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HOUSE OF REPRESENTATIVES

REPORT
116–61

PROVIDING FOR CONSIDERATION OF THE BILL (H.R. 5) TO PROHIBIT DISCRIMINATION ON THE BASIS OF SEX, GENDER IDENTITY, AND SEXUAL ORIENTATION, AND FOR OTHER PURPOSES; PROVIDING FOR CONSIDERATION OF THE BILL (H.R. 312) TO REAFFIRM THE MASHPEE WAMPANOAG TRIBE RESERVATION, AND FOR OTHER PURPOSES; AND PROVIDING FOR CONSIDERATION OF THE BILL (H.R. 987) TO AMEND THE PATIENT PROTECTION AND AFFORDABLE CARE ACT TO PROVIDE FOR FEDERAL EXCHANGE OUTREACH AND EDUCATIONAL ACTIVITIES

MAY 14, 2019.—Referred to the House Calendar and ordered to be printed

Ms. SCANLON, from the Committee on Rules, submitted the following

REPORT

[To accompany H. Res. 377]

The Committee on Rules, having had under consideration House Resolution 377, by a record vote of 9 to 4, report the same to the House with the recommendation that the resolution be adopted.

SUMMARY OF PROVISIONS OF THE RESOLUTION

The resolution provides for consideration of H.R. 5, the Equality Act, under a closed rule. The resolution provides 90 minutes of debate equally divided and controlled by the chair and ranking minority member of the Committee on the Judiciary. The resolution waives all points of order against consideration of H.R. 5. The resolution provides that 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 and the bill, as amended, shall be considered as read. The resolution waives all points of order against provisions in H.R. 5, as amended. The resolution provides one motion to recommit with or without instructions. The resolution further provides for consideration of H.R. 312, the Mashpee Wampanoag Tribe Reservation Reaffirmation Act, under a closed rule. The resolution provides one hour of general debate equally divided and controlled by the chair and ranking minority member of the Committee on Natural Resources. The resolution waives all points of order against consideration of H.R. 312. The resolution provides that the amendment in the nature of a substitute recommended by the Committee on Natural Resources now printed in the bill shall be considered as adopted and the bill, as amended, shall be considered as read. The resolution waives all points of

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order against provisions in the bill, as amended. The resolution provides for one motion to recommit with or without instructions. The resolution provides for consideration of H.R. 987, the Strengthening Health Care and Lowering Prescription Drug Costs Act, under a structured rule. The resolution provides 90 minutes of general debate with 60 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce and 30 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Education and Labor. The resolution waives all points of order against consideration of the bill. The resolution provides that an amendment in the nature of a substitute consisting of the text of Rules Committee Print 116–14 shall be considered as adopted and the bill, as amended, shall be considered as read. The resolution waives all points of order against provisions in H.R. 987, as amended. The resolution makes in order only those amendments printed in this report. Each such amendment may be offered only in the order printed in this report, may be offered only by a Member designated in this report, shall be considered as read, shall be debatable for the time specified in this report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question. The resolution waives all points of order against the amendments printed in this report. The resolution provides one motion to recommit with or without instructions.

EXPLANATION OF WAIVERS

The waiver of all points of order against consideration of H.R. 5 includes a waiver of clause 3(d)(1) of rule XIII, which requires the inclusion of a committee cost estimate in a committee report.

Although the resolution waives all points of order against provisions in H.R. 5, as amended, the Committee is not aware of any points of order. The waiver is prophylactic in nature.

The waiver of all points of order against consideration of H.R. 312 includes waivers of the following:

- Clause 3(d)(1) of rule XIII, which requires the inclusion of a committee cost estimate in a committee report.
- Clause 3(c)(4) of rule XIII, which requires committee reports to include a statement of general performance goals and objectives.

Although the resolution waives all points of order against provisions in H.R. 312, as amended, the Committee is not aware of any points of order. The waiver is prophylactic in nature.

The waiver of all points of order against consideration of H.R. 987 includes a waiver of clause 12(a)(1) of rule XIII, which prohibits consideration of a bill unless there is a searchable electronic comparative print that shows how the bill proposes to change current law.

The waiver of all points of order against provisions of H.R. 987, as amended, includes waivers of the following:

- Clause 4 of rule XXI, which prohibits a bill carrying an appropriation from being reported by a committee not having jurisdiction to report an appropriation.

• Clause 5(a) of rule XXI, which prohibits a bill carrying a tax or tariff measure from being reported by a committee not having jurisdiction to report a tax or tariff measure.

Although the resolution waives all points of order against the amendments printed in this report, the Committee is not aware of any points of order. The waiver is prophylactic in nature.

COMMITTEE VOTES

The results of each record vote on an amendment or motion to report, together with the names of those voting for and against, are printed below:

Rules Committee record vote No. 72

Motion by Mr. Cole to report an open rule for H.R. 5. Defeated: 4–9

Majority Members	Vote	Minority Members	Vote
Mr. Hastings	Nay	Mr. Cole	Yea
Mrs. Torres	Nay	Mr. Woodall	Yea
Mr. Perlmutter	Nay	Mr. Burgess	Yea
Mr. Raskin	Nay	Mrs. Lesko	Yea
Ms. Scanlon	Nay		
Mr. Morelle	Nay		
Ms. Shalala	Nay		
Mr. DeSaulnier	Nay		
Mr. McGovern, Chairman	Nay		

Rules Committee record vote No. 73

Motion by Mr. Cole to amend the rule to provide that after the Committee of the Whole completes consideration of H.R. 987 for amendment, the question of adoption of the amendment in the nature of a substitute shall be divided as follows: first, adoption of Title I of the amendment; and second, adoption of the matter comprising the remainder of the amendment in the nature of a substitute. Defeated: 4–9

Majority Members	Vote	Minority Members	Vote
Mr. Hastings	Nay	Mr. Cole	Yea
Mrs. Torres	Nay	Mr. Woodall	Yea
Mr. Perlmutter	Nay	Mr. Burgess	Yea
Mr. Raskin	Nay	Mrs. Lesko	Yea
Ms. Scanlon	Nay		
Mr. Morelle	Nay		
Ms. Shalala	Nay		
Mr. DeSaulnier	Nay		
Mr. McGovern, Chairman	Nay		

Rules Committee record vote No. 74

Motion by Mr. Woodall to amend the rule to H.R. 5 to make in order and provide the appropriate waivers to amendment #27, offered by Rep. McAdams (UT), which reaffirms that the public accommodations provisions of this Act do not apply to religious houses of worship, consistent with current law and practice. Defeated: 4–9

Majority Members	Vote	Minority Members	Vote
Mr. Hastings	Nay	Mr. Cole	Yea
Mrs. Torres	Nay	Mr. Woodall	Yea
Mr. Perlmutter	Nay	Mr. Burgess	Yea
Mr. Raskin	Nay	Mrs. Lesko	Yea
Ms. Scanlon	Nay		
Mr. Morelle	Nay		
Ms. Shalala	Nay		
Mr. DeSaulnier	Nay		
Mr. McGovern, Chairman	Nay		

Rules Committee record vote No. 75

Motion by Mr. Woodall to amend the rule to H.R. 987 to make in order and provide the appropriate waivers to amendment #11, offered by Rep. Norman (SC), which states that funds may not be used for any qualified health plan offered through an Exchange that offers coverage for abortion. Defeated: 4–9

Majority Members	Vote	Minority Members	Vote
Mr. Hastings	Nay	Mr. Cole	Yea
Mrs. Torres	Nay	Mr. Woodall	Yea
Mr. Perlmutter	Nay	Mr. Burgess	Yea
Mr. Raskin	Nay	Mrs. Lesko	Yea
Ms. Scanlon	Nay		
Mr. Morelle	Nay		
Ms. Shalala	Nay		
Mr. DeSaulnier	Nay		
Mr. McGovern, Chairman	Nay		

Rules Committee record vote No. 76

Motion by Mr. Woodall to amend the rule to H.R. 987 to make in order and provide the appropriate waivers to amendment #39, offered by Rep. Walden (OR), which reduces exchange user fees and patients' insurance premiums for three years. Defeated: 4–9

Majority Members	Vote	Minority Members	Vote
Mr. Hastings	Nay	Mr. Cole	Yea
Mrs. Torres	Nay	Mr. Woodall	Yea
Mr. Perlmutter	Nay	Mr. Burgess	Yea
Mr. Raskin	Nay	Mrs. Lesko	Yea
Ms. Scanlon	Nay		
Mr. Morelle	Nay		
Ms. Shalala	Nay		
Mr. DeSaulnier	Nay		
Mr. McGovern, Chairman	Nay		

Rules Committee record vote No. 77

Motion by Mr. Burgess to amend the rule to H.R. 5 to make in order and provide the appropriate waivers to amendment #34, offered by Rep. Hartzler (MO), which states that nothing in this bill shall require medical and mental health providers to prescribe puberty blockers, recommend social transitioning, or prescribe cross-sex hormones as a treatment for gender dysphoria. Defeated: 4–9

Majority Members	Vote	Minority Members	Vote
Mr. Hastings	Nay	Mr. Cole	Yea
Mrs. Torres	Nay	Mr. Woodall	Yea
Mr. Perlmutter	Nay	Mr. Burgess	Yea
Mr. Raskin	Nay	Mrs. Lesko	Yea

Majority Members	Vote	Minority Members	Vote
Ms. Scanlon	Nay		
Mr. Morelle	Nay		
Ms. Shalala	Nay		
Mr. DeSaulnier	Nay		
Mr. McGovern, Chairman	Nay		

Rules Committee record vote No. 78

Motion by Mr. Burgess to amend the rule to H.R. 5 to make in order and provide the appropriate waivers to amendment #1, offered by Rep. Norton (DC), which clarifies that D.C. residents may not be excluded or disqualified from jury service in the D.C. Superior Court based on sexual orientation or gender identity. Defeated: 4–9

Majority Members	Vote	Minority Members	Vote
Mr. Hastings	Nay	Mr. Cole	Yea
Mrs. Torres	Nay	Mr. Woodall	Yea
Mr. Perlmutter	Nay	Mr. Burgess	Yea
Mr. Raskin	Nay	Mrs. Lesko	Yea
Ms. Scanlon	Nay		
Mr. Morelle	Nay		
Ms. Shalala	Nay		
Mr. DeSaulnier	Nay		
Mr. McGovern, Chairman	Nay		

Rules Committee record vote No. 79

Motion by Mr. Burgess to amend the rule to H.R. 987 to make in order and provide the appropriate waivers to amendment #42, offered by Rep. Burgess (TX), which strikes Title II—Health Insurance Market Stabilization—and inserts language reauthorizing community health centers, the national health service corps, and other public health priorities. Defeated: 4–9

Majority Members	Vote	Minority Members	Vote
Mr. Hastings	Nay	Mr. Cole	Yea
Mrs. Torres	Nay	Mr. Woodall	Yea
Mr. Perlmutter	Nay	Mr. Burgess	Yea
Mr. Raskin	Nay	Mrs. Lesko	Yea
Ms. Scanlon	Nay		
Mr. Morelle	Nay		
Ms. Shalala	Nay		
Mr. DeSaulnier	Nay		
Mr. McGovern, Chairman	Nay		

Rules Committee record vote No. 80

Motion by Mr. Burgess to amend the rule to H.R. 987 to make in order and provide the appropriate waivers to amendment #37, offered by Rep. Shimkus (IL), which allows funding for outreach and education for association health plans. Defeated: 4–9

Majority Members	Vote	Minority Members	Vote
Mr. Hastings	Nay	Mr. Cole	Yea
Mrs. Torres	Nay	Mr. Woodall	Yea
Mr. Perlmutter	Nay	Mr. Burgess	Yea
Mr. Raskin	Nay	Mrs. Lesko	Yea
Ms. Scanlon	Nay		
Mr. Morelle	Nay		
Ms. Shalala	Nay		
Mr. DeSaulnier	Nay		
Mr. McGovern, Chairman	Nay		

Rules Committee record vote No. 81

Motion by Mrs. Lesko to amend the rule to H.R. 5 to make in order and provide the appropriate waivers to the following amendments: amendment #10, offered by Rep. Lesko (AZ), which states that nothing in this Act or any amendment made by this Act may be construed to grant or secure any right relating to abortion or the provision or funding thereof; amendment #11, offered by Rep. Lesko (AZ), which ensures parents' custody of their child is not threatened by them simply questioning their child's gender identity decisions and changes; amendment #12, offered by Rep. Lesko (AZ), which clarifies that nothing in this bill can require a place of public accommodation to be required to convert any space separated on the basis of sex to a separation on the basis of gender identity; and amendment #22, offered by Rep. Lesko (AZ), which changes the bill's title to the "Forfeiting Women's Rights Act". Defeated: 4–9

Majority Members	Vote	Minority Members	Vote
Mr. Hastings	Nay	Mr. Cole	Yea
Mrs. Torres	Nay	Mr. Woodall	Yea
Mr. Perlmutter	Nay	Mr. Burgess	Yea
Mr. Raskin	Nay	Mrs. Lesko	Yea
Ms. Scanlon	Nay		
Mr. Morelle	Nay		
Ms. Shalala	Nay		
Mr. DeSaulnier	Nay		
Mr. McGovern, Chairman	Nay		

Rules Committee record vote No. 82

Motion by Mrs. Lesko to amend the rule to H.R. 987 to make in order and provide the appropriate waivers to amendment #48, offered by Rep. Scalise (LA), which disqualifies states that do not have born alive protections from receiving funds authorized by the bill. Defeated: 4–9

Majority Members	Vote	Minority Members	Vote
Mr. Hastings	Nay	Mr. Cole	Yea
Mrs. Torres	Nay	Mr. Woodall	Yea
Mr. Perlmutter	Nay	Mr. Burgess	Yea
Mr. Raskin	Nay	Mrs. Lesko	Yea
Ms. Scanlon	Nay		
Mr. Morelle	Nay		
Ms. Shalala	Nay		
Mr. DeSaulnier	Nay		
Mr. McGovern, Chairman	Nay		

Rules Committee record vote No. 83

Motion by Ms. Scanlon to report the rule. Adopted: 9–4

Majority Members	Vote	Minority Members	Vote
Mr. Hastings	Yea	Mr. Cole	Nay
Mrs. Torres	Yea	Mr. Woodall	Nay
Mr. Perlmutter	Yea	Mr. Burgess	Nay
Mr. Raskin	Yea	Mrs. Lesko	Nay
Ms. Scanlon	Yea		
Mr. Morelle	Yea		
Ms. Shalala	Yea		
Mr. DeSaulnier	Yea		
Mr. McGovern, Chairman	Yea		

SUMMARY OF THE AMENDMENTS TO H.R. 987 MADE IN ORDER

1. Pallone (NJ), Walden (OR): Clarifies communication requirements for eligible product developers and license holders regarding requests, offers, and delivery of product samples. (10 minutes)

2. Bucshon (IN), McKinley (WV), Upton (MI), Carter, Buddy (GA), Collins, Doug (GA), Sensenbrenner (WI): Strikes title II—Health Insurance Market Stabilization. (10 minutes)

3. Welch (VT), Schrader (OR): Prohibits the Secretary of HHS from ending autoenrollment. (10 minutes)

4. Blunt Rochester (DE): Requires the Secretary of the Department of Health and Human Services to release all aggregated studies and data sets created on or after January 1, 2014 related to marketing and outreach for the Affordable Care Act's individual marketplace. (10 minutes)

5. DeSaulnier (CA): Commissions a study by the National Academy of Medicine into the amount of federal funding and research used in the development of drugs by pharmaceutical companies, and to put measures in place to curb excessive drug costs. (10 minutes)

6. Harder (CA): Provides opioid specific education and training to the Navigators and the Certified Application Counselors (CACs) that ensures they can best educate individuals on the marketplace plans specifically for opioid health care treatment. (10 minutes)

7. Shalala (FL): States the sense of Congress that the Secretary of HHS should not take any action to prohibit or restrict "silver loading." (10 minutes)

8. Hayes (CT), Waters (CA): Amends the Federally-Facilitated Marketplace (FFM) navigator program to authorize $25,000,000 out of amounts collected by user fees for State-Based Exchanges. Ensures that no state shall receive a grant that is less than $1,000,000. (10 minutes)

9. McBath (GA): Provides pharmacy school outreach by directing the Labor HHS and Education Secretaries to do outreach to institutions of higher education as it relates to the use and availability of generic drugs. (10 minutes)

10. Scanlon (PA): Requires the HHS Secretary to issue biweekly public reports during the annual open enrollment period on the performance of the federal exchange and the Small Business Health Options Program exchange. Each report will include a summary of information on the open enrollment season including the number of website visits, accounts created, calls to the call center, number of people who enroll in a plan and what enrollment path they took, e.g., website, broker, or call center. (10 minutes)

11. Morelle (NY), Wexton (VA): Requires GAO to study the effect of President Trump's cuts to ACA outreach and the Navigator Program on health insurance enrollment and the cost of coverage. (10 minutes)

12. Waters (CA): Requires HHS to submit to Congress a report on the extent to which increases in the prices of commonly prescribed drugs have caused individuals with health insurance to forego needed treatment. (10 minutes)

13. Johnson, Eddie Bernice (TX): Requires Navigators to receive training on how to assist consumers with Medicaid and CHIP enrollment. (10 minutes)

14. Lynch (MA): Extends the deadline by which States may apply for federal assistance to establish state-based marketplaces by one year to December 31, 2023. Extends the date by which the State Exchanges must be self-sustaining by one year to January 1, 2025. (10 minutes)

15. Lynch (MA): Asks the GAO to conduct a cost benefit analysis of the establishment of State-administered health insurance plans for states that may want to offer a public option in their health insurance exchanges. The report is due to Congress no later than one year after enactment. (10 minutes)

16. Lipinski (IL): Requires a GAO report to determine whether the Department of Health and Human Services has taken appropriate steps to ensure that routine maintenance to the Healthcare.gov website is minimally disruptive to consumers. (10 minutes)

17. Deutch (FL): Adds a duty requiring navigators to provide information in plain language regarding essential health benefits and consumer protections under the mental health and substance use disorder benefits parity law. (10 minutes)

18. Brown (MD), Krishnamoorthi (IL), Barragán (CA): Adds that the Secretary shall implement outreach and educational activities in areas with high health disparities. (10 minutes)

19. Gomez (CA): Clarifies the ability of Navigators to provide referrals to community-based organizations that address social needs related to health outcomes. (10 minutes)

20. Escobar (TX), Porter (CA), Torres, Norma (CA): Requires Navigators to assist vulnerable populations including individuals with limited English proficiency and chronic illnesses. (10 minutes)

21. Wexton (VA): Includes findings that the final rule on short-term, limited duration insurance weakens protections for the millions of Americans living with preexisting health conditions, including children with complex medical needs and disabilities and their families. (10 minutes)

22. Pappas (NH): Requires the Secretary of Health and Human Services to set annual enrollment targets for the Exchanges for the plan year 2020 and each subsequent plan year. (10 minutes)

23. Cox (CA): Adds a new subsection (b): Promote Transparency and Accountability in the Administration's Expenditures of Exchange User Fees, which requires HHS to submit an annual report to Congress that includes a detailed breakdown of the Department's spending on outreach and enrollment, navigators, maintenance of Healthcare.gov, and operation of the Healthcare.gov call centers. (10 minutes)

24. Cox (CA): Adds areas with high concentrations of unemployment to the list where such outreach and educational activities shall be provided. (10 minutes)

25. Phillips (MN): Directs Exchanges to establish an online website portal to facilitate the sharing of information between the Exchange and Navigator organizations about their clients' applications for health insurance. (10 minutes)

26. Horn (OK): Ensures rural areas are included in navigator outreach. (10 minutes)

27. Cunningham (SC): Ensures that state healthcare Exchanges' outreach activities are also targeted towards veteran populations. (10 minutes)

TEXT OF AMENDMENTS MADE IN ORDER

1. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE PALLONE JR. OF NEW JERSEY OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 28, strike lines 8 through 11 and insert the following:

(iii) that the eligible product developer has submitted a written request to purchase sufficient quantities of the covered product to the license holder and such request—

(I) was sent to a named corporate officer of the license holder;

(II) was made by certified or registered mail with return receipt requested;

(III) specified an individual as the point of contact for the license holder to direct communications related to the sale of the covered product to the eligible product developer and a means for electronic and written communications with that individual; and

(IV) specified an address to which the covered product was to be shipped upon reaching an agreement to transfer the covered product; and

Page 32, strike lines 15 through 18 and insert the following:

(C) that the license holder made an offer to the individual specified pursuant to paragraph (2)(A)(iii)(III), by a means of communication (electronic, written, or both) specified pursuant to such paragraph, to sell sufficient quantities of the covered product to the eligible product developer at commercially reasonable market-based terms—

Page 33, strike lines 13 through 22.

Page 33, line 23, strike "(5)" and insert "(4)".

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2. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE BUCSHON OF INDIANA OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Strike title II (and redesignate the subsequent title and update the table of contents accordingly).

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3. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE WELCH OF VERMONT OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Add at the end of title II the following new section:

SEC. 205. PROTECTION OF HEALTH INSURANCE COVERAGE IN CERTAIN EXCHANGES.

In the case of an Exchange that the Secretary of Health and Human Services operates pursuant to section 1321(c)(1) of the Patient Protection and Affordable Care Act (42 U.S.C. 18041(c)(1)), the Secretary may not implement any process that would terminate the health insurance coverage of an enrollee solely because such enrollee did not actively enroll during the most recent open enrollment period.

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4. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE BLUNT ROCHESTER OF DELAWARE OR HER DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 47, line 24, strike "Section 1321(c)" and insert:

(a) IN GENERAL.—Section 1321(c)

Page 49, after line 18, insert the following:

(b) STUDY AND REPORT.—Not later than 30 days after the date of the enactment of this Act, the Secretary of Health and Human Services shall release to Congress all aggregated documents relating to studies and data sets that were created on or after January 1, 2014, and related to marketing and outreach with respect to qualified health plans offered through Exchanges under title I of the Patient Protection and Affordable Care Act.

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5. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE DESAULNIER OF CALIFORNIA OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

At the end of title I, add the following:

Subtitle D—Study on Role of Federal Assistance in Drug Development

SEC. 131. STUDY ON ROLE OF FEDERAL ASSISTANCE IN DRUG DEVELOPMENT.

(a) IN GENERAL.—Not later than two years after the date of the enactment of this Act, the Secretary of the Health and Human Services shall enter into a contract with the National Academy of Medicine to conduct a study on, and submit to Congress a report on, the following:

(1) The percentage of drugs developed in the United States using at least some amount of Federal funding from any Federal source.

(2) The average cost incurred by a drug developer to develop a drug.

(3) The average amount of revenue and profits made by drug developers from the sales of drugs.

(4) The percentage of such revenue and profits that are reinvested into research and development of new drugs.

(5) The appropriate percentage, if any, of such revenue and profits the Secretary, in consultation with the National Academy of Medicine, recommends should be returned to Federal entities for Federal funding used in the development of the drugs involved.

(b) ENFORCEMENT.—A drug developer shall, as a condition of receipt of any Federal funding for the development of drugs, comply with any request for the data necessary to perform the study under subsection (a).

(c) CONFIDENTIALITY.—This section does not authorize the disclosure of any trade secret, confidential commercial or financial information, or other matter listed in section 552(b) of title 5, United States Code.

(d) DEFINITIONS.—In this section:

(1) The term "drug" has the meaning given such term in section 201 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321).

(2) The term "drug developer" means an entity that submitted, and received approval of, an application under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) or section 351 of the Public Health Service Act (42 U.S.C. 262).

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6. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE HARDER OF CALIFORNIA OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 46, beginning on line 17, amend clause (ii) to read as follows:

(ii) by striking the period and inserting a semicolon; and

Page 46, line 20, strike "clause" and insert "clauses".

Page 46, line 23, strike the period and the end quotes.

Page 46, after line 23, insert the following:

"(iv) receive opioid specific education and training that ensures the navigator can best educate individuals on qualified health plans offered through an Exchange, specifically coverage under such plans for opioid health care treatment."; and

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7. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE SHALALA OF FLORIDA OR HER DESIGNEE, DEBATABLE FOR 10 MINUTES

Add at the end of title II the following new section:

SEC. 205. SENSE OF CONGRESS RELATING TO THE PRACTICE OF SILVER LOADING.

It is the sense of Congress that the Secretary of Health and Human Services should not take any action to prohibit or otherwise restrict the practice commonly known as "silver loading" (as described in the rule entitled "Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2020" published on April 25, 2019 (84 Fed. Reg. 17533)).

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8. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE HAYES OF CONNECTICUT OR HER DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 47, line 3, strike "Grants under" and insert "Subject to subparagraph (C), grants under".

Page 47, line 6, strike "subparagraph" and insert "subparagraphs".

Page 47, line 18, strike the end quotations and the second period.

Page 47, after line 18, insert the following:

"(C) STATE EXCHANGES.—For the purposes of carrying out this subsection, with respect to an Exchange operated by a State pursuant to this section, there is authorized to be appropriated $25,000,000 for fiscal year 2020 and each subsequent fiscal year. Each State receiving a grant pursuant to this subparagraph shall receive a grant in an amount that is not less than $1,000,000.".

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9. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE MCBATH OF GEORGIA OR HER DESIGNEE, DEBATABLE FOR 10 MINUTES

At the end of title I of the Rules Committee Print, add the following:

Subtitle D—Pharmacy School Outreach

SEC. 131. PHARMACY SCHOOL OUTREACH.

The Secretary of Health and Human Services and the Secretary of Education shall make every effort necessary to ensure appropriate outreach to institutions of higher education to ensure that students and faculty at schools of pharmacy are provided with materials regarding generic drugs and biosimilar biological products, including materials on—

(1) how generic drugs and biosimilar biological products are equivalent or similar to brand-name drugs;

(2) the approval process at the Food and Drug Administration for generic drugs and biosimilar biological products;

(3) how to make consumers aware of the availability of generic drugs and biosimilar biological products;

(4) requirements for substituting generic drugs and biosimliar biological products in place of corresponding drugs products; and

(5) the impacts of generic drugs and biosimilar biological products on consumer costs.

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10. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE SCANLON OF PENNSYLVANIA OR HER DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 50, insert after line 2, the following:

SEC. 205. CONSUMER OUTREACH, EDUCATION, AND ASSISTANCE.

(a) OPEN ENROLLMENT REPORTS.—For plan year 2020 and each subsequent year, the Secretary of Health and Human Services (referred to in this section as the "Secretary"), in coordination with the Secretary of the Treasury and the Secretary of Labor, shall issue biweekly public reports during the annual open enrollment period on the performance of the Federal Exchange. Each such report shall include a summary, including information on a State-by-State basis where available, of—

(1) the number of unique website visits;

(2) the number of individuals who create an account;

(3) the number of calls to the call center;

(4) the average wait time for callers contacting the call center;

(5) the number of individuals who enroll in a qualified health plan; and

(6) the percentage of individuals who enroll in a qualified health plan through each of—

(A) the website;

(B) the call center;

(C) navigators;

(D) agents and brokers;

(E) the enrollment assistant program;

(F) directly from issuers or web brokers; and

(G) other means.

(b) OPEN ENROLLMENT AFTER ACTION REPORT.—For plan year 2020 and each subsequent year, the Secretary, in coordination with the Secretary of the Treasury and the Secretary of Labor, shall publish an after action report not later than 3 months after the completion of the annual open enrollment period regarding the performance of the Federal Exchange for the applicable plan year. Each such report shall include a summary, including information on a State-by-State basis where available, of—

(1) the open enrollment data reported under subsection (a) for the entirety of the enrollment period; and

(2) activities related to patient navigators described in section 1311(i) of the Patient Protection and Affordable Care Act (42 U.S.C. 18031(i)), including—

(A) the performance objectives established by the Secretary for such patient navigators;

(B) the number of consumers enrolled by such a patient navigator;

(C) an assessment of how such patient navigators have met established performance metrics, including a detailed list of all patient navigators, funding received by patient navigators, and whether established performance objectives of patient navigators were met; and

(D) with respect to the performance objectives described in subparagraph (A)—

(i) whether such objectives assess the full scope of patient navigator responsibilities, including general education, plan selection, and determination of eligibility for tax credits, cost-sharing reductions, or other coverage;

(ii) how the Secretary worked with patient navigators to establish such objectives; and

(iii) how the Secretary adjusted such objectives for case complexity and other contextual factors.

(c) REPORT ON ADVERTISING AND CONSUMER OUTREACH.—Not later than 3 months after the completion of the annual open enrollment period for the 2020 plan year, the Secretary shall issue a report on advertising and outreach to consumers for the open enrollment period for the 2020 plan year. Such report shall include a description of—

(1) the division of spending on individual advertising platforms, including television and radio advertisements and digital media, to raise consumer awareness of open enrollment;

(2) the division of spending on individual outreach platforms, including email and text messages, to raise consumer awareness of open enrollment; and

(3) whether the Secretary conducted targeted outreach to specific demographic groups and geographic areas.

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11. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE MORELLE OF NEW YORK OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 47, after line 18, insert the following:

(b) STUDY ON EFFECTS OF FUNDING CUTS.—Not later than 1 year after the date of the enactment of this Act, the Comptroller General of the United States shall study the effects of funding cuts made for plan year 2019 with respect to the navigator program (as described in section 1311(i) of the Patient Protection and Affordable Care Act (42 U.S.C. 18031(i))) and other education and outreach activities carried out with respect to Exchanges established by the Secretary of Health and Human Services pursuant to section 1321(c) of such Act. Such study shall describe the following:

(1) How such funding cuts negatively impacted the ability of entities under such program to conduct outreach activities and fulfill duties required under such section 1311(i).

(2) The overall effect on—

(A) the number of individuals enrolled in health insurance coverage offered in the individual market for plan year 2019; and

(B) the costs of health insurance coverage offered in the individual market.

Page 47, line 19, strike "(B)" and insert "(C)".

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12. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE WATERS OF CALIFORNIA OR HER DESIGNEE, DEBATABLE FOR 10 MINUTES

At the end of title I of the Rules Committee Print, add the following new subtitle:

Subtitle D—Reports

SEC. 131. EFFECTS OF INCREASES IN PRESCRIPTION DRUG PRICE.

Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall submit a report to the Congress on the extent to which increases in prescription drug prices may have caused Medicare beneficiaries to forego recommended treatment, including failing to fill prescriptions.

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13. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE JOHNSON OF TEXAS OR HER DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 46, beginning on line 17, amend clause (ii) to read as follows:

(ii) by striking the period and inserting a semicolon; and

Page 46, line 20, strike "clause" and insert "clauses".

Page 46, line 23, strike the period and the end quotes.

Page 46, after line 23, insert the following:

"(iv) receive training on how to assist individuals with enrolling for medical assistance under State plans under the Medicaid program under title XIX of the Social Security Act or for child health assistance under State child health plans under title XXI of such Act."; and

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14. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE LYNCH OF MASSACHUSETTS OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 42, beginning on line 6, strike "December 31, 2022" and insert "December 31, 2023".

Page 43, line 6, strike "January 1, 2024" and insert "January 1, 2025".

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15. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE LYNCH OF MASSACHUSETTS OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 50, after line 2, insert the following section:

SEC. 205. GAO REPORT.

Not later than one year after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress a study that analyzes the costs and benefits of the establishment of State-administered health insurance plans to be offered in the insurance market of such States that choose to administer and offer such a plan.

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16. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE LIPINSKI OF ILLINOIS OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Add at the end of title II the following new section:

SEC. 205. REPORT ON THE EFFECTS OF WEBSITE MAINTENANCE DURING OPEN ENROLLMENT.

Not later than 1 year after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress a report examining whether the Department of Health and Human Services has been conducting maintenance on the website commonly referred to as "Healthcare.gov" during annual open enrollment periods (as described in section 1311(c)(6)(B) of the Patient Protection and Affordable Care Act (42 U.S.C. 18031(c)(6)(B)) in such a manner so as to minimize any disruption to the use of such website resulting from such maintenance.

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17. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE DEUTCH OF FLORIDA OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 45, line 24, strike "and".

In section 202(a)(2)—

(1) redesignate subparagraph (B) as subparagraph (D); and

(2) insert after subparagraph (A) the following new subparagraphs:

(B) in subparagraph (D), by striking "and" at the end;

(C) in subparagraph (E), by striking the period at the end and inserting "; and"; and

Page 46, line 1, strike "following" and insert "following:"

Page 46, line 2, strike "flush left sentence:" and insert the following:

"(F) conduct public education activities in plain language to raise awareness of the requirements of and the protections provided under—

"(i) the essential health benefits package (as defined in section 1302(a)); and

"(ii) section 2726 of the Public Health Service Act (relating to parity in mental health and substance use disorder benefits)."

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18. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE BROWN OF MARYLAND OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 48, line 21, strike the period and insert "and shall be provided to populations residing in high health disparity areas (as defined in subparagraph (E)) served by the Exchange, in addition to other populations served by the Exchange.".

Page 49, line 18, strike the end quotes and the second period and insert the following:

"(E) HIGH HEALTH DISPARITY AREA DEFINED.—For purposes of subparagraph (A), the term 'high health disparity area' means a contiguous geographic area that—

"(i) is located in one census tract or ZIP code;

"(ii) has measurable and documented racial, ethnic, or geographic health disparities;

"(iii) has a low-income population, as demonstrated by—

"(I) average income below 138 percent of the Federal poverty line; or

"(II) a rate of participation in the special supplemental nutrition program under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786) that is higher than the national average rate of participation in such program;

"(iv) has poor health outcomes, as demonstrated by—

"(I) lower life expectancy than the national average; or

"(II) a higher percentage of instances of low birth weight than the national average; and

"(v) is part of a Metropolitan Statistical Area identified by the Office of Management and Budget.".

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19. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE GOMEZ OF CALIFORNIA OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 45, line 24, strike "and".

Page 45, after line 24, insert the following new subparagraphs:

(B) in subparagraph (D), by striking "and" at the end;

(C) in subparagraph (E), by striking the period at the end and inserting "; and";

(D) by inserting after subparagraph (E) the following new subparagraph:

"(F) provide referrals to community-based organizations that address social needs related to health outcomes."; and

Page 46, line 1, strike "(B)" and insert "(E)".

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20. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE ESCOBAR OF TEXAS OR HER DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 45, strike lines 20 through 24 and insert the following:

(A) by amending subparagraph (C) to read as follows:

"(C) facilitate enrollment, including with respect to individuals with English proficiency individuals and individuals with chronic illnesses, in qualified health plans, State medicaid plans under title XIX of the Social Security Act, and State child health plans under title XXI of such Act; and".

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21. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE WEXTON OF VIRGINIA OR HER DESIGNEE, DEBATABLE FOR 10 MINUTES

In section 204, strike "The Secretary" and insert the following:

(b) PROHIBITION.—The Secretary

In section 204, insert after the header the following new subsection:

(a) FINDINGS.—Congress finds the following:

(1) On August 3, 2018, the Administration issued a final rule entitled "short-term, limited-duration insurance" (83 Fed. Reg. 38212).

(2) The final rule dramatically expands the sale and marketing of insurance that—

(A) may discriminate against individuals living with preexisting health conditions, including children with complex medical needs and disabilities and their families;

(B) lacks important financial protections provided by the Patient Protection and Affordable Care Act (Public Law 111–148), including the prohibition of annual and lifetime coverage limits and annual out-of-pocket limits, that may increase the cost of treatment and cause financial hardship to those requiring medical care, including children with complex medical needs and disabilities and their families; and

(C) excludes coverage of essential health benefits including hospitalization, prescription drugs, and other lifesaving care.

(3) The implementation and enforcement of the final rule weakens critical protections for up to 130 million Americans living with preexisting health conditions and may place a large financial burden on those who enroll in short-term limited-duration insurance, which jeopardizes Americans' access to quality, affordable health insurance.

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22. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE PAPPAS OF NEW HAMPSHIRE OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 47, line 23, insert after "**ACTIVITIES**" the following: "**AND ANNUAL ENROLLMENT TARGETS**" (and update the table of contents accordingly).

Page 48, line 2, strike "paragraph" and insert "paragraphs".

Page 49, line 18, strike the closing quotation mark and second period and insert the following:

"(5) ANNUAL ENROLLMENT TARGETS.—For plan year 2020 and each subsequent plan year, in the case of an Exchange established or operated by the Secretary within a State pursuant to this subsection, the Secretary shall establish annual enrollment targets for such Exchange for such year.".

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23. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE COX OF CALIFORNIA OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 47, after line 18, insert the following:

(b) PROMOTE TRANSPARENCY AND ACCOUNTABILITY IN THE ADMINISTRATION'S EXPENDITURES OF EXCHANGE USER FEES.—For plan year 2020 and each subsequent plan year, not later than the date that is 3 months after the end of such plan year, the Secretary of Health and Human Services shall submit to the appropriate committees of Congress and make available to the public an annual report on the expenditures by the Department of Health and Human Services of user fees collected pursuant to section 156.50 of title 45, Code of Federal Regulations (or any successor regulations). Each such report for a plan year shall include a detailed accounting of the amount of such user fees collected during such plan year and of the amount of such expenditures used during such plan year for the federally facilitated Exchange operated pursuant to section 1321(c) of the Patient Protection and Affordable Care Act (42 U.S.C. 18041(c)) on outreach and enrollment activities, navigators, maintenance of Healthcare.gov, and operation of call centers.

Page 47, line 19, strike "(B)" and insert "(C)".

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24. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE COX OF CALIFORNIA OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 48, line 20, after "populations," insert "individuals residing in areas where the unemployment rates exceeds the national average unemployment rate,".

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25. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE PHILLIPS OF MINNESOTA OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 46, line 23, strike "and".

Page 47, line 18, strike the second period and insert "; and".

page 47, after line 18, insert the following:

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

"(7) INFORMATION SHARING.—

"(A) IN GENERAL.—Each Exchange shall establish an online website portal to facilitate, subject to subparagraph (C), the sharing of information described in subparagraph (B) between the Exchange and entities that serve as a navigator under a grant awarded under a program established by the Exchange under this subsection.

"(B) INFORMATION.—For purposes of subparagraph (A), the information described in this subparagraph, with respect to an Exchange and an entity described in subparagraph (A), is information about applications of individuals for enrollment in a qualified health plan through the Exchange, including the status of the application; commu-

nications such individuals have received from the Exchange regarding such application; and any steps that may be needed to resolve problems with the application that may prevent a determination from being made by the Exchange in regards to an individual's eligibility for premium or cost-sharing assistance.

"(C) CONSENT.—In carrying out subparagraph (A), an Exchange shall ensure an entity described in such subparagraph may only access information of an individual if such individual has approved such entity as an authorized representative, in accordance with section 155.227 of title 45 of the Code of Federal Regulations.".

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26. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE HORN OF OKLAHOMA OR HER DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 48, line 20, after "populations," insert "individuals in rural areas,".

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27. AN AMENDMENT TO BE OFFERED BY REPRESENTATIVE CUNNINGHAM OF SOUTH CAROLINA OR HIS DESIGNEE, DEBATABLE FOR 10 MINUTES

Page 48, line 20, after "populations," insert "veterans,".

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