

Brown v. Board of Education, and my hope is that we will understand that desegregation and integration are here now—and we will fight for them—but we have to also understand that we can go from desegregation to resegregation. We must be careful, we must vigilant, and we must protect the gains that we have made.

Mr. Speaker, I yield back the balance of my time.

ISSUES AND OPPORTUNITIES AT THE VA

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the Chair recognizes the gentleman from Texas (Mr. O'ROURKE) for 30 minutes.

Mr. O'ROURKE. Mr. Speaker, I came to the floor this evening primarily to talk about issues and opportunities at the VA and the successful confirmation of our new Secretary of Veterans Affairs, Dr. David Shulkin, but I would be remiss in not thanking my colleague from Texas (Mr. GREEN) for his powerful words about the NAACP and the profoundly positive impact that they have had on this country and on our ability to make the most of the potential that we have in every single community in the United States.

Mr. GREEN is well aware of the inordinate pride that I have in the community I represent of El Paso, Texas, and how the first chapter of the NAACP was started in El Paso, Texas, through the good work of Dr. Lawrence Nixon, who also has the distinction of having been the man who effectively desegregated voting in the State of Texas, ending the all-White primary which had prevailed following Reconstruction in our State, much to our lasting shame. But to our immense pride, he was the man and our community was the place where that successful fight began.

As Mr. GREEN also knows, because I had the pleasure and honor of joining him in a Special Order not too long ago, El Paso also was the home of Thelma White, who, along with some other young, courageous El Pasoans, had gone to the all-African-American high school, Douglass High School, in El Paso. They attempted to enroll in Texas Western College, now known as the University of Texas at El Paso, but were denied entry simply based on the color of their skin.

Thanks to the NAACP and one of their most promising attorneys, Thurgood Marshall, they were able to take this case to a Federal bench, in fact, the bench of R.E. Thompson, who also happens to be an El Pasoan, whose ruling not only ruled in their favor, but effectively desegregated higher education in the State of Texas at that time and forever more.

So I just want to add my thanks and my support for an outstanding organization and the very positive impact that they have had on the State that I call home and the community that I

am so lucky to serve and to represent. I thank the gentleman from Texas for staying just a little bit longer.

Mr. Speaker, I am also here today to thank my colleagues in the Senate, who, 100-0, yesterday confirmed the President's nomination of Dr. David Shulkin to be the next Secretary of the VA at what I think is the most critical moment in the history of that critically important organization.

We all know of the severe challenges that the VA and the veterans whom it purports to serve face today. We know of the challenges in service-connected disability claim wait times—in the appeals that are made to those claims when the judgment or the ruling is not in favor of the veteran in question or there is an error in that judgment or some additional information needs to be added—and wait times in appeals that last not days or weeks or months, but measured in years.

We know about challenges in wait times for those veterans who are seeking to get an appointment with a primary care physician, a specialty care physician, or, I think most critically, at a time when 20 veterans a day in this country—and that is a conservative estimate, 20 veterans a day—are taking their own lives, severe wait times to see a mental health care provider. Those are among the most important challenges that we as a Congress and those of us who serve on the Veterans' Affairs Committee face today.

So, again, I am grateful for the Senate's work on this issue in confirming Dr. Shulkin. I have got to say, despite some deep disagreements, differences, and disappointments with the current administration, I am grateful to this President for the public good he has done in nominating Dr. Shulkin, a man who has served in previous roles as CEO of Beth Israel Medical Center in New York City, chair of medicine at Drexel University College of Medicine, and beginning in the summer of 2015, the Under Secretary for the Veterans Health Administration, where he hit the ground running and began working on the challenges before us, providing solutions to them nationally and in our individual congressional districts on the ground working with the teams there both at the VA, in the public and private sector, and with the various Representatives who brought these issues to his attention. So I could not be more grateful for his service, and I want to speak about that a little bit more.

I also want to acknowledge that we have some excellent leadership on both the Senate Veterans' Affairs Committee and here in the House, where Dr. PHIL ROE of Tennessee is taking the helm as the chairman of the House Veterans' Affairs Committee—he, himself, a medical doctor; he, himself, a veteran; and he, himself, someone who chose to serve on the committee as just one member of that committee in the years leading up to his selection by his

colleagues as a chairman. I know from talking with him that he has big plans, significant and defined goals, and he is willing to work on a bipartisan basis to make sure that we achieve them. I am really looking forward to the ability to work with him. He is joined by returning Members who have sought position on the Veterans' Affairs Committee.

Now, for those who don't know, for too long, the Veterans' Affairs Committee was seen as a backwater or a basement. It wasn't a place where an aspiring Member of Congress with ambitions went to do her or his work. This was a place they were relegated to when they couldn't make it on to a bigger or better committee. That was the old conventional wisdom.

These days, I am proud to report, the Veterans' Affairs Committee is a place of distinction, where Members serve with pride, where we ask to join that committee, as I did after I was elected in 2012, so we can tackle some of the most difficult challenges before this Congress and, certainly, this country: how we ensure that we deliver the best care to the 20 million-plus veterans who have put their lives on the line and served this country in a way that no other American has, in a way that ensures that we have the America that so many of us take for granted, veterans whose service dates back to World War II and leads up to those who are just returning from Afghanistan, Iraq, and many places all over the world where we have U.S. servicemembers stationed in more than 140 countries today.

Ensuring that we fulfill our obligations to them, whether it is post-9/11 GI Bill educational and workforce benefits, whether it is access to quality and consistent health care or ensuring that we quickly, effectively, and successfully respond to claims made after there is a service-connected disability incurred in service, we need to get these things right. The future of our country depends on it, our honor depends on it, and the commitments that we have made and the obligations that we have incurred as a country to these veterans, all that depends on our successful completion of that work.

So I am grateful for the Members who have chosen to serve on that committee; I am grateful for our chairman; and I am grateful for our ranking member, Mr. TIM WALZ of Minnesota, who also happens to be the highest ranking enlisted servicemember to ever serve in the Congress as a command sergeant major, someone who has asked to be on that committee, who has written significant legislation, has ensured that the Clay Hunt SAV Act, for example, became law, which gives us a better opportunity to reduce veteran suicide, which I think is the most critical issue that we can address, that we reduce the number of veterans who are taking their own lives and provide more resources and more help.

I will say this about Mr. WALZ: He is someone who puts his country above

party, the work that he has to do above his own self-advancement, and I think it is with that attitude, with that character, and with the bipartisan group of House Veterans' Affairs Committee members that we are going to see great work come out of this committee, great leadership come from Mr. WALZ and his chairman.

I am so glad that Mr. WALZ has decided to spend part of his Valentine's Day evening with me on the floor of the House talking about the great work that lies ahead for us when we try to serve the veterans of this country.

Mr. Speaker, I yield to the gentleman from Minnesota (Mr. WALZ).

Mr. WALZ. Mr. Speaker, I thank the gentleman from El Paso.

I very much appreciate, always, the story and the passion that you have for that great community and look at the leadership that comes out of there. I certainly know in your work for veterans your name will be added to that list. The passion, the willingness to solve problems, the willingness to find and make the tough choices to fulfill this Nation's commitment to our veterans is something I am just proud to serve alongside you.

I would echo the gentleman's comments, having the opportunity today to witness the swearing in of Dr. David Shulkin as our next VA Secretary, being there with Vice President PENCE along with Senators ISAKSON and TESTER on the Senate side and Dr. ROE, of whom you spoke very accurately. Mr. O'ROURKE—a true gentleman, an impassioned advocate for veterans, and a no-nonsense legislator, exactly what we need.

□ 1930

You just have to watch the sense of can-do spirit up there and see Dr. Shulkin and his family—with young children—and the sacrifice that goes into public service. This is a gentleman who could make far more money and probably have a lot less headaches if he would continue to serve in the private sector. He chose not to do that for all the right reasons.

I think it probably brings us to the message that Mr. O'ROURKE is delivering. This is something that unites this country more than anything else: the care and service to our veterans.

It doesn't matter your political persuasion, it doesn't matter where you fall on the spectrum, it doesn't matter what you necessarily think of the wars or the conflicts that we are engaged in, but the care for those veterans is something that my folks in Mankato, Minnesota, your folks in El Paso, folks in Philadelphia, Los Angeles, Seattle, and every small town in between want us to get right. They want us to use the data to deliver the benefits that were earned. They want us to get it right to show that this Nation's commitment is not something that is fleeting or comes and goes. I think most people understand this is a complex issue.

Again, I was reading recently—to put this into perspective—when they make

this promise, when they raise their hand to serve this Nation, they are in it for the long haul. The Veterans Benefits Administration is still paying out \$73 a month to the daughter of a Civil War veteran. 152 two years after the end of that conflict, this Nation still needs to keep its commitment.

So, when you go to war, it comes with a long tail attached to it. That long tail attached is doing what President Lincoln asked us to do: care for those who bore the battle, their widow, and their orphan.

I think it is within that spirit that I would encourage our constituents, Mr. Speaker, to take an eye and look at what is happening with veterans' issues. When they don't believe anything can work, and they believe everything up here is a fight and that we couldn't agree it is Tuesday today, that is simply not the case. We have good, smart people working for solutions to difficult problems who are in the best interest of this Nation, the best interest of our veterans, and the best interest of taxpayers.

I would encourage people not to make rash generalizations. When people say, Oh, nothing works in the VA, that is not true. Many things work in the VA, and many things work very well. But when they don't, that is an abject failure. When one veteran is left behind or a situation like Phoenix arises, no, that is not good enough, and we can do better.

But we have an attitude that we don't need to keep this commitment to the VA, that we don't need to do that, or somehow that we are not already using our resources in the private sector. The gentleman, I am sure, will talk about it, but last year, 31 percent of all healthcare needs were delivered in the private sector in fee-for-service.

When that makes sense, when it is most efficient, when it is most convenient for the veteran, we should deliver that, but with an understanding the VA has a core mission to do research into extremity injuries or things that would not happen, outside of industrial accidents or war. The VA needs to be there. The VA needs to be there to train physicians. The VA needs to be there to make sure we keep that accountability, instead of telling a veteran: You are just on your own. Good luck getting your care.

It is in that spirit that I, too, am hopeful. I think it needs to be said to our constituents, Mr. Speaker, and it goes through administration after administration, whether you like the administration or not, the commitment to veterans has to be there.

They have got some of it right; they have got some of it wrong. I think there is a responsibility that, in the first choice of this administration in dealing with veterans, I believe they might have picked the one person in this country best suited to do the job for veterans. That says a lot.

I think it is important to stress that point, understanding that that Sec-

retary can't do it alone. Congress writes the laws. This House authorizes the money to make that happen. We have oversight responsibility, and we have partners in our veterans service organizations who are there to help, whether it be the American Legion, whether it be the VFW, the DAV, the Iraq and Afghanistan veterans. These are all folks out there who want to keep that commitment to want to help.

The gentleman spoke true, and he spoke true from the heart that, at that one time, people may not have seen service on the VA Committee as something as a prize position. The folks who have found themselves there are committed to this, above everything. They are committed to it above party. They are committed above their own personal advancement. On both sides of the aisle, there is a camaraderie that is rarely seen in the press, that is rarely seen by the general public about getting this right.

I think there is much that can be restored. If anything, I oftentimes say how we conduct ourselves in this people's House of Representatives must be a direct reflection on the sacrifice that gives us the right to self govern.

Those who paid the ultimate sacrifice were doing it so that citizens could elect their Representatives to debate the issues of the day in a free and open democracy. So just the exercise tonight of having the opportunity and the privilege to share a little of the floor was given to us at great sacrifice. We need to conduct ourselves in a bipartisan, results-oriented manner that honors that commitment.

I thank the gentleman from El Paso and look forward to his leadership as our ranking member on subcommittees that are coming up on issues that will affect employees at the VA and delivery of care. I know they are in good hands. As I say it again, I love the stories of El Paso from such an impassioned son of El Paso. I think your constituents should be proud you are there.

Mr. O'ROURKE. I thank the gentleman from Minnesota and the ranking member of the full committee of the House Veterans' Affairs Committee for being here tonight and talking about not just our challenges, but some of the hope and opportunity that we have ahead with this new Secretary for the VA, this new leadership on the committee, and this renewed commitment from this Congress and this country to do the right thing by our veterans.

I am so glad, Mr. Speaker, that he mentioned the necessity to ensure the long-time health and viability of the VA. There has been some talk about privatizing the VA and of just essentially asking our veterans to go find their own doctors and their own medical providers in the communities in which they live, no longer having the VA as the core of the delivery of care that they have depended on for so long.

I think it is important that Secretary Shulkin, in his confirmation

hearing, said that he would never be part of privatizing the VA, at least not on his watch, at least not during his tenure.

While there are opportunities to capitalize on care in the community, as the ranking member said, only at the VA will we have doctors, nurses, providers, and frontline staff, many of whom are, by the way, themselves veterans who have uniquely cared for other veterans, know the signs to look for when we are trying to reduce veteran suicide, know specifically how to treat post-traumatic stress disorder, traumatic brain injury, military sexual trauma, traumatic amputations—the kinds of conditions that don't typically occur in the civilian population and that we don't see at our general private-public hospitals, but are unique to the VA and unique to military medicine, where we uniquely will ensure that our veterans and military retirees get world-class care from those who are uniquely trained to deliver that to ensure the best outcomes.

While we should never shy from the shortcomings or the challenges within the VA—and there are plenty of them—I think it is really important to reiterate how often we are successful in seeing veterans whose care depends upon a doctor or a provider at the VA who leaves that appointment grateful for the time that they were able to spend there, grateful for the care they received, and grateful for the fact that there is a VA.

This last week, on Friday—it was a few days early—we took some Valentine's Day cards made by elementary school students at LBJ Elementary in El Paso to veterans at the VA. I was joined by Colonel Mike Amaral, the new permanent director of the El Paso VA, formerly chief of staff at William Beaumont Army Medical Center.

We shook hands with veterans, shook hands with frontline staff, shook hands with nurses and providers at the VA, thanking them for their service, wishing them an early happy Valentine's Day. To each veteran either coming in or leaving the VA, I asked them what their experience was like in either making an appointment, if they were on their way in, or how their appointment went when they were on their way out.

As the ranking member knows, the veterans who we represent are never shy about sharing the truth and the facts of their experience with the VA. We hear the good, we hear the bad, we hear the ugly.

At the El Paso VA on Friday, for every veteran who had been seen by a doctor, the story was a positive one. For every veteran going in to see a doctor, the story was a positive one. It doesn't mean that every single veteran's story in El Paso is positive. Let's acknowledge that some appointments are dropped. Sometimes the phone isn't answered. Sometimes an appointment is made and the doctor is not there to see the veteran.

All of those circumstances are unacceptable. I know Colonel Amaral feels the way I do. I know Secretary Shulkin feels the way I do. I know every single Member of Congress feels the way I do. But let's remember that the vast majority of veterans are able to be seen, are getting great health care at the VA, and, for the most part, when they are referred to care in the community when a doctor is unavailable at the VA, when a psychiatrist is not able to see that veteran for a behavioral health appointment and referred to a provider in the community, most of those right now are working well. Not perfectly, not all the time.

There is work before us that we must do, and it is critically important, but I am making the point that the VA needs to maintain the core of delivery of care to our veterans. We can add to that core the providers in our communities, public hospitals, private hospitals, clinics, doctors, those who want to step up at not great profit to themselves. The rates that they are reimbursed are just at or less than Medicare, but they do it because they want to do their part to continue to serve this country, to serve veterans who stood up, put their lives on the line, and ensured that we have the United States that we are so grateful for today.

So I think that is a positive situation on which we can build with the right team here in Congress, at our local VAs, and with our new Secretary.

I will tell you a story about Secretary Shulkin. Shortly after he was named Under Secretary of Veterans Health Administration, I brought to his attention the suicide crisis that we have in El Paso among El Paso veterans, in Texas, and in the United States, where we now know that today, by VA's latest estimate, 20 veterans are taking their own lives. The old estimate was 22. It was based on incomplete data. All 50 States' basis for the new numbers shows us that we are at 20. That is too many. It is unacceptable. It has to become our number one priority. Unless it is, we won't reduce that number, we won't save more lives, we won't prevent more preventable deaths.

I shared with Dr. Shulkin that, after hearing from veteran after veteran after veteran, while generally their care received in the VA was excellent—when they were there, they were treated like a king or a queen—too often, when they were seeking a behavioral health appointment, mental health care appointment, maybe related to post-traumatic disorder, maybe a Vietnam-era veteran who had successfully bottled his trauma, experiences for 40, 45, 50 years who was now coming to terms when he reached certain crossroads in his life with that trauma and needed to speak to someone, too often they were not able to get in to see somebody at the VA.

So we conducted a scientific, objective, third-party survey of veterans in

El Paso, and we found—with a margin of error less than 4 percent, so this is pretty conclusive—that more than a third of veterans in our community could not get in to see a mental health care provider when, at that time, the prescribed 2 weeks, not within 30 days, not within a year. Just not ever.

We know for a fact that care delayed becomes care denied. It leads to terrible outcomes. At a minimum, unnecessary suffering for that veteran; at worst, preventable deaths. Veterans taking their own lives.

So I brought this issue to Dr. Shulkin's attention. I told him this community had rallied around our veterans in El Paso, Texas, and that the VA providers there, the public hospital, University Medical Center; Del Sol Hospital; Providence Hospital; Mantis Neurological Rehabilitation Center, another private facility; all of these folks wanted to come together to see if they could fill the gap in care and coverage that the VA was unable to meet.

But we needed some leadership from the VA. We needed them to take a chance on a model that had never been tried before. We wanted Dr. Shulkin and the VHA to get behind a pilot program in El Paso that would allow us to take some of these matters into our own hands, where, despite the best intentions and significantly increased funding from the VA in El Paso, we still weren't able to see veterans who desperately need care.

Dr. Shulkin reviewed the proposal with us, made some suggested changes, and within 4 months of having been sworn in as Under Secretary of VHA, he was able to help us get this pilot program approved, underway, with a collaboration with Texas Tech University Health Sciences Center in El Paso, after finding that the best performing VAs in the country are associated with academic teaching institutions.

He made that partnership with Texas Tech possible. He made referring care out into the community where we didn't have the doctors in the VA possible. He ensured that at the VA we continue to concentrate on those areas of excellence—on service and combat-connected disabilities and conditions that we don't see in the general population that, more than anything else, makes the case for the VA: for strengthening the VA, for ensuring that it is not there just today, but forever.

As long as we have a country, we should have a VA that performs at the high levels in those areas where veterans need it most—post-traumatic stress disorder, traumatic brain injury, traumatic amputation, military sexual trauma—those conditions that are unique to service and combat.

□ 1945

So I am really encouraged that we have him now as the Secretary of the full VA. I am really encouraged that we have the leadership like Mr. WALZ and Dr. ROE in the Committee on Veterans' Affairs in the House. I am really

encouraged by the leadership that we see on the Senate side, and I have got to tell you—and I am sure that Mr. WALZ would agree with me—we have leadership out in every single community in this country, from the Veterans of Foreign Wars, from the Vietnam Veterans of America, from the Iraq and Afghanistan Veterans of America, from the Disabled American Veterans, from the Paralyzed Veterans of America, from every single veterans service organization, too many to mention in the time that I have allotted today, who put the pressure, provide the solutions, make trips up to Washington, D.C., as they will this next week, to ensure that they are holding us accountable for the terrific responsibility that we have before us, and that we perform against that responsibility and that we perform against the goals that we have set—very ambitious, but achievable goals—for this country and every single veteran who has served who lives in this country who we have a sacred obligation to today.

I am encouraged that this committee, this Congress, this country works on a bipartisan—or let's just say a nonpartisan—basis to get that work done. We are introducing two bills tomorrow, for example, both with Republican cosponsors. The first bill is the Veteran Prescription Continuity Act with Representative MIKE COFFMAN from Colorado and Representative WALTER JONES from North Carolina. That bill, if made into law, will ensure that veterans who were dependent on the care provided in part through prescriptions prescribed while they were Active Duty servicemembers at a military treatment facility are still able to receive those prescriptions as veterans. A lot of folks don't know this, but we don't have a unified formulary between DOD and VA. Some veterans, some prescriptions get dropped along the way. Here is a no-brainer, quick bipartisan fix to that part of the problem.

The other bill is the Mental Health Care Provider Retention Act, also introduced with WALTER JONES from North Carolina. This ensures at a time of crisis when it comes to veteran suicide that if you are an Active Duty servicemember and you are receiving good treatment at a military treatment facility for post-traumatic stress disorder, for example, or other mental health issues, that if the VA cannot continue that care because we don't have enough psychiatrists or psychologists—we are 45,000 clinical positions short in the VA today—if you are getting good care in the Department of Defense military treatment facility and there is not that care for you on the VA side as you transition out and separate in a given community like El Paso, that you will be able to continue to receive quality mental health care treatment at that military treatment facility.

Again, this isn't going to solve every access problem. It is not going to, in itself, reduce or solve the suicide crisis

we have amongst veterans, but it is a commonsense, bipartisan approach that makes things a little bit better, that ensures that we have more access for more veterans and begin to take more steps toward reducing veteran suicide.

Mr. Speaker, I am very encouraged today by the opportunities before us, by the leadership that is ready to take on that work, and with the opportunity I have to join these leaders to ensure that we fulfill every commitment that we have to every veteran in America.

Mr. Speaker, I yield back the balance of my time.

PUBLICATION OF COMMITTEE RULES

RULES OF THE COMMITTEE ON FINANCIAL SERVICES FOR THE 115TH CONGRESS

HOUSE OF REPRESENTATIVES,
COMMITTEE ON FINANCIAL SERVICES,
Washington, DC, February 14, 2017.

Hon. PAUL RYAN,
Speaker of the House,
Washington, DC.

DEAR MR. SPEAKER: I submit for publication the attached copy of the rules of the Committee on Financial Services of the U.S. House of Representatives as adopted on February 2, 2017, for the 115th Congress.

Sincerely,

JEB HENSARLING,
Chairman.

RULE 1

GENERAL PROVISIONS

(a) The rules of the House are the rules of the Committee on Financial Services (hereinafter in these rules referred to as the "Committee") and its subcommittees so far as applicable, except that a motion to recess from day to day, and a motion to dispense with the first reading (in full) of a bill or resolution, if printed copies are available, are privileged motions in the Committee and shall be considered without debate. A proposed investigative or oversight report shall be considered as read if it has been available to the members of the Committee for at least 24 hours (excluding Saturdays, Sundays, or legal holidays except when the House is in session on such day).

(b) Each subcommittee is a part of the Committee, and is subject to the authority and direction of the Committee and to its rules so far as applicable.

(c) The provisions of clause 2 of rule XI of the Rules of the House are incorporated by reference as the rules of the Committee to the extent applicable.

RULE 2

MEETINGS

Calling of Meetings

(a)(1) The Committee shall regularly meet on the first Tuesday of each month when the House is in session.

(2) A regular meeting of the Committee may be dispensed with if, in the judgment of the Chairman of the Committee (hereinafter in these rules referred to as the "Chair"), there is no need for the meeting.

(3) Additional regular meetings and hearings of the Committee may be called by the Chair, in accordance with clause 2(g)(3) of rule XI of the rules of the House.

(4) Special meetings shall be called and convened by the Chair as provided in clause 2(c)(2) of rule XI of the Rules of the House.

Notice for Meetings

(b)(1) The Chair shall notify each member of the Committee of the agenda of each reg-

ular meeting of the Committee at least three calendar days (excluding Saturdays, Sundays, and legal holidays except when the House is in session on any such day) before the time of the meeting.

(2) The Chair shall provide to each member of the Committee, at least three calendar days (excluding Saturdays, Sundays, and legal holidays except when the House is in session on any such day) before the time of each regular meeting for each measure or matter on the agenda a copy of—

(A) the measure or materials relating to the matter in question; and

(B) an explanation of the measure or matter to be considered, which, in the case of an explanation of a bill, resolution, or similar measure, shall include a summary of the major provisions of the legislation, an explanation of the relationship of the measure to present law, and a summary of the need for the legislation.

(3) At least 24 hours prior to the commencement of a meeting for the markup of legislation, the Chair shall cause the text of such legislation to be made publicly available in electronic form.

(4) The provisions of this subsection may be waived by a two-thirds vote of the Committee or by the Chair with the concurrence of the ranking minority member.

RULE 3

MEETING AND HEARING PROCEDURES

In General

(a)(1) Meetings and hearings of the Committee shall be called to order and presided over by the Chair or, in the Chair's absence, by a member designated by the Chair to carry out such duties.

(2) Meetings and hearings of the Committee shall be open to the public unless closed in accordance with clause 2(g) of rule XI of the Rules of the House.

(3) Any meeting or hearing of the Committee that is open to the public shall be open to coverage by television broadcast, radio broadcast, and still photography in accordance with the provisions of clause 4 of rule XI of the Rules of the House (which are incorporated by reference as part of these rules). Operation and use of any Committee operated broadcast system shall be fair and nonpartisan and in accordance with clause 4(b) of rule XI and all other applicable rules of the Committee and the House.

(4) To the extent feasible, members and witnesses may use the Committee equipment for the purpose of presenting information electronically during a meeting or hearing, provided the information is transmitted to the appropriate Committee staff in an appropriate electronic format at least one business day before the meeting or hearing so as to ensure display capacity and quality. The content of all materials must relate to the pending business of the Committee and conform to the rules of the House. The confidentiality of the material will be maintained by the technical staff until its official presentation to the Committee members. For the purposes of maintaining the official records of the committee, printed copies of all materials presented, to the extent practicable, must accompany the presentations.

(5) No person, other than a Member of Congress, Committee staff, or an employee of a Member when that Member has an amendment under consideration, may stand in or be seated at the rostrum area of the Committee rooms unless the Chair determines otherwise.

Quorum

(b)(1) For the purpose of taking testimony and receiving evidence, two members of the Committee shall constitute a quorum.

(2) A majority of the members of the Committee shall constitute a quorum for the purposes of reporting any measure or matter, of