

strong multilateral coalitions and to invest in the stability of countries as war is happening there is absolutely essential to preserving peace.

The generals wrote: “We know from our service in uniform that many of the crises our nation faces do not have military solutions alone—from confronting violent extremist groups like ISIS in the Middle East and north Africa to preventing pandemics like Ebola.”

This 29 percent cut is absolutely unacceptable and will not keep us safe.

The billionaire’s budget doesn’t just cut funding for these programs, though. It also increases spending, and not for the benefit of our communities. This administration is calling for \$3 billion to detain more immigrants, deport more people, and build a bigger border wall. The staggering increase to detain an unprecedented 45,700 men and women is unacceptable.

Mr. Speaker, 167 men and women have died in detention since October 2003. The organization that I used to work at put out a human rights abuses report about the detention center controlled by the GEO corporation, private detention center way back in 2005 or 2006. We looked at all of the human rights abuses that were happening not only in that detention center, but we did research on what was happening around the country.

Among the 35 death reviews in this recent report that came out that have been released through Freedom of Information Act requests, substandard medical care contributed to at least 15 deaths. And even when government investigations concluded that a facility violated government detention standards, the government fails to hold these private facilities accountable and make sure that changes are made to address deficiencies that lead to the loss of human life.

Instead of spending \$3 billion on immigration enforcement and detention, here is what we could do with that money: We could create 45,000 new middle class jobs. We could build 184 new elementary schools. We could hire about 55,000 new kindergarten and elementary schoolteachers. We could provide close to 337,000 Head Start slots for young kids. We could pay for nearly 311,000 people to attend a 4-year college per year. We could help States protect and save up to 12,000 at-risk wildlife and plant species in the United States every year for the next 2.3 years. By the way, we could also provide nearly 2.1 million households with solar energy. We could weatherize over 460,000 homes nationwide, saving the average household about \$283 a year. And we could provide 10 million lifesaving HIV/AIDS treatments.

Mr. Speaker, this budget is about profit over safety, privatization over public good. It is about war over peace and diplomacy. And it is about incarceration over rehabilitation. It is fundamentally about billionaires and lobbyists over the American people.

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

□ 1915

RECOGNIZING VICTOR MARX

The SPEAKER pro tempore (Mr. GALLAGHER). Under the Speaker’s announced policy of January 3, 2017, the gentleman from Arizona (Mr. FRANKS) is recognized for 60 minutes as the designee of the majority leader.

Mr. FRANKS of Arizona. Mr. Speaker, Mr. Victor Marx is a man dedicated to spreading the great truth that even in the face of hate and violence, the love of God can heal even the most wounded among us. Victor’s full life story has been chronicled in the book “The Victor Marx Story” and in a film by the same name.

Victor’s animating, faith-motivated, moral imperative to help the suffering has fueled the mission of All Things Possible to free children from abuse and the effects of its trauma.

Therefore, Mr. Speaker, I rise today to recognize and to commend Victor Marx and All Things Possible Ministries for the work they do to reach out and embrace traumatized individuals across the world.

In 2015, All Things Possible launched high-risk missions to bring hope to those suffering abuse at the hands of evil in the Middle East. Victor and his team, including Dave Eubank of Free the Oppressed, visited Iraq to help over 300 young women and children who were previously held captive or traumatized by the violence of ISIS.

In an effort to provide children with tangible comfort, ATP launched the Lions and Lambs project. More than 11,000 little boys and girls have received stuffed animals that play cultural songs and prayers in a language native to their region. These signs of huggable hope remind them that they are not forgotten by the outside world.

In 2016, Victor and his team initiated efforts to find persecuted Christian families in northern Iraq and move them to safe havens in neighboring countries. To date, ATP has relocated more than 40 individuals specifically targeted by ISIS for elimination, giving them hope for a safer, better life, and restoring their faith in the human spirit.

Last year, ATP launched the third option with the goal of offering concrete alternatives to those vulnerable to ISIS recruitment. ATP unites with moderate leaders of the Islamic faith to pursue this goal. Recognizing Victor as a man of the book, a key leader of the Sunni Endowment is now working with ATP to craft a common narrative designed to prevent men of military age from being assimilated into ISIS.

Mr. Speaker, the prophet Isaiah said: The wolf also shall lie down with the lamb, and the leopard shall lie down with the kid; and the calf and the young lion and the fatling together; and a little child shall lead them.

Victor Marx and All Things Possible Ministries have brought this powerful ministry to life in a very touching way. It should encourage all of us to relentlessly pursue that day when the light of hope will fall across all of the lonely faces of God’s children all over this world and to that time when future generations, of those whom Jesus called the least of these our brothers and sisters, will be able to walk in the sunlight of liberty for as long as mankind inherits the Earth.

Mr. Speaker, I commend Victor Marx and All Things Possible, and I thank them for trying to make a better world.

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

DISMANTLING THE AFFORDABLE CARE ACT

The SPEAKER pro tempore. Under the Speaker’s announced policy of January 3, 2017, the Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 30 minutes.

Mr. BLUMENAUER. Mr. Speaker, this has been a fascinating 2 weeks here on Capitol Hill. We have had, last week, all night sessions in our Ways and Means Committee and on the Energy and Commerce Committee dealing with the Republican plan to dismantle the Affordable Care Act. At times, Mr. Speaker, it is really hard to process all of the claims and counterclaims that are going on. I feel occasionally like I am in an alternative universe, and it is not just because we were up until 4:30 in the morning debating this.

People have lost track of how we got to this point—what was happening earlier, what has been the benefit and accomplishment of the Affordable Care Act, and what is going to happen moving forward were we to adopt a really disastrous proposal advanced by my Republican friends.

Twenty-five years ago, I was in a different role as Portland’s commissioner of public works. And one of the elements in my portfolio for several years was to deal with personnel and benefits and health care. I am fully aware of trying to deal with our 6,000 employees to provide them with affordable health care that the city, as the employer, could afford, and that wasn’t too burdensome on our employees. We were caught in a situation with rapidly escalating costs, inflation for medical care twice the rate of the ordinary inflation; we were having problems with employers maintaining coverage in an affordable fashion; and the individual market was, frankly, very chaotic and troublesome.

I have with me here a report from the Kaiser Family Foundation from March of 2009. They talked about these challenges—how the United States healthcare spending had risen from 1970 from 7.2 percent of the gross domestic product to where they projected that it was going to cost us by 2018, next year.

It would be \$4.3 trillion, \$13,100 per resident, and account for over 20 percent of the gross domestic product.

Mr. Speaker, I am pleased to say that, as a result of the unprecedented reforms that were incorporated in the Affordable Care Act, we were able to deal with this problem. We began 10 years ago, when Democrats gained control of Congress, working on expansion of the CHIP program, children's health, and it was one of the first actions signed into law by President Obama when he assumed office and we weren't facing a veto from the Bush administration.

We have been working for over 3 years trying to lay the foundation for moving forward with a comprehensive approach for healthcare reform. And it should be noted, for all of the hyperbole about socialized medicine and government dictating outcomes and taking control away from the American people, that is the furthest thing from the truth.

In fact, the program that was developed by President Obama and the Democrats, with no help from Republicans, was actually a middle ground. It relied upon the private insurance that most Americans had through work, and be able to expand that coverage, to be able to improve the quality of care, to be able to rein in medical inflation, to be able to deal with some of the most needy of us, and to be able to have a healthcare system that performed better.

The simple fact is we spend about twice as much as any other developed country in the world. And our outcomes, on average, are worse than what happens in those countries that my friends on the other side of the aisle derided—Canada, Great Britain, France, Germany. As a practical matter, those people get sick less often, they get well faster, they live longer, and they do so for a fraction of what we pay.

So what we did, through a very extensive process—multiple public hearings, meetings, seminars, position papers that were generated from a wide variety of areas—was to assemble a program to deal with that. One of the elements that drew the scorn of my Republican friends, and, in fact, is part of their repeal that is one of the centerpieces, is to repeal the mandate that people have health care.

It is ironic that that has become a target from Republicans because the mandate came from Republican alternatives to HillaryCare in the Clinton administration. In fact, 19 Republican Senators, including Senator GRASSLEY and Senator HATCH, supported a healthcare mandate to be able to expand and stabilize the health insurance market.

Well, what we have done through those 2 years that it was enacted, March 23, 2010—we are approaching the seventh anniversary—it went live in the fall and was fully in effect in 2014. So in the 3 years that the Affordable

Care Act has been in place, it has had remarkable achievements.

You recall I mentioned what the studies showed that we were facing with rapidly escalating healthcare costs, where it was estimated that we would be having over 20 percent of the gross domestic product, we would be approaching over \$13,100 per resident. Well, that didn't happen. Despite the dire predictions of the Republican opposition, healthcare costs did not skyrocket.

In fact, we anticipate now that instead of being over \$13,000 per resident, it is under \$10,000 after a couple years of operation of the Affordable Care Act. Not over 20 percent of the gross domestic product, but 18 percent. We have found that these are the lowest rates of medical inflation since we have been keeping track.

The Affordable Care Act, by any stretch of the imagination, has been a success. We have seen coverage expand dramatically to the lowest rate of uninsured in the United States in our history while we have contained costs. That success is all the more remarkable because there has been a concerted effort on the part of the Republicans, from the moment they seized control of the House in 2011, to make it worse.

Bear in mind, the Republicans attacked the Affordable Care Act in court, on the floor of the House, and in terms of trying to muddy the waters on the State level. The Supreme Court challenge to the constitutionality of the Affordable Care Act failed. The Supreme Court decided that the Affordable Care Act was constitutional and would remain.

But the Supreme Court made a devastating decision that allowed individual States to opt out of Medicaid expansion. That was part of the program that was so important to be able to extend care on a cost-effective basis to some of the lowest income people in the country. Thirty-one States did. Nineteen States refused to do so. That undercut the coverage, made huge problems, created situations where there were people in the Republican-controlled States that refused to extend Medicaid, despite the fact that the Federal Government was paying for it, that we had people who were too poor to qualify for assistance. Shocking, embarrassing, and to the detriment of those States, they had much worse outcomes.

But it is ironic that some of the people who started attacking the Congressional Budget Office projections about the impact of the Republican plan pointed to the calculation on the part of the CBO that they underestimated the number of people who would be uninsured.

□ 1930

Well, that was precisely because there was no expectation that States would not expand Medicare, and if that unfortunate decision hadn't been made, we would, in fact, have seen them hit their target numbers.

Despite the claims of outrage on the Republican side that there would be employers dropping coverage for their employees en masse, we found that, in the main, employers retained coverage. Now, this is not the case going forward with the Republican proposal.

I think there was a reason why my Republican friends insisted on jamming this through the Ways and Means Committee and the Energy and Commerce Committee before we had a chance for the scorekeeper, the CBO, to give the results of their analysis: because they knew how bad it would look.

The CBO anticipates that there will be 14 million more uninsured Americans, including 2 million who will lose coverage provided by their employer because of the way their alternative tax credit for health insurance would be structured. In my State, it is estimated that as many as 465,000 Oregonians could lose coverage. The uninsured rate will triple in our State.

One of the areas that has been most successful with the Affordable Care Act has been for older Americans. They benefit from the protections against discrimination, and they are going to see a return to much higher premiums and higher costs.

The Republican plan would take the requirement that seniors pay no more than three times the rate of insurance for premiums for younger people, that will be five times greater. And instead of the subsidy that is based on income, there will just be a flat subsidy across the board. This means, in practice, that older Americans are going to face steeply higher premiums, and they are going to pay far more out-of-pocket because of the less generous subsidy.

One example that ought to get, I think, everybody's attention: In 2026, a 64-year-old with an income of about \$26,500 would pay \$14,600 for their health insurance as opposed to \$1,700 today, an increase of almost \$13,000.

Now, there are winners and losers under the Republican approach. The healthy, young people will catch a break, but older Americans will pay a lot more at precisely the time when they need health insurance.

Now, our Speaker appeared to be confused when he was describing the difference between the Republican approach and the Affordable Care Act, when he talked about how all of these people are being subsidized by the majority, who aren't sick. As many commentators rushed to point out to the Speaker, that is what insurance is about. Many people pay some to subsidize those who suffer loss. You pay a couple of hundred dollars a year for auto insurance so that, when you have a \$10,000 loss, that is picked up by the people who don't suffer a loss but paid the premiums nonetheless.

Think about what the Republicans have put in place. They are doubling down on what the Trump administration has done trying to discredit the efficacy of the program, casting it in

doubt. The administration has already stopped enforcing the mandate.

The IRS is supposed to check and enforce to make sure that people sign up for the ACA and everybody is part of the insurance pool, just like States have mandatory auto insurance. You are not allowed to run the risk of harming your fellow motorists by not having insurance. That is widely accepted and understood that it is necessary to have the system work right.

Now the Republicans are increasing the damage that Trump has imposed, unilaterally, by not enforcing the mandate. They are going to repeal the mandate. In place of the mandate, they are going to have a 30 percent surcharge in case people drop coverage and decide to reenter the insurance pool.

Well, think about that for a moment. The people who are young, healthy, who feel invincible and don't have healthcare problems now are very likely not to get insurance at all. They figure that when they get sick, they can go ahead, pay the 30 percent premium. If they find out they have got cancer, some serious disease, then they can sign up later. It is designed to destabilize the insurance system that we have.

By the same token, we are looking at the other end of the spectrum where the people who are lower income, older, and sick are going to pay a disproportionate burden. That is why the CBO determined, in their analysis, that in 2026, actually, there will be a drop in terms of insurance premiums, in terms of the cost. They will start to go down. They will go down because older Americans will be unable to afford the premium. They will drop the coverage.

It is not that they don't need health care. It is not that they are going to somehow avoid becoming sick or having accidents, but they are not going to have insurance coverage. That means the care that many of them are going to experience will be what we were fighting against before the Affordable Care Act. It will be in the emergency room. It will be when it is too late. It is not in a clinic before things get worse. It is after the fact, and it is in a setting that is not nearly as effective.

Mr. Speaker, it is really disappointing that part of the assault is on the Medicaid program itself. Medicaid is this program that provides care to the elderly, disabled, pregnant women, children, poor people. It is part of the bedrock safety net of this country. Republicans were against the expansion of Medicaid and making the qualifications to have Medicaid be more generous.

Under the Affordable Care Act, it is 138 percent of poverty, so lower and middle-income families are able to access this care. Prior to that, there were widely varying requirements across the country, and many of the States, particularly in the South, the States that declined to expand Medicaid, were facing really onerous restrictions—\$10,000,

\$12,000, \$7,000 family income—making it very, very hard and for only the most desperately poor to qualify for it.

Now, the Republican plan will eliminate the Medicaid expansion in its current form. It would cap Medicaid funding, and, ultimately, we are going to watch, reverting to what we had before—in effect, *de facto* rationing.

In Oregon, the Republican plan would shift \$2.5 billion back to the States over the next 6 years. States are going to be left with impossible decisions: reducing benefits, cutting people off of Medicaid.

This is what has happened historically when people ran into difficult financial times in the States. They didn't raise taxes to make sure that the poor were provided coverage; they cut back coverage even more.

Sadly, under the Republican plan, 14 million Americans would lose Medicaid coverage by 2026, and it would start having its impact in less than 3 years.

The policy would also severely set back efforts to combat opioid addiction and improve mental health treatment.

In my community, as I visit health centers, find out what is going on in clinics, in local government, officials that deal with the homeless, the drug addicted, the mentally ill, we found that they are using the opportunity to enroll people in Medicaid to give them proper care and not put that burden on local governments that they simply can't cope with.

The Republican plan would prevent that. We won't be able to have people most in need provided with the mental health, the addiction services, the health care that they need.

The Republican plan would put 2.8 million people with substance disorders, including over 200,000—about 220,000 is the estimate that I have seen—with opioid disorders, at risk of losing their coverage, including the coverage of addiction treatment, continuing the tragic cycle that we see played out in our streets across the country, but particularly in Appalachia. Some of the areas that actually were most opposed to the Affordable Care Act have received the greatest benefit.

In a time of concern about budget deficits, repealing the Affordable Care taxes—which we approved in the Ways and Means Committee in the middle of the night last week—would create an immediate windfall tax cut for the highest American taxpayers. The Affordable Care Act was a balanced plan that actually reduced the deficit while it improved healthcare outcomes across the country.

This approach is going to provide—for example, the top 400 earners would see an average tax break of about \$7 million a year, and people who are millionaires will be receiving tax cuts averaging \$57,000 apiece; but, as it plays out, we will find taxes would raise significantly on about 7 million low- and moderate-income families.

Mr. Speaker, it also puts in jeopardy Medicare coverage for 57 million Amer-

icans by cutting the Medicare trust fund resources. Because of the total impact of what we have done with the Affordable Care Act, we have watched the Medicare trust fund have its life extended 2 years. The Republican tax proposal will cut \$170 billion from the Medicare trust fund, moving it closer to being insolvent.

It is fascinating. Donald Trump promised not to touch Medicare or Medicaid. This plan violates both those promises. And as I had mentioned, the Trump promise that everybody would be covered under the Republican plan rings false. That is simply not the case.

Mr. Speaker, it was interesting, in the course of our deliberations, we received correspondence from the American Association of Retired Persons. They represent 38 million members in all 50 States, in the District of Columbia, Puerto Rico, and the Virgin Islands. It has a proven track record of being nonpartisan, a nationwide organization that helps people turn their goals and dreams into real possibilities for older Americans. They have a wide range of issues for which they have championed and gained notoriety; but, most significantly, we have watched them be involved with healthcare decisions, and they have been proven nonpartisan. In fact, I took issue with them when we were dealing with the Medicare part D prescription drug program in 2004.

□ 1945

It was unfortunate, I thought, that they kind of threw their weight to an inadequate program that was not paid for, that added to the deficit, and didn't do anything to fight to reduce prescription drug costs. But they made the judgment that this was the best they could do for the people they represented, and they didn't hesitate for a moment to work with Republicans to be able to enact that.

They wrote on March 7 to the chairs of our Energy and Commerce Committee and our Ways and Means Committee to express their opposition to the American Health Care Act. They did so because it would weaken Medicare's fiscal sustainability. They said it would dramatically increase the healthcare cost for Americans age 50 to 64 and put at risk the health care of millions of children and adults with disabilities and poor seniors who depend on Medicaid programs for long-term services, supports, and other benefits.

They have long fought to protect Medicare, and they pointed out in their correspondence that the 2016 Medicare trustee report said that the Medicare part A trust fund is solvent until 2028. This is 11 years longer than the projection immediately before the Affordable Care Act. Because of the changes in the Affordable Care Act, we gained solvency, 11 years longer.

Now, they have serious concerns about the Health Care Act that repealed provisions that strengthen the

fiscal outlook, specifically the repeal of the .9 percent payroll tax on higher income workers. According to their analysis, this provision would hasten the insolvency of Medicare by up to 4 years and diminish Medicare's ability to pay for services in the future.

Think about it, Mr. Speaker, we are dramatically increasing the number of uninsured Americans. We are going to give them more expensive insurance of a lower quality. They will have higher deductibles and copays. At the same time, we are jeopardizing the future of Medicare, which so many American seniors rely upon.

They pointed out that about 6.1 million Americans age 50 to 64 purchase their insurance in the nongroup market, and that over half of them were eligible to receive subsidies for health insurance coverage. They note the significant reduction in the number of uninsured since passage of the ACA, with the number of people in that age bracket dropping by half.

Yet, according to CBO, what is going to happen if the Republican plan is enacted, that that number is going to go back up again, it is going to be unaffordable for a number of seniors, and they are going to be paying a much higher cost.

Mr. Speaker, it is troubling that we are having a debate where we really have tried to discredit independent sources, where we have had no hearing dealing with the legislation that is rushing toward the House floor.

It is ironic that there was debate and discussion criticizing Democrats for the 3 years we spent developing the framework for moving the legislation forward. And after 6 years of my Republican friends being in power in the House, chipping away, undermining the Affordable Care Act, trying to make it worse, discrediting it, and voting over 60 times to repeal it, they do not have a plan in place to replace it.

Now, this is the best we can come up with. It is a program that is widely discredited.

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

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. MARINO (at the request of Mr. McCARTHY) for today and March 17 on account of inclement weather.

Mr. PAYNE (at the request of Ms. PELOSI) for today and March 17 on account of medical condition.

ENROLLED JOINT RESOLUTION SIGNED

Karen L. Haas, Clerk of the House, reported and found truly enrolled a Joint Resolution of the House of the following title, which was thereupon signed by the Speaker:

H.J. Res. 42. Joint Resolution disapproving the rule submitted by the Department of Labor relating to drug testing of unemployment compensation applicants.

SENATE ENROLLED JOINT RESOLUTION SIGNED

The Speaker announced his signature to an enrolled Joint Resolution of the Senate of the following title:

S.J. Res. 1. Joint resolution approving the location of a memorial to commemorate and honor the members of the Armed Forces who served on active duty in support of Operation Desert Storm or Operation Desert Shield.

ADJOURNMENT

Mr. BLUMENAUER. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 7 o'clock and 50 minutes p.m.), the House adjourned until tomorrow, Friday, March 17, 2017, at 9 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

777. A communication from the President of the United States, transmitting the preliminary budget of the United States Government for Fiscal Year 2018, pursuant to 31 U.S.C. 1105(a); Public Law 97-258 (as amended by Public Law 101-508, Sec. 13112(c)(1)); (104 Stat. 1288-608) (H. Doc. No. 115-18); to the Committee on Appropriations and ordered to be printed.

778. A communication from the President of the United States, transmitting a request for additional appropriations to the Department of Defense and the Department of Homeland Security for Fiscal Year 2017 (H. Doc. No. 115-19); to the Committee on Appropriations and ordered to be printed.

779. A letter from the Chief of Staff, Media Bureau, Federal Communications Commission, transmitting the Commission's final rule — Amendment of Sec. 72.202(b), Table of Allotments, FM Broadcast Stations (Red Lake, Minnesota) [MB Docket No.: 16-371] (RM-11777) received March 6, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

780. A letter from the Director, Office of Congressional Affairs, Nuclear Regulatory Commission, transmitting the Commission's final NUREG — Postulated Rupture Locations in Fluid System Piping Inside and Outside Containment [Branch Technical Position 3-4] received March 14, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

781. A letter from the Director, Office of Congressional Affairs, Nuclear Regulatory Commission, transmitting the Commission's final NUREG — Seismic and Dynamic Qualification of Mechanical and Electrical Equipment [SRP 3.10] received March 14, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

782. A letter from the Director, Office of Congressional Affairs, Nuclear Regulatory Commission, transmitting the Commission's final NUREG — Applicable Code Cases [SRP 5.2.1.2] received March 14, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

783. A letter from the Director, Office of Congressional Affairs, Nuclear Regulatory Commission, transmitting the Commission's final NUREG — Determination of Rupture

Locations and Dynamic Effects Associated with the Postulated Rupture of Piping [SRP 3.6.2] received March 14, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

784. A letter from the Director, Office of Congressional Affairs, Office of New Reactors, Nuclear Regulatory Commission, transmitting the Commission's final NUREG — Special Topics for Mechanical Components [SRP 3.9.1] received March 14, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

785. A letter from the Assistant General Counsel for Regulatory Affairs, Office of the General Counsel, Consumer Product Safety Commission, transmitting the Commission's direct final rule — Safety Standard Mandating ASTM F963 for Toys [Docket No.: CPSC-2017-0010] received March 9, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

786. A letter from the Secretary, Department of Commerce, transmitting a report certifying that the export of the listed items to the People's Republic of China is not detrimental to the U.S. space launch industry, pursuant to 22 U.S.C. 2778 note; Public Law 105-261, Sec. 1512 (as amended by Public Law 105-277, Sec. 146); (112 Stat. 2174); to the Committee on Foreign Affairs.

787. A letter from the Secretary, Department of the Treasury, transmitting a six-month periodic report on the national emergency with respect to Somalia that was declared in Executive Order 13536 of April 12, 2010, pursuant to 50 U.S.C. 1641(c); Public Law 94-412, Sec. 401(c); (90 Stat. 1257) and 50 U.S.C. 1703(c); Public Law 95-223, Sec 204(c); (91 Stat. 1627); to the Committee on Foreign Affairs.

788. A letter from the Secretary, Department of the Treasury, transmitting a six-month periodic report on the national emergency with respect to Iran that was declared in Executive Order 12957 of March 15, 1995, pursuant to 50 U.S.C. 1641(c); Public Law 94-412, Sec. 401(c); (90 Stat. 1257) and 50 U.S.C. 1703(c); Public Law 95-223, Sec 204(c); (91 Stat. 1627); to the Committee on Foreign Affairs.

789. A letter from the Director, Defense Security Cooperation Agency, Department of Defense, transmitting the Army's proposed Letter of Offer and Acceptance to Singapore, Transmittal No. 16-81, pursuant to Sec. 36(b)(1) of the Arms Export Control Act, as amended; to the Committee on Foreign Affairs.

790. A letter from the Associate General Counsel for General Law, Department of Homeland Security, transmitting two notifications of designation of acting officer and discontinuation of service in acting role, pursuant to 5 U.S.C. 3349(a); Public Law 105-277, 151(b); (112 Stat. 2681-614); to the Committee on Oversight and Government Reform.

791. A letter from the Chief Human Resources Office and Executive Vice President, United States Postal Service, transmitting the Service's FY 2016 No FEAR Act report, pursuant to 5 U.S.C. 2301 note; Public Law 107-174, 203(a) (as amended by Public Law 109-435, Sec. 604(f)); (120 Stat. 3242); to the Committee on Oversight and Government Reform.

792. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Fisheries of the Exclusive Economic Zone Off Alaska; Exchange of Flatfish in the Bering Sea and Aleutian Islands Management Area [Docket No.: 150916863-6211-02] (RIN: 0648-XE867) received March 13, 2017,