last day's proceedings and announces to the House his approval thereof.

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

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from Arkansas (Mr. WOMACK) come forward and lead the House in the Pledge of Allegiance.

Mr. WOMACK led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

REMEMBERING DR. BILLY BERT BAKER

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

Mr. WOMACK. Mr. Speaker, I rise today to pay respects to an admired, respected, and visionary educator, and a genuinely terrific person, Dr. Billy Bert Baker, of Gilbert, Arkansas, who passed away on Friday, January 6, at the age of 84.

My relationship with Dr. Baker goes back decades. He was a family friend. After spending 17 years as a faculty member and administrator at my alma mater, Arkansas Tech, in 1974, he became the first employee of North Arkansas College in Harrison, served the college for more than 27 years, was its founding president, and retired at the age of 68.

Under his leadership, Northark achieved several firsts, one of the most noteworthy being the 1993 merger of Northark and Twin Lakes Technical College, the first consolidation of a community college and a technical college in Arkansas. Billy Bert was also instrumental in the creation of both Northwest Arkansas Community College in Bentonville and the ASU—Mountain Home campus.

Dr. Baker's own unofficial motto was to ''help people grow, one at a time.'' That is exactly what he spent his life doing. He touched the lives of thousands—made them better men and women—and his legacy continues to enrich the lives of people throughout northern and northwest Arkansas through the institutions of higher learning that he envisioned decades ago.

Rest in peace, Dr. Baker. My deepest condolences are with Bonnie, your wife of 63 years; your two sons, daughter, grandchildren; and the entire Northark family in this time of great loss.

CHINA SHOULD TAKE THEIR CRIMINAL ILLEGALS BACK OR LOSE VISAS

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

Mr. POE of Texas. Mr. Speaker, Qian Wu was held up at knifepoint and brutally assaulted. Her attacker, a Chinese citizen who was illegally in America, was captured and sent off to prison for the assault. He should have been deported as soon as he finished his sentence, but China would not take back the outlaw. So, under American law, the attacker could not be held indefinitely in our prison and was turned loose on American streets. As soon as he was released from prison, he tracked down Qian Wu and murdered her.

Mr. Speaker, the law requires that a person who illegally enters the United States and is ordered deported must be repatriated to their native country. The lack of cooperation from countries that refuse or delay repatriation allows criminals like Qian Wu's killer to remain in America and commit more crimes.

My bill, the Timely Repatriation Act of 2017, restricts diplomatic visas to countries that deny the repatriation of criminal aliens deported from the United States. Countries like China must take back their lawfully deported criminal citizens or pay the price of losing diplomatic visas.

And that is just the way it is.

FAKE NEWS INCLUDES CLIMATE CHANGE

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

Mr. SMITH of Texas. Mr. Speaker, a good example of fake news appeared in Sunday's New York Times. It is a column headlined, ''As Trump Denies Climate Change, These Kids Die.'' This may be a new high—or maybe a new low—for climate alarmists and their exaggerations.

Two facts: first, most severe and persistent droughts occurred decades ago, not recently; and second, there is little connection between climate change and extreme weather, in general, according to numerous studies.

Climate alarmists tend to ignore scientific evidence and encourage media hype, and, of course, the liberal media is all too willing to go along. Climate discussions should be based on good science, not politically correct science.

GUANTANAMO BAY DETERS TERRORISTS

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

Mr. WILSON of South Carolina. Mr. Speaker, last month I was grateful that President Obama signed the National Defense Authorization Act into law—legislation that will clearly prevent the closure of the prison at Guantanamo Bay. Sadly, this has not stopped the President from releasing murderous terrorists, which, by weakness, encourages more attacks against American families that we can anticipate in the future.

Under President Obama, nearly 150 detainees have been released; and just last week, the President released four more hardened terrorists, creating a recruiting environment with a legacy of not being serious about murderous attacks in the future. The President should promote a legacy of peace, not more attacks.

The administration's own numbers reveal that as many as one-third of the terrorists from Guantanamo return to the battlefield to kill American families. In March, senior officials from the administration even testified that former prisoners from Guantanamo were responsible for American deaths.

I appreciate that President-elect Donald Trump does not support releasing terrorists from Guantanamo Bay, and I look forward to working with him to keep Guantanamo open. He knows that imprisonment is a deterrent to protect American families.

In conclusion, God bless our troops, and may the President, by his actions, never forget September the 11th in the global war on terrorism.

U.N. SECURITY COUNCIL RESOLUTION 2334

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

Mr. HOLDING. Mr. Speaker, just before Christmas, the U.N. Security Council passed a resolution condemning Israel.

I believe it goes almost without saying that Israel is our most trusted ally in the Middle East, which is why I find this so troubling, Mr. Speaker. The Obama administration had the power to veto the resolution and support one of our only allies in the region, but President Obama, less than a month from leaving office, dictated the United States would sit on the sidelines.

Well, Mr. Speaker, I am committed to preserving our alliance with Israel and ensuring a lasting peace is found in the region—a position that has been expressed multiple times on the floor of this House by my colleagues—and I believe we can't afford to sit on the sidelines anymore.

Mr. Speaker, the United States supports Israel. The Obama administration is leaving behind a failed foreign policy legacy, but our alliance with Israel will endure.

Former Senator Jesse Helms believed the United Nations required fundamental reform to address these kinds of problems. I believe this latest action by the Security Council underscores that need.

RECESS

The SPEAKER pro tempore (Mr. DENHAM). Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 4:30 p.m. today.

Accordingly (at 2 o'clock and 9 minutes p.m.), the House stood in recess.

□ 1630

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. COLLINS of New York) at 4 o'clock and 30 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

Record votes on postponed questions will be taken later.

NATIONAL CLINICAL CARE COMMISSION ACT

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 309) to amend the Public Health Service Act to foster more effective implementation and coordination of clinical care for people with a complex metabolic or autoimmune disease, a disease resulting from insulin deficiency or insulin resistance, or complications caused by such a disease, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 309

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''National Clinical Care Commission Act''.

SEC. 2. ESTABLISHMENT OF A NATIONAL CLINICAL CARE COMMISSION.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following new section:

''SEC. 399V–7. NATIONAL CLINICAL CARE COMMISSION.

''(a) ESTABLISHMENT.—There is hereby established, within the Department of Health and Human Services, a National Clinical Care Commission (in this section referred to as the 'Commission') to evaluate, and recommend solutions regarding better coordination and leveraging of, programs within the Department and other Federal agencies that relate in any way to supporting appropriate clinical care (such as any interactions between physicians and other health care providers and their patients related to treatment and care management) for individuals with—

''(1) one or more complex metabolic or autoimmune diseases;

''(2) one or more diseases resulting from insulin deficiency or insulin resistance; or

''(3) complications caused by one or more of any of such diseases.

''(b) MEMBERSHIP.—

''(1) IN GENERAL.—The Commission shall be composed of the following voting members:

''(A) The heads (or their designees) of the following Federal agencies and departments:

''(i) The Centers for Medicare & Medicaid Services.

''(ii) The Agency for Healthcare Research and Quality.

''(iii) The Centers for Disease Control and Prevention.

''(iv) The Indian Health Service.

''(v) The Department of Veterans Affairs.

''(vi) The National Institutes of Health.

''(vii) The Food and Drug Administration.

''(viii) The Health Resources and Services Administration.

''(ix) The Department of Defense.

''(B) Twelve additional voting members appointed under paragraph (2).

''(C) Such additional voting members as may be appointed by the Secretary, at the Secretary's discretion, from among the heads (or their designees) of governmental or nongovernmental entities that impact clinical care of individuals with any of the diseases and complications described in subsection (a).

''(2) ADDITIONAL MEMBERS.—The Commission shall include additional voting members appointed by the Secretary, in consultation with national medical societies and patient advocacy organizations with expertise in the care and epidemiology of any of the diseases and complications described in subsection (a), including one or more such members from each of the following categories:

''(A) Clinical endocrinologists.

''(B) Physician specialties (other than as described in subparagraph (A)) that play a role in diseases and complications described in subsection (a), such as cardiologists, nephrologists, and eye care professionals.

''(C) Primary care physicians.

''(D) Non-physician health care professionals, such as certified diabetes educators, registered dieticians and nutrition professionals, nurses, nurse practitioners, physician assistants.

''(E) Patient advocates.

''(F) National experts in the duties listed under subsection (c).

''(G) Health care providers furnishing services to a patient population that consists of a high percentage (as specified by the Secretary) of individuals who are enrolled in a State plan under title XIX of the Social Security Act or who are not covered under a health plan or health insurance coverage.

''(3) CHAIRPERSON.—The voting members of the Commission shall select a chairperson from the members appointed under paragraph (2) from the category under paragraph (2)(A).

''(4) MEETINGS.—The Commission shall meet at least twice, and not more than 4 times, a year.

''(5) BOARD TERMS.—Members of the Commission appointed pursuant to subparagraph (B) or (C) of paragraph (1), including the chairperson, shall serve for a 3-year term. A vacancy on the Commission shall be filled in the same manner as the original appointments.

''(c) DUTIES.—The Commission shall—

''(1) evaluate programs of the Department of Health and Human Services regarding the utilization of diabetes screening benefits, annual wellness visits, and other preventive health benefits that may reduce the incidence of the diseases and complications described in subsection (a), including identifying problems regarding such utilization and related data collection mechanisms and make recommendations;

''(2) identify current activities and critical gaps in Federal efforts to support clinicians in providing integrated, high-quality care to individuals with any of the diseases and complications described in subsection (a);

''(3) make recommendations regarding the coordination of clinically based activities that are being supported by the Federal Government with respect to the diseases and complications described in subsection (a);

''(4) make recommendations regarding the development and coordination of federally funded clinical practice support tools for physicians and other health care professionals in caring for and managing the care of individuals with any of the diseases and complications described in subsection (a), specifically with regard to implementation of new treatments and technologies;

''(5) evaluate programs described in subsection (a) that are in existence as of the date of the enactment of this section and determine if such programs are meeting the needs identified in paragraph (2) and, if such programs are determined as not meeting such needs, recommend programs that would be more appropriate;

''(6) recommend, with respect to the diseases and complications described in subsection (a), clinical pathways for new technologies and treatments, including future data collection activities, that may be developed and then used to evaluate—

''(A) various care models and methods; and

''(B) the impact of such models and methods on quality of care as measured by appropriate care parameters (such as A1C, blood pressure, and cholesterol levels);

''(7) evaluate and expand education and awareness activities provided to physicians and other health care professionals regarding clinical practices for the prevention and treatment of the diseases and complications described in subsection (a);

''(8) review and recommend appropriate methods for outreach and dissemination of educational resources that—

''(A) address the diseases and complications described in subsection (a);

''(B) are funded by the Federal Government; and

''(C) are intended for health care professionals and the public; and

''(9) carry out other activities, such as activities relating to the areas of public health and nutrition, that the Commission deems appropriate with respect to the diseases and complications described in subsection (a).

''(d) OPERATING PLAN.—

''(1) INITIAL PLAN.—Not later than 90 days after its first meeting, the Commission shall submit to the Secretary and the Congress an operating plan for carrying out the activities of the Commission as described in subsection (c). Such operating plan may include—

''(A) a list of specific activities that the Commission plans to conduct for purposes of carrying out the duties described in each of the paragraphs in subsection (c);

''(B) a plan for completing the activities;

''(C) a list of members of the Commission and other individuals who are not members of the Commission who will need to be involved to conduct such activities;

''(D) an explanation of Federal agency involvement and coordination needed to conduct such activities;

''(E) a budget for conducting such activities;

''(F) a plan for evaluating the value and potential impact of the Commission's work and recommendations, including the possible continuation of the Commission for the purposes of overseeing their implementation; and

''(G) other information that the Commission deems appropriate.

''(2) UPDATES.—The Commission shall periodically update the operating plan under paragraph (1) and submit such updates to the Secretary and the Congress.

''(e) FINAL REPORT.—By not later than 3 years after the date of the Commission's first meeting, the Commission shall submit to the Secretary and the Congress a final report containing all of the findings and recommendations required by this section. Not later than 120 days after the submission of the final report, the Secretary shall review the plan required by subsection (d)(1)(F) and