

CONGRATULATING THE WICHITA STATE SHOCKERS

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

Ms. JENKINS of Kansas. Mr. Speaker, I rise today to congratulate the Wichita State Shockers on their victory against the Kansas Jayhawks this past weekend. Despite a valiant effort by the Jayhawks, the Shockers and Coach Gregg Marshall prevailed, just as my friend Congressman POMPEO predicted.

In Kansas, we are proud of our State's rich basketball tradition, from James Naismith to Dean Smith, to Adolph Rupp, to Gene Smithson, to Jack Gardner, to Wilt Chamberlain, to Xavier McDaniel, to Mitch Richmond. I could go on and on and on.

However, as two proud Kansas schools, the real victor here is the State of Kansas. We love the competition, but after the game is over, we are all one big family. My daughter currently attends Wichita State, I attended K-State, and I represent KU, so I know full well the pride we have in all our teams.

So as the Shockers move on to the Sweet 16 for the second time in 3 years, I wish them the best of luck tonight and beyond.

CLIMATE CHANGE IS KILLING HUMANITY

(Mr. TED LIEU of California asked and was given permission to address the House for 1 minute.)

Mr. TED LIEU of California. Mr. Speaker, I rise because the majority is making worse the one issue that can kill humanity as a species—climate change. The majority's budget exacerbates America's overdependence on foreign oil and reliance on the dirty and unsafe fuels of the 19th century.

But there is a better way. We need to produce more energy-saving appliances and machines that are designed, manufactured, and installed by American workers. It is time to invest in new and renewable energies that never go away, such as wind, solar, and biofuels. It is time to do what is best for America, not what is best for coal companies.

Mr. Speaker, let me end by saying: Go, UCLA.

WISHING SCOTT KELLY THE BEST AS HE EMBARKS ON AMERICA'S YEARLONG SPACE ADVENTURE

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

Mr. BABIN. Mr. Speaker, I rise today to draw the American people's attention to NASA Astronaut Scott Kelly as he prepares to make history tomorrow when he embarks on a yearlong mission to the International Space Station.

As the proud representative of the Johnson Space Center in Houston,

Texas, I have had the pleasure of meeting Mr. Kelly several times to discuss his historic mission. This will mark the first time that an American has spent an entire year continuously in space.

On the eve of this important moment, I would like to thank Mr. Kelly for his heroic commitment, leadership, and dedication to advancing America's human spaceflight program.

Mr. Speaker, his mission to the International Space Station provides a tremendous boost to our human spaceflight program, while furthering our understanding of the effects that longer term exposure to weightlessness has on the body. This understanding will pave the way for crewed missions to Mars.

On behalf of a proud American public, Scott, we wish you all the best, and thank you.

CALIFORNIA AEROSPACE WEEK

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

Mr. KNIGHT. Mr. Speaker, this is California Aerospace Week.

California is rich in our history of flight. In my district alone, we have seen the sound barrier broken for the first time and the ultimate airspeed record set, and many other flights from the F-80 through our beloved F-22. We have also seen my district build all of the space shuttles, all of the B-1s, all of the B-2s, and most of the fighters that fly over our friendly skies.

Our State has had an over 100-year history in flight, and Aerospace Week culminates that production and that test. Our State and my district have continued to put America in the lead over the skies, and we will continue to do so in the future.

KEEPING OUR COMMITMENTS TO OUR RURAL COUNTIES

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

Mr. WALDEN. Mr. Speaker, we have a great opportunity before us today to not only provide certainty for healthcare providers and seniors by repealing the flawed SGR for Medicare, but also to fund rural schools and rural forested counties. So I commend my colleagues for their work on this with me.

Included in this legislation is 2 years' worth of funding for the Secure Rural Schools program. Now, this is like one of those cans of Fix-A-Flat, if you will. It is an emergency repair on the side of the road to solve a short-term problem, when what we really need is a permanent fix for our forested counties. But this is an emergency, and what we are doing here today is providing that lifeline to our schoolchildren in the classrooms in our rural counties that are forested under Federal land and mak-

ing sure that our local law enforcement folks have the resources they need and, in my own State of Oregon, protecting some counties from actually going bankrupt because of lack of management and lack of activity on our Federal lands.

So I remain fully committed to working on forestry legislation that puts people back to work in the woods, reduces the threat of wildfire, and produces the revenue to allow for self-sustaining counties and the people in them. I just hope this time with a new Senate we will be able to move forward.

A BUDGET IS A VALUES STATEMENT

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

Mr. CARTWRIGHT. Mr. Speaker, I rise to comment on the budget that was passed yesterday out of this House by the Republicans.

I come from Scranton, Pennsylvania, the birthplace of our Vice President. Our Vice President is often heard to say that people talk about family values all the time, family values this, family values that. He says: Look, don't talk to me about your values. Show me your budget, and I will tell you what your values are.

This Republican budget was something that I could not support because it will have the effect of cutting over 1 million jobs over the next year. Even worse than that, it will turn Medicare into, effectively, a voucher program. If you are on Medicare and you need treatment and they give you a voucher, you had better hope that that voucher covers the services you need; otherwise, you are out of luck.

So if your values include increasing jobs and employment in this country and taking care of our seniors, that Republican budget was not the one to vote for.

PROVIDING FOR CONSIDERATION OF H.R. 2, MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT OF 2015, AND PROVIDING FOR PROCEEDINGS DURING THE PERIOD FROM MARCH 27, 2015, THROUGH APRIL 10, 2015

Mr. BURGESS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 173 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 173

Resolved, That upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 2) to amend title XVIII of the Social Security Act to repeal the Medicare sustainable growth rate and strengthen Medicare access by improving physician payments and making other improvements, to reauthorize the Children's Health Insurance Program, and for other purposes. All points of order against consideration of the bill are waived. The amendment printed in the report of the Committee

on Rules accompanying this resolution 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 among and controlled by the chair and ranking minority member of the Committee on Energy and Commerce and the chair and ranking minority member of the Committee on Ways and Means; and (2) one motion to recommit with or without instructions.

SEC. 2. On any legislative day during the period from March 27, 2015, through April 10, 2015—

(a) the Journal of the proceedings of the previous day shall be considered as approved; and

(b) the Chair may at any time declare the House adjourned to meet at a date and time, within the limits of clause 4, section 5, article I of the Constitution, to be announced by the Chair in declaring the adjournment.

SEC. 3. The Speaker may appoint Members to perform the duties of the Chair for the duration of the period addressed by section 2 of this resolution as though under clause 8(a) of rule I.

SEC. 4. Each day during the period addressed by section 2 of this resolution shall not constitute a calendar day for purposes of section 7 of the War Powers Resolution (50 U.S.C. 1546).

SEC. 5. The Committee on Financial Services and the Committee on Ways and Means each may, at any time before 5 p.m. on April 6, 2015, file reports to accompany measures.

The SPEAKER pro tempore (Mr. GRAVES of Louisiana). The gentleman from Texas is recognized for 1 hour.

Mr. BURGESS. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the 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.

□ 0915

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks.

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

There was no objection.

Mr. BURGESS. Mr. Speaker, House Resolution 173 provides for consideration of H.R. 2, the Medicare Access and CHIP Reauthorization Act of 2015, under a closed rule, reflecting the careful, intricate, bipartisan negotiations which brought this legislation to the floor.

The rule provides for 1 hour of debate, equally divided among the chairs and ranking members of the Committees on Energy and Commerce and Ways and Means.

As is customary, the rule allows the minority to offer a motion to recommit on the bill.

Finally, the rule provides for the customary district work period authority.

This bill, H.R. 2, resolves an issue that many of us have worked on for our entire congressional careers.

This bill reflects years of bipartisan work, work across committees, and even work across the Capitol with the other body. We brought together Members of all ideological groups, as well as diverse outside groups. We coalesced around a policy that will help patients, help doctors, help providers to get out from under the constant threat of payment cuts under the Medicare sustainable growth rate formula.

Everyone agrees that Medicare's sustainable growth formula has got to go. Today, we are considering a bill to realistically accomplish that goal.

The SGR formula was enacted as part of the Balanced Budget Act of 1997 in an attempt to restrain Federal spending in Medicare part B. We now know that that is not working.

The SGR consists of expenditure targets which apply a growth rate designed to bring spending in line.

Since 2002, the SGR formula has resulted in a reduction in physician reimbursement rates. However, even though Congress has consistently passed legislation to override the formula, these patches have resulted in hundreds of billions of spent funds that could have gone to improving the Medicare system.

If Congress were to let the formula continue, physicians would face a 21 percent reduction in reimbursement rates on April 1. The sustainable growth rate's unrealistic assumptions of spending inefficiency have plagued the healthcare profession and our Medicare beneficiaries for over 13 years.

The bill before us repeals the sustainable growth rate formula, avoiding potentially devastating across-the-board cuts slated to go into effect next week. We do so at a cost lower than what Congress has already spent or is likely to spend over the next 10 years. The Congressional Budget Office has found that enacting H.R. 2 will cost less than if we patched this formula over the next 10 years.

The bill before us today provides 5 years of payment transition. It allows improved beneficiary access and allows medicine to concentrate on moving to broad adoption of quality reporting and, most importantly, allows Congress to move past the distraction of the SGR formula and to begin identifying Medicare reforms that can further benefit our citizens. This will also allow providers the time to develop and test quality measures and clinical practice improvement activities, which will be used for performance assessment during phase II.

During the stability period, physicians will receive annual increases of one half of 1 percent. It seems small, but it is above what has been provided over the past several years.

The quality measures are implemented in what is called the Merit-Based Incentive Payment System. That will be evidence-based and developed through a transparent process that values input from provider groups.

Quality reporting will measure providers against their peers rather than a one-size-fits-all generic standard. Providers will also self-determine their measures.

The bill consolidates three reporting programs into this incentive payment system, easing administrative burdens and furthering the congressionally established goals of quality, resource use, and meaningful use.

This new reimbursement structure ensures continued access to high-quality care while providing physicians with certainty and security in their reimbursements. They will be aware of the benchmark they are competing against and, unlike current law, all penalties assessed on those not meeting the benchmark will go to those who do, keeping the dollars in the Medicare system.

Provider standards will be developed by professional organizations in conjunction with existing programs and will incorporate ongoing feedback to physicians, further ensuring that optimal care is provided to the patient.

Realtime feedback will be gained through registries and performance data. Physicians will be encouraged to participate in the process through data reporting. For eligible professionals who choose to opt out of the fee-for-service program, alternative payment models will be available.

These alternative payment models may include a patient-centered medical home, whether they are in primary or specialty care, bundled care, or episodes of care. Qualifying practices that move a significant amount of their patients into these alternative payment models could see a 5 percent quality bonus. By encouraging alternative payment models and care coordination, this legislation will foster and facilitate innovation.

It is important to note that while taking these important steps toward ensuring quality care, the bill specifically states that these quality measures are not creating a Federal right of action or a legal standard of care.

Mr. Speaker, from beginning to end, this bill is about access: access for our seniors, access for those who utilize the Nation's 9,000 community health centers, and, very importantly, the over 8 million children who receive their care at some point during the year through the Children's Health Insurance Program.

The bill also addresses health programs that have become known as "extenders." Most are extended for 2 years under the bill. By resolving the SGR, Congress will have the ability to commit itself to working through these policies in the future.

The bill also puts into place important structural reforms to Medicare that are the first steps toward starting the Medicare program on a really long-term trajectory towards fiscal stability.

The bill is consistent in its themes throughout: payment stability; reduce

and streamline the administrative burden; increase predictability and provider's interactions with the Centers for Medicare and Medicaid Services; build transparency into systems; encourage innovation of delivery of services; and keep providers in the driver's seat.

Most importantly, we provide access to care for our Nation's patients.

America's providers agree:

"The American Osteopathic Association views this bipartisan legislation as a clear and definitive approach toward comprehensive reforms in our health care system for children, seniors, and our Nation's physicians."

Here is one from the American Academy of Family Physicians:

"This legislation is the result of bipartisan negotiations that have produced legislative responses to some of our Nation's most pressing health care issues."

America's Essential Hospitals praised this bill, stating:

"This legislation represents the first truly bipartisan major health care legislation in years. Please do not let this opportunity pass you by—approve H.R. 2 as swiftly as possible."

This is just a small sampling of the close to 800 organizations spanning the political spectrum who have come together to endorse this bill. From primary care, to specialists, to surgeons, to organized nursing, our Nation's hospitals, and everyone in between, they have supported this policy.

For that reason, I encourage my colleagues to vote "yes" on the rule and "yes" on the underlying bills.

I reserve the balance of my time.

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

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

Mr. MCGOVERN. Mr. Speaker, I want to thank the gentleman from Texas (Mr. BURGESS) for the customary 30 minutes. I also want to thank him for his work on this legislation.

Mr. Speaker, for far too long, Congress has shirked its responsibility when it came to permanently fixing the sustainable growth rate formula. Since its inception, our Nation's doctors and hospitals were held hostage to a misguided funding formula that was included as part of the Balanced Budget Act of 1997.

I voted against the Balanced Budget Act back then when I was a new Member of Congress. It was plain to me that the Medicare cuts and proposed financing included in that bill were simply impossible to sustain. I am glad that 18 years later Congress is finally doing the right thing and repealing the sustainable growth rate formula and replacing it with a payment system based on value.

It is past time that we repeal this misguided formula that has wreaked havoc throughout our healthcare system. Year after year after year, Congress, whether controlled by Demo-

crats or Republicans, was forced to temporarily patch this formula. And year after year after year, Congress did the bare minimum, providing a temporary fix without actually addressing the real problem and permanently repealing the formula.

Today, Congress is finally doing the right thing. That alone is worth supporting. But this bill does more than just repeal the sustainable growth rate formula. Instead, it provides a clearly defined schedule of payment adjustments that will give physicians and healthcare providers the stability they need while ensuring quality and value in the services patients require.

In addition, H.R. 2 also provides critical funding through September 2017 for our Nation's community health centers, funding that was initially provided under the Affordable Care Act, and it also provides support for the Children's Health Insurance Program, or CHIP.

I have already started to hear from hospitals in my district about why this bill is good for them and good for their patients. UMass Memorial Medical Center, in my hometown of Worcester, is one of the Nation's most distinguished academic healthcare systems and is the safety net hospital for all of central Massachusetts. The folks there are pleased to see the delay in additional cuts to safety net hospitals and the delay in the implementation of the two-midnight rule.

Now, this bill is not perfect—nothing around here is ever perfect—but this is the result of long and careful bipartisan negotiation. Even though there are many very positive aspects of this bill, there are some provisions that are more problematic, and I would be remiss if I didn't at least mention some of them.

Most troubling is the inclusion of the Hyde amendment and its application to the funding for the community health centers. It is important to clarify that this language is not a permanent extension or codification of the Hyde amendment. It only applies to the funding for community health centers and expires when that funding expires. It does not affect non-Federal funds. In fact, it is the same language that has been included in annual appropriations bills for nearly three decades.

Let me be clear: I do not support the Hyde amendment. However, the language in this bill mirrors both President Obama's executive order and the language included in the annual appropriations bills.

And I wish the CHIP extension was for 4 years rather than 2. But in this environment, I think that having a 2-year extension is a good thing, is an accomplishment, is a step in the right direction.

Mr. Speaker, this is an important accomplishment, and I want to thank both Speaker BOEHNER and Leader PELOSI for their work in reaching this compromise, a deal that will finally enable this House to move away from an-

nual doc-fix patches and toward providing stability and certainty for Medicare physicians and patients.

I am encouraged by the process taken to reach this agreement. For a Congress that I might say accurately has been called "broken," "hopeless," "helpless"—a Congress plagued by gridlock and extreme partisanship—this bill represents what I hope will be a renewed commitment by my friends in the majority to work across the aisle with Democrats to address some of our country's most pressing issues. It is, and has always been, the way Congress passes important, substantive, and even historic legislation.

This place can work when we work together. Just look at what this House has done over the past few weeks. We responsibly kept the Department of Homeland Security open, and now we are on the verge of passing an incredibly vital bipartisan bill to repeal the sustainable growth rate, fund community health centers, and reauthorize CHIP.

I hope this bipartisan approach is contagious. I hope this is not the exception but becomes the rule. Every Member represents the same number of constituents, and every voice in this House needs and deserves to be heard.

Today—thanks to the leadership of Leader PELOSI and Speaker BOEHNER and so many others—we are doing something that we can feel good about, something more than a campaign slogan, something that is more than red meat for the political base.

□ 0930

This is something that will help seniors, kids, and low-income families. It deserves our support.

Before I reserve my time, Mr. Speaker, I include for the RECORD the Statement of Administration Policy, which begins with the following:

"The Administration supports House passage of H.R. 2 because it would reform the flawed Medicare physician payment system to incentivize quality and value" and "would make reforms that could help slow health care cost growth, and would extend other important programs such as health care coverage for children."

STATEMENT OF ADMINISTRATION POLICY
H.R. 2—MEDICARE ACCESS AND CHIP
REAUTHORIZATION ACT

(Rep. Burgess, R-Texas, and 10 cosponsors)

The Administration supports House passage of H.R. 2 because it would reform the flawed Medicare physician payment system to incentivize quality and value (a proposal called for in the President's Fiscal Year 2016 Budget), would make reforms that could help slow health care cost growth, and would extend other important programs such as health care coverage for children.

Medicare payments to physicians are determined under a formula, commonly referred to as the "sustainable growth rate" (SGR). This formula has called for reductions in physician payment rates since 2002, which the Congress has overridden 17 times. Under the SGR, physician payment rates would be reduced by about 21 percent on April 1, 2015. A cut of this magnitude could

reduce access to physicians for Medicare beneficiaries throughout the country. H.R. 2 would replace this system with one that offers predictability and accelerates participation in alternative payment models that encourage quality and efficiency. The proposal would advance the Administration's goal of moving the Nation's health care delivery system toward one that achieves better care, smarter spending, and healthier people through the expansion of new health care payment models, which could contribute to slowing long-term health care cost growth.

The Administration also supports the legislation's inclusion of a continuation of policies and funding for the Children's Health Insurance Program (CHIP). The President's Budget includes a four-year extension of this program, which has provided meaningful health coverage to over eight million children; extending CHIP would ensure continued, comprehensive, affordable coverage for these children. H.R. 2 also includes other important proposals in the President's Budget, such as an extension of the Home Visiting Program and additional funding for the Community Health Center (CHC) Fund, although the legislation includes restrictions on the use of the CHC Fund which would be unnecessary given Executive Order 13535. The Administration supports the legislation's provision to make permanent the Qualifying Individual program, which pays the Medicare Part B premiums for certain low-income Medicare beneficiaries.

The legislation would pay for costs above what is needed to hold Medicare payments to physicians fixed at their current level. The savings would come from sensible reforms, which are expected to cover a larger share of the bill's costs over the long run. These include cost-saving changes to Medicare provider payments as well as increases in the income-related premium for certain high-income Medicare beneficiaries, who represent about five percent of those covered by Medicare. A similar proposal was included in the President's Budget to help improve the financial stability of the Medicare program by reducing the Federal subsidy of Medicare costs for those who need the subsidy the least. The bill also would, starting in 2020, prohibit Medicare Supplemental Insurance (Medigap) policies from covering the Part B deductible (currently \$147) for new beneficiaries. This would encourage more efficient health care choices, lowering Medicare costs and Medigap premiums.

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

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Louisiana (Mr. FLEMING).

Mr. FLEMING. I would like to thank my good friend, Dr. BURGESS.

Mr. Speaker, I rise in support of H.R. 2. As a family physician who has been in private practice since 1982, I have seen a lot of things happen with Medicare, and this idea of sustainable growth rate, SGR, which came up in 1997—a Republican idea—is not only flawed, it is idiotic.

It requires physicians to control throughout the country the entire volume of services provided, something that is absolutely impossible to do. It actually has had the opposite effect that was desired, and it has actually increased the amount of activity because of the loss of the valuable economic foundations that are necessary to make this system work.

What this repeal of SGR will do is, number one, actually show what the

cost of this is. We have been hiding it, like a shell game, for years with temporary patches that last, oh, maybe a year and sometimes less.

Not only will this pay for itself in the second decade, but it actually begins to lower that cost even in the first decade, and it does so by using several mechanisms but with two important reforms that my colleagues need to know about.

One, it reforms Medigap policies, which gives patients skin in the game. It makes patients, once again, a part of the decision team so that they, by having some element of price sensitivity, can work with the doctors to decide what is necessary and what is not, what is affordable and what is not; also, it asks higher-income seniors to do their share.

Remember that the current Medicare system is a highly subsidized system for everybody, including for Warren Buffett, a \$40 billion billionaire who gets his health care subsidized.

I urge my colleagues to support this. This will increase patient care.

Mr. MCGOVERN. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. BERA).

Mr. BERA. I want to thank my colleague from Massachusetts for yielding me this time.

Mr. Speaker, as a doctor who has cared for hundreds of seniors on Medicare, this is an important step forward because, for over a decade, we have had this flawed formula that has put the security of seniors' health care access at risk.

I want to applaud Dr. BURGESS, and I want to applaud the bipartisan Doctors Caucus. You will hear from a lot of doctors here in Congress that this is a step forward because, when we took our oath to practice medicine, we took an oath to put our patients first.

This is a good bill that puts our patients first: our seniors, folks who have worked their whole lives and who now, in retirement, need that security of being able to see their doctors. This bill repeals a flawed formula that has been patched 17 times over the years, and it replaces it with a better formula, a formula that moves us away from this fee-for-service model and that moves us toward practicing higher quality care and putting our patients first.

It is not a perfect bill. Like many, I am disappointed to see the Hyde amendment included in this bill. I have always stood against the Hyde amendment and against other attempts to restrict a woman's right to make her own reproductive health decisions.

The Hyde amendment is a temporary rider that expires every year; and we, along with many women across this country, look forward to the day when it will end. I came to Congress to put people first. I came to Congress to work across the aisle in a bipartisan way and to put our country first, and this is a great attempt.

Again, I applaud the doctors in Congress. I applaud the members of the En-

ergy and Commerce Committee, the members of the Ways and Means Committee, the Speaker, and the leader of the Democratic Party here in the House for working together to put people first.

This is a good bill as 7.4 million patients will still have access to care at community health centers, 8 million low-income children and pregnant women will still have access to care through the CHIP program, 49 million patients are enrolled in Medicare, and another 10,000 baby boomers enroll every day. This is a good thing.

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

Mr. MCGOVERN. I yield the gentleman an additional 1 minute.

Mr. BERA. Mr. Speaker, we have got to honor the promises that we have made to our constituents and to the people of America. We have got to honor the promises that we have made to our patients and doctors. This is a good bill.

I look forward to voting for and passing this bill today and to continuing to move America forward.

Mr. BURGESS. Mr. Speaker, I yield 1 minute to the gentleman from Michigan (Mr. BENISHEK).

Mr. BENISHEK. Thank you, Mr. Chairman. Thank you for all of your good work on this piece of legislation.

Mr. Speaker, I rise in support of the rule for H.R. 2.

Since the current flawed Medicare payment rate was enacted in 1997, Congress has kicked the can down the road and has passed 17 different patches to avoid devastating cuts to Medicare. These patches have cost the taxpayers almost \$170 billion, more money than it will cost to permanently fix this problem right now.

Today, we have the opportunity to actually fix a major problem and pass meaningful legislation that will help keep Medicare solvent and ensure that seniors are able to get the medical care they deserve.

As a doctor who has taken care of patients in northern Michigan for over 30 years, I know how terrible it would be if we failed to act today and how seniors would bear the brunt of that failure. Today's legislation may not be perfect; it is a bipartisan compromise that will ensure that Medicare continues to provide necessary health care for my constituents in northern Michigan.

I urge all of my colleagues to support this commonsense and long overdue fix.

Mr. MCGOVERN. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. AGUILAR).

Mr. AGUILAR. I want to thank the gentleman from Massachusetts.

Mr. Speaker, this bipartisan compromise that we will address this afternoon over SGR will strengthen Medicare by lowering costs and by ensuring that seniors have the doctors of their choice. While this agreement has important provisions, including critical

programs to help low-income seniors, families, and children, it does fall short in a few ways.

As a member of the Pro-Choice Caucus, I am disappointed that this deal both ignores the need for women to have access to their healthcare providers and that it includes an antichoice provision. Today's bill falls short of measures to increase women's access to necessary health measures, such as annual exams or prescription medications.

The other troubling aspect of today's bill is the inclusion of the Hyde amendment, as the gentleman from Massachusetts mentioned. This is clearly another attack to block access to reproductive care. The inclusion of this language is disappointing because it permits antichoice language in an otherwise pragmatic, bipartisan compromise in exchange for community health center funding.

I plan to support this bipartisan compromise because it solves longstanding problems and is a step in the right direction.

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

The SPEAKER pro tempore. The gentleman from Texas has 18½ minutes remaining, and the gentleman from Massachusetts has 21 minutes remaining.

Mr. BURGESS. Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Mrs. MIMI WALTERS).

Mrs. MIMI WALTERS of California. Mr. Speaker, I rise today in support of H.R. 2, the Medicare Access and CHIP Reauthorization Act, which is a bill to repeal and replace the sustainable growth rate.

This bill presents an historic opportunity for Congress to end the doc fix and comprehensively reform the Medicare physician payment system once and for all. SGR has been broken for over a decade, and Congress has passed a temporary patch for this law 17 times. The price of putting off a permanent fix has cost the taxpayers almost \$170 billion and has masked the insolvency of Medicare.

According to the nonpartisan Congressional Budget Office, Mr. BURGESS' legislation to repeal SGR would save \$900 million over the next decade, compared to freezing payment rates for physician services.

After a decade of Congress patching the flawed SGR formula, it is finally time to permanently repeal and replace the system once and for all. I urge my colleagues in the House and in the Senate to pass this bill and finally fix the doc fix.

Mr. MCGOVERN. Mr. Speaker, I include the following statements in the RECORD in support of H.R. 2: the statement by the Massachusetts Hospital Association, a statement by the Massachusetts Medical Society, a list of a number of groups in support of H.R. 2, statements by the American Hospital Association, SEIU, and others. They are all in support of this bill.

MASSACHUSETTS HOSPITAL ASSOCIATION
(MHA) STATEMENT ON H.R. 2

March 25, 2015

The Massachusetts Hospital Association gives its full support to H.R. 2, the U.S. House bipartisan package to permanently repeal the Medicare physician Sustainable Growth Rate (SGR).

We are especially relieved because there have been 17 short-term SGR fixes over the past few years, nearly all of which included significant reimbursement cuts to hospitals and other providers for nothing more than a couple-month band aid. This bill draws these short term patches to an end. We are relieved that Children's Health Insurance Program (CHIP) funding, community health center funding, and a continued delay to enforcement of the two-midnight rule are included.

We support the bill not only for what it does, but also for what it does not do; it rejects cuts to graduate medical education, Medicare bad debt, site neutral cuts to hospital outpatient departments and inpatient rehabilitation facilities, and it does not include unsound and inequitable area wage index and rural floor policies.

Obviously, we would prefer not to be part of the offsets to help pay for the package, but we are realistic and especially so because we realize that if this deal falls through and Congress must consider another one-year SGR delay, then these cuts to providers will still be in play to pay for a meaningless, additional one-year delay. We strongly prefer a permanent SGR fix and therefore give our full support to this bill.

Most importantly, we thank our congressional delegation for their efforts on behalf of hospitals. Given the political environment that has been a barrier to collaboration on major legislation, this bill represents an exceptional accomplishment that benefits hospitals, physicians, other providers, and most notably, the long term health of the Medicare program.

MASSACHUSETTS MEDICAL SOCIETY,
Waltham, MA, March 25, 2015.

Hon. JAMES P. MCGOVERN,
Cannon House Office Building,
Washington, DC.

DEAR REPRESENTATIVE MCGOVERN: I am writing you as President of the Massachusetts Medical Society to urge you to vote in support of HR 2, the Medicare Access and CHIP Reauthorization Act. Your support for this legislation will be critical to its success and our members' ability to continue to treat Medicare and Tricare patients who need and deserve quality health care. Moreover this bill will continue funding for the CHIP program at increased levels for two years and provide necessary funds for our Community Health Centers, a vital component of our health care system.

We have been extremely grateful for your ongoing support for SGR reforms in the past. As you are well aware, Congress has passed 17 temporary measures which ultimately have cost the government more money than a permanent solution. We believe the time has finally come to pass permanent Medicare physician payment reform.

The importance of the SGR reforms extends well beyond the 26,000 members of the Massachusetts Medical Society. It will impact the nearly 71,597 military families who receive their health insurance through Tricare, the 74,525 people employed by physicians and the over 1,104,483 Medicare beneficiaries who live in the Commonwealth. This bill will also impact every hospital in the state that employs physicians, every medical device manufacturer who sells products to physicians' offices and the myriad of

organizations that rely on Medicare dollars. This bill is about ensuring seniors and military families' access to care. It is about sustaining physician practices. Of equal importance, this legislation will significantly foster and reward changes in the health care delivery system that we all hope to achieve.

We also strongly support provisions reauthorizing the CHIP program. The MMS has been a strong supporter of this program since its inception. This legislation provides an opportunity for Congress to address the health care needs of children and low-income Americans by extending funding for the Children's Health Insurance Program and providing critical support for Community Health Centers. We believe a straightforward 2 year reauthorization of the CHIP program at the 23% increased rates set by the ACA would be critically important to the patients served by this program. Should the program not be reauthorized at these levels it is estimated that Massachusetts could lose millions of dollars—funds that this state desperately needs.

We knew that passage of final SGR repeal would never be easy. But we are truly at that point where we believe the leadership has developed a SGR strategy that is achievable.

As President of the Massachusetts Medical Society I want to thank you for your ongoing support for Medicare payment reform and urge you to continue your support by voting for HR 2 when it comes to the House floor.

Sincerely,

RICHARD S. PIETERS, M.D.

SOME OF THE GROUPS SUPPORTING H.R. 2,
MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT OF 2015

Center for American Progress, Families USA, Center on Budget and Policy Priorities, Center for Law and Social Policy (CLASP), National Coalition on Health Care (coalition of over 80 groups), Healthcare Leadership Council, March of Dimes, JDRF (Juvenile Diabetes), Georgetown Center for Children and Families, National Association of Community Health Centers, Third Way, Bipartisan Policy Center, American Medical Association, American College of Physicians, American College of Surgeons, American College of Cardiology, American Congress of Obstetricians and Gynecologists, American Academy of Pediatrics, American Osteopathic Association, American Academy of Family Physicians.

American College of Allergy, Asthma and Immunology, American Association of Medical Colleges, Digestive Health Physicians Association, American College of Radiology, Council of Academic Family Medicine, American Society of Cataract and Refractive Surgery, American Hospital Association, Federation of American Hospitals, America's Essential Hospitals, Children's Hospital Association, Catholic Health Association of the United States, American Health Care Association, National Center for Assisted Living.

American Nurses Association, American Association of Colleges of Nursing, American Association of Nurse Practitioners, American Association of Nurse Anesthetists, American College of Nurse-Midwives, Gerontological Advance Practice Nurses Association, National Association of Clinical Nurse Specialists, National Association of Nurse Practitioners in Women's Health, Medical Group Management Association, Premier healthcare alliance, VHA Inc., LUGPA (Large Urology Group Practice Association), National Association of Psychiatric Health Systems, National Retail Federation.

AMERICAN HOSPITAL ASSOCIATION,
Washington, DC, March 24, 2015.

U.S. HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR MEMBER OF CONGRESS: On behalf of the nearly 5,000 members of the American Hospital Association, I am writing to express our support for H.R. 2, bipartisan legislation to repeal the flawed Sustainable Growth Rate (SGR) formula for physician payments under the Medicare program. We believe Congress should move forward and address this issue on a permanent basis.

While we are disappointed that hospitals would be looked to as an offset given that Medicare already pays less than the cost of delivering services to beneficiaries, the package strikes a careful balance in the way it funds the SGR repeal and embraces a number of structural reforms to the Medicare program. Equally important, the legislation rejects a number of flawed policy options, including reductions to outpatient hospital services (so-called “site-neutral” cuts), Medicare bad debt payments, graduate medical education, critical access hospitals and certain services provided in rehabilitative hospitals. Moreover, the bill rejects a further delay in the ICD-10 program, and prevents a potential 0.55 percent coding offset previously proposed by the Centers for Medicare & Medicaid Services. The legislation also eliminates cuts to the Medicaid Disproportionate Share Hospital program in fiscal year 2017. Finally, the bill includes a needed extension of a number of expiring provision (so-called extenders), including the Medicare Dependent Hospital program, the rural low-volume adjustment, the rural ambulance add-on, the partial enforcement delay on Medicare’s “two-midnight” policy, and the Children’s Health Insurance Program.

We commend the House Republican and Democratic leadership in their design of this package, and urge the House to pass it.

Sincerely,

RICH UMBDENSTOCK,
President and CEO.

SEIU,
March 25, 2015.

DEAR REPRESENTATIVE, The Service Employees International Union (SEIU) expresses its support for H.R. 2, legislation that would permanently replace the Sustainable Growth Rate (SGR) formula used to determine Medicare payments to doctors. We appreciate the bipartisan negotiations that led to this compromise, and, at this point in the process, urge House members to vote yes to move the process forward.

Tens of millions of Americans, and approximately one million of SEIU members, have jobs that depend on a strong health care economy, and many work in environments that face considerable strains as a result of the uncertainty created by the SGR. For example, due to short-term SGR patches, hospitals face the threat of problematic payment changes every several months, creating an unpredictable landscape that adversely affects the ability of hospitals to provide care as well as their ability to support the health care workforce. Long-term, the pressure that the SGR creates will continue to grow because the cost of replacing the policy, in both patches and in its entirety, only increases radically over time. H.R. 2 permanently replaces the SGR formula, offsetting \$70 billion in costs, preventing significantly higher and potentially more harmful cuts to Medicare and other health care programs now and in the future.

In addition to relieving the burden that the costs of SGR patches and replacement place on the health care system, this legislation extends, and in some case makes permanent, programs that are essential to low- and

moderate-income families. H.R. 2 extends full funding under current law for the Children’s Health Insurance Program (CHIP) for an additional two years. CHIP funding is set to expire in September 2015. Millions of families, including those of our members, depend on CHIP to provide health care coverage for their children. Though we support extending CHIP funding under current law for four years, extending CHIP funding under current law for two years does provide predictability that states need to appropriately administer the program and prevents problematic changes in eligibility and coverage that would limit access to care or increase costs for the CHIP population. In addition, this legislation provides an additional funding for Community Health Centers, a critically important source of health care for millions of families. Finally, the legislation makes permanent the Qualifying Individual (QI) program, which covers the cost of Medicare Part B premiums for low-income people with Medicare, and the Transitional Medicaid Assistance (TMA) program, which supports families losing coverage. These important programs that protect low-income populations are set to expire and, without passage of this legislation, face an uncertain future, as historically they have been extended only on a temporary basis.

Like any compromise, this package has serious flaws. As previously stated, House Republican leaders should have agreed to fund CHIP under current law for an additional four years and should not have required changes to Medicare benefits in order to reach an agreement. While some of the changes to Medicare are mitigated because they only apply to consumers with truly higher incomes, we have concerns about the precedents set by these changes and changes to Medigap coverage policies. In addition, we continue to oppose any language that expands policies that deny millions of women the right to access the full range of reproductive health care services. Lastly, in order to avoid policy changes that put additional financial burdens on beneficiaries and providers—who have already faced significant SGR-related cuts—other stakeholders should have been required to contribute more in terms of offsets. However, despite these concerns, when considering the potential impact of this package versus the adverse consequences that non-resolution of both the SGR and CHIP funding may have on all health programs and the populations they serve, we believe that this is an acceptable solution that House members should support.

For these reasons, we urge you to vote yes on this compromise legislation. If you have any questions, please call Ilene Stein, SEIU Assistant Legislative Director.

Sincerely,

MARY KAY HENRY,
International President.

STATEMENT BY SENIOR FELLOW ALLYSON SCHWARTZ, SENIOR FELLOW DR. ZEKE EMANUEL, AND VICE PRESIDENT FOR HEALTH POLICY TOPHER SPIRO

The Center for American Progress supports the Medicare Access and CHIP Reauthorization Act, or MACRA. This bipartisan legislation represents a significant achievement because it reforms Medicare’s payment system and maintains critical funding for health care for millions of low-income children, families, and seniors. While we urge Congress to offer amendments that would improve the bill, enactment of this legislation would be far better than resorting to another short-term fix that could put these programs in jeopardy. The addition of the Hyde language restricting abortions is unnecessary and

frankly offensive, but we believe the deal is an important step forward.

Unless Congress extends funding for these programs now, they will face tremendous uncertainty and risk and could be held hostage in partisan legislation later in the year. MACRA addresses this serious risk by including the following:

The bill extends the Children’s Health Insurance Program, or CHIP, for two years. Without this extension, about 2 million children would become uninsured, while millions more would lose their current coverage and face higher costs. Importantly, this is a “clean” extension that maintains policies and funding included in the Affordable Care Act—and that does not include detrimental policies or cuts proposed by the Republican leadership in Congress. This clean extension would be a significant feat given the political realities of this Congress and should not be discounted. Even so, we strongly urge Congress to amend MACRA to extend CHIP for at least four years.

The bill extends funding for community health centers included in the Affordable Care Act. Without this funding, 7.4 million low-income patients—including 4.3 million women—would lose access to health care. While not a change to current policy, the bill applies the Hyde Amendment, which restricts funding for abortions, to this funding. CAP opposes the Hyde Amendment, which harms low-income women, and ultimately wants this temporary restriction to expire for good. The application of the Hyde Amendment is, at best, unnecessary and, at worst, an indication that Republican leadership in Congress will attempt to use every bill to restrict access to abortion, which is unacceptable. In this case, the offensive language does not change policy and—similar to the Hyde Amendment that has always applied to funding for community health centers—is temporary and expires along with the funding to which it applies. Even so, we strongly urge Congress to amend MACRA to remove this language.

The bill extends the Maternal, Infant, and Early Childhood Home Visiting program for two years. This funding supports evidence-based programs that have been proven to reduce health care costs, improve school readiness, and increase family self-sufficiency and economic security. We strongly urge Congress to amend MACRA to extend this program for at least four years.

The bill extends the Qualifying Individual Program—which subsidizes Medicare premiums for low-income beneficiaries—permanently.

By permanently correcting Medicare payments to physicians, MACRA at long last provides much-needed certainty and stability to the Medicare program. Importantly, the bill provides financial incentives to reinforce the country’s path toward a health care system that rewards value and quality of care.

We recognize that any bipartisan compromise that could be enacted by Congress would need to pay for at least a portion of the additional spending that would result—and that the pay-fors would need to include a roughly equal mixture of cuts to providers and cuts to beneficiaries. We also recognize that the alternative—a never-ending series of short-term patches that are fully paid for—would likely result in deeper and more painful cuts to the Medicare program over time.

On the beneficiary side, MACRA increases Medicare premiums by \$82.50 per month for couples with incomes from \$267,000 to \$428,000 and singles with incomes from \$133,500 to \$214,000. Because this premium increase is targeted to the top 2 percent of beneficiaries, it is the least objectionable beneficiary cut

that could have been included in such a package. The bill does not otherwise increase premiums across the board by \$58 billion, as some have asserted, compared to premium levels under current policy.

MACRA's other beneficiary cut causes us more concern. Currently, about 12 percent of beneficiaries purchase Medigap supplemental policies to cover their out-of-pocket costs. The bill prohibits these policies from covering the deductible for physician services, which is \$147 in 2015. The effect of this change is limited because it goes into effect in 2020 and applies only to new beneficiaries. In addition, because Medigap policies would no longer cover the deductible, premiums for these policies would go down. For most affected beneficiaries, the savings from lower Medigap premiums would actually exceed the costs from deductibles. However, it is possible that hundreds of thousands of beneficiaries with incomes below 300 percent of the federal poverty line would face net costs of less than \$100 per year. We strongly urge Congress to amend MACRA to protect low-income beneficiaries from this change—either by exempting primary care from their deductibles or by expanding cost-sharing subsidies for this targeted group.

While we would like to see this legislation strengthened, as we have recommended above, this compromise legislation takes an important step in Medicare payment reform and ensures continued funding that improves the health and welfare of millions of children, families, and seniors. We urge Congress to enact it.

BPC URGES CONGRESS TO PASS LEGISLATION TO REFORM MEDICARE AND EXTEND CHILDREN'S HEALTH INSURANCE

[Press Release, March 25, 2015]

WASHINGTON, DC.—The Bipartisan Policy Center (BPC) issued the following statement by BPC President Jason Grumet; Senior Vice President Bill Hoagland; and Health Policy Director Katherine Hayes regarding the Medicare Access and CHIP Reauthorization Act of 2015:

“We urge Congress to act swiftly to pass H.R. 2, the Medicare Access and CHIP Reauthorization Act introduced this week by chairmen and ranking members of the House Energy & Commerce and Ways & Means Committees. This bill would permanently replace Medicare's sustainable growth rate (SGR) physician payment system, extend funding for the State Children's Health Insurance Program (CHIP), and implement structural reforms in Medicare to improve care delivery and slow rising costs.

“Like any good bipartisan compromise, this legislation strikes a careful balance that will draw both praise and criticism. By reconciling these competing views, the proposed legislation offers a set of politically viable solutions that deserve broad bipartisan support.

“A permanent SGR repeal—coupled with new incentives to improve quality and value in Medicare—would end the senseless perennial series of temporary patches to prevent payment cuts to physicians; it would also enable Congress to move forward on a broader set of reforms.

“A two-year extension of full CHIP funding with no programmatic changes, would provide near-term certainty to states and low-income families who rely upon this essential program.

“A balanced package of policy ‘offsets’—including cuts from providers and 2% of high-income seniors—would pay for a significant portion of the legislation. Additional savings from improved Medicare payment incentives may accrue over the long term.

“A provision to make permanent the Medicare Qualifying Individual program would

provide extra help to lower income seniors in paying their Medicare Part B premiums.

“We urge U.S. Senators and House members to act now to extend and improve these critical programs for our nation's seniors, children, and health care providers.”

Mr. MCGOVERN. Mr. Speaker, as I said, it is not a perfect bill, but it represents, I think, a major accomplishment.

If I could inquire of the gentleman as to how many additional speakers he has.

Mr. BURGESS. Mr. Speaker, we have no additional speakers at this time. I am prepared to close after the gentleman closes.

Mr. MCGOVERN. I yield myself the balance of my time, and I will take this opportunity to close my side of the debate, Mr. Speaker.

Mr. Speaker, let me begin by thanking all of those who have been involved in this compromise, especially Speaker BOEHNER and Leader PELOSI. I want to thank Mr. BURGESS. I want to thank all of the members of the Energy and Commerce Committee. I am grateful to the staffs of all of the relevant committees for all of the work that they have put into this.

I especially want to acknowledge the incredible work of the staff who works in the Office of Legislative Counsel. They don't always get thanked, but they do so much of the work around here, not only on important and complicated legislation like what we are debating here today, but on all legislation, so we are grateful to them.

I don't really know what else to say here except that I am happy we are doing something, and I am happy that we are actually putting forward a bill, a bipartisan bill, that will help a lot of the people who most need help.

As Mr. BURGESS said, in reality, this bill is about access, making sure our senior citizens have the access to the doctors and to the health care that they want. We are making that possible through this bill, as well as helping countless children and low-income families and supporting our community health centers.

This has been kind of an incredible week. It is hard to believe. First, we read that TED CRUZ signs up for ObamaCare, and now, we have this bipartisan compromise on the doc fix, and it reauthorizes CHIP and provides money to our community health centers.

Who knows. I mean, if this is contagious, maybe next week, we will deal with climate change, so I am feeling good as we close this week. Again, I hope this is a coming attraction of what we can see in the future: more bipartisan cooperation, more give and take.

If we follow what we did here, we actually can accomplish a lot more for the American people, and I think that would be a good thing.

Let's get this done.

I yield back the balance of my time.

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

Today's rule provides for the consideration of legislation addressing the pernicious sustainable growth rate formula, the most threatening issue in Medicare, risking patient access to care for our seniors.

As I close, I would like to note that each committee's work is represented in H.R. 2. The base policy of H.R. 2 has the backing of the House and Senate negotiators and of all three committees of jurisdiction.

I certainly want to thank the Speaker and the minority leader and their staffs for building off of the policy work accomplished by the committees to present a political pathway forward for this bipartisan bill.

I thank the chairmen and ranking members of the House Committees on Energy and Commerce and Ways and Means, as well as of the Senate Finance Committee, for coming together for our Nation's doctors and seniors.

I must note Chairman UPTON, Chairman PITTS, Chairman RYAN, Chairman BRADY, and former Chairman Camp, as well as Ranking Members PALLONE, GENE GREEN, SANDER LEVIN, JIM MCDERMOTT, and former Ranking Member Henry Waxman.

I would also like to thank all of the staffs who have worked on this issue—who have labored on this issue—for years. I know I will miss some people, but I do want to mention a few at the committee level who have dedicated themselves to getting us here today.

□ 0945

Some have left or switched their roles, but their work from the beginning deserves recognition. Certainly I want to thank Clay Alspach, Robert Horne, Ryan Long, Dr. John O'Shea, Dr. Steve Ferrara, Amy Hall, Eddie Garcia, Tiffany Guarascio, Arielle Woronoff, Brett Baker, Brian Sutter, Matt Hoffmann, Erin Richardson, and J. P. Paluskiewicz on my staff.

I also want to thank the unsung heroes at the House Legislative Counsel, namely, Jessica Shapiro, Ed Grossman, and Jesse Cross.

Every success we have had at each point in this process was further than we had ever come before, and that involved a lot of work, a lot of negotiation, and a lot of overwhelming desire to see the process through to the end.

Ultimately, if this is a package that can go to the White House, all of this will be worth it. I certainly do look forward to passage and hope that, given the positive signs evidenced over the past several days, the other Chamber will quickly embrace this package and ultimately get this badly needed policy into law.

I certainly want my colleagues to support both the rule and the underlying bill.

Ms. SLAUGHTER. Mr. Speaker, I rise today in support of H.R. 2, the Medicare Access and CHIP Reauthorization Act. This bill funds Community Health Centers for two years at \$7.2 billion dollars. These community health centers serve many of the newly insured people in my district. Thanks to the Affordable

Care Act, they have health insurance, but thanks to community health centers, they have health care.

H.R. 2 also extends the CHIP program and keeps over 8 million low-income children and pregnant women in families from losing their health insurance.

Lastly, H.R. 2 finally fixes the SGR, the Medicare Sustainable Growth Rate. The SGR was an ill-conceived plan to control the growth in health care costs by slashing doctor pay. We were in danger of doctors dropping Medicare patients, putting seniors' access to critical medical care at risk. The yearly short-term fixes have cost us more over the years than it would have to get rid of it, so I am pleased we are finally doing the right thing today in a way that moves us toward quality health care for Americans.

Mr. Speaker, I'd like to take this opportunity to clarify a provision in H.R. 2 and how it differs from S. 178—the Senate Justice for Victims of Trafficking Act of 2015 (JVTA).

As you know, the Senate is having a debate about a provision to make the Hyde Amendment part of permanent law and to apply it to non-taxpayer funds. As co-chair of the Pro Choice Caucus, I want to make this clear: the Senate bill creates a new Domestic Trafficking Victims' Fund that would be funded—not by taxpayer dollars—but through fines imposed on defendants convicted of human trafficking, sexual exploitation and human smuggling crimes. The Hyde Amendment only applies to taxpayer dollars. Hyde Amendment restrictions have never been applied on a federal fund containing zero taxpayer dollars. This new fund is not federal dollars and therefore not eligible for Hyde. The pro-choice senators who are fighting against this expansion have my full support.

Mr. BURGESS. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered.

The SPEAKER pro tempore. The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

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

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 402, nays 12, answered "present" 5, not voting 13, as follows:

[Roll No. 143]
YEAS—402

Abraham	Black	Butterfield
Adams	Blackburn	Byrne
Aderholt	Blum	Calvert
Aguilar	Blumenauer	Capps
Allen	Bonamici	Capuano
Amodi	Bost	Cárdenas
Ashford	Boustany	Carney
Babin	Boyle, Brendan	Carson (IN)
Barletta	F.	Carter (GA)
Barr	Brady (PA)	Carter (TX)
Barton	Brady (TX)	Cartwright
Bass	Brat	Castor (FL)
Beatty	Bridenstine	Castro (TX)
Becerra	Brooks (IN)	Chabot
Benishek	Brown (FL)	Chaffetz
Bera	Brownley (CA)	Chu, Judy
Beyer	Buchanan	Clark (MA)
Bilirakis	Buck	Clarke (NY)
Bishop (GA)	Bucshon	Clawson (FL)
Bishop (MI)	Burgess	Clay
Bishop (UT)	Bustos	Cleaver

Clyburn	Higgins	Murphy (FL)
Coffman	Hill	Murphy (PA)
Cohen	Himes	Nadler
Cole	Holding	Napolitano
Collins (GA)	Honda	Neal
Collins (NY)	Hoyer	Neugebauer
Comstock	Hudson	Newhouse
Conaway	Huffman	Noem
Connolly	Huizenga (MI)	Nolan
Cook	Hultgren	Norcross
Costa	Hunter	Nugent
Costello (PA)	Hurd (TX)	Nunes
Courtney	Hurt (VA)	O'Rourke
Cramer	Israel	Olson
Crawford	Issa	Pallone
Crenshaw	Jackson Lee	Palmer
Crowley	Jenkins (KS)	Pascarell
Cuellar	Jenkins (WV)	Paulsen
Culberson	Johnson (OH)	Pearce
Cummings	Johnson, E. B.	Pelosi
Curbelo (FL)	Johnson, Sam	Perlmutter
Davis (CA)	Jolly	Perry
Davis, Danny	Jordan	Peters
Davis, Rodney	Joyce	Peterson
DeFazio	Kaptur	Pingree
DeGette	Katko	Pittenger
DeLaney	Keating	Pitts
DeLauro	Kelly (IL)	Pocan
DelBene	Kelly (PA)	Poe (TX)
Denham	Kennedy	Polliquin
Dent	Kildee	Polis
DeSantis	Kilmer	Pompeo
DeSaulnier	Kind	Posey
DesJarlais	King (IA)	Price (NC)
Deutch	King (NY)	Price, Tom
Diaz-Balart	Kinzinger (IL)	Quigley
Dingell	Kirkpatrick	Kirkcuffe
Doggett	Kline	Reed
Dold	Knight	Reichert
Doyle, Michael	Kuster	Renacci
F.	LaMalfa	Ribble
Duckworth	Lamborn	Rice (NY)
Duffy	Lance	Rice (SC)
Duncan (SC)	Larsen (WA)	Richmond
Duncan (TN)	Larson (CT)	Rigell
Edwards	Latta	Roby
Ellison	Lawrence	Roe (TN)
Ellmers (NC)	Lee	Rogers (AL)
Emmer (MN)	Levin	Rogers (KY)
Engel	Lewis	Rohrabacher
Eshoo	Lieu, Ted	Rokita
Esty	Lipinski	Rooney (FL)
Farenthold	LoBiondo	Ros-Lehtinen
Farr	Loeb	Roskam
Fattah	Lofgren	Ross
Fincher	Long	Rothfus
Fitzpatrick	Loudermilk	Rouzer
Fleischmann	Love	Roybal-Allard
Fleming	Lowenthal	Royce
Flores	Lowey	Ruppersberger
Forbes	Lucas	Rush
Fortenberry	Luetkemeyer	Russell
Foster	Lujan Grisham	Ryan (OH)
Fox	(NM)	Ryan (WI)
Frankel (FL)	Luján, Ben Ray	Salmon
Frelinghuysen	(NM)	Sánchez, Linda
Fudge	Lummis	T.
Gabbard	Lynch	Sanchez, Loretta
Garamendi	MacArthur	Sanford
Garrett	Maloney,	Sarbanes
Gibbs	Carolyn	Scalise
Gibson	Maloney, Sean	Schakowsky
Gohmert	Marchant	Schiff
Goodlatte	Marino	Schock
Gowdy	Matsui	Schrader
Granger	McCarthy	Scott (VA)
Graves (GA)	McCaul	Scott, Austin
Graves (LA)	McClintock	Scott, David
Graves (MO)	McCollum	Sensenbrenner
Grayson	McDermott	Serrano
Green, Al	McGovern	Sessions
Green, Gene	McHenry	Sewell (AL)
Grijalva	McKinley	Sherman
Grothman	McMorris	Shimkus
Guinta	Rodgers	Shuster
Guthrie	McNerney	Simpson
Gutiérrez	McSally	Sinema
Hahn	Meadows	Sires
Hanna	Meehan	Slaughter
Hardy	Meng	Smith (MO)
Harper	Messer	Smith (NE)
Harris	Mica	Smith (NJ)
Hartzler	Miller (FL)	Smith (TX)
Hastings	Miller (MI)	Speier
Heck (NV)	Moolenaar	Stefanik
Heck (WA)	Mooney (WV)	Stewart
Hensarling	Moore	Stivers
Herrera Beutler	Moulton	Swalwell (CA)
Hice, Jody B.	Mullin	Takai

Takano	Velázquez	Westerman
Thompson (CA)	Visclosky	Westmoreland
Thompson (MS)	Wagner	Whitfield
Thompson (PA)	Walberg	Williams
Thornberry	Walden	Wilson (FL)
Tiberi	Walker	Wilson (SC)
Tipton	Walorski	Wittman
Titus	Walters, Mimi	Womack
Torres	Walz	Woodall
Trott	Wasserman	Yarmouth
Turner	Schultz	Yoder
Upton	Waters, Maxine	Yoho
Valadao	Watson Coleman	Young (IA)
Van Hollen	Weber (TX)	Young (IN)
Vargas	Webster (FL)	Zeldin
Veasey	Welch	Zinke
Vela	Wenstrup	

NAYS—12

Amash	Gallego	Massie
Brooks (AL)	Graham	Rangel
Ciçilline	Huelskamp	Tonko
Cooper	Jones	Tsongas

ANSWERED "PRESENT"—5

Gosar	Labrador	Stutzman
Griffith	Mulvaney	

NOT VOTING—13

Conyers	Langevin	Schweikert
Franks (AZ)	Meeks	Smith (WA)
Hinojosa	Palazzo	Young (AK)
Jeffries	Payne	
Johnson (GA)	Ruiz	

□ 1011

Mr. AMASH changed his vote from "yea" to "nay."

Messrs. BISHOP of Georgia, WALZ, LOEBSACK, MCNERNEY, CAPUANO, O'ROURKE, HANNA, and SEAN PATRICK MALONEY of New York changed their vote from "nay" to "yea."

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. CONYERS. Mr. Speaker, I was not present for rollcall vote No. 143. Had I been present, I would have voted "aye."

Ms. TSONGAS. Mr. Speaker, on rollcall vote No. 143, I voted "no" and I intended to vote "yes."

MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT OF 2015

Mr. PITTS. Mr. Speaker, pursuant to House Resolution 173, I call up the bill (H.R. 2) to amend title XVIII of the Social Security Act to repeal the Medicare sustainable growth rate and strengthen Medicare access by improving physician payments and making other improvements, to reauthorize the Children's Health Insurance Program, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. Poe of Texas). Pursuant to House Resolution 173, the amendment printed in House Report 114-50 is considered adopted. The bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 2

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.
(a) SHORT TITLE.—This Act may be cited as the "Medicare Access and CHIP Reauthorization Act of 2015".