Bergman	Harris (MD)	Ogles
Bice	Harris (NC)	Onder
Biggs (AZ)	Harshbarger	Owens
Biggs (SC)	Hern (OK)	Palmer
Bilirakis	Higgins (LA)	Patronis
Boebert	Hill (AR)	Perry
Bost	Hinson	Pfluger
Brecheen	Houchin	Reschenthaler
Bresnahan	Hudson	Rogers (AL)
Buchanan	Huizenga	Rogers (KY)
Burchett	Hunt	Rose
Burlison	Hurd (CO)	Rouzer
Calvert	Issa	Roy
Cammack	Jack	Rulli
Carey	Jackson (TX)	Rutherford
Carter (GA)	James	Salazar
Carter (TX)	Johnson (LA)	Scalise
Ciscomani	Johnson (SD)	Schmidt
Cline	Jordan	Schweikert
Cloud	Joyce (OH)	Scott, Austin
Clyde	Joyce (PA)	Self
Cole	Kean	Sessions
Collins	Kelly (MS)	Shreve
Comer	Kelly (PA)	Simpson
Crane	Kennedy (UT)	Smith (MO)
Crank	Kiggans (VA)	Smith (NE)
Crawford	Kiley (CA)	Smith (NJ)
Crenshaw	Kim	Smucker
Cuellar	Knott	Spartz
Davidson	Kustoff	Stauber
De La Cruz	LaHood	Stefanik
DesJarlais	LaLota	Steil
Diaz-Balart	LaMalfa	Steube
Donalds	Langworthy	Strong
Downing	Latta	Stutzman
Dunn (FL)	Lawler	Taylor
Edwards	Lee (FL)	Tenney
Elzey	Letlow	Thompson (PA)
Emmer	Loudermilk	Tiffany
Estes	Lucas	Timmons
Evans (CO)	Luna	Turner (OH)
Ezell	Luttrell	Valadao
Fallon	Mace	Van Drew
Fedorchak	Mackenzie	Van Duyn
Feeenstra	Malliotakis	Van Epps
Fine	Maloy	Van Orden
Finstad	Mann	Wagner
Fischbach	Mast	Walberg
Fitzgerald	McCaull	Weber (TX)
Fitzpatrick	McClain	Webster (FL)
Fleischmann	McClintock	Westerman
Flood	McCormick	Westerman
Fong	McDowell	Wied
Fox	McGuire	Williams (TX)
Franklin, Scott	Messmer	Wilson (SC)
Fry	Meuser	Wittman
Garbarino	Miller (IL)	Yakym

Pallone Schakowsky Titus
 Panetta Schneider Tlaib
 Pappas Scholten Tokuda
 Pelosi Schrier Tonko
 Perez Scott (VA) Torres (CA)
 Peters Scott, David Torres (NY)
 Pettersen Sewell Trahan
 Pingree Sherman Tran
 Pocan Simon Underwood
 Pou Smith (WA) Vargas
 Pressley Sorensen Vasquez
 Quigley Soto Veasey
 Ramirez Stansbury Velázquez
 Randall Stanton Vindman
 Raskin Stevens Walkinshaw
 Riley (NY) Strickland Wasserman
 Rivas Subramanyam Schultz
 Ross Suozzi Waters
 Ruiz Sykes Watson Coleman
 Ryan Takano Whitesides
 Salinas Thanedar Williams (GA)
 Sánchez Thompson (CA) Wilson (FL)
 Scanlon Thompson (MS)

NAYS—218

Aderholt Gimenez Miller (OH)
 Alford Goldman (TX) Miller (WV)
 Allen Gonzales, Tony Miller-Meeks
 Amodei (NV) Gooden Mills
 Arrington Gosar Moolenaar
 Babin Graves Moore (AL)
 Bacon Greene (GA) Moore (NC)
 Baird Griffith Moore (UT)
 Balderson Grothman Moore (WV)
 Barr Guest Moran
 Barrett Guthrie Nehls
 Baumgartner Hageman Newhouse
 Bean (FL) Hamadeh (AZ) Norman
 Begich Haridopolos Nunn (IA)
 Bentz Harrigan Oernalte
 Bergman Harris (MD) Ogles
 Bice Harris (NC) Onder
 Biggs (AZ) Harshbarger Owens
 Biggs (SC) Hern (OK) Palmer
 Bilirakis Higgins (IA) Patronis
 Boebert Hill (AR)
 Bost Hinson Pfluger
 Brecheen Houchin Reschenthaler
 Bresnahan Hudson Rogers (AL)
 Buchanan Huizenga Rogers (KY)
 Burchett Hunt Rose
 Burlison Hurd (CO) Rouzer
 Calvert Issa Roy
 Cammack Jack Rulli
 Carey Jackson (TX) Rutherford
 Carter (GA) James Salazar
 Carter (TX) Johnson (LA) Scalise
 Ciscomani Johnson (SD) Schmidt
 Cline Jordan Schweikert
 Cloud Joyce (OH) Bresnahan
 Clyde Joyce (PA) Scott, Austin
 Cole Kean Self
 Collins Kelly (MS) Sessions
 Comer Kelly (PA) Shreve
 Crane Kennedy (UT) Simpson
 Crank Kiggans (VA) Smith (MO)
 Crawford Kiley (CA) Smith (NE)
 Crenshaw Kim Smith (NJ)
 Davidson Knott Carter (TX)
 De La Cruz Kustoff Ciscomani
 DesJarlais LaHood Stauber
 Diaz-Balart LaLota Stefanik
 Donalds LaMalfa Steil
 Downing Langworthy Steube
 Dunn (FL) Latta Strong
 Edwards Lawler Stutzman
 Ellzey Lee (FL) Crank
 Emmer Letlow Tenney
 Estes Loudermilk Thompson (PA)
 Evans (CO) Lucas Tiffany
 Ezell Luna Timmons
 Fallon Luttrell Turner (OH)
 Fedorchak Mace Valadado
 Feenstra Mackenzie Van Drew
 Fine Malliotakis Van Duyne
 Finstad Maloy Van Orden
 Fischbach Mann Van Epps
 Fitzgerald Massie Wagner
 Fitzpatrick Mast Walberg
 Fleischmann McCaul Weber (TX)
 Flood McClain Webster (FL)
 Fong McClintock Westerman
 Foxx McCormick Wied
 Franklin, Scott McDowell Williams (TX)
 Fry McGuire Wilson (SC)
 Fulcher Messmer Wittman
 Garbarino Meuser Yakym
 Gill (TX) Miller (IL) Zinke

NOT VOTING—5
 Courtney Murphy Womack
 McBath Swalwell
 ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE
 The SPEAKER pro tempore (during
 the vote). There are 2 minutes remain-
 ing.

Smucker Spartz Thompson (PA)
 Stauber Stefanik Turner (OH)
 Steil Valadao Valdado
 Steube Van Drew Williams (TX)
 Strong Van Epps Wilson (SC)
 Stutzman Taylor Van Orden
 Taylor Tenney Wagner Yakym
 Zinke Zinke

NAYS—211

So the motion to recommit was re-
 jected.

The result of the vote was announced
 as above recorded.

The SPEAKER pro tempore. The
 question is on the passage of the bill.

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

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

The yeas and nays were ordered.

The SPEAKER pro tempore. This is a
 5-minute vote.

The vote was taken by electronic de-
 vice, and there were—yeas 216, nays
 211, not voting 6, as follows:

[Roll No. 349]

YEAS—216

Aderholt	Fitzgerald	Lee (FL)	Castro (TX)	Kaptur	Scanlon
Alford	Fitzpatrick	Letlow	Cherifius	Keating	Schakowsky
Allen	Fleischmann	Loudermilk	McCormick	Kelly (IL)	Schneider
Amodei (NV)	Flood	Lucas	Chu	Kennedy (NY)	Scholten
Arrington	Fong	Luna	Cisneros	Khanna	Schrer
Babin	Babin	Luttrell	Clark (MA)	Krishnamoorthi	Scott (VA)
Bacon	Fox	Clarke (NY)	Landsman	Landsman	Scott, David
Baird	Fry	Mackenzie	Cleaver	Larsen (WA)	Sewell
Balderson	Balderson	Fulcher	Clyburn	Larson (CT)	Sherman
Barr	Barrett	Garbarino	Cohen	Latimer	Simon
Barrett	Gill (TX)	Maloy	Conaway	Lee (NV)	Smith (WA)
Baumgartner	Baumgartner	Gimenez	Mann	Lee (PA)	Sorensen
Bean (FL)	Bean (FL)	Mast	Correa	Leger Fernandez	Soto
Begich	Goldman (TX)	McCaull	Costa	Stansbury	Stansbury
Bentz	Goldman (TX)	McClain	Craig	Levin	Sherman
Bergman	Gooden	McClintock	Crockett	Liccardo	Takano
Bice	Gosar	McCormick	Crow	Lieu	Stevens
Biggs (AZ)	Harris (MD)	McDowell	Cuellar	Lofgren	Strickland
Biggs (SC)	Harris (MD)	McDowell	David (KS)	Lynch	Subramanyam
Bilirakis	Hern (OK)	McDowell	DelBene	Magaziner	Suozzi
Boebert	Hill (AR)	Miller (OH)	McClain Delaney	Davis (IL)	Sykes
Bost	Hinson	Miller (WV)	McCain	Davis (NC)	Thompson (CA)
Brecheen	Houchin	Miller (WV)	DeGette	Massie	Thompson (MS)
Bresnahan	Hudson	Miller (WV)	DeLauro	Matsui	McBride
Buchanan	Huizenga	Miller (WV)	McBride	Thompson (CA)	Thompson (MS)
Burchett	Hunt	Miller (WV)	McClain	DelBene	McClain Delaney
Burlison	Hurd (CO)	Miller (WV)	DeSaulnier	McClellan	Titus
Calvert	Rouzer	Miller (WV)	Dexter	McCullom	Tlaib
Cammack	Issa	Miller (WV)	McDonald Rivet	McDonald Rivet	Tokuda
Carey	Roy	Miller (WV)	Dingell	McGarvey	Tonko
Carter (GA)	Jack	Miller (WV)	Doggett	McGovern	Torres (CA)
Carter (TX)	Rulli	Miller (WV)	Elfreth	McIver	Torres (NY)
Ciscomani	Rutherford	Miller (WV)	Foster	Meeks	Trahan
Cline	James	Miller (WV)	Espaillat	Menendez	Tran
Cloud	Salazar	Miller (WV)	Evans (PA)	Meng	Underwood
Clyde	Scalise	Miller (WV)	Fields	Mfume	Vargas
Cole	Scalise	Miller (WV)	Figures	Min	Vasquez
Collins	Boebert	Miller (WV)	Fletcher	Moore (WI)	Veasey
Comer	Bogart	Miller (WV)	Frost	Morelle	Velázquez
Crane	Bogart	Miller (WV)	Foushee	Morrison	Vindman
Crank	Brecheen	Miller (WV)	Frankel, Lois	Moskowitz	Walkinshaw
Crawford	Bresnahan	Miller (WV)	Friedman	Moulton	Wasserman
Crenshaw	Hamadeh (AZ)	Miller-Meeks	Frost	Mrvan	Schultz
Davidson	Harris (MD)	Mills	Garamendi	Mullin	Waters
De La Cruz	Harris (MD)	Mills	Garcia (CA)	Nadler	Watson Coleman
DesJarlais	Harris (MD)	Mills	García (IL)	Neal	Whitesides
Diaz-Balart	Harris (MD)	Mills	García (TX)	Neguse	Williams (GA)
Donalds	Harris (MD)	Mills	Gillen	Norcross	Wilson (FL)
Downing	Harris (MD)	Mills	NOT VOTING—6		
Dunn (FL)	Harris (MD)	Mills	Courtney	Murphy	Swalwell
Edwards	Harris (MD)	Mills	McBath	Palmer	Womack
Ellzey	Harris (MD)	Mills	ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE		
Emmer	Harris (MD)	Mills	The SPEAKER pro tempore (during		
Estes	Harris (MD)	Mills	the vote). There are 2 minutes remain-		
Evans (CO)	Harris (MD)	Mills	ing.		
Ezell	Harris (MD)	Mills	□ 1827		
Fallon	Harris (MD)	Mills	So the bill was passed.		
Fedorchak	Harris (MD)	Mills	The result of the vote was announced		
Feenstra	Harris (MD)	Mills	as above recorded.		
Fine	Harris (MD)	Mills			
Finstad	Harris (MD)	Mills			
Fischbach	Harris (MD)	Mills			
Fitzgerald	Harris (MD)	Mills			
Fitzpatrick	Harris (MD)	Mills			
Fleischmann	Harris (MD)	Mills			
Flood	Harris (MD)	Mills			
Fong	Harris (MD)	Mills			
Foxx	Harris (MD)	Mills			
Franklin, Scott	Harris (MD)	Mills			
Fry	Harris (MD)	Mills			
Fulcher	Harris (MD)	Mills			
Garbarino	Harris (MD)	Mills			
Gill (TX)	Harris (MD)	Mills			

□ 1821

So the motion to recommit was re-
 jected.

The result of the vote was announced
 as above recorded.

The SPEAKER pro tempore. The
 question is on the passage of the bill.

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

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

The yeas and nays were ordered.

The SPEAKER pro tempore. This is a
 5-minute vote.

The vote was taken by electronic de-
 vice, and there were—yeas 216, nays
 211, not voting 6, as follows:

[Roll No. 349]

YEAS—216

Aderholt	Fitzgerald	Lee (FL)	Castro (TX)	Kaptur	Scanlon
Alford	Fitzpatrick	Letlow	Cherifius	Keating	Schakowsky
Allen	Fleischmann	Loudermilk	McCormick	Kelly (IL)	Schneider
Amodei (NV)	Flood	Lucas	Chu	Kennedy (NY)	Scholten
Arrington	Fong	Luna	Cisneros	Khanna	Schrer
Babin	Babin	Luttrell	Clark (MA)	Krishnamoorthi	Scott (VA)
Bacon	Fox	Clarke (NY)	Landsman	Landsman	Scott, David
Baird	Fry	Mackenzie	Cleaver	Larsen (WA)	Sewell
Balderson	Balderson	Fulcher	Clyburn	Larson (CT)	Sherman
Barr	Barrett	Garbarino	Cohen	Latimer	Simon
Barrett	Gill (TX)	Maloy	Conaway	Lee (NV)	Smith (WA)
Baumgartner	Baumgartner	Gimenez	Mann	Lee (PA)	Sorensen
Bean (FL)	Bean (FL)	Mast	Correa	Leger Fernandez	Soto
Begich	Goldman (TX)	McCaull	Costa	Stansbury	Stansbury
Bentz	Goldman (TX)	McClain	Craig	Levin	Sherman
Bergman	Gooden	McClintock	Crockett	Liccardo	Takano
Bice	Gosar	McCormick	Crow	Lieu	Stevens
Biggs (AZ)	Harris (MD)	McDowell	Cuellar	Lofgren	Strickland
Biggs (SC)	Harris (MD)	Miller (OH)	DelBene	McClain Delaney	Subramanyam
Bilirakis	Hern (OK)	Miller (OH)	Deluzio	McClellan	Titus
Boebert	Hill (AR)	Miller (OH)	DeSaulnier	McCullom	Tlaib
Bost	Hinson	Miller (OH)	Dexter	McDonald Rivet	Tokuda
Brecheen	Houchin	Miller (OH)	McDonald Rivet	McGarvey	Tonko
Bresnahan	Hudson	Miller (OH)	Dingell	McGovern	Torres (CA)
Buchanan	Huizenga	Miller (OH)	Doggett	McGovern	Torres (MS)
Burchett	Hunt	Miller (OH)	Friedman	McIver	Torres (NY)
Burlison	Hurd (CO)	Miller (OH)	Frost	Meeks	Trahan
Calvert	Rouzer	Miller (OH)	Espaillat	Menendez	Tran
Cammack	Issa	Miller (OH)	Evans (PA)	Meng	Underwood
Carey	Roy	Miller (OH)	Fields	Mfume	Vargas
Carter (GA)	Jack	Miller (OH)	Figures	Min	Vasquez
Carter (TX)	Rulli	Miller (OH)	Fletcher	Moore (WI)	Veasey
Ciscomani	Rutherford	Miller (OH)	Foster	Morelle	Velázquez
Cline	James	Miller (OH)	Foushee	Morrison	Vindman
Cloud	Harris (MD)	Miller (OH)	Frankel, Lois	Moskowitz	Walkinshaw
Diaz-Balart	Harris (MD)	Miller (OH)	Friedman	Moulton	Wasserman
Donalds	Harris (MD)	Miller (OH)	Frost	Mrvan	Schultz
Downing	Harris (MD)	Miller (OH)	Garamendi	Mullin	Waters
Dunn (FL)	Harris (MD)	Miller (OH)	Garcia (CA)	Nadler	Watson Coleman
Edwards	Harris (MD)	Miller (OH)	García (IL)	Neal	Whitesides
Ellzey	Harris (MD)	Miller (OH)	García (TX)	Neguse	Williams (GA)
Emmer	Harris (MD)	Miller (OH)	Gillen	Norcross	Wilson (FL)
Estes	Harris (MD)	Miller (OH)	NOT VOTING—6		
Evans (CO)	Harris (MD)	Miller (OH)	Courtney	Murphy	Swalwell
Ezell	Harris (MD)	Miller (OH)	McBath	Palmer	Womack
Fallon	Harris (MD)	Miller (OH)	ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE		
Fedorchak	Harris (MD)	Miller (OH)	The SPEAKER pro tempore (during		
Feenstra	Harris (MD)	Miller (OH)	the vote). There are 2 minutes remain-		
Fine	Harris (MD)	Miller (OH)	ing.		
Finstad	Harris (MD)	Miller (OH)	□ 1827		
Fischbach	Harris (MD)	Miller (OH)	So the bill was passed.		
Fitzgerald	Harris (MD)	Miller (OH)	The result of the vote was announced		
Fitzpatrick	Harris (MD)	Miller (OH)	as above recorded.		
Fleischmann	Harris (MD)	Miller (OH)			
Flood	Harris (MD)	Miller (OH)			
Fong	Harris (MD)	Miller (OH)			
Foxx	Harris (MD)	Miller (OH)			
Franklin, Scott	Harris (MD)	Miller (OH)			
Fry	Harris (MD)	Miller (OH)			
Fulcher	Harris (MD)	Miller (OH)			
Garbarino	Harris (MD)	Miller (OH)			
Gill (TX)	Harris (MD)	Miller (OH)			

NAYS—211

Adams	Golden (ME)	Ocasio-Cortez
Aguilar	Goldman (NY)	Olszewski
Amo	Gomez	Omar
Ansari	Goodlander	Pallone
Auchincloss	Gottheimer	Panetta
Balint	Gray	Pappas
Barragán	Green, Al (TX)	Pelosi
Beatty	Grijalva	Perez
Bell	Harder (CA)	Peters
Bera	Hayes	Pettersen
Beyer	Himes	Pingree
Bishop	Horsford	Pocan
Bonamici	Houlihan	Pou
Boyle (PA)	Hoyer	Pressley
Brown	Hoyle (OR)	Quigley
Brownley	Huffman	Ramirez
Budzinski	Ivey	Randall
Bynum	Jackson (IL)	Raskin
Carbajal	Jacobs	Riley (NY)
Carson	Jayapal	Rivas
Carter (LA)	Jeffries	Ross
Casar	Johnson (GA)	Ruiz
Case	Johnson (TX)	Ryan
Casten	Kamlager-Dove	Salinas
Castor (FL)	Kaptur	Sánchez
Castro (TX)	Keating	Scanlon
Cherifius	Kelly (IL)	Schakowsky
McCormick	Kennedy (NY)	Schneider
Chu	Kennedy (UT)	Scholten
Cisneros	Khanna	Schrir
Clark (MA)	Krishnamoorthi	Scott (VA)
Clarke (NY)	Landsman	Scott, David
Cleaver	Larsen (WA)	Sewell
Clyburn	Larson (CT)	Sherman
Cohen	Latimer	Simon
Conaway	Lawler	Smith (WA)
Correa	Lee (NV)	Sorensen
Costa	Lee (PA)	Soto
Craig	Leger Fernandez	Stanbury
Crockett	Levin	Stanton
Crow	Liccardo	Stevens
Davids (KS)	Lieu	Strickland
Davis (IL)	Lofgren	Subramanyam
Dean (PA)	Lynch	Suozzi
DeGette	Magaziner	Sykes
DeLauro	Mannion	Takano
DelBene	Matsui	Thanedar
Deluzio	McBride	Thompson (CA)
DeSaulnier	McClain Delaney	Thompson (MS)
Dexter	McClellan	Titus
Dingell	McCollum	Tlaib
Doggett	McDonald Rivet	Tokuda
Elfreth	McGarvey	Tonko
Escobar	McGovern	Torres (CA)
Espaiat	McIver	Torres (NY)
Evans (CO)	Meeks	Trahan
Evans (PA)	Menendez	Tran
Fields	Meng	Underwood
Figures	Mfume	Vargas
Fitzpatrick	Min	Vasquez
Fletcher	Moore (WI)	Veasey
Foster	Morelle	Velázquez
Foushee	Morrison	Vindman
Frankel, Lois	Moskowitz	Walkinshaw
Friedman	Moulton	Wasserman
Frost	Mrvan	Schultz
Garamendi	Mullin	Waters
Garcia (CA)	Nadler	Watson Coleman
Garcia (IL)	Neal	Whitesides
Garcia (TX)	Neguse	Williams (GA)
Gillen	Norcross	Wilson (FL)

NOT VOTING—6

Courtney	McBath	Swalwell
Gosar	Murphy	Womack

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 1840

So 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

Mr. COURTNEY. Mr. Speaker, I was absent from the chamber today. Had I recorded my vote, I would have voted Nay on Roll Call No. 343, No on Roll Call No. 344, Yea on Roll Call No. 345, Yea on Roll Call No. 346, Nay on

Roll Call No. 347, Yea on Roll Call No. 348, Nay on Roll Call No. 349, Yea on Roll Call No. 350, and Nay on Roll Call No. 351.

PERSONAL EXPLANATION

Mr. WOMACK. Mr. Speaker, I was unavoidably absent and unable to vote. Had I been present, I would have voted NAY on Roll Call No. 345, NAY on Roll Call No. 346, YEA on Roll Call No. 347, NAY on Roll Call No. 348, YEA on Roll Call No. 349, NAY on Roll Call No. 350, and YEA on Roll Call No. 351.

HOUR OF MEETING ON TOMORROW

Mr. CISCOMANI. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 9 a.m. tomorrow.

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

There was no objection.

RECOGNIZING LOCK HAVEN KIWANIS CLUB ON CENTENNIAL ANNIVERSARY

(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 congratulate the Kiwanis Club of Lock Haven, Pennsylvania, on its 100th anniversary.

Since the club's founding on January 26, 1926, the members of the Kiwanis Club have been a crucial part of the community in Lock Haven.

The club has 43 members, and it works to help children by improving literacy rates, health, and educational outcomes.

Lock Haven Kiwanis sponsors two Key Clubs, one at Central Mountain High School and the other at Jersey Shore High School. It awards annual scholarships to Key Club members at both schools.

The club recently started a Bringing Up Grades, or BUG, program at the Robb Elementary School in Lock Haven. It also partners with Sleep in Heavenly Peace to build and deliver beds to children and youth who do not have beds.

Mr. Speaker, I thank the Lock Haven Kiwanis Club for 100 years of dedicated service to the Lock Haven community and wish them the best as they work toward many more.

ROB AND MICHELE REINER TRIBUTE

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

Ms. PELOSI. Mr. Speaker, it is hard to think of anyone more remarkable and excellent in every field and endeavor than those pursued by Rob and Michele Reiner.

Rob was creative, funny, and beloved. Michele, successful in her own right, was an indispensable partner, intellectual resource, and loving wife.

Personally, Rob and Michele were, first and foremost, very loving parents. Rob cared deeply about people and demonstrated it in the community beyond family by supporting the First 5 Initiative.

First 5 Initiative took money from the tobacco tax and applied it to the first 5 years of a child's birth. Children born in California, including my own grandchild, have a packet that they take home and teaches them how to care for an infant child.

Rob also fought against the discriminatory Proposition 8.

Civically, he was a champion for the First Amendment and the creative rights of artists. Professionally, he was an iconic figure in film and made us laugh, cry, and think—and think—with the movies he created.

Paul and I and our entire family mourn the loss of our dear friends and pray for their loved ones.

His children, Jake and Romy, put out a statement thanking everyone for their good wishes but asking for privacy. We respect that.

Mr. Speaker, I will provide a fuller statement for the record of the great life achievements and beautiful, beautiful love of community of Rob and Michele Reiner.

I just want to say three things.

Do you recognize this? It is the things that have been said in his movies:

“I'll have what she's having.”

“You can't handle the truth.”

“As you wish.”

“Go to 11.”

Do you know what that is?

Mr. Speaker, I rise to sadly pay tribute to Rob and Michele Reiner

Rob and Michele Reiner embodied creativity, generosity and moral courage in every chapter of their lives. The deadly assault on them in their home earlier this week was devastating and heartbreaking beyond words.

Rob was truly one of a kind—a gifted storyteller whose humor, humanity and brilliance enriched our culture and brought people together. From his memorable roles on television to his extraordinary achievements as a director, filmmaker and actor—whether When Harry Met Sally . . ., The Princess Bride, A Few Good Men, Stand By Me, This is Spinal Tap or ‘Meathead’ in All in the Family, and so many others—Rob’s work gave us stories that made us laugh, cry and think, and reflected our shared humanity in profound ways. Who can ever forget: ‘You can't handle the truth,’ ‘I'll have what she's having,’ ‘As you wish,’ or ‘Up to eleven.’

Michele was Rob’s indispensable partner and a success in her own right—a formidable intellect, trusted counselor, and loving wife whose insight and strength shaped their work and their impact on the world.

Personally, Rob and Michele, first and foremost were devoted parents. They cared deeply about people and they demonstrated that every day in their community. They championed Proposition 10 for tobacco tax revenues to fund early childhood development through the transformational First 5 initiative which has benefited millions of California children. And they stood up for equality and dignity by fighting against the discriminatory

Proposition 8. Indeed, they lent their voices and resources to countless causes rooted in fairness and opportunity for all.

Civically, Rob and Michele were fierce champions of the First Amendment and the creative rights of artists, never wavering in their belief that freedom of expression is essential to a vibrant and just society. They understood that democracy depends on compassion, engagement and the courage to speak out.

Professionally, Rob was an iconic figure in film and television whose work will endure for generations. And Michele's own leadership—behind the camera and in support of artistic expression—were integral to the couple's success. Their partnership was a testament to the power of collaboration and the beauty of shared purpose—and their legacy lives on in the countless lives they touched through art and advocacy.

Paul and I, and our entire family, mourn the loss of our very dear friends Rob and Michele with profound sorrow. (And moved by the loving statement by Jake and Romy, we hold their loved ones close in our hearts and are praying for them, and all who are grieving during this unimaginable time of pain. May Rob and Michele's memory be a blessing, and may their lives continue to inspire kindness, courage and hope.)

RECOGNIZING JOHNNY WAYNE FARRIS

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

Mr. BURCHETT. Mr. Speaker, I rise to honor my good friend, Johnny Wayne Farris, who was recently nominated as candidate for Time magazine Dealer of the Year. He is also being recognized nationally by Time magazine for his community service and industry accomplishments.

Johnny Wayne Farris is the president of Farris Motor Company, founded by his grandfather in 1929. Farris grew up in the industry and joined the company full-time in 1972—when I was in the second grade, Mr. Speaker—after graduating from Tennessee Tech University.

Farris Motor Company's mission is to be the dealer of people and truly has accomplished that in his time with the company across Tennessee.

Farris has an honorable record of humanitarian aid and philanthropy, as well. He has shipped over 140 containers of humanitarian assistance over the last 12 years to support east Tennessee families and refugees at home and abroad.

Johnny Wayne Farris is not only a great businessman; he is in my fraternity, Sigma Chi. He is also even a better member of his community, helping anyone and everyone he can.

Mr. Speaker, I congratulate my dear friend, Johnny Wayne Farris, and thank him for all that he has done for east Tennessee and me and my family.

HONORING THE LIFE OF JEAN E. CORRIGAN

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

Ms. DEAN of Pennsylvania. Madam Speaker, this month, my community, Montgomery County, Pennsylvania, lost a giant, Jean E. Corrigan.

Whenever I hear the term "grassroots" or "boots on the ground," I think of Jean. She believed wholeheartedly and full-throatedly in Democratic values and devoted her life to them. It didn't matter if it was for the school board or the American President; Jean gave herself entirely to candidates who she believed in.

She led by example, always willing to knock doors, make calls, and volunteer at polling places. She served on countless committees and was vice chair of her local party, the Abington-Rockledge Democratic Committee.

Her front porch was an election season hub of lawn signs, literature, lists, and listening sessions on the latest intel. All the while, Jean was a devoted wife and mother.

Her husband, Pete; children, Joe, Dave, and Pauline; and her beautiful granddaughters were lucky to have them in her corner. I was lucky to have Jean in my corner, too, and we were all lucky that the Corrigans shared Jean and her many talents with us.

May God bless Jean Corrigan. She taught us well.

□ 1850

FEDERAL RECOGNITION FOR LUMBEE TRIBE

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

Mr. ROUZER. Madam Speaker, today marks a monumental day for the Lumbee Tribe of North Carolina, the effects of which will transcend generations. The Lumbee have fought tirelessly for decades to achieve full recognition by the U.S. Congress. Today, that day has arrived.

The Lumbee Fairness Act, which I offered as an amendment to the National Defense Authorization Act, will soon head to the President's desk, as part of the annual defense bill, for his signature, providing full Federal recognition. This is a historic milestone, decades in the making, and a moment of celebration for a community that has never wavered in its resolve.

This amazing achievement would not have been possible without the steadfast leadership of Chairman John Lowery and generations of Lumbee. Their voice has been heard, and their commitment and perseverance have brought us to this historic moment.

I commend and thank President Trump for his tremendous support, as well as our current Senators THOM TILLIS and TED BUDD, former Senators Elizabeth Dole and Richard Burr, and

my many colleagues here in the House who continually supported this effort.

Madam Speaker, I thank them all, for the Lumbee are a great and honorable people who deserve Federal recognition with all the rights and benefits that come with it.

REMEMBERING DONALD PAYNE, JR.

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

Mr. NORCROSS. Madam Speaker, I rise today to honor my dear friend, Donald Payne, Jr., on what would have been his 67th birthday.

There were a few differences between Donald Payne and me. We often got confused. His birthday was on December 17; mine was on December 13. He came from north Jersey; I come from south Jersey. I served the First District; he served the 10th District.

What mattered most was what we had in common. We both fought for families in the State of New Jersey. Don brought to New Jersey the values of what we were to be from New Jersey each and every day.

He was tough. For those of you who knew him, he had dialysis in the morning and would come here in the afternoon and continue to work. For anybody who has ever been through dialysis, that was tough, and he knew it. We owe him a great debt of gratitude for coming to work each and every day.

I will always remember him for his kindness, his compassion, and his open heart; and I will be forever grateful for his friendship.

Madam Speaker, from one Don to another from New Jersey, we miss him and his bow tie.

HONORING TENEILIA "SWEET TEA" ANDERSON

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

Mr. BEAN of Florida. Madam Speaker, we all know the simple joy of a glass of sweet tea—refreshing, comforting, a lift to the spirit. Teneilia "Sweet Tee" Anderson of Fernandina Beach, Florida, brought that same sweetness into every room she entered.

This week, at the age of 86, she passed away peacefully, surrounded by friends and family, and today, I rise to honor her life of service.

Sweet Tee was a devoted wife and mother, a clown, a business owner, and a woman of deep faith. I would often see her at the hospital dressed as her alter ego, Lucianna the clown, with her husband, Don, as Hambone, visiting sick kids, reminding us that healing begins with kindness and connection. Even up until her death, she was working with my office to protect children.

My thoughts are with her husband, Don; daughter, Kim; granddaughters, Brook and Ashley; and her entire family.

Madam Speaker, Sweet Tee's life was like her name, a steady sweetness that brightened every day, and her legacy will continue to inspire. Sweet Tee will be missed.

RECOGNIZING ANNIE MALONE AND FOSTER AND ADOPTIVE CARE COALITION IN ST. LOUIS

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

Mr. BELL. Madam Speaker, as the holidays roll around, I want to say this to folks across the St. Louis region: This season isn't just about what is under the tree. It is about who we show up for.

There is a lot happening in the world right now. Some of it is heavy. At home, I see a community that still believes in looking out for one another, especially our children. Not every child has the stability they deserve, through no fault of their own. When families can't carry that load alone, the rest of us have to help.

That is what organizations like the Foster and Adoptive Care Coalition do every day, and it is what Annie Malone has done for generations, helping young people aging out of the system find their footing.

As we celebrate with the people we love, I hope we also think about how we can help others. That is how we make this season matter.

Madam Speaker, I wish St. Louis happy holidays.

HONORING THE LIFE OF ERNEST L. "ERNIE" STEVENS, JR.

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

Mr. WIED. Madam Speaker, I rise today to honor the life of Ernest Stevens, Jr., a proud citizen of the Oneida Nation of Wisconsin, who sadly passed away recently.

For more than two decades, Ernie Stevens served as chairman of the Indian Gaming Association, where he was elected to 13 consecutive terms. Under his leadership, Tribal government gaming grew into the largest segment of the U.S. gaming industry, generating more than \$43 billion annually and supporting healthcare, housing, education, and jobs in Native communities.

He also served his own Nation as a member of the Oneida Business Committee and was a steadfast advocate for Tribal sovereignty, always reminding us that Tribal gaming was about building nations, not just business.

Beyond his professional achievements, he was a mentor, a family man, and a source of inspiration to countless young leaders. He leaves behind his wife, Cheryl; their five children; and 20 grandchildren.

Madam Speaker, the people of Green Bay, the Oneida Reservation, and all of

Indian Country mourn the loss of this remarkable leader. May his memory continue to inspire generations to come.

SCHOOL SHOOTINGS ARE NOT INEVITABLE

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

Ms. ANSARI. Madam Speaker, only in the United States of America do we now have college students who have survived not one but two school shootings.

That is the reality for students at Brown University right now, students like Zoe Weissman, who was a middle schooler at the school next to Marjory Stoneman Douglas High School during the Parkland massacre. Years later, she found herself again facing an active shooter on a college campus. Mia Tretta was shot as a teenager at Saugus High School and survived, and now, she has lived through yet another school shooting at Brown.

Let that sink in: Two shootings in one lifetime, all before graduating college.

We cannot allow ourselves to become numb to this. This level of trauma is not normal. It is not inevitable. It is not acceptable.

If we are serious about protecting young people in America, Congress must act now. That means universal background checks, a ban on assault weapons designed for mass killing, cracking down on ghost guns, and investing in mental health and safe storage policies grounded in data.

The SPEAKER pro tempore (Mrs. Fedorchak). The time of the gentlewoman has expired.

Ms. ANSARI. I will say it again. This is not inevitable.

□ 1900

HONORING LOWNDES COUNTY, GEORGIA, ON ITS BICENTENNIAL

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

Mr. CARTER of Georgia. Madam Speaker, I rise today to honor the bicentennial celebration of Lowndes County, Georgia.

Two hundred years ago, the Georgia State legislature established Lowndes County, named after a prominent lawyer and Congressman from South Carolina.

The area quickly became a haven for settlers seeking opportunity and prosperity, evolving with the times while never losing its sense of community.

From moving entire towns to meet the railroad's arrival in the 1850s to developing thriving industries like textiles, timber, and turpentine, the county spirit of adaptability is evident throughout its history.

Today, the county and the city of Valdosta are still thriving, being a critical hub for Georgia with Valdosta State University and having nicknames like Winnersville and Title Town.

Not only does it have culture, but it offers thousands of acres of beautiful wetlands from the Grand Bay swamp.

These traditions, these values, and achievements make Lowndes County a shining example of Georgia's enduring spirit and a model community to be honored and emulated.

I congratulate Lowndes County on 200 years. Here is to 200 more.

PRESIDENT TRUMP'S TARIFF POLICIES

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

Mr. LATIMER. Madam Speaker, any day now, the Supreme Court will issue a ruling on whether the President can impose tariffs under the International Emergency Economic Powers Act.

President Trump's tariff policies have hurt America's small businesses, who often cannot absorb the cost of higher duties. Now, the economy is showing warning signs. Unemployment has risen to 4.6 percent, and small businesses shed 120,000 jobs in November alone.

That is why I recently joined 20 of my colleagues in sending a letter to Treasury Secretary Bessent and Homeland Security Secretary Noem urging both Departments to dedicate resources to planning for the Supreme Court's decision. Proper planning is needed around an information campaign for small businesses on how to navigate the tariff protest process, ensuring that eligible tariff refunds are provided on an expedited basis. Without a plan, the complexity and time needed to pursue a refund will further burden small businesses.

I urge the Trump administration to work quickly to guarantee that small businesses, the lifeline of our economy, are not left behind because of this erratic policy.

HONORING EARL LACKEY

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

Mr. BEGICH. Madam Speaker, I rise today to honor the extraordinary life and legacy of Earl Lackey, a pioneer of Alaska's motorsports community and the driving force behind Alaska Raceway Park.

Earl's commitment to racing spans more than half a century. In the early 1960s, while stationed in Germany as an Army helicopter mechanic, he worked on a pit crew at the legendary Nurburgring.

Those early days sparked a lifelong devotion to motorsports. He raced

sports cars in Wisconsin before moving to Alaska in 1983, and in 1994, he helped purchase a small drag strip. By 1998, he became its sole owner.

With his family, Earl built, literally by hand, the foundation of what would become the northernmost NASCAR-sanctioned track in the world. Anyone who has ridden in Earl's pace car knows the magic that he helped create in Alaska.

Earl shaped a track that NASCAR calls a model for community racing. The raceway is a family endeavor: Karen, his wife, at the ticket booth; his son Jim on the ground; and his daughter Michelle managing operations. Together, they built a gathering place where generations of racers, families, and visitors find excitement and camaraderie.

Madam Speaker, we honor Earl Lackey for his vision, his perseverance, and the community he forged at Alaska Raceway Park. His legacy, in the view of Alaska's Pioneer Peak, will endure for generations to come.

EXPRESSING CONDOLENCES AND CONGRATULATIONS

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

Mr. DAVIS of Illinois. Madam Speaker, I rise to express condolences to Illinois Lieutenant Governor Juliana Stratton and her family on the passing of her father, Dr. Henry Wiggins, a renowned physician, military veteran, and health activist.

I also express and convey condolences to the family of my good friend Reverend Charles Bowers, who recently passed away last week at the age of 95.

On a happier note, I extend congratulations to my dear cousin and high school classmate, Cora Henderson, and her husband Floyd, on the occasion of their 65th wedding anniversary. Sixty-five years is a long time.

CELEBRATING 100TH BIRTHDAY OF CARLOS MANUEL HALLEY

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

Mr. GIMENEZ. Madam Speaker, I rise today to celebrate the 100th birthday of Mr. Carlos Manuel Halley, an extraordinary member of our south Florida community who embodies perseverance, family, and the pursuit of freedom.

Born November 4, 1925, in Santiago de Cuba, Mr. Halley married Marcilia Mancebo de Halley and built a beautiful family.

Following the Cuban revolution, as a man of deep conviction who believed in liberty and democracy, Mr. Halley made the difficult decision to leave his homeland.

Mr. and Mrs. Halley and their five children settled in Miami, determined

to rebuild. Through his faith and perseverance, all of his children became professionals, and his legacy now extends to 56 family members.

Surrounded by his family and loved ones, he celebrates this remarkable milestone. Mr. Halley remains full of life. He enjoys spending time with friends, charming everybody with his humor, and he still proudly considers Burger King as his favorite restaurant.

I ask my colleagues to join me in celebrating Mr. Carlos Manuel Halley and recognizing the strength of his faith, the love of his freedom, and deep devotion to family.

GUN VIOLENCE TRAGEDIES

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

Mr. CASTEN. Madam Speaker, over the weekend, two different countries experienced gun violence tragedies. In one they targeted a Hanukkah celebration, and at another they targeted students in an engineering classroom.

Both of these countries were founded by Europeans who landed on a large land mass, took control from the Natives with their superior arms, and developed a cowboy culture at the heart of their national ethos.

One of those countries responded by acting like an adult. Having initiated gun buyback programs after their last tragedy, they are now working to further tighten gun regulations.

The other one of these countries acted like a child. Our FBI Director and President shared misinformation. The Vice President suggested that the politics of one of the victims was the real tragedy. The Republican Party remained committed to defending the rights of people who think it is fun to play with things that go bang, bang.

Gun violence is still the number one cause of death among actual American children. They are dead because Members of this Chamber, who claim to be adults, keep acting like children.

I would point out that the Brown University shooting was the 389th mass shooting in America this year.

GRAY WOLVES IN CALIFORNIA

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

Mr. LAMALFA. Madam Speaker, in my district, the wolf problem is not just some abstract issue. They are on the ground. They are creating real problems for a lot of people and a lot of wildlife.

This past weekend in my district, gray wolves were seen dangerously close to Little Shasta Elementary School right here in Siskiyou County.

As a precaution, law enforcement was contacted, a local emergency was declared, and students were kept indoors for the entire school day, including recess and PE. That is an elemen-

tary school that changed its daily operations because of predators in the area. This is exactly what I have been warning about.

Federal policy has made wolves untouchable, even when they show up near homes, schools, and working lands. Local officials are left to try to manage the consequences of this threat while Washington bureaucracy tells them to wait.

We have a bill, H.R. 845, the Pet and Livestock Protection Act, which is a giant step toward fixing this. It gives States and locals more authority to deal with problem wolves before someone gets hurt.

Ignoring this doesn't make it go away. It makes it worse. Devouring wildlife and livestock with no compensation is not something just to be ignored. What are we going to do, kids next?

IN SUPPORT OF MARAD

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

Ms. KAPTUR. Madam Speaker, it has been only 7 months since billionaire Elon Musk fled town and barely 1 month since his heartless DOGE machine collapsed, yet the damage keeps spreading.

Now, the target is the U.S. Maritime Administration, MARAD, at the Department of Transportation. MARAD strengthens our maritime industry, and it protects our economic and national security. In the Great Lakes, our Nation's third and longest coast, we rely on a strong, capable American shipping fleet. Our economy depends on it.

MARAD supports 13 public and 50 commercial ports across the Great Lakes and the St. Lawrence Seaway.

In my district in northwestern Ohio, the Port of Toledo and Sandusky Harbor connect us to global markets for energy, metal, farm commodities, and more.

In 2024, South Bass Island and the Put-in-Bay Port Authority received \$10.3 million from MARAD to improve infrastructure, and they needed it.

Our ports generate real dollars for families and jobs, nearly \$900 million in annual economic activity and 8,000 jobs by the latest count.

Apparently, this does not matter to the President and his administration. Unemployment has been rising.

Let's be honest. DRP does not mean Deferred Resignation Program. It means destroy, ruin, and punish.

Madam Speaker, stop this madness. Protect MARAD. Protect our ports. Protect our workers. Protect and grow jobs in America.

□ 1910

NATIONS AREN'T NATIONS WITHOUT BORDERS

(Mr. GROTHMAN asked and was given permission to address the House

for 1 minute and to revise and extend his remarks.)

Mr. GROTHMAN. Madam Speaker, I would like to interject a little bit of common sense in the deportation debate we have had going on here.

No one knows exactly how many people are in this country illegally. I think it is safe to say that under President Biden that number went up by about 8 million, which means almost certainly it is over 15 million.

There are some muddled up people here who claim that all we should do is remove the illegal immigrants if they are breaking the law. That, obviously, makes no sense.

I applaud President Trump and Kristi Noem for trying to remove all people who are here illegally, otherwise we have no immigration law in the first place. If someone comes here illegally and all they have to do is avoid committing a serious crime, then we have no country.

Our next President will wind up getting another eight to ten million people crossing here, together with the increased welfare costs, housing costs, and government services it applies, together with the change in culture in the United States away from the culture that we have had that has allowed America to go so long.

I thank Donald Trump and Kristi Noem.

CALL A VOTE ON HEALTHCARE NOW

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

Ms. STANSBURY. Madam Speaker, imagine being so ideologically committed to destroying an imperfect healthcare bill that has helped millions of Americans access care over the last 15 years that you would block a vote—just a vote—to extend the lifesaving credits that help keep millions of Americans on their healthcare.

Madam Speaker, imagine that you would block members of your own party from bringing an amendment to extend those credits and that those members would be forced to join all 214 Democrats to force a vote on the floor. Also imagine that you would kill a motion to vote on that one day before you plan to send everyone home for the holiday.

Welcome to Donald Trump's America and the Republican Congress where the leadership would rather let children, seniors, veterans, and small businesses lose their healthcare than even take a vote.

Thankfully, we have filed a discharge petition that will ripen in 7 legislative days, but we know that is not enough. We are calling on the leadership to call a vote now.

RECOGNIZING THE LIFE OF COLONEL VU VAN LOC

(Mr. LICCARDO asked and was given permission to address the House for 1

minute and to revise and extend his remarks.)

Mr. LICCARDO. Madam Speaker, I rise today to recognize the extraordinary life of Colonel Vu Van Loc, a South Vietnamese Army veteran and beloved community member and leader in San Jose, for his selfless dedication to Vietnamese refugees and to cultural preservation.

Born in 1933 in northern Vietnam, Loc Vu and his family fled their homeland during the fall of Saigon, ultimately finding refuge in San Jose, California, the largest community of ethnic Vietnamese of any city outside of Vietnam.

Soon after arriving, Loc Vu founded the Immigrant Resettlement and Cultural Center to aid fellow refugees in rebuilding their lives. Over the next four decades, the IRCC became a lifeline to Vietnamese, Cambodian, and Laotian families throughout our region.

He also founded, funded, and passionately led the creation of the Museum of the Boat People and the Republic of Vietnam to ensure future generations understand the tremendous sacrifice, courage, and resilience of the thousands who came to our shores after the Vietnam war.

Loc Vu passed away peacefully this November at the age of 92. I was fortunate to have known Loc Vu for two decades, and I will miss our community's friend, mentor, and leader. His legacy lives on in the hearts of the more than 20,000 neighbors he has helped to support and uplift.

REMEMBERING CONGRESSMAN DONALD PAYNE ON HIS BIRTHDAY

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

Mr. PALLONE. Madam Speaker, today would have been Congressman Don Payne, Jr.'s, 67th birthday.

Don was more than a colleague to me. He was family. He called me Uncle Frank, and that meant a lot to me. In the House, our names often appeared right next to each other on the voting board, Pallone, P-A, and Payne, P-A-Y.

Many times, when we were voting on civil rights, housing, or issues affecting urban communities, I would look to see how Don voted because to me he was the conscience of our delegation. He was someone who grounded big national decisions in live reality.

Don dedicated his life to public service, from the Newark City Council to county freeholder to Congress, and always it was trying to improve peoples' lives on healthcare, the environment, or public safety.

Happy birthday, Don. Your legacy continues, and we are carrying the work forward.

WISHING A HAPPY HEAVENLY BIRTHDAY TO THE HONORABLE DONALD PAYNE, JR.

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

Mrs. McIVER. Madam Speaker, I rise to wish a happy heavenly birthday to my predecessor in representing New Jersey's 10th Congressional District, the Honorable Donald Payne, Jr.

He served as Newark City Council president and went on to succeed his father in this body.

Donald M. Payne, Sr., was the first African American elected to New Jersey's congressional delegation, and his son carried that legacy while blazing his own path.

A leader on the House Committee on Transportation and Infrastructure, Mr. Payne secured critical investments that made rail travel in New Jersey safer and more affordable.

In honor of his legacy that inspires my leadership and shapes my home district, today I introduced a bill to rename Newark Penn Station in his honor: The Donald M. Payne, Jr. Transit Center at Newark Penn Station.

Newark Penn Station is where so many workers start their mornings, where families reunite, where students, seniors, and commuters pass through every single day.

When people walk into that station, they should know the name of the man whose name helped keep it moving.

Happy birthday, Congressman Payne. We miss you.

HONORING CONGRESSMAN DONALD PAYNE

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

Mr. MENENDEZ. Madam Speaker, I rise today to honor my friend and colleague, the late Congressman Donald Payne, Jr., as we commemorate what would have been his 67th birthday.

Donald and I were good friends and neighbors both representing the cities of Newark and Jersey City together. A proud son of Newark, Congressman Payne dedicated his life to fighting for his neighbors, ensuring no one was left behind.

In his decades of public service, Congressman Payne was among the most progressive voices in our country fighting for every single American.

What I admired most about my colleague was the courage and bravery he displayed in making his battle with diabetes public so he could advocate for better treatments and solutions for the horrible disease that ultimately took him from us.

Until the very end, Congressman Payne continued to fight for his constituents, introducing legislation to protect people with disabilities within our healthcare system.

I miss my friend. I miss his style. I miss his flair, and I miss his laugh, but

I know that his spirit lives on and that we will continue the work he committed himself to.

Happy birthday, Donald.

We miss you, and we will always be better for the work and dedication that guided your years of service.

□ 1920

WE MUST EXTEND ACA TAX CREDITS

(Mrs. CHERFILUS-MCCORMICK asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. CHERFILUS-MCCORMICK. Madam Speaker, in just 14 days, hard-working families, seniors, and veterans across America will face the largest healthcare insurance premium increase in history, which will make healthcare unattainable for so many Americans.

When healthcare becomes unattainable, it turns treatable illnesses into a death sentence. Americans will be forced to figure out their healthcare. For people with high blood pressure, diabetes, or heart disease, figuring it out means going without medication that is lifesaving. This is cruel and simply unacceptable.

Congress has the responsibility to act and finally make healthcare affordable for all Americans because a single mother in Lauderhill who is rationing her medication to keep the lights on is counting on us. The disabled veteran in Riviera Beach who is working two jobs is counting on us. The recent college grad in Tamarac who makes enough money only to pay rent is counting on us.

We must deliver and extend the ACA tax credits because America is counting on us to survive, to thrive, and to have another chance.

HONORING FRANKLIN DOUGLAS MOSS

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

Mr. VEASEY. Madam Speaker, today I rise to honor the life and legacy of my good friend and former Fort Worth City Councilmember, Franklin Douglas Moss, better known as Frank Moss.

Frank Moss was an incredible man. He worked in real estate and had his own real estate firm, Moss RED Group. He was so well known throughout the community for the work that he did in the Stop Six area and the Carver Heights community in which he lived. He was just an incredible believer in the community, helping on maternal health issues, HIV awareness, and preserving historic neighborhoods.

He was an incredible person, and the family had just such a long and distinguished legacy of service to the community, as his wife was one of our former school board members. However, most of all, Frank Moss was the keeper of the Black history in Fort

Worth, Texas. He knew about the first African-American politicians, doctors, lawyers, dentists, people who really helped change and shape Fort Worth for all. He did such a tremendous job in sharing those stories.

I know that he is going to be missed as a deacon at Ebenezer Missionary Baptist Church in Fort Worth, where he was a proud member. We will all miss Frank not just because of his work on the council, but because he really cared about making sure that stories in our community were elevated in Fort Worth and Tarrant County. That is something that we will all truly miss.

My prayers go out to his family during this time.

HAPPY 100TH BIRTHDAY TO THURSTON EDWARD QUINN

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

Mr. DAVIS of North Carolina. Madam Speaker, I rise to recognize and honor Thurston Quinn, who turned 100 years old.

Mr. Quinn has been a central figure in our veterans community. He served in the 89th Infantry Division during World War II, fighting in France and Germany. He had a distinguished service career, receiving two Bronze Stars, a Combat Infantry Badge, and an Occupation Badge. When the war ended, he returned home, and he continued to serve his community.

Mr. Quinn's legacy is preserved at the Disabled American Veterans office in Goldsboro, where the cafeteria bears his name. What a true American hero.

It was a pleasure to join his family and friends at his church to wish him a 100th birthday.

REMEMBERING DONALD PAYNE, JR.

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

Mr. GOTTHEIMER. Madam Speaker, last April, Jersey and our Nation lost a dedicated father, husband, public servant, and just a real giant.

I miss Don Payne, like we all do. He was a Member of Congress for nearly 14 years. The son of Newark was an incredible champion for hardworking Jersey families. He fought for healthcare issues and fought to upgrade our transportation, rail, and infrastructure, but beyond that, he just was there for all of us.

When I was first elected, Don showed me the ropes, shared his wisdom, and gave me a good Jersey ribbing whenever he could. His great sense of humor and meaningful experience made it a true privilege to serve in the House with him. In those suits, he was the man.

A true family man, Don always beamed about his loved ones. I will

miss him greatly, like we all do, as we mark today on what would have been his 67th birthday. We remember the impact Don made on so many not just in this great Chamber but across the Garden State and across the country.

May his memory be a blessing. We miss Don.

REPUBLICANS HAVE DELIVERED IN 2025

(Under the Speaker's announced policy of January 3, 2025, Mr. MOORE of Utah was recognized for 60 minutes as the designee of the majority leader.)

GENERAL LEAVE

Mr. MOORE of Utah. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the topic of this Special Order.

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

There was no objection.

Mr. MOORE of Utah. Madam Speaker, I am glad to be joined by several of my colleagues for this last Conference Special Order of the year to talk about ways we have delivered for all Americans through our legislative action, committee work, and more.

I understand some of my colleagues have commitments, and I am going to be respectful of their time, so I will have them start us off before I provide some of my own comments.

Madam Speaker, I yield to the gentleman from Utah (Mr. KENNEDY), a good friend.

Mr. KENNEDY of Utah. Madam Speaker, I thank my colleague from Utah for yielding and leading this important discussion on how Republicans are focusing on making healthcare more affordable for hardworking American families. We have taken action and are committed to doing more to fix the broken system of ObamaCare that empowered Big Insurance at the expense of our taxpayers.

As a family practice doctor for over 25 years, I hear directly from my patients about the skyrocketing cost of insurance and prescription drugs. Democrats promised Americans lower costs, more choices, and better care. More than a decade later, too many families are asking a simple question: What happened?

Former President Obama, in pushing the ACA, promised that the bill would lower healthcare premiums by up to \$2,500 per family per year, but since ObamaCare went into effect, premiums have nearly tripled and deductibles have more than doubled. The cost of coverage for a family of four has increased by more than \$10,000.

Back in July of this year, this Republican Congress passed the Working Families Tax Cut Act. This important legislation puts more money back into the pockets of Americans and will help lower the cost of healthcare as well as childcare.

Thanks to the Working Families Tax Cut Act, all Bronze and Catastrophic ACA Marketplace plans are now considered high-deductible plans, allowing more people to contribute to health savings accounts.

Health savings accounts can now be used to pay for direct primary care arrangements that cut out the middleman and allow patients to coordinate care directly with their chosen provider.

High costs are not the only ObamaCare failure. It also resulted in a major increase in fraud. A 2024 GAO investigation found that fake identities were approved for ObamaCare subsidies at a 100 percent rate, often remaining enrolled despite missing or falsified information.

In 2023, \$21 billion in subsidies were paid out with no evidence of tax reconciliation. Taxpayers were left footing the bill, as reused Social Security numbers, subsidies paid on behalf of deceased individuals, and billions in unreconciled payments expose a system unable to protect public funds.

In the Working Families Tax Cut Act, Republicans restored accountability and fairness to the healthcare marketplace through reforms that save taxpayers billions of dollars and drive down costs for everyone. There is full income and eligibility verification before subsidies are issued, ensuring assistance goes only to those who qualify. We have ended “anytime” enrollment abuse that fueled fraudulent signups and drove premiums higher for everyone. We closed loopholes that allowed illegal immigrants and other ineligible groups to access taxpayer-funded health benefits.

Many Americans have insurance on paper but still cannot afford to use it. I am committed, along with my Republican colleagues, to addressing the root cause of rising costs to provide real relief for taxpayers and families. I appreciate my congressional colleague from Utah for yielding to me.

□ 1930

Mr. MOORE of Utah. Madam Speaker, I thank the gentleman from Utah, a physician and attorney, for bringing up all of these issues. It is so important to call up the reality of it.

Madam Speaker, I yield to the gentleman from Georgia (Mr. LOUDERMILK).

Mr. LOUDERMILK. Madam Speaker, I rise today to recognize a friend and former member of my congressional staff, Mr. John Bart Mitcham, on his milestone birthday and for his service to Georgia's 11th Congressional District, the State of Georgia, and the United States of America.

Mr. Bart Mitcham was born on December 24, 1945, in Ada, Oklahoma, to John and Virginia Mitcham. Bart's parents both served in the United States Navy during World War II, with his father serving as a naval aviator on the USS *Hornet* during some of the most critical moments in the Pacific theater.

Bart knew from an early age that he wanted to serve his country as a naval aviator. So eager to learn to fly, Bart washed aircraft in exchange for 1 hour of flight time while he was in high school. He also served as a cadet in the Civil Air Patrol, the civilian auxiliary of the United States Air Force.

Bart attended Tyler Junior College on a music scholarship, where he played in the school's band and performed at high-profile events, including the Cotton Bowl, as well as Dallas Cowboys games. He later transferred to the University of Oklahoma, Edmond, where he graduated in 1968, commissioning as an ensign in the United States Navy.

Fulfilling his lifelong dream to become a naval aviator like his father, Bart began naval flight training and, upon graduation, was assigned to Naval Air Station Dallas, where he flew the storied F-4 Phantom.

Bart was then transferred to the USS *Enterprise*, where he flew combat missions in Vietnam. He later served at the Defense Intelligence Agency and as a commanding officer at Naval Air Station Atlanta before retiring at the rank of captain in 1994, almost 26 years of service.

Bart is not only recognized for his exemplary service to our country as a veteran, but he is also recognized as a man of numerous talents and passions. Bart attained a law degree from Woodrow Wilson Law School, attended New Orleans Baptist Theological Seminary, and earned a master of divinity from Andersonville Seminary. He operated a real estate appraisal business while pastoring churches.

During his service in the United States Navy, Bart studied several martial arts disciplines before achieving a seventh-degree black belt. He then taught martial arts and self-defense classes, developed his own self-defense technique, and was inducted into the Martial Arts Hall of Fame.

Wanting to use his expertise, training, and talents to continue to serve others, Bart became a licensed private investigator and an executive protection agent. As his reputation expanded, Bart opened his own agency and began teaching and facilitating classes in private investigation and executive protection. For a time, he served as a member of the Georgia Board of Private Detective and Security Agencies.

Due to Bart's vast experience and reputation, he became part of my staff when I entered Congress. He was our veteran engagement liaison and the security director for several years. He was an excellent choice for this role, reaching out to help fellow veterans as well as helping to ensure the safety and security of myself and our staff.

Bart continued his legacy of community service by taking on the role of an associate magistrate judge for Bartow County, Georgia.

Throughout his exemplary career of service to others above self, Bart has touched countless lives across our country.

Madam Speaker, on behalf of the United States House of Representatives, the people of Georgia's 11th Congressional District, I wish my friend, Bart Mitcham, a wonderful 80th birthday and extend my sincerest gratitude for his lifetime of service. May God bless him, and I wish him a happy birthday.

Mr. MOORE of Utah. Madam Speaker, I appreciate the gentleman's remarks.

Madam Speaker, I yield to the gentleman from Mississippi (Mr. GUEST).

Mr. GUEST. Madam Speaker, the Christmas story as recorded in Luke Chapter 2.

“And it came to pass in those days, that there went out a decree from Caesar Augustus, that all the world should be taxed.”

“And all went to be taxed, every one into his own city. And Joseph also went up from Galilee, out of the city of Nazareth, into Judaea, unto the city of David, which is called Bethlehem; (because he was of the house and lineage of David:) to be taxed with Mary his espoused wife, being great with child. And so it was, that, while they were there, the days were accomplished that she should be delivered. And she brought forth her firstborn son, and wrapped him in swaddling clothes, and laid him in a manger; because there was no room for them in the inn.

“And there were in the same country shepherds abiding in the field, keeping watch over their flock by night.”

“And, lo, the angel of the Lord came upon them, and the glory of the Lord shone round about them: and they were so afraid. And the angel said unto them, Fear not: for, behold, I bring you good tidings of great joy, which shall be to all people. For unto you is born this day in the city of David a Savior, which is Christ the King. And this shall be a sign unto you; Ye shall find the babe wrapped in swaddling clothes, lying in a manger. And suddenly there was with the angel a multitude of the heavenly host praising God, and saying, Glory to God in the highest, and on Earth peace, good will toward men.”

Mr. MOORE of Utah. Madam Speaker, I yield to the gentleman from Wisconsin (Mr. GROTHMAN).

Mr. GROTHMAN. Madam Speaker, I will one more time point out what should be the most important issue facing this body in 2026. I have talked before about the huge marriage penalties that we build into our income transfer programs, also known as welfare programs.

When you add up the penalties that you have to endure if, say, a single mom marries a husband with an income, and we look at the food stamps, the low-income housing, the earned income tax credit, the TANF check, and the Pell grants, you can easily wind up in a situation in which you are penalized \$25,000 a year if you get married.

This is the primary reason why, in the 1950s, we only had about 4 percent of the newborn children in this country

born without a mother and father at home, and now, we are over 40 percent.

It is not difficult if people in this body would meet with some average people rather than the lobbyists or the big campaign contributors. It is very easy to find young people today who are not getting married specifically because they find that the Federal Government has almost a policy of punishing people who get married.

Even the Republican Party in its big, beautiful bill has, as I count—maybe there are more—three programs in which we are penalizing married couples. I found out today on the tuition credits for private schools that we are supposed to brag about, there is a big marriage penalty there, as we punish people who want to go to private school who are married.

We also increased the low-income housing tax credit so that more and more Americans are in housing in which they are discouraged from getting married.

They are also, by the way, discouraged from working harder because in all these programs, in addition to being penalized for getting married, there comes a point where if you take on overtime or get a raise, they begin to take the benefits away from you.

That is what they do in the low-income housing tax credit. If you are paying so much in rent and decide to work overtime or decide to get a second job, the housing development will have to say: Sorry, you are working harder, so we have to raise your rent. That is another thing we should be looking at and trying to change.

□ 1940

Madam Speaker, a third penalty comes in a mild increase in Pell grants with regard to technical schools. In order to get it, a Pell grant is another one of those programs where a person can't work that hard and can't be married to somebody with an income.

In any event, I implore my colleagues and implore my leadership team to see what they can do in the year 2026 by not penalizing Americans for getting married and not penalizing Americans for working too hard so we try to work our way back.

There was a time with stronger families—I realize all families can succeed, and I know all sorts of families who do succeed by being very conscientious with their children. Nevertheless, I think we would all agree America would be better off if we worked our way back from the 42 percent of children born without a mother and father at home back down to the 6 percent or 5 percent or 4 percent that it was in the 1950s or 1960s.

Mr. MOORE of Utah. Madam Speaker, I thank the gentleman from Wisconsin and the issue that he brings up. It is something that some of my State legislators are working on, namely Ms. Melissa Garff Ballard. She is an excellent policymaker and lawmaker back home. This is something she cares

deeply about and is doing quite a lot of good work on at the State level. I applaud her for that.

Madam Speaker, I thank you and all my colleagues for your comments this evening. It is very much appreciated.

As we move into the next couple of weeks when we get to celebrate the holidays, it is excellent to look back and think about the amazing work that has taken place over the last year. As it is dominating the headlines, we recognize there is a lot to talk about with healthcare, particularly this week. I want to touch on a few aspects.

To be abundantly clear, Republicans are currently dealing with the aftermath of what has been a decade or so of failure. The Democrats put in place an unaffordable and fraudulent healthcare system.

For years, Democrats promised ObamaCare would lower costs. In reality, premiums have increased nearly 80 percent since the so-called Affordable Care Act was enacted. The average premium for family coverage is nearly \$27,000 per year.

A report from the Government Accountability Office confirms what Republicans have said for years. There is significant fraud associated with COVID-era enhanced premium tax credits established by the trifecta of President Joe Biden and majorities in the House and Senate led by Democrats.

Again, in 2021, Democrats put in place what is called the enhanced premium tax credits. They did this during their COVID-era bills: The American Rescue Plan and the Inflation Reduction Act. These were two bills that were massive expansions for several programs. In particular, they were able to pass this legislation on party-line votes and set it for 4 years. Democrats set this policy during COVID to last for 4 years and expire at the end of this year.

In this study, GAO found that 58,000 enrollees matched Social Security death records, with 7,000 of them being deceased before enrollment began. One Social Security number was even associated with 125 different ObamaCare policies in one year. That is the first level of potential fraud.

The second item is that a zero-dollar premium obviously leads to more fraud, and that is what we have seen happen. Enrollment went up without people using or even knowing that they had coverage. This is something we need checks and balances on.

When they moved the original Obama subsidies—and those aren't going anywhere. They are still in place. They are not expiring at the end of this year. They have existed from the start. It is only the Democrat Party's 2021 enhanced version that is expiring.

The worst aspect of those, in my opinion, is the fact that a person used to be required to pay just 2 percent of their annual income toward health insurance premiums. The taxpayer dollars paid the insurance company the

remainder of that. A person was only required to pay 2 percent. That moved to zero percent in 2021.

Since 2021, there was a massive expansion of people being on these premiums and this insurance coverage but never using it. They never used it year over year, but the insurance company continued to get taxpayer-funded subsidies directly to them to cover nothing because they never used it.

The percentage of people who weren't using their health insurance went up significantly. It wasn't like people were getting hurt or sick at a similar rate. What was happening was they didn't know they were in the system. As part of the GAO study will explain, they were getting signed up.

The last final piece that I will highlight here are the income caps. People could still be making 400 percent above the Federal poverty level the insurance companies that they were getting signed up for were still receiving these subsidies.

Originally, when we talk about ObamaCare, it was just for folks who were very low-income and were uninsured and didn't have the ability to make any payments toward covering their own insurance.

What ObamaCare does is it says if a person is 100 percent or 150 percent of poverty level, all that is required is that the person pay 2 percent of their income, the Federal taxpayers will cover the rest, it will be sent it to the insurance company, and the subsidy will be covered. In most cases that is \$300 a year a person would have to cover of their own.

When that moved to zero dollars, that is when a lot of fraud happened. Even if a person is paying \$5, \$10, or \$20 a month toward insurance, at least you know it is an actual policy and going somewhere. When it becomes zero dollars, all sorts of shenanigans can happen. That is something we have to move away from.

With this enhanced version of these COVID-era subsidies expiring on the Democrats' timeline, then that zero-dollar aspect will go away. It will be \$200 a year for some folks, as opposed to zero dollars. That alone will create an opportunity to cut away a lot of fraud.

Democrats created a program that Americans can't afford. The unaffordable care act works for insurance companies, but it does not work for patients. Like I mentioned, it is filled with waste and fraud.

Insurance revenues have increased from \$245 billion, when ObamaCare was originally passed, to \$1.4 trillion in 2023. I love it when private-sector company growth happens. I am a big supporter of it. I have supported tax policy to ensure that can happen.

That type of increase, when ObamaCare gets established, to see that rampant amount of growth, there is a problem there. We can celebrate economic growth across the board, shareholder value, and all that stuff.

When we look at the massive increase year over year, aside from revenue and profits, there is something wrong with this entire situation. We can directly correlate it to when ObamaCare came into play.

We can't have insurance companies seeing such record profits and at the same time taxpayers are forced to sort of subsidize these plans. That is not a healthy way to grow a market.

The Affordable Care Act—ObamaCare, ACA—broke the American healthcare system. It created numerous problems over the last decade. Since its inception, these premium costs have skyrocketed. Networks have shrunk, and the system has become bloated and inefficient.

It is important to remember that the enhanced premium tax credit expiration at the end of the year, again, was set by Democrats. When they are complaining that Republicans are going to let this expire, that was their timeline. This zero-dollar issue and then not capping it, so it is only targeted towards lower-income individuals, had to go away. Even in compromise and bipartisan approaches to deal with this expiration, those aspects had to go away. Those are things that were on the chopping block.

Again, I think when folks understand, the subsidies aren't going away entirely. If a person is a low-income individual and making 100 percent of the Federal poverty line—and for a single person, that is maybe \$15,000 or \$20,000 a year—that plan will only require that person to pay a few hundred dollars a year.

Just by moving it so it doesn't go to zero dollars creates it so there is not so much fraud in the system. Then, hopefully, over time we don't see this rapid, rapid increase in premiums because that is bad for all Americans.

□ 1950

Americans simply deserve better, and we have not been giving the healthcare system with the exception of ObamaCare.

This is why House Republicans have proposed legislation that delivers real relief. The Lower Healthcare Premiums for All Americans Act focuses on lasting policies that provide predictability and transparency.

As the name suggests, this is focused on the entirety of the individuals on healthcare. This isn't just targeted toward a small 7 percent of the total population that is that narrow margin in ObamaCare. This is touching every single person, and that is the only way to actually lower health premium costs over time.

This bill lowers premiums through pharmacy transparency and cost-sharing reductions. This legislation improves options for workers by expanding access to associated health plans. It also ensures that small and midsize employers can offer more tailored, affordable care, and it codifies and strengthens CHOICE arrangements,

permitting employees to pay their premiums pretax.

All of those things are targeted toward a broad group of people and not just this tiny little subset that we are hearing a lot of complaining about right now. We are actually focused on the entirety of the world that is out there paying more and more for their health insurance.

It is time to implement policies that work for all Americans and that provide predictability and affordability.

I am grateful to be a voice from Utah on the Committee on Ways and Means Health Subcommittee during this critical moment, and I am excited to see this legislation move forward and delivering real results, savings, and peace of mind for Utahns and Americans across the country.

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

FUN WITH MATH

(Under the Speaker's announced policy of January 3, 2025, Mr. SCHWEIKERT of Arizona was recognized for 30 minutes.)

Mr. SCHWEIKERT. Madam Speaker, I promise you at least this one. I think I have the half an hour. I am going to try not to use all of it, and I will try to slow down some of the speaking.

Madam Speaker, I had a couple of odds and ends and then some basic optimism on one or two things. First off, let's do some cleanup.

Last week, I actually walked through a little bit of an economic report. We got a preview of it. I think it will be published fairly soon. It is "Measuring What Matters," and the title is: "Why Italy May Be in Better Fiscal Shape than the U.S."

This is done by some of the super economic geeks out of Boston and Cambridge, but what terrified me because I am actually doing my best to read these sorts of documents is the little sentence I have highlighted here. I tried to point this out last week. This is for supergeeks. If you use a 6 percent discount rate, you need 104 percent of a child's lifetime income who is born next year and this year just to cover the pension and healthcare benefits in our country. You need more than they are ever going to earn in their entire life just to cover those promises.

Now, if you take it down to a 2 percent discount rate, which is a way you sort of say that here is where inflation and these things are going to be, you still need a 22 percent increase on their lifetime taxes just to cover pension benefits. This is actually based on some numbers where I think they may have too high a fertility rate.

The reason I point that out is we are not having the really difficult conversation here. What happens in a country this year when my economists on the Joint Economic Committee are saying that we may have zero population growth in the United States this year and the fact that we have fewer

18-year-olds today than we had 20 years ago but almost double those who are 65 and older?

Madam Speaker, I keep coming here week after week after week and showing charts about the debt and the unfunded liabilities. Now I am seeing some stories today saying that net interest will be over \$1 trillion this year if you add in the paying back because we have to pay interest back to the Social Security trust fund and all of those when we borrow the money. It could be \$1.25 trillion of interest.

What you should understand there is—let's walk through some of the hierarchy. Social Security is number one. We are going to spend \$1.5 trillion to \$1.6 trillion this year on Social Security. Guess what the number two expense in our country is now? It is interest. If you do the total interest load, interest.

The next is Medicare.

Number four turns out to be the ObamaCare, or the ACA subsidies and Medicaid. That is number four.

Guess what is number five now in our spending? It is defense.

So often, I will talk to my liberal brothers and sisters, and they will turn to you and say that we should cut defense. That way, we can give out more money. It is now number five.

Look, it breaks my heart because we keep having these discussions, and I have come behind this microphone for over a decade now and feel like sometimes I am doing a junior economics lecture.

The point is trying to say: Here is the scale of the problem, but there are actually solutions if we can be bold, if we can be creative, and if we can take on the entrenched incumbency of the bureaucracy and business models.

Let's actually do a couple of things here and see if I can make this make sense. Let's march along—this is sort of important—and see if I can make this make sense.

This is last year. The red is spending. The blue is tax receipts. That gap is debt. You will notice, actually, that our projection for the fiscal year 2026 is our tax receipts—so tax collections are actually up. They are actually up almost 17.8 percent, which is wonderful. Most of it is capital gains. You know, the stock market is doing well.

Oddly enough, our spending is actually slightly down, but we still have this massive gap. Our best guess is that we are still running a \$2 trillion deficit this year. Depending on what the Supreme Court does in regard to the enhanced tariffs, we may pick up some other liability that we are going to have to find out a way to work out with the White House.

Madam Speaker, this is an improvement, but the scale is still terrifying. It is still a couple trillion dollars. I know there are some products that have come out of the White House, CBO, and others saying that debt may only be \$1.6 trillion or \$1.8 trillion. It is not what we are tracking because so

far, the first quarter of this year—we still have a couple more weeks on it—for every dollar in tax receipts, we are spending about \$1.62. We think this will even out to being about \$1 of taxes in, and we are going to spend about \$1.43.

Guess what? Most of that debt—that growth and that debt is interest because we have been refinancing a lot of our debt that was sold a few years ago when interest rates were very, very low, and healthcare costs.

A point I want to make—and I am going to come back to this a couple of times here—a couple hours ago, we had the Joint Economic Committee over in the Senate. It is one of my blessings. I get to chair it. We did something, and both sides were pretty good. Some Democrats took some pokes at us, but the theme of this Joint Economic Committee hearing was healthcare.

We, as a body—we, as Congress—we, as a society, have turned into financial engineering. The ACA, ObamaCare, is a financing bill. It is who pays and who gets subsidized? The Republican alternative had much better—well, somewhat better actuarial distribution, but it was still a financing bill. It is who got to pay, and who got subsidized? Medicare for all is almost completely a financing bill.

How about if we held a hearing where we talked about not the financing of healthcare but things that could disrupt the cost of healthcare? We had one gentleman from one of the biggest life insurance companies in America come in and talk about it saying that here are the things we do to keep our insured population alive and healthier.

□ 2000

We do things. We reward them for doing these data rings, or putting things on their wrists, or how they eat, or we gamify some exercise, and talk about how much healthier the population is. For them, it is a profit model. Turns out, if you sell life insurance, the longer someone keeps making their premium payments, the more money you make. They were incentivized.

We had one of the lead medical officers from a healthcare system in Arizona called Banner talking about how they are trying to align a system that actually they get rewarded for helping populations be healthier and the technology they are using to do it.

The fact of the matter is that we are finally trying to drag the conversation around this place from being financial engineering is the future of healthcare, “Let’s subsidize more populations,” even though I am going to show you a couple of boards here of how much of that subsidy, your tax money, is just disappearing.

Maybe the crazy conversation here is what happens with the combination of the use of technology, of cures, of availability.

If it is true that semaglutides, you think of the GLP-1s, one of the deals the President made is the tablet version is going to go to \$149 sometime

next year. We know from the Milken study a few years ago that obesity is 47 percent of U.S. healthcare spending. Wouldn’t it help if we could help our brothers and sisters get healthier? Yes, obesity is complex. Diabetes is complex, autoimmune. There are all sorts of things that go on. I accept the complexity.

The morality of what happens in a society if you could, over a couple of years, help your brothers and sisters get healthier, it turns out you could have these remarkable changes in costs. How many times have you heard the saying in healthcare that 5 percent of the population is over 50 percent of the spend? It turns out that much of that 50 percent of spending is on people who have multichronic conditions. A substantial portion of that is because of obesity.

Let’s not be afraid to talk about it. Let’s do the moral thing of helping ourselves, helping our brothers and sisters. It actually helps the debt and deficit.

We published a major report 2 years ago now, showing that obesity will be responsible for \$9.1 trillion of additional healthcare spending over 10 years, making it the single most expensive thing in our country. Yet, how much work have you seen behind these microphones, saying maybe we shouldn’t always talk about the subsidization of healthcare and start talking about what we all pay.

For a decade, I have come behind these microphones with technology and ideas. We are going to walk through just a little bit on the ACA because I can’t stop myself after what I heard a couple of our Democrat colleagues say.

This is from the audits and the Joint Economic research, and it is a very simple thing. This is on the ACA, the ObamaCare subsidies, and then the enhanced subsidies, so it is the subsidies on top of the subsidies.

We actually get to the point where it appears only 33 percent of the money actually goes to you as a consumer for your healthcare, for your getting well.

We have 27 percent of what I call deadweight. It just disappears. It is someone who is insured who has never made a claim, even though they may have been 100 percent subsidized. Now, we are finding out huge portions of that appear to be fraud. Last year, over 41 percent of the ACA population, which is 7 percent of healthcare, so ACA, the ObamaCare population, 41 percent paid no premiums. If you are not paying premiums, you see how easy it would be to sign someone up, take the commissions, and no one ever has to know because you are not getting a bill. We are discovering stunning amounts of fraud.

The other thing, which was just fascinating, is that in the study, we have almost 38 percent of these dollars disappearing, functioning insurance. You go, but they can only hold 6, 7 percent of it. That is not actually what happens.

We published an entire paper on this 2 weeks ago in the Joint Economic Committee. Go to the website, Joint Economic Committee Republicans, and you will see our methodology and where the math is.

We are back to, once again, arguing: Is this how you want your taxpayer dollars to disappear? We want our brothers and sisters to have the most affordable healthcare possible in America, but to do it, do you want us to funnel your cash, your tax dollars, into this level of fraud? We have to walk through this.

Why the fixation, particularly for my Joint Economic Committee and myself, on changing the actual costs of healthcare is you look at the long-run charts, the national healthcare expenditures, we have the substantial gap—and I know these types of charts are almost impossible to read, but what I am trying to help you understand here is here is the gross domestic product. We are growing as a country, but the cost of healthcare is growing substantially faster.

A factoid, I beg of you, whether you be on the left side, or the right side, or confused somewhere in between, in 7 years, the \$1 trillion we spend this year on Medicare becomes \$2 trillion. We double the spend on Medicare in the next 7 years, and in 7 years, the trust fund is gone, meaning if you are a hospital or a doctor and part of your revenues that you receive on Medicare patients is from the Medicare Part A trust fund, it is gone. It is gone in 7 years. Let alone, the Social Security trust fund is also gone in 7 years, and we will double senior poverty.

We are not allowed to talk about that. I will get an angry text message this evening saying: DAVID, you can’t talk about that, as the Democrat political consultants are saying, oh, good, more attacks.

The immorality of this place to not want to tell the truth about our demographics and the complete barrier we have built legally on innovation—I have a couple of really geeky things here, but I am going to skip them and go to something that is a little crazy.

Every week when I do these, I try to come here with something that is optimistic. A few years ago, I got behind this microphone and talked about a University of Houston drug that basically takes fentanyl in your system—and I am sure I am describing it partially wrong, but I am doing my best—and attaches a protein to it, and, therefore, the drug can’t pass the blood-brain barrier. It lasts for 6 months to a year.

What would happen if I came to you and showed you some of the economic studies we have done in the Joint Economic Committee by reading the literature? Some of our data, we are a few years out of date, but in 2020, we were approaching \$1.5 trillion for the cost of fentanyl in America in 2020. Do you realize that is more than the defense budget? That is almost what we are

going to spend this year in Social Security, the cost to society from fentanyl.

What happens if someone like me comes to you and says, hey, and anyone that is interested, look it up because WIRED Magazine last week actually did an amazingly detailed article—it is a long article; it is a long read—on the labs around the country. They featured the University of Houston and a couple of the private companies that are trying to bring these things to market. They call it a fentanyl vaccine. It is technically not a vaccine. What would happen in our society if someone who has used a synthetic opioid, it has rewired their brain, and it is one of the ways we help them get through rehab? How about if you are the police officer who doesn't have to worry about having Narcan close by?

The other challenge I will give you is to go look up a couple of the articles that are about Philadelphia and some of the animal tranquilizers, and this is beyond the xylazine and—I think that is spelled with an x. It is a whole other category that makes it almost impossible to detox because the cravings are so violent.

□ 2010

Once it starts on the East Coast, it is coming across the country. I beg of everyone here to start to think about what happens if our ability to help bring a solution, a drug solution to help our brothers and sisters and protect our first responders—because so far, the data on—let's call it a fentanyl vaccine—is that it is 92 to 98 percent effective. What if this were worth a few hundred billion dollars in economic savings to our society in a single year?

Repeatedly, I come here and I talk about helping our brothers and sisters with obesity, the technology, that you can walk around and have a medical lab attached to your body. Here are some of the others that I talk about, with biology and synthetic biology and other solutions. They are out there. But how do I get the brain trust around here to come together and say: We are going to take all of these ideas and build a unified theory, and this unified theory is how we crash the price of healthcare, instead of spending a couple more years arguing back and forth on how much more money we should borrow to hand out as subsidies, particularly to insurance companies.

That is my simple theory I am trying to sell. There are solutions. They are complex. You have actually got to read a lot of long articles to try and understand what is going on. You have got to stop being afraid, and you have got to stop protecting incumbent business models that are terrified of having cures, solutions, better and faster ways to do it, and the use of technology. If we get rid of that fear and start doing what is moral and economically rational around here, we are in the time of miracles.

Mr. Speaker, I am going to let you go back to your lives. I yield back the balance of my time.

ENROLLED BILLS SIGNED

Kevin F. McCumber, Clerk of the House, reported and found truly enrolled bills of the House of the following titles, which were thereupon signed by the Speaker:

H.R. 165. An act to direct the Secretary of the Interior to complete all actions necessary for certain land to be held in restricted fee status by the Oglala Sioux Tribe and Cheyenne River Sioux Tribe, and for other purposes.

H.R. 504. An act to amend the Miccosukee Reserved Area Act to authorize the expansion of the Miccosukee Reserved Area and to carry out activities to protect structures within the Osceola Camp from flooding, and for other purposes.

H.R. 1491. An act to amend the Internal Revenue Code of 1986 to make the postponement of certain deadlines by reason of disasters applicable to the limitation on credit or refund, and to take postponements into account for purposes of sending collection notices.

SENATE ENROLLED BILLS SIGNED

The Speaker announced his signature to enrolled bills of the Senate of the following titles:

S. 216.—An Act to amend the Save Our Seas 2.0 Act to improve the administration of the Marine Debris Foundation, to amend the Marine Debris Act to improve the administration of the Marine Debris Program of the National Oceanic and Atmospheric Administration, and for other purposes.

S. 222.—An Act to amend the Richard B. Russell National School Lunch Act to allow schools that participate in the school lunch program to serve whole milk, and for other purposes.

S. 284.—An Act to reauthorize the Congressional Award Act.

S. 2878.—An Act to reauthorize funding to monitor, assess, and research the Great Lakes Basin, and for other purposes.

ADJOURNMENT

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

The motion was agreed to; accordingly (at 8 o'clock and 12 minutes p.m.), under its previous order, the House adjourned until tomorrow, Thursday, December 18, 2025, at 9 a.m.

MOTION TO DISCHARGE A COMMITTEE

DECEMBER 17, 2025.

To the Clerk of the House of Representatives: Pursuant to clause 2 of rule XV, I, Hakeem S. Jeffries, move to discharge the Committee on Rules from the consideration of the resolution H. Res. 780 entitled, a resolution providing for consideration of the bill (H.R. 1834) to advance policy priorities that will break the gridlock, which was referred to said committee September 30, 2025, in support of which motion the undersigned Members of the House of Representatives affix their signatures, to wit:

1. Hakeem S. 2. James P. 3. Katherine M. Jeffries. McGovern. Clark.

4. Suzan K. DelBene.	58. Sarah Elfreth.	116. Janelle S. Bynum.
5. Joyce Beatty.	59. Julie Johnson.	117. Adam Gray.
6. Terri A. Sewell.	60. Timothy M. Kennedy.	118. Kevin Mullin.
7. Rashida Tlaib.	61. Ayanna Pressley.	119. Robert C. "Bobby" Scott.
8. Julia Brownley.	62. Jill N. Tokuda.	120. Brendan F. Boyle.
9. Diana DeGette.	63. Mary Gay Scanlon.	121. Joe Courtney.
10. Gilbert Ray Cisneros.	64. Becca Balint.	122. Ritchie Torres.
11. Chellie Pingree.	65. Gabe Vasquez.	123. Morgan McGarvey.
12. Hillary J. Scholten.	66. Steven Horsford.	124. Jerrold Nadler.
13. George Whitesides.	67. Dave Min.	125. Ed Case.
14. Grace Meng.	68. Betty McCollum.	126. William R. Keating.
15. Debbie Dingell.	69. Doris O. Matsui.	127. Rosa L. DeLauro.
16. Lauren Underwood.	70. Sean Casten.	128. Jason Crow.
17. Nikema Williams.	71. Herbert C. Conaway.	129. Rick Larsen.
18. Robin L. Kelly.	72. John W. Mannion.	130. Jim Costa.
19. Frank Pallone.	73. Glenn Ivey.	131. Brittany Pettersen.
20. Frank J. Mrvan.	74. Mark Pocan.	132. Kim Schrier.
21. Janice D. Schakowsky.	75. Derek Tran.	133. Luz M. Rivas.
22. Veronica Escobar.	76. Maxine Dexter.	134. Lateefah Simon.
23. Robert Menendez.	77. Madeleine Dean.	135. Lucy McBath.
24. Adriano Espaillat.	78. Paul Tonko.	136. Jim Panetta.
25. Marilyn Strickland.	79. Melanie A. Stansbury.	137. Danny K. Davis.
26. Salud O. Carbajal.	80. James R. Walkinshaw.	138. Greg Stanton.
27. Laura Gillen.	81. George Latimer.	139. Teresa Leger Fernandez.
28. Kristen McDonald.	82. Seth Magaziner.	140. Alexandria Ocasio-Cortez.
29. Zoe Lofgren.	83. Pete Aguilar.	141. Raul Ruiz.
30. Kweisi Mfume.	84. Darren Soto.	142. Dina Titus.
31. Cleo Fields.	85. Joe Neguse.	143. Sarah McBride.
32. Sara Jacobs.	86. Ilhan Omar.	144. Shri Thanedar.
33. Shontel M. Brown.	87. Lori Trahan.	145. LaMonica McIver.
34. Emilie Strong Sykes.	88. John B. Larson.	146. Gregory W. Meeks.
35. Henry C. "Hank" Johnson.	89. Valerie P. Foushee.	147. Andre Carson.
36. Jahana Hayes.	90. Mark Takano.	148. John Garamendi.
37. Emily Randall.	91. Donald Norcross.	149. Juan Vargas.
38. Andrea Salinas.	92. Yvette D. Clarke.	150. Mark DeSaulnier.
39. Judy Chu.	93. Sheila Cherflus-McCormick.	151. Haley M. Stevens.
40. Shomari Figures.	94. Lois Frankel.	152. Jonathan L. Jackson.
41. Chrissy Houlahan.	95. Alma S. Adams.	153. Jared Huffman.
42. Bradley Scott Schneider.	96. Steny H. Hoyer.	154. Linda T. Sanchez.
43. Dwight Evans.	97. Kathy Castor.	155. Sanford D. Bishop.
44. Joaquin Castro.	98. Johnny Olszewski.	156. Ami Bera.
45. Nellie Pou.	99. Brad Sherman.	157. Lloyd Doggett.
46. Yassmin Ansari.	100. Delia C. Ramirez.	158. Bill Foster.
47. Deborah K. Ross.	101. Greg Casar.	159. Mikie Sherrill.
48. Sydney Kamlager-Dove.	102. Eric Sorenson.	160. Vicente Gonzalez.
49. Nanette Diaz Barragan.	103. Steve Cohen.	161. Marcy Kaptur.
50. Mike Levin.	104. Jamie Raskin.	162. Pramila Jayapal.
51. Thomas R. Suozzi.	105. April McClain.	163. Jim Jimmy Gomez.
52. Donald G. Davis.	106. Suzanne Bonamici.	164. James A. Himes.
53. Norma J. Torres.	107. David Scott.	165. Suhua Subramanyam.
54. Wesley Bell.	108. Troy A. Carter.	166. Christopher R. Deluzio.
55. Sylvia R. Garcia.	109. Bennie G. Thompson.	167. Henry Cuellar.
56. Gabe Amo.	110. Maggie Goodlander.	168. Josh Gottheimer.
57. Ted Lieu.	111. Laura Friedman.	169. Debbie Wasserman Schultz.

170. Kelly Morrison.	187. Greg Landsman.	204. Marc A. Veasey.
171. Chris Pappas.	188. Lizzie Fletcher.	205. Susie Lee.
172. Frederica S. Wilson.	189. Josh Harder.	206. Jared F. Golden.
173. Al Green.	190. Robert Garcia.	207. James E. Clyburn.
174. Nancy Pelosi.	191. Eugene Simon.	208. Sam T. Vindman.
175. Bonnie Watson Coleman.	192. Jesus G. "Chuy" Garcia.	209. Richard E. Neal.
176. Adelita S. Grijalva.	193. Gwen Moore.	210. Val T. Hoyle.
177. Mike Quigley.	194. Nydia M. Velázquez.	211. Jared Moskowitz.
178. J. Luis Correa.	195. Raja Krishnamoorthi.	212. Scott H. Peters.
179. Joseph D. Morelle.	196. Jennifer L. McClellan.	213. Jake Auchincloss.
180. Eric Swalwell.	197. Emanuel Cleaver.	214. Marie Gluesenkamp Perez.
181. Daniel S. Goldman.	198. Maxwell Frost.	215. Brian K. Fitzpatrick.
182. Patrick Ryan.	199. Adam Smith.	216. Michael Lawler.
183. Ro Khanna.	200. Jasmine Crockett.	217. Robert P. Bresnahan.
184. Mike Thompson.	201. Donald S. Beyer.	218. Ryan Mackenzie.
185. Seth Moulton.	202. Sharice Davids.	
186. Josh Riley.	203. Angie Craig.	

EXECUTIVE COMMUNICATIONS, ETC.

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

EC-2436. A letter from the Assistant to the Board, Board of Governors of the Federal Reserve, transmitting the Board's final notice — Revisions to the Large Financial Institution Rating System and Framework for the Supervision of Insurance Organizations [Docket No.: OP-1868] received December 15, 2025, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Financial Services.

EC-2437. A letter from the Chair, Board of Governors of the Federal Reserve System, transmitting the Board's 2025 annual report to Congress on the Profitability of Credit Card Operations of Depository Institutions, pursuant to 15 U.S.C. 1637 note; Public Law 100-583, Sec. 8; (102 Stat. 2969); to the Committee on Financial Services.

EC-2438. A letter from the Chairman, Board of Governors of the Federal Reserve System, transmitting the Board's 11th Annual Report covering operations for calendar year 2024; to the Committee on Financial Services.

EC-2439. A letter from the Chairman, Board of Governors of the Federal Reserve System, transmitting the "Annual Report to the Congress on the Presidential \$1 Coin Program", pursuant to 31 U.S.C. 5112(p)(3)(B); Public Law 97-258 (as amended by Public Law 109-145, Sec. 104); (119 Stat. 2670); to the Committee on Financial Services.

EC-2440. A letter from the Senior Advisor for Congressional Affairs, Office of Legislative Affairs, Bureau of Consumer Financial Protection, transmitting the Bureau's 2024 Office of Minority and Women Inclusion Annual Report to Congress, pursuant to 12 U.S.C. 5452(e); Public Law 111-203, Sec. 342(e); (124 Stat. 1541); to the Committee on Financial Services.

EC-2441. A letter from the Senior Advisor for Legislative Affairs, Office of Legislative Affairs, Bureau of Consumer Financial Protection, transmitting a report titled "Fair Debt Collection Practices Act" for 2025, pursuant to 15 U.S.C. 1692m(a); Public Law 90-321, Sec. 815(a) (as amended by Public Law 111-203, Sec. 1089(1)); (124 Stat. 2092); to the Committee on Financial Services.

EC-2442. A letter from the Assistant Secretary for Legislation, Department of Health

and Human Resources, transmitting the Department's report titled "Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act: Section 1004 Medicaid Drug Review and Utilization" for FY 2022, pursuant to 42 U.S.C. 1396a(oo)(2); Aug. 14, 1935, ch. 531, title XIX, Sec. 1902 (as amended by Public Law 115-271, Sec. 1004); (132 Stat. 3911); to the Committee on Energy and Commerce.

EC-2443. A letter from the Associate Director, Regulatory Management Branch, Environmental Protection Agency, transmitting the Agency's final rule — Approval of Air Quality Implementation Plans; Arizona; Arizona Department of Environmental Quality; Stationary Source Permits; West Pinal County; PM10 [EPA-R09-OAR-2025-1113; FRL-12927-02-R9] received December 10, 2025, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-2444. A letter from the Associate Director, Regulatory Management Branch, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval; Connecticut; Plan Submittals for the 2008 Ozone National Ambient Air Quality Standard [EPA-R01-OAR-2016-0168; FRL-13109-01-R1] received December 10, 2025, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-2445. A letter from the Associate Director, Regulatory Management Branch, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval; California; South Coast Air Quality Management District [EPA-R09-OAR-2025-0199; FRL-12749-02-R9] received December 10, 2025, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-2446. A letter from the Associate Director, Regulatory Management Branch, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval; Arizona; Maricopa County Air Quality Department; Volatile Organic Compounds and Particulate Matter; Solvent Cleaning; Architectural Coatings; Incinerators, Burn-Off Ovens, and Crematories [EPA-R09-OAR-2025-0317, EPA-R09-OAR-2025-0321, EPA-R09-OAR-2025-0458; FRL-12915-02-R9] received December 10, 2025, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-2447. A letter from the Associate Director, Regulatory Management Branch, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval; South Carolina; Second Planning Period Regional Haze Plan [EPA-R04-OAR-2022-0367; FRL-10406-02-R4] received December 10, 2025, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-2448. A letter from the Associate Director, Regulatory Management Branch, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval; Tennessee; Second Period Regional Haze Plan [EPA-R04-OAR-2019-0308; FRL-10404-02-R4] received December 10, 2025, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-2449. A letter from the Senior Bureau Official, Bureau of Legislative Affairs, Department of State, transmitting an update on cooperative efforts with the governments of Mexico, the People's Republic of China, and other countries of concern with respect to combating foreign opioid traffickers; to the Committee on Foreign Affairs.

EC-2450. A letter from the Chairman, Board of Governors of the Federal Reserve System, transmitting the Board's Office of

Inspector General Semiannual Report to Congress, covering the six-month period ending September 30, 2025; to the Committee on Oversight and Government Reform.

EC-2451. A letter from the Deputy Administrator and Chief Operation Officer, Bonneville Power Administration, Department of Energy, transmitting the 2025 Annual Report of the Bonneville Power Administration, pursuant to the Third Powerplant at Grand Coulee Dam Act, 16 U.S.C. 835j; to the Committee on Oversight and Government Reform.

EC-2452. A letter from the Principal Deputy Assistant Secretary, Office of Legislative Affairs, Department of the Treasury, transmitting the semiannual report to Congress from the Treasury Inspector General for Tax Administration covering the reporting period of April 1, 2025 through September 30, 2025; to the Committee on Oversight and Government Reform.

EC-2453. A letter from the Administrator, Environmental Protection Agency, transmitting the Agency's Office of Inspector General's Semiannual Report to Congress, covering the period ending September 30, 2025; to the Committee on Oversight and Government Reform.

EC-2454. A letter from the Board Chairman and Chief Executive Officer, Farm Credit Administration, transmitting the Administration's Performance and Accountability Report for FY 2025, pursuant to 31 U.S.C. 3515(a)(1); Public Law 101-576, Sec. 303(a)(1) (as amended by Public Law 107-289, Sec. 2(a)); (116 Stat. 2049); to the Committee on Oversight and Government Reform.

EC-2455. A letter from the Acting Chairman, U.S. Merit Systems Protection Board, transmitting the Board's FY 2025 Agency Financial Report, pursuant to 31 U.S.C. 3515(a)(1); Public Law 101-576, Sec. 303(a)(1) (as amended by Public Law 107-289, Sec. 2(a)); (116 Stat. 2049); to the Committee on Oversight and Government Reform.

EC-2456. A letter from the Director, Administrative Office of the United States Courts, transmitting a compilation and summary of reports received from chief district judges detailing each public event conducted in accordance with the POWER Act's requirements during fiscal year 2025, pursuant to Public Law 115-237, Sec. 4(b)(1); (132 Stat. 2448); to the Committee on the Judiciary.

EC-2457. A letter from the President, National Council on Radiation Protection and Measurements, transmitting the Council's 2024 annual independent audit report; to the Committee on the Judiciary.

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. WILLIAMS of Texas: Committee on Small Business. H.R. 5778. A bill to direct the Administrator of the Small Business Administration to improve outreach and education on employee ownership, and for other purposes (Rept. 119-412). 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 Ms. WATERS: H.R. 6771. A bill to facilitate the development of fair and affordable housing, decrease

housing costs, and for other purposes; to the Committee on Appropriations, and in addition to the Committee on Financial 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 Ms. GARCIA of Texas:

H.R. 6772. A bill to require the Comptroller General of the United States to conduct a study and submit a report to Congress that examines the costs and benefits that could be associated with establishing a Federal uniform residential building code; to the Committee on Financial Services.

By Ms. WATERS:

H.R. 6773. A bill to amend the Housing and Community Development Act of 1974 to require that grantees of the Community Development Block Grant program maintain a database of publicly owned land; to the Committee on Financial Services.

By Ms. WATERS:

H.R. 6774. A bill to authorize the Secretary of Housing and Urban Development, acting through the Federal Housing Commissioner, to establish a pilot program to increase access to small-dollar mortgages, and for other purposes; to the Committee on Financial Services.

By Ms. UNDERWOOD:

H.R. 6775. A bill to amend the Agricultural Marketing Act of 1946 to reauthorize the farmers' markets and local food promotion program; to the Committee on Agriculture.

By Ms. UNDERWOOD (for herself and Mr. VAN DREW):

H.R. 6776. A bill to amend the Child Nutrition Act of 1966 with respect to the use of cash-value benefits and coupons for purchases of fresh, nutritious, unprepared foods from community supported agricultural entities, and for other purposes; to the Committee on Education and Workforce, and in addition to the Committee on Agriculture, 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. BENTZ:

H.R. 6777. A bill to provide for the establishment of a grazing management program on Federal land in Malheur County, Oregon, and for other purposes; to the Committee on Natural Resources.

By Mr. BEYER:

H.R. 6778. A bill to authorize the Secretary of the Interior to use revenue collected from speed safety cameras on highways in the National Park System for maintenance and construction purposes; to the Committee on Natural Resources.

By Mr. BOST (for himself, Ms. BUDZINSKI, and Mr. ROSE):

H.R. 6779. A bill to amend the Consolidated Farm and Rural Development Act to expand eligibility for direct loans to individuals or entity members that hold at least a 50 percent interest and that are or will become bona fide operators of the farm real estate acquired, improved, or supported with farm ownership, operating, or emergency loans, and for other purposes; to the Committee on Agriculture.

By Ms. BROWNLEY (for herself, Mr. KHANNA, Mr. MULLIN, Mr. LIEU, Ms. TOKUDA, and Mr. GARCIA of California):

H.R. 6780. A bill to amend the Food, Agriculture, Conservation, and Trade Act of 1990 to direct the Secretary of Agriculture to establish research centers of excellence for alternative protein innovation, and for other purposes; to the Committee on Agriculture, and in addition to the Committee on Education and Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provi-

sions as fall within the jurisdiction of the committee concerned.

By Mr. BURCHETT:

H.R. 6781. A bill to amend the Internal Revenue Code of 1986 to increase the standard deduction for taxable years 2026 and 2027 by the tariff rebate amount; to the Committee on Ways and Means.

By Mr. CARTER of Louisiana (for himself, Mr. TONKO, Ms. NORTON, Mr. RUIZ, Ms. BARRAGÁN, Mr. KRISHNAMOORTHI, Mr. MULLIN, Ms. SCHAKOWSKY, Mr. LANDSMAN, Ms. MCCLELLAN, Ms. JAYAPAL, Ms. OCASIO-CORTEZ, Ms. DEXTER, Mrs. DINGELL, Mr. COHEN, Mr. CARSON, Mr. CASTEN, and Ms. CASTOR of Florida):

H.R. 6782. A bill to protect clean air and public health by expanding fenceline and ambient air monitoring and access to air quality information for communities affected by air pollution, to require hazardous air pollutant monitoring at the fenceline of facilities whose emissions are linked to local health threats, to ensure the Environmental Protection Agency promulgates rules that require hazardous air pollutant data measurement and electronic submission at fencelines and stacks of industrial source categories, to expand and strengthen the national ambient air quality monitoring network, to deploy air quality systems in communities affected by air pollution, and for other purposes; to the Committee on Energy and Commerce.

By Ms. CHU (for herself, Ms. BARRAGÁN, Ms. BROWNLEY, Mr. CARBAJAL, Mr. CISNEROS, Ms. FRIEDMAN, Mr. GARAMENDI, Mr. GARCIA of California, Mr. HUFFMAN, Ms. KAMLAGER-DOVE, Mr. KHANNA, Ms. LOFGREN, Mr. MULLIN, Mr. NADLER, Ms. SÁNCHEZ, Mr. SHERMAN, Ms. SIMON, Mr. SWALWELL, Mr. TAKANO, and Ms. WATERS):

H.R. 6783. A bill to provide for conservation on Federal lands in Southern California, and for other purposes; to the Committee on Natural Resources.

By Mr. COHEN:

H.R. 6784. A bill to amend the Internal Revenue Code of 1986 to provide a tax credit for taxpayers who remove lead-based hazards; to the Committee on Ways and Means.

By Mr. CROW (for himself, Mrs. KIM, Mr. VASQUEZ, and Mrs. MILLER of West Virginia):

H.R. 6785. A bill to authorize the Secretary of Housing and Urban Development to make grants to States, territories, and Indian tribes to support local resiliency offices, and for other purposes; to the Committee on Financial Services.

By Ms. DELAURO (for herself, Ms. ADAMS, Ms. ANSARI, Mrs. BEATTY, Ms. BONAMICI, Ms. BUDZINSKI, Mr. CARSON, Mr. CASAR, Ms. CHU, Mr. CLEAVER, Mr. DAVIS of Illinois, Mr. DESAULNIER, Mr. DELUZIO, Mrs. DINGELL, Mr. DOGGETT, Mr. EVANS of Pennsylvania, Mrs. FOUSHEE, Mr. GARCÍA of Illinois, Mr. GARCIA of California, Mr. GOLDMAN of New York, Ms. NORTON, Ms. JAYAPAL, Mr. KRISHNAMOORTHI, Mr. LARSON of Connecticut, Ms. LEE of Pennsylvania, Mr. LIEU, Mr. LYNCH, Mr. MAGAZINER, Mr. McGOVERN, Ms. MCCLELLAN, Ms. MOORE of Wisconsin, Mr. NADLER, Mr. NORCROSS, Ms. OCASIO-CORTEZ, Ms. OMAR, Ms. PINGREE, Mr. POCAN, Mrs. RAMIREZ, Ms. SALINAS, Ms. SCHAKOWSKY, Mr. TAKANO, Mr. THOMPSON of Mississippi, Ms. TLAIB, Ms. TOKUDA, Ms. UNDERWOOD, Ms. WILSON of Florida, and Ms. SIMON):

H.R. 6786. A bill to permit employees to request changes to their work schedules without fear of retaliation and to ensure that em-

ployers consider these requests, and to require employers to provide more predictable and stable schedules for employees in certain occupations with evidence of unpredictable and unstable scheduling practices that negatively affect employees, and for other purposes; to the Committee on Education and Workforce, and in addition to the Committees on House Administration, Oversight and Government Reform, and the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. DELBENE (for herself, Mr. BEYER, Ms. CASTOR of Florida, Mr. BERA, Ms. CHU, and Mr. PANETTA):

H.R. 6787. A bill to amend the Internal Revenue Code of 1986 to create a carbon border adjustment based on carbon intensity, and for other purposes; to the Committee on Ways and Means, and in addition to the Committees on Energy and Commerce, and Foreign Affairs, 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. DOWNING:

H.R. 6788. A bill to release from wilderness study area designation certain land in the State of Montana, to improve the management of that land, and for other purposes; to the Committee on Natural Resources.

By Mrs. FOUSHÉE (for herself, Mrs. MCBATH, and Mr. JOHNSON of Georgia):

H.R. 6789. A bill to amend title 18, United States Code, to require the Bureau of Prisons to ensure the availability of opioid antagonists at Federal correctional facilities; to the Committee on the Judiciary.

By Ms. GARCIA of Texas (for herself, Mr. MRVAN, Ms. NORTON, and Mr. KENNEDY of New York):

H.R. 6790. A bill to amend title 49, United States Code, to limit railroad carriers from blocking railway-highway crossings, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. TONY GONZALES of Texas (for himself and Ms. JOHNSON of Texas):

H.R. 6791. A bill to authorize the Land Port of Entry Community Infrastructure Program to address deficiencies in community infrastructure supportive of land ports of entry, and for other purposes; to the Committee on Transportation and Infrastructure, and in addition to the Committees on Ways and Means, the Judiciary, Homeland Security, and 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. GOODEN (for himself, Mr. VICENTE GONZALEZ of Texas, Ms. FOXX, Ms. DE LA CRUZ, Mr. KELLY of Pennsylvania, and Mr. BUCHANAN):

H.R. 6792. A bill to clarify provisions of the United States Mexico-Canada Agreement Implementation Act and Foreign Trade Zones Act with respect to the appropriate tariff treatment of merchandise in a United States foreign-trade zone, and for other purposes; to the Committee on Ways and Means.

By Ms. GOODLANDER (for herself, Mrs. KIGGANS of Virginia, Mr. PAPPAS, Ms. TOKUDA, and Mr. SCOTT of Virginia):

H.R. 6793. A bill to prohibit the use of funds authorized to be appropriated for the Department of Defense to carry out a hiring freeze, reduction in force, or hiring delay without cause at a public shipyard; to the Committee on Armed Services, 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 Mr. HAMADEH of Arizona (for himself and Ms. LEE of Nevada):

H.R. 6794. A bill to require directors of medical centers of the Department of Veterans Affairs to submit annual fact sheets to the Secretary of Veterans Affairs on the status of such facilities, and for other purposes; to the Committee on Veterans' Affairs.

By Mrs. HAYES (for herself and Ms. OMAR):

H.R. 6795. A bill to amend the Richard B. Russell National School Lunch Act to improve direct certification, and for other purposes; to the Committee on Education and Workforce.

By Mr. HORSFORD (for himself, Mrs. KIGGANS of Virginia, Mr. BACON, Ms. HOULAHAN, Ms. GOODLANDER, Mr. BISHOP, Ms. MCBRIDE, and Mr. MOYLAN):

H.R. 6796. A bill to require the Secretary of Defense to establish a digital system for the submission of complaints relating to access issues at military medical treatment facilities, and for other purposes; to the Committee on Armed Services.

By Ms. JACOBS (for herself, Mr. LALOTA, Mrs. KIGGANS of Virginia, and Ms. HOULAHAN):

H.R. 6797. A bill to amend title 10, United States Code, to provide fertility treatment under the TRICARE Program; to the Committee on Armed Services.

By Ms. KELLY of Illinois (for herself, Mr. YAKYM, Mr. MRVAN, Mr. DAVIS of Illinois, Mr. CASTEN, and Mr. JACKSON of Illinois):

H.R. 6798. A bill to amend the John D. Dingell, Jr. Conservation, Management, and Recreation Act to designate as a component of the National Heritage Area System the Calumet National Heritage Area in the States of Indiana and Illinois, and for other purposes; to the Committee on Natural Resources.

By Mrs. KIM (for herself, Mr. GOLDMAN of New York, Mr. BACON, and Mrs. FOUSHEE):

H.R. 6799. A bill to amend title II of the Social Security Act to eliminate the waiting periods for disability insurance benefits and Medicare coverage for individuals with young-onset Alzheimer's, and for other purposes; to the Committee on Ways and Means.

By Mr. KUSTOFF:

H.R. 6800. A bill to amend the Internal Revenue Code of 1986 to terminate the tax-exempt status of terrorist supporting organizations; to the Committee on Ways and Means.

By Ms. MACE (for herself and Ms. BOEBERT):

H.R. 6801. A bill to amend title XVIII of the Social Security Act to require hospitals to ask the citizenship status of patients as a condition of participation in the Medicare program and to require reports on the cost of furnishing hospital services to noncitizens; 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 Ms. MALOY (for herself, Mr. FULCHER, Mr. MOORE of Utah, Mr. OWENS, Mr. KENNEDY of Utah, Ms. HAGEMAN, and Mr. MOYLAN):

H.R. 6802. A bill to prohibit the administration, implementation, or enforcement by the Forest Service of the rule relating to "Law Enforcement; Criminal Prohibitions"; to the Committee on Agriculture.

By Mrs. MCIVER (for herself, Mr. NORCROSS, Mr. VAN DREW, Mr. CONAWAY,

Mr. SMITH of New Jersey, Mr. GOTTHEIMER, Mr. PALLONE, Mr. KEAN, Mr. MENENDEZ, Ms. POU, and Mrs. WATSON COLEMAN):

H.R. 6803. A bill to designate Newark Penn Station in Newark, New Jersey as the "Donald M. Payne, Jr. Transit Center at Newark Penn Station"; to the Committee on Transportation and Infrastructure.

By Mrs. MILLER of West Virginia (for herself and Ms. SEWELL):

H.R. 6804. A bill to amend title XVIII of the Social Security Act to strengthen Medicare rural hospital flexibility program grants; to the Committee on Ways and Means.

By Mr. MOORE of North Carolina:

H.R. 6805. A bill to amend the Energy Policy Act of 2005 to expand the scope of the advanced reactor demonstration program to test and develop fourth-generation nuclear reactors, small modular reactors, and micro-reactors, and for other purposes; to the Committee on Science, Space, and Technology.

By Mr. NADLER (for himself, Ms. DELAUBO, Ms. BALINT, and Mr. FROST):

H.R. 6806. A bill to direct the Attorney General to establish within the Department of Justice the Office of the National Coordinator to Counter Antisemitism, and for other purposes; to the Committee on the Judiciary, and in addition to the Committees on Education and Workforce, Homeland Security, and 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 Ms. NORTON:

H.R. 6807. A bill to provide that an individual who uses marijuana in compliance with State law may not be denied occupancy of federally assisted housing, and for other purposes; to the Committee on Financial Services.

By Mr. OGLE (for himself, Mrs. HARSHBARGER, Mr. BURCHETT, Mr. FLEISCHMANN, Mr. DESJARLAIS, Mr. ROSE, Mr. VAN EPPS, Mr. KUSTOFF, and Mr. COHEN):

H.R. 6808. A bill to designate the facility of the United States Postal Service located at 417 West 7th Street in Columbia, Tennessee, as the "Pharmacist's Mate First Class John Harlan Willis Post Office Building"; to the Committee on Oversight and Government Reform.

By Mr. OWENS (for himself, Mr. GOTTHEIMER, Mr. DIAZ-BALART, and Mr. MOSKOWITZ):

H.R. 6809. A bill to amend the Homeland Security Act of 2002 to reduce losses of life through better school safety standards and responses, and for other purposes; to the Committee on Education and Workforce, and in addition to the Committees on the Judiciary, Homeland Security, and 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 Mr. PANETTA (for himself and Mrs. KIM):

H.R. 6810. A bill to direct certain heads of Federal agencies to develop a strategy to improve Federal investigations of organized postal theft, and for other purposes; to the Committee on the Judiciary, 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 Mr. PAPPAS (for himself, Mr. BERGMAN, Ms. BUDZINSKI, and Mr. GARBARINO):

H.R. 6811. A bill to require the Postal Service to establish a website providing information on post offices experiencing emergency suspensions, and for other purposes; to the Committee on Oversight and Government Reform.

By Mr. PAPPAS (for himself and Mr. YAKYM):

H.R. 6812. A bill to amend title 38, United States Code, to make extend the delimiting date for certain benefits for surviving spouses of Persian Gulf War veterans under the laws administered by the Secretary of Veterans Affairs, and for other purposes; to the Committee on Veterans' Affairs.

By Mr. PAPPAS (for himself and Mr. MOYLAN):

H.R. 6813. A bill to amend title 38, United States Code, to make certain improvements to the laws administered by the Secretary of Veterans Affairs relating to insurance for veterans, and for other purposes; to the Committee on Veterans' Affairs.

By Mr. PAPPAS (for himself and Mr. MOYLAN):

H.R. 6814. A bill to amend title 38, United States Code, to make certain improvements in the laws administered by the Secretary of Veterans Affairs relating to memorial affairs, and for other purposes; to the Committee on Veterans' Affairs.

By Ms. RIVAS (for herself, Ms. ANSARI, Ms. BARRAGÁN, Mr. CARSON, Mr. CARTER of Louisiana, Mr. FIELDS, Mr. GARCÍA of Illinois, Mr. GOLDMAN of New York, Mr. HERNÁNDEZ, Ms. NORTON, Ms. LEE of Pennsylvania, Ms. PLASKETT, and Mr. SOTO):

H.R. 6815. A bill to require the Administrator of the Environmental Protection Agency to develop a geospatial mapping tool to identify disproportionately burdened communities, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Natural Resources, 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. ROSS (for herself, Mr. RASKIN, Mr. JOHNSON of Georgia, Ms. SCANLON, and Mr. CORREA):

H.R. 6816. A bill to improve the administration of justice by requiring written explanations by the Supreme Court of its decisions and the disclosure of votes by justices in cases within the appellate jurisdiction of the Supreme Court that involve preliminary injunctive relief, and other purposes; to the Committee on the Judiciary.

By Ms. SALINAS (for herself and Mrs. HARSHBARGER):

H.R. 6817. A bill to establish a home-based telemental health care grant program for purposes of increasing mental health and substance use services in rural medically underserved populations and for individuals in farming, fishing, and forestry occupations; to the Committee on Energy and Commerce.

By Ms. SCHAKOWSKY (for herself, Ms. DELAUBO, Mr. LYNCH, Ms. STANSBURY, Mr. DOGGETT, Mr. McGOVERN, Ms. NORTON, Ms. SIMON, Ms. TLAIB, Mr. GOLDMAN of New York, Mr. CARSON, Mrs. DINGELL, Mr. DELUZIO, Mrs. HAYES, Mr. THANEDAR, Ms. CHU, Ms. PINGREE, Mr. LIEU, Mr. GARCÍA of Illinois, Ms. BONAMICI, Mr. EVANS of Pennsylvania, Ms. TOKUDA, Mrs. RAMIREZ, Ms. ADAMS, Mrs. CHERFILUS-McCORMICK, Mrs. MCIVER, Ms. ANSARI, Mr. CASAR, Ms. SALINAS, Ms. MCBRIDE, Ms. BARRAGÁN, and Mr. MAGAZINER):

H.R. 6818. A bill to extend protections to part-time workers in the areas of family and medical leave and to ensure equitable treatment in the workplace; to the Committee on

Education and Workforce, and in addition to the Committees on House Administration, Oversight and Government Reform, and the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. DAVID SCOTT of Georgia (for himself, Mrs. MCBATH, Mr. BISHOP, Mr. COHEN, Mr. GOLDMAN of New York, Mr. JOHNSON of Georgia, Mr. KENNEDY of New York, Ms. NORTON, Ms. TITUS, Mr. WALKINSHAW, and Ms. WILSON of Florida):

H.R. 6819. A bill to reduce State administrative costs for administration of both the supplemental nutrition assistance program under the Food and Nutrition Act of 2008 and the summer electronic benefits transfer program for children under the Richard B. Russell School Lunch Act; to the Committee on Agriculture, and in addition to the Committee on Education and Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mrs. SYKES (for herself, Mr. LARSEN of Washington, Mr. STANTON, Mr. CARSON, and Ms. JOHNSON of Texas):

H.R. 6820. A bill to require the Secretary of Transportation to issue certain regulations relating to airline passenger flight compensation, and for other purposes; to the Committee on Transportation and Infrastructure.

By Ms. TITUS:

H.R. 6821. A bill to amend title 23, United States Code, with respect to include reducing injuries and deaths resulting from crashes in school zones as eligible programming under State highway safety programs, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. TONKO:

H.R. 6822. A bill to prohibit the circumvention of control measures used by internet retailers to ensure equitable consumer access to products, and for other purposes; to the Committee on Energy and Commerce.

By Mrs. TRAHAN (for herself, Mr. BACON, Mr. KEATING, and Ms. MCBRIDE):

H.R. 6823. A bill to direct the Secretary of Defense to establish a pilot program to facilitate the development of certain traumatic brain injury diagnostics for members of the Armed Forces; to the Committee on Armed Services.

By Ms. VAN DUYNE (for herself and Mr. KUSTOFF):

H.R. 6824. A bill to amend the Internal Revenue Code of 1986 to establish a tax credit for qualified combined heat and power system property, and for other purposes; to the Committee on Ways and Means.

By Ms. VELÁZQUEZ:

H.R. 6825. A bill to require Federal monitors and receivers of public housing agencies to testify before the Committee on Financial Services of the House of Representatives and the Committee on Banking, Housing, and Urban Affairs of the Senate; to the Committee on Financial Services.

By Mr. VINDMAN (for himself, Mr. MOYLAN, and Mr. LAWLER):

H.R. 6826. A bill to amend the Internal Revenue Code of 1986 to expand the advanced manufacturing production credit to include black mass; to the Committee on Ways and Means.

By Mr. VINDMAN (for himself, Mr. MOYLAN, and Mr. LAWLER):

H.R. 6827. A bill to amend the Internal Revenue Code of 1986 to expand the advanced manufacturing production credit to include recycled copper, and for other purposes; to the Committee on Ways and Means.

By Mr. VINDMAN (for himself and Mr. MOYLAN):

H.R. 6828. A bill to require the Director of the Central Intelligence Agency to submit to Congress an intelligence assessment on the Sinaloa Cartel and the Jalisco Cartel, and for other purposes; to the Committee on Intelligence (Permanent Select).

By Ms. WATERS:

H.R. 6829. A bill to amend the Foreign Assistance Act of 1961 to make improvements to the International Narcotics Control Strategy Report, and for other purposes; to the Committee on Foreign Affairs, and in addition to the Committee on Financial 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 Ms. WATERS (for herself, Mr. NADER, Ms. NORTON, Mr. THOMPSON of Mississippi, Mr. AUCHINCLOSS, Ms. JAYAPAL, Mr. FIELDS, Mr. JOHNSON of Georgia, Ms. OCASIO-CORTEZ, Ms. BALINT, Mr. CARSON, and Mr. EVANS of Pennsylvania):

H.R. 6830. A bill to amend the Clayton Act to permit a State attorney general to bring a civil action for damages as *parens patriae* for injuries sustained by reason of price discrimination in violation of the Robinson-Patman Act amendments to the Clayton Act, and for other purposes; to the Committee on the Judiciary.

By Mrs. WATSON COLEMAN (for herself, Mrs. MCIVER, and Ms. TLAIB):

H.R. 6831. A bill to require reimbursement for costs associated with Presidential travel, and for other purposes; to the Committee on Oversight and Government Reform, and in addition to the Committees on the Judiciary, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. WEBER of Texas:

H.R. 6832. A bill to amend the Federal Trade Commission Act to include requirements for recyclable, compostable, and reusable claims for packaging for a consumer product, and for other purposes; to the Committee on Energy and Commerce.

By Mr. AGUILAR:

H.R. 6954. A resolution electing a Member to a certain standing committee of the House of Representatives; considered and agreed to.

By Ms. McCLELLAN (for herself, Ms. KELLY of Illinois, Mr. POCAN, Mr. CARSON, Mr. JACKSON of Illinois, Mr. THOMPSON of Mississippi, Ms. NORTON, Ms. SEWELL, Mr. WHITESIDES, Ms. VELÁZQUEZ, Mr. DAVIS of Illinois, Ms. WILSON of Florida, Mr. SWALWELL, Ms. GARCIA of Texas, Mrs. RAMIREZ, Mrs. WATSON COLEMAN, Mr. TONKO, Mr. CARTER of Louisiana, Mr. KRISHNAMOORTHI, Mrs. MCIVER, Ms. ROSS, Ms. RANDALL, Ms. TLAIB, and Mr. GARCIA of California):

H. Res. 955. A resolution recognizing the importance of a continued commitment to ending pediatric HIV/AIDS worldwide; to the Committee on Foreign Affairs, 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. MEEKS (for himself and Mr. MAST):

H. Res. 956. A resolution condemning the antisemitic shooting in Sydney, Australia, and all forms of hatred and violence directed at religious communities; to the Committee on Foreign Affairs.

By Mr. NUNN of Iowa (for himself, Mrs. HINSON, Mr. FEENSTRA, and Mrs. MILLER-MEEKS):

H. Res. 957. A resolution honoring the service and sacrifice of United States Army Sergeant William Nathaniel Howard and United States Army Sergeant Edgar Brian Torres-Tovar, who were killed in action in Palmyra, Syria, in a targeted assault against United States service members on December 13, 2025; to the Committee on Armed Services.

By Ms. WILSON of Florida (for herself, Ms. ADAMS, and Ms. CRAIG):

H. Res. 958. A resolution supporting the commemoration of the 60th anniversary of the enactment of the Higher Education Act of 1965 and reaffirming the commitment of the House of Representatives to expanding access to higher education for all Americans; to the Committee on Education and Workforce.

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 Ms. WATERS:

H.R. 6771.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3 and Clause 18 (relating to the power to make all laws necessary and proper for carrying out the powers vested in Congress)

By Ms. GARCIA of Texas:

H.R. 6772.

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.

By Ms. WATERS:

H.R. 6773.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3 and Clause 18 (relating to the power to make all laws necessary and proper for carrying out the powers vested in Congress)

By Ms. WATERS:

H.R. 6774.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3 and Clause 18 (relating to the power to make all laws necessary and proper for carrying out the powers vested in Congress)

By Ms. UNDERWOOD:

H.R. 6775.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8

By Ms. UNDERWOOD:

H.R. 6776.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8

By Mr. BENTZ:

H.R. 6777.

Congress has the power to enact this legislation pursuant to the following:

This bill protects multiple uses, preserves motorized access for specific activities while designating approximately 950,000 acres in Malheur County, Oregon as wilderness.

By Mr. BEYER:

H.R. 6778.

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. BOST:

H.R. 6779.

Congress has the power to enact this legislation pursuant to the following:

Article I Section 8

By Ms. BROWNLEY:

H.R. 6780.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8

By Mr. BURCHETT:

H.R. 6781.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8

By Mr. CARTER of Louisiana:

H.R. 6782.

Congress has the power to enact this legislation pursuant to the following:

This bill is introduced pursuant to the powers granted to Congress under the General Welfare Clause (Art. 1 Sec. 8 Cl. 1), the Commerce Clause (Art. 1 Sec. 8 Cl. 3), and the Necessary and Proper Clause (Art 1 Sec. 8 Cl. 18).

By Ms. CHU:

H.R. 6783.

Congress has the power to enact this legislation pursuant to the following:

Article IV, Section 3, clause 2

By Mr. COHEN:

H.R. 6784.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8

By Mr. CROW:

H.R. 6785.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, clause 1

By Ms. DELAURU:

H.R. 6786.

Congress has the power to enact this legislation pursuant to the following:

Article I of the United States Constitution and its subsequent amendments, and further clarified and interpreted by the Supreme Court of the United States.

By Ms. DELBENE:

H.R. 6787.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8.

By Mr. DOWNING:

H.R. 6788.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8

By Mrs. FOUSHÉE:

H.R. 6789.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, clause 18 (Necessary and Proper Clause) and Article I, Section 9, clause 7 (Appropriations Clause)

By Ms. GARCIA of Texas:

H.R. 6790.

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.

By Mr. TONY GONZALES of Texas:

H.R. 6791.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8

By Mr. GOODEN:

H.R. 6792.

Congress has the power to enact this legislation pursuant to the following:

The Constitutional authority on which this bill rests is the power of Congress to lay and collect taxes, duties, imposts, and excises to pay the debts and provide for the common Defense and general welfare of the

United States, as enumerated in Article I, Section 8, Clause 1. Thus, Congress has the authority not only to increase taxes, but also, to reduce taxes to promote the

By Ms. GOODLANDER:

H.R. 6793.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 of the U.S. Constitution

By Mr. HAMADEH of Arizona:

H.R. 6794.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clauses 12, 13, and 14 grant Congress the powers to raise and support armies, to provide and maintain a navy, and to make rules for the government and regulation of the land and naval forces.

By Mrs. HAYES:

H.R. 6795.

Congress has the power to enact this legislation pursuant to the following:

Article I, 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. HORSFORD:

H.R. 6796.

Congress has the power to enact this legislation pursuant to the following:

Article I of the Constitution

By Ms. JACOBS:

H.R. 6797.

Congress has the power to enact this legislation pursuant to the following:

Section 8 of Article 1 of the Constitution

By Ms. KELLY of Illinois:

H.R. 6798.

Congress has the power to enact this legislation pursuant to the following:

Clause 18 of Section 8 of Article 1 of the Constitution

By Mrs. KIM:

H.R. 6799.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8 of the Constitution.

By Mr. KUSTOFF:

H.R. 6800.

Congress has the power to enact this legislation pursuant to the following:

Under Article I, Section 8, the Necessary and Proper Clause. Congress shall have power to make all laws which shall be necessary and proper for carrying into Execution the foregoing powers and all Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.

By Ms. MACE:

H.R. 6801.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 of the Constitution.

By Ms. MALOY:

H.R. 6802.

Congress has the power to enact this legislation pursuant to the following:

Article 1 Section 8

By Mrs. McIVER:

H.R. 6803.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3 of the Constitution; the "Commerce Clause"

By Mrs. MILLER of West Virginia:

H.R. 6804.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8

By Mr. MOORE of North Carolina:

H.R. 6805.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 1, U.S. Constitution.

By Mr. NADLER:

H.R. 6806.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8

By Ms. NORTON:

H.R. 6807.

Congress has the power to enact this legislation pursuant to the following:

clause 18 of section 8 of article I of the Constitution

By Mr. OGLES:

H.R. 6808.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 of the United States Constitution

By Mr. OWENS:

H.R. 6809.

Congress has the power to enact this legislation pursuant to the following:

Section 8 of Article I of the Constitution

By Mr. PANETTA:

H.R. 6810.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 18

By Mr. PAPPAS:

H.R. 6811.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 18 of the United States Constitution states that "Congress shall have the authority to make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by the Constitution in the Government of the United States, or in any Department or Officer thereof."

By Mr. PAPPAS:

H.R. 6812.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 18 of the United States Constitution states that "Congress shall have the authority to make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by the Constitution in the Government of the United States, or in any Department or Officer thereof."

By Mr. PAPPAS:

H.R. 6813.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 18 of the United States Constitution states that "Congress shall have the authority to make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by the Constitution in the Government of the United States, or in any Department or Officer thereof."

By Mr. PAPPAS:

H.R. 6814.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 18 of the United States Constitution states that "Congress shall have the authority to make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by the Constitution in the Government of the United States, or in any Department or Officer thereof."

By Ms. RIVAS:

H.R. 6815.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 18

By Ms. ROSS:

H.R. 6816.

Congress has the power to enact this legislation pursuant to the following:

Congress has the power to enact this legislation pursuant to Article I, Section 8 of the Constitution.

By Ms. SALINAS:

H.R. 6817.

Congress has the power to enact this legislation pursuant to the following:

Pursuant to Article I, Section 8, Clause 3
By Ms. SCHAKOWSKY:

H.R. 6818.

Congress has the power to enact this legislation pursuant to the following:

The Congress shall have Power . . . To regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes.

By Mr. DAVID SCOTT of Georgia:

H.R. 6819.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1

By Mrs. SYKES:

H.R. 6820.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 18

By Ms. TITUS:

H.R. 6821.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8 of the United States Constitution

By Mr. TONKO:

H.R. 6822.

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 several States, and with the Indian tribes.

By Mrs. TRAHAN:

H.R. 6823.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 18

By Ms. VAN DUYNE:

H.R. 6824.

Congress has the power to enact this legislation pursuant to the following:

Art. 1 Sect. 8

By Ms. VELÁZQUEZ:

H.R. 6825.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3

The Congress shall have Power . . . To regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes.

By Mr. VINDMAN:

H.R. 6826.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 18

By Mr. VINDMAN:

H.R. 6827.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 18

By Mr. VINDMAN:

H.R. 6828.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 18

By Ms. WATERS:

H.R. 6829.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 3 and Clause 18 (relating to the power to make all laws necessary and proper for carrying out the power vested in Congress).

By Ms. WATERS:

H.R. 6830.

Congress has the power to enact this legislation pursuant to the following:

Congress has the power to enact this legislation pursuant to clause 3 of section 8 of article I of the Constitution of the United States.

By Mrs. WATSON COLEMAN:

H.R. 6831.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 18: [The Congress shall have Power . . .] To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.

By Mr. WEBER of Texas:

H.R. 6832.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions, as follows:

H.R. 116: Ms. MACE.

H.R. 269: Ms. McDONALD RIVET.

H.R. 349: Mr. GARBARINO.

H.R. 429: Mr. TRAN.

H.R. 491: Ms. STEVENS.

H.R. 492: Ms. STEVENS.

H.R. 507: Mr. RILEY of New York.

H.R. 589: Mr. TAYLOR.

H.R. 621: Mr. LANDSMAN.

H.R. 721: Mr. SUOZZI.

H.R. 742: Mrs. BIGGS of South Carolina.

H.R. 759: Ms. STEVENS.

H.R. 1046: Mr. TRAN.

H.R. 1065: Ms. DEAN of Pennsylvania.

H.R. 1103: Mr. VASQUEZ.

H.R. 1154: Mr. LANDSMAN.

H.R. 1189: Mr. MOYLAN and Mr. DAVIS of Illinois.

H.R. 1231: Ms. SALINAS.

H.R. 1266: Mr. GARAMENDI.

H.R. 1269: Ms. FEDORCHAK.

H.R. 1300: Mr. RILEY of New York.

H.R. 1329: Mr. VAN EPPS.

H.R. 1343: Mr. LANDSMAN.

H.R. 1346: Ms. KAPTUR.

H.R. 1357: Mrs. McCRAIN.

H.R. 1361: Mr. CISNEROS.

H.R. 1363: Mr. NORCROSS.

H.R. 1397: Mr. LANDSMAN.

H.R. 1518: Mr. VASQUEZ.

H.R. 1521: Mr. HERNÁNDEZ and Mr. EVANS of Colorado.

H.R. 1588: Mr. LANDSMAN.

H.R. 1661: Ms. STEFANIK.

H.R. 1810: Ms. PETTERSEN.

H.R. 1849: Mr. MIN.

H.R. 1920: Mr. LANDSMAN.

H.R. 1970: Mr. RILEY of New York.

H.R. 1993: Ms. PINGREE.

H.R. 2025: Mrs. GRIJALVA.

H.R. 2028: Mr. VASQUEZ and Mr. TRAN.

H.R. 2059: Ms. DEGETTE.

H.R. 2094: Mr. VASQUEZ and Mr. RILEY of New York.

H.R. 2168: Mr. GUEST.

H.R. 2192: Mr. WALKINSHAW and Ms. ESCOBAR.

H.R. 2231: Mr. JACK.

H.R. 2251: Mr. WILLIAMS of Texas.

H.R. 2362: Mr. RILEY of New York.

H.R. 2398: Mr. BERA and Ms. McDONALD RIVET.

H.R. 2402: Mr. BELL.

H.R. 2486: Mrs. GRIJALVA.

H.R. 2514: Mr. RILEY of New York.

H.R. 2527: Mr. DAVIS of North Carolina.

H.R. 2531: Ms. PRESSLEY.

H.R. 2538: Ms. DE LA CRUZ.

H.R. 2547: Ms. DELBENE.

H.R. 2585: Mr. CISNEROS.

H.R. 2586: Mr. CARBAJAL.

H.R. 2736: Mr. BERA.

H.R. 2741: Mr. WALKINSHAW and Mr. CARBAJAL.

H.R. 2853: Mr. TRAN and Mrs. WAGNER.

H.R. 2902: Ms. LOFGREN.

H.R. 2936: Mr. NEGUSE.

H.R. 2964: Mr. LANDSMAN.

H.R. 2978: Mr. SUOZZI and Mr. WHITESIDES.

H.R. 3049: Ms. CRAIG.

H.R. 3132: Mr. DUNN of Florida.

H.R. 3270: Mr. MIN.

H.R. 3277: Mr. RILEY of New York.

H.R. 3296: Mr. VASQUEZ.

H.R. 3316: Mr. DOGGETT, Mr. LYNCH, and Ms. SALINAS.

H.R. 3415: Ms. PRESSLEY and Mr. FOSTER.

H.R. 3497: Mr. EZELL, Mr. NEHLS, Mr. VAN DREW, Mr. CLINE, Mr. MESSMER, Ms. PEREZ, and Mr. CALVERT.

H.R. 3513: Mr. LEVIN.

H.R. 3532: Mr. CASTEN.

H.R. 3598: Mr. MILLER of Ohio.

H.R. 3705: Mr. DAVIS of North Carolina.

H.R. 3743: Mrs. MCBATH and Mr. LIEU.

H.R. 3753: Mr. VASQUEZ.

H.R. 3757: Ms. PETTERSEN.

H.R. 3772: Mr. LANDSMAN.

H.R. 3774: Mr. DAVIDSON.

H.R. 3777: Mr. NEGUSE.

H.R. 3885: Ms. LEGER FERNANDEZ.

H.R. 3946: Mr. PERRY, Mr. SHREVE, Mr. LANDSMAN, Ms. STEFANIK, Mr. BOYLE of Pennsylvania, Ms. LEE of Florida, and Ms. BYNUM.

H.R. 3954: Mr. THOMPSON of California.

H.R. 3986: Mr. WALKINSHAW.

H.R. 4002: Mr. GILL of Texas.

H.R. 4084: Mrs. DINGELL.

H.R. 4103: Mr. HARDER of California.

H.R. 4105: Mr. MIN.

H.R. 4206: Ms. MORRISON and Mr. WHITESIDES.

H.R. 4235: Mr. KUSTOFF.

H.R. 4253: Mr. CASTEN.

H.R. 4282: Mr. VASQUEZ.

H.R. 4284: Mr. HURD of Colorado.

H.R. 4304: Mr. BARR.

H.R. 4398: Mr. DAVIS of North Carolina.

H.R. 4400: Mr. HERNÁNDEZ and Mr. GOTTHEIMER.

H.R. 4407: Mr. LEVIN.

H.R. 4428: Mr. SORENSEN.

H.R. 4582: Mr. FOSTER and Mr. MIN.

H.R. 4583: Mr. FOSTER and Mr. MIN.

H.R. 4606: Mr. WHITESIDES.

H.R. 4611: Mrs. WATSON COLEMAN.

H.R. 4630: Ms. TITUS.

H.R. 4667: Ms. STEVENS.

H.R. 4681: Mr. VASQUEZ.

H.R. 4796: Mr. SUBRAMANYAM.

H.R. 4877: Ms. CHU.

H.R. 5031: Mr. LAHOOD.

H.R. 5064: Mr. VASQUEZ.

H.R. 5106: Ms. MENG.

H.R. 5221: Mr. MEUSER, Ms. TOKUDA, Mr. SUBRAMANYAM, Mr. WHITESIDES, and Mr. BENTZ.

H.R. 5249: Ms. NORTON.

H.R. 5282: Ms. MALLIOTAKIS.

H.R. 5325: Mr. THOMPSON of Pennsylvania.

H.R. 5332: Mr. FONG.

H.R. 5336: Mr. McGOVERN.

H.R. 5343: Mr. BEAN of Florida.

H.R. 5351: Mr. OBERNOLTE and Ms. McDONALD RIVET.

H.R. 5403: Ms. McDONALD RIVET.

H.R. 5434: Mrs. GRIJALVA.

H.R. 5438: Mr. PALMER, Mr. SESSIONS, Mr. HAMADEH of Arizona, Mr. JOHNSON of South Dakota, Mr. SMITH of Nebraska, Mr. GOODEN, Mr. HUDSON, and Mr. McGuire.

H.R. 5461: Ms. PINGREE.

H.R. 5486: Mr. BERA, Mr. AGUILAR, and Mr. HERNÁNDEZ.

H.R. 5521: Mr. TRAN.

H.R. 5573: Mr. TRAN.

H.R. 5584: Mr. LEVIN.

H.R. 5599: Ms. CHU.

H.R. 5699: Mr. DAVIS of North Carolina.

H.R. 5715: Ms. McDONALD RIVET.

H.R. 5725: Mr. MOULTON.

H.R. 5740: Mrs. GRIJALVA.

H.R. 5774: Ms. ESCOBAR.

H.R. 5783: Mr. GARAMENDI.

H.R. 5913: Mr. DAVIDSON.
 H.R. 5916: Mr. BELL.
 H.R. 5942: Mr. TRAN.
 H.R. 6075: Mr. MIN, Mr. NEGUSE, and Mr. SORENSEN.
 H.R. 6081: Mrs. GRIJALVA.
 H.R. 6082: Mrs. GRIJALVA.
 H.R. 6086: Mr. STAUBER, Ms. TITUS, Mr. ROUZER, Mr. CARBAJAL, Mr. HURD of Colorado, Mr. WEBSTER of Florida, Mr. PAPPAS, and Ms. STRICKLAND.
 H.R. 6089: Mrs. McCCLAIN Delaney and Mrs. BICE.
 H.R. 6090: Mrs. GRIJALVA.
 H.R. 6116: Mrs. GRIJALVA.
 H.R. 6121: Mr. FITZGERALD and Mr. GOTTHEIMER.
 H.R. 6125: Mr. CORREA.
 H.R. 6126: Ms. CRAIG.
 H.R. 6130: Mr. THOMPSON of California.
 H.R. 6131: Mr. HERNANDEZ.
 H.R. 6151: Mr. HERNÁNDEZ.
 H.R. 6161: Mr. SUOZZI.
 H.R. 6166: Mrs. GRIJALVA, Mr. LIEU, Ms. ANSARI, Ms. DAVIDS of Kansas, and Ms. RANDALL.
 H.R. 6176: Ms. OCASIO-CORTEZ.
 H.R. 6177: Ms. OCASIO-CORTEZ.
 H.R. 6181: Mrs. GRIJALVA.
 H.R. 6201: Mr. MAGAZINER.
 H.R. 6203: Ms. McDONALD RIVET and Mr. VINDMAN.
 H.R. 6219: Mr. MCGUIRE.
 H.R. 6221: Mr. VINDMAN.
 H.R. 6259: Mr. TRAN.
 H.R. 6267: Mr. SHREVE.

H.R. 6289: Mr. VINDMAN.
 H.R. 6336: Mr. HAMADEH of Arizona.
 H.R. 6356: Ms. BROWN.
 H.R. 6375: Ms. DELBENE and Ms. LOFGREN.
 H.R. 6389: Mrs. DINGELL and Mrs. McCCLAIN DELANEY.
 H.R. 6391: Mr. MORELLE and Mr. CARBAJAL.
 H.R. 6397: Mr. NEGUSE.
 H.R. 6411: Mr. VINDMAN.
 H.R. 6418: Ms. OMAR.
 H.R. 6423: Mr. CISCOMANI, Ms. BONAMICI, and Mr. LEVIN.
 H.R. 6431: Mr. VINDMAN.
 H.R. 6437: Mr. VINDMAN.
 H.R. 6438: Mr. KHANNA.
 H.R. 6440: Mr. CASE.
 H.R. 6444: Mr. TRAN.
 H.R. 6502: Mr. VINDMAN.
 H.R. 6521: Ms. KELLY of Illinois.
 H.R. 6524: Mr. VINDMAN and Mr. TRAN.
 H.R. 6529: Mr. COHEN and Mr. DELUZIO.
 H.R. 6550: Mr. MOORE of North Carolina.
 H.R. 6567: Mrs. WATSON COLEMAN.
 H.R. 6574: Mr. HERNÁNDEZ, Ms. CRAIG, Ms. LEGER FERNANDEZ, Ms. VELÁZQUEZ, and Ms. GARCIA of Texas.
 H.R. 6606: Ms. CRAIG.
 H.R. 6633: Mr. HAMADEH of Arizona.
 H.R. 6649: Mr. MIN.
 H.R. 6651: Mr. DAVIS of North Carolina.
 H.R. 6671: Mr. EVANS of Pennsylvania.
 H.R. 6685: Mrs. FISCHBACH.
 H.R. 6718: Mr. FITZPATRICK.
 H.R. 6731: Ms. ANSARI, Ms. RANDALL, Ms. JOHNSON of Texas, Mr. WHITESIDES, Mr. MANNION, Mrs. TORRES of California, and Ms. ROSS.

H.R. 6732: Mr. McDOWELL.
 H.R. 6757: Ms. ADAMS.
 H.R. 6760: Ms. SALINAS.
 H.R. 6766: Mrs. DINGELL, Ms. LEE of Nevada, and Mr. PANETTA.
 H.J. Res. 77: Mr. VASQUEZ.
 H.J. Res. 122: Mr. LEVIN.
 H. Con. Res. 12: Mr. CARTER of Texas and Mr. TONY GONZALES of Texas.
 H. Con. Res. 61: Ms. DELBENE.
 H. Con. Res. 64: Ms. STANSBURY.
 H. Res. 776: Mr. BILIRAKIS.
 H. Res. 915: Mrs. KIGGANS of Virginia, Mr. SUOZZI, and Ms. WASSERMAN SCHULTZ.
 H. Res. 929: Mr. McGOVERN.
 H. Res. 948: Mr. SHERMAN.

CONGRESSIONAL EARMARKS, LIMITED TAX BENEFITS, OR LIMITED TARIFF BENEFITS

Under clause 9 of rule XXI, lists or statements on congressional earmarks, limited tax benefits, or limited tariff benefits were submitted as follows:

The amendment to be offered by Representative ROY, or a designee, to H.R. 3492, the Protect Children's Innocence Act does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.