

taxes, and the Senate never agreed on a sequester alternative.

As the President's sequester begins to take effect, I will continue to advocate for common sense: replacing the arbitrary cuts with less wasteful spending and reforms to debt-driving programs.

SEQUESTER IN PERSPECTIVE

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

Mr. MESSER. Mr. Speaker, \$85 billion is a lot of money, yet it represents just 2 percent of the \$3.6 trillion this Nation spends every year.

I hold in my hand two pennies, two pennies to represent the 2 percent of budget reductions we are asking for in this \$85 billion sequester. Does anybody in this country believe that our Federal Government is so efficient and so effective that we cannot afford to trim two pennies out of every dollar?

Over the last 4 years, too many parents have had to come home and tell their children they're out of work, and too many young people have had to come home and tell their parents they can't find a job. We need leaders in this Nation that will go to work for the people who live here and trim the two cents off every dollar we need to restore a healthy economy and put folks back to work.

□ 1410

MEDICARE ADVANTAGE AND THE AFFORDABLE CARE ACT

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

Mr. BURGESS. Mr. Speaker, the Affordable Care Act was passed now almost 3 years ago, and the Affordable Care Act was going to lower costs. And why wouldn't you like it? You get free stuff.

Well, how do you pay for that free stuff?

It turns out five new taxes were started on January of this year. What are they, and who do they affect?

Well, there's a big tax on medical devices. Now everyone talks about wanting to encourage American investment, encourage American manufacturing. But with this tax we're encouraging manufacturers to go offshore.

Flexible spending accounts are now limited. Who's affected by flexible spending accounts? Well, people with predictable recurrent medical expenses who might want to set some of those dollars aside and pay for them with pretax dollars. Those amounts are now limited, so people with chronic illnesses, families with special needs children are going to be affected.

There's a surtax on investment income. The economy's trying to recover. Why would we tax investment income?

Itemized deductions are now going to be limited for people who itemize their deductions. So who is affected by that? People with the highest medical expenses.

And then finally, the Medicare payroll tax hike. Might sound like a good idea. Medicare might need more money, but this money doesn't go to Medicare. This money goes to fund new programs.

Look, 3 years ago we were all told, if you like what you have, you can keep it. If you like your insurance, you can keep it. If you like your doctor, you can keep him or her.

Turns out, what we should have been hearing is, you're going to pay a lot more to get a lot less.

HONORING THE CENTENNIAL OF THE TOWN OF HAYESVILLE, NORTH CAROLINA

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

Mr. MEADOWS. Mr. Speaker, I rise today in honor of the centennial of Hayesville, a city nestled between the mountains and valleys of Clay County in western North Carolina.

Located along an old trading route at the site of the former Cherokee town of Quanasee, Hayesville became a resting place for many settlers in the early 1800s during their westward expansion.

As the population in the area grew, the need for local governance increased, and in 1861, State representative George Hayes introduced legislation establishing Clay County, and Hayesville was named to recognize his efforts.

As the county and community continued to grow, a county courthouse and village square were established in the town, and in March of 1913, Hayesville was officially recognized as an incorporated town and the county seat of Clay County.

Throughout the 1900s, Hayesville's importance to western North Carolina only grew as it became a center of commerce point between Franklin to the east, Murphy to the west, and communities in Georgia to the south.

Hayesville continues to be an important representative of the small-town family values and our mountain culture so important to all of us in the western part of the State.

I'm proud to represent such a strong community, and it is with great honor I recognize the centennial of Hayesville, North Carolina.

COMMUNICATION FROM THE DEMOCRATIC LEADER

The SPEAKER pro tempore (Mr. MESSER) laid before the House the following communication from the Honorable NANCY PELOSI, Democratic Leader:

HOUSE OF REPRESENTATIVES,
Washington, DC, March 4, 2013.

Hon. JOHN BOEHNER,
Speaker of the House,
Washington, DC.

DEAR SPEAKER BOEHNER: Pursuant to section 3166(b) of the National Defense Authorization Act for Fiscal Year 2013 (Public Law 112-239), I am pleased to appoint former Rep. Ellen Tauscher of Washington, D.C. to the Congressional Advisory Panel on the Governance of the Nuclear Security Enterprise.

Thank you for your attention to this appointment.

Sincerely,

NANCY PELOSI,
Democratic Leader.

APPOINTMENT OF MEMBERS TO UNITED STATES GROUP OF THE NATO PARLIAMENTARY ASSEMBLY

The SPEAKER pro tempore (Mr. MEADOWS). The Chair announces the Speaker's appointment, pursuant to 22 U.S.C. 1928(a), and the order of the House of January 3, 2013, of the following Members on the part of the House to the United States Group of the NATO Parliamentary Assembly:

Mr. POE, Texas, Vice Chair
Mr. SHIMKUS, Illinois
Mr. MILLER, Florida
Mr. GUTHRIE, Kentucky
Mr. MARINO, Pennsylvania
Mr. COTTON, Arkansas

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, March 1, 2013.

Hon. JOHN A. BOEHNER,
The Speaker, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, I have the honor to transmit a sealed envelope received from the White House on March 1, 2013, at 2:22 p.m., and said to contain a message from the President whereby he notifies the Congress he has extended the national emergency with respect to Zimbabwe.

With best wishes, I am
Sincerely,

KAREN L. HAAS,
Clerk of the House.

CONTINUATION OF THE NATIONAL EMERGENCY WITH RESPECT TO THE SITUATION IN ZIMBABWE—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 113-14)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and referred to the Committee on Foreign Affairs and ordered printed:

To the Congress of the United States:

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides

for the automatic termination of a national emergency unless, within 90 days prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent to the *Federal Register* for publication the enclosed notice stating that the national emergency declared in Executive Order 13288 of March 6, 2003, with respect to the actions and policies of certain members of the Government of Zimbabwe and other persons to undermine Zimbabwe's democratic processes or institutions is to continue in effect beyond March 6, 2013.

The crisis constituted by the actions and policies of certain members of the Government of Zimbabwe and other persons to undermine Zimbabwe's democratic processes or institutions has not been resolved. These actions and policies continue to pose an unusual and extraordinary threat to the foreign policy of the United States. For these reasons, I have determined that it is necessary to continue this national emergency and to maintain in force the sanctions to respond to this threat.

BARACK OBAMA.
THE WHITE HOUSE, March 1, 2013.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 4 of rule I, the following enrolled bill was signed by the Speaker on Friday, March 1, 2013:

S. 47, to reauthorize the Violence Against Women Act of 1994.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, March 4, 2013.

Hon. JOHN A. BOEHNER,
The Speaker, House of Representatives,
Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on March 4, 2013 at 1:12 p.m.:

Appointments:
Commission on Security and Cooperation in Europe (Helsinki).

With best wishes, I am
Sincerely,

KAREN L. HAAS.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 5 p.m. today.

Accordingly (at 2 o'clock and 18 minutes p.m.), the House stood in recess.

□ 1715

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. HULTGREN) at 5 o'clock and 15 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on the motion to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Any record vote on the postponed question will be taken later.

PANDEMIC AND ALL-HAZARDS PREPAREDNESS REAUTHORIZATION ACT OF 2013

Mr. PITTS. Mr. Speaker, I move to suspend the rules and concur in the Senate amendment to the bill (H.R. 307) to reauthorize certain programs under the Public Health Service Act and the Federal Food, Drug, and Cosmetic Act with respect to public health security and all-hazards preparedness and response, and for other purposes.

The Clerk read the title of the bill.

The text of the Senate amendment is as follows:

Senate amendment:

Strike out all after the enacting clause and insert:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) *SHORT TITLE*.—This Act may be cited as the “Pandemic and All-Hazards Preparedness Reauthorization Act of 2013”.

(b) *TABLE OF CONTENTS*.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—STRENGTHENING NATIONAL PREPAREDNESS AND RESPONSE FOR PUBLIC HEALTH EMERGENCIES

Sec. 101. National Health Security Strategy.

Sec. 102. Assistant Secretary for Preparedness and Response.

Sec. 103. National Advisory Committee on Children and Disasters.

Sec. 104. Modernization of the National Disaster Medical System.

Sec. 105. Continuing the role of the Department of Veterans Affairs.

TITLE II—OPTIMIZING STATE AND LOCAL ALL-HAZARDS PREPAREDNESS AND RESPONSE

Sec. 201. Temporary reassignment of State and local personnel during a public health emergency.

Sec. 202. Improving State and local public health security.

Sec. 203. Hospital preparedness and medical surge capacity.

Sec. 204. Enhancing situational awareness and biosurveillance.

Sec. 205. Eliminating duplicative Project BioShield reports.

TITLE III—ENHANCING MEDICAL COUNTERMEASURE REVIEW

Sec. 301. Special protocol assessment.

Sec. 302. Authorization for medical products for use in emergencies.

Sec. 303. Definitions.

Sec. 304. Enhancing medical countermeasure activities.

Sec. 305. Regulatory management plans.

Sec. 306. Report.

Sec. 307. Pediatric medical countermeasures.

TITLE IV—ACCELERATING MEDICAL COUNTERMEASURE ADVANCED RESEARCH AND DEVELOPMENT

Sec. 401. BioShield.

Sec. 402. Biomedical Advanced Research and Development Authority.

Sec. 403. Strategic National Stockpile.

Sec. 404. National Biodefense Science Board.

TITLE I—STRENGTHENING NATIONAL PREPAREDNESS AND RESPONSE FOR PUBLIC HEALTH EMERGENCIES

SEC. 101. NATIONAL HEALTH SECURITY STRATEGY.

(a) *IN GENERAL*.—Section 2802 of the Public Health Service Act (42 U.S.C. 300hh-1) is amended—

(1) in subsection (a)(1), by striking “2009” and inserting “2014”; and

(2) in subsection (b)—

(A) in paragraph (1)(A), by inserting “, including drills and exercises to ensure medical surge capacity for events without notice” after “exercises”; and

(B) in paragraph (3)—

(i) in the matter preceding subparagraph (A)—

(I) by striking “facilities), and trauma care” and inserting “and ambulatory care facilities and which may include dental health facilities), and trauma care, critical care,”; and

(II) by inserting “(including related availability, accessibility, and coordination)” after “public health emergencies”;

(ii) in subparagraph (A), by inserting “and trauma” after “medical”;

(iii) in subparagraph (B), by striking “Medical evacuation and fatality management” and inserting “Fatality management”;

(iv) by redesignating subparagraphs (C), (D), and (E) as subparagraphs (D), (E), and (F), respectively;

(v) by inserting after subparagraph (B), the following new subparagraph:

“(C) Coordinated medical triage and evacuation to appropriate medical institutions based on patient medical need, taking into account regionalized systems of care.”;

(vi) in subparagraph (E), as redesignated by clause (iv), by inserting “(which may include such dental health assets)” after “medical assets”; and

(vii) by adding at the end the following:

“(G) Optimizing a coordinated and flexible approach to the medical surge capacity of hospitals, other health care facilities, critical care, trauma care (which may include trauma centers), and emergency medical systems.”;

(C) in paragraph (4)—

(i) in subparagraph (A), by inserting “, including the unique needs and considerations of individuals with disabilities,” after “medical needs of at-risk individuals”; and

(ii) in subparagraph (B), by inserting “the” before “purpose of this section”; and

(D) by adding at the end the following:

“(7) COUNTERMEASURES.—

“(A) Promoting strategic initiatives to advance countermeasures to diagnose, mitigate, prevent, or treat harm from any biological agent or toxin, chemical, radiological, or nuclear agent or agents, whether naturally occurring, unintentional, or deliberate.

“(B) For purposes of this paragraph, the term ‘countermeasures’ has the same meaning as the terms ‘qualified countermeasures’ under section 319F-1, ‘qualified pandemic and epidemic products’ under section 319F-3, and ‘security countermeasures’ under section 319F-2.

“(8) MEDICAL AND PUBLIC HEALTH COMMUNITY RESILIENCY.—Strengthening the ability of States, local communities, and tribal communities to prepare for, respond to, and be resilient