

The result of this bill would be that these important security systems will continue to be available, preserving the jobs of those who make them, and, most importantly, the safety of those who use them.

Mr. Speaker, I urge my colleagues to vote “yes” on this measure, and I reserve the balance of my time.

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

Mr. Speaker, I rise in support of S. 190, the Power and Security Systems, or PASS, Act.

Mr. Speaker, this bill would provide a noncontroversial technical fix to a Department of Energy efficiency standard, and it has widespread bipartisan support.

I would also like to acknowledge my colleagues, Mr. WELCH from Vermont, Mr. BROOKS from Alabama, as well as Senator GARDNER and Senator CANTWELL, for their work in sponsoring this bill and getting it to the floor here today.

Mr. Speaker, this legislation would simply amend the Energy Policy and Conservation Act to require the Department of Energy to issue a rule by July 1, 2021, which would determine whether energy conservation standards for external power supplies should be amended.

The rule must contain any amendment standards and would apply to products manufactured on or after July 1, 2023.

Mr. Speaker, current law exempts external power supplies for security or life safety systems from energy conservation standards until July 1, 2017. This bill simply extends that exemption to July 1, 2023.

Mr. Speaker, this clarification is necessary in order to exclude power supply circuits, drivers, and devices that are designed to power security alarms, life-saving devices, and surveillance systems.

Mr. Speaker, as I stated, this legislative fix has widespread support from both houses of Congress, from both sides of the aisle, as well as from industry and the energy efficiency community.

Mr. Speaker, I urge all of my colleagues to support this valuable piece of legislation, and I yield back the balance of my time.

Mr. OLSON. Mr. Speaker, I close with a short and sweet: good bill, vote for it.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. OLSON) that the House suspend the rules and pass the bill, S. 190.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

NATIONAL CLINICAL CARE COMMISSION ACT

Mr. OLSON. Mr. Speaker, I move to suspend the rules and pass the bill (S. 920) to establish a National Clinical Care Commission.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 920

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. 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 make recommendations regarding improvements to the coordination and leveraging of programs within the Department and other Federal agencies related to awareness and clinical care for at least one, but not more than two, complex metabolic or autoimmune diseases resulting from issues related to insulin that represent a significant disease burden in the United States, which may include complications due to such diseases.

(b) MEMBERSHIP.—

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

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

(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.

(x) The Department of Agriculture.

(xi) The Office of Minority Health.

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

(2) ADDITIONAL MEMBERS.—The Commission shall include additional voting members, as may be appointed by the Secretary, with expertise in the prevention, 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) Physician specialties, including clinical endocrinologists, that play a role in the prevention or treatment of diseases and complications described in subsection (a).

(B) Primary care physicians.

(C) Non-physician health care professionals.

(D) Patient advocates.

(E) National experts, including public health experts, in the duties listed under subsection (c).

(F) 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 members of the Commission shall select a chairperson from the members appointed under paragraph (2).

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

(5) VACANCIES.—A vacancy on the Commission shall be filled in the same manner as the original appointments.

(c) DUTIES.—The Commission shall evaluate and make recommendations, as appropriate, to the Secretary of Health and Human Services and Congress regarding—

(1) Federal programs of the Department of Health and Human Services that focus on preventing and reducing the incidence of the diseases and complications described in subsection (a);

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

(3) the improvement in, and improved coordination of, Federal education and awareness activities related to the prevention and treatment of the diseases and complications described in subsection (a), which may include the utilization of new and existing technologies;

(4) methods for outreach and dissemination of education and awareness materials 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

(5) whether there are opportunities for consolidation of inappropriately overlapping or duplicative Federal programs related to the diseases and complications described in subsection (a).

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

(1) 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);

(2) a plan for completing the activities;

(3) 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;

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

(5) a budget for conducting such activities; and

(6) other information that the Commission deems appropriate.

(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 of Health and Human Services and the Congress a final report containing all of the findings and recommendations required by this section.

(f) SUNSET.—The Commission shall terminate 60 days after submitting its final report, but not later than the end of fiscal year 2021.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. OLSON) and the gentleman from Illinois (Mr. RUSH) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

Mr. OLSON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and insert extraneous material in the RECORD.

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

There was no objection.

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

Mr. Speaker, I rise today in support of S. 920, the National Clinical Care Commission Act, a bipartisan bill that has received unanimous support within both the House and the Senate Chambers. S. 920 is the Senate companion to my bill, H.R. 309, which is cosponsored by over half of my House colleagues.

It has this level of support because our Nation faces an epidemic. Diabetes or prediabetes affects over 100 million Americans. Nearly one in three of our neighbors is affected.

This legislation will also help many others who are affected by other diseases like heart disease, obesity, and many others.

When I first came to Congress in 2009, it was crystal clear that we had a big problem. The benefits of all the Federal research dollars going into these diseases were simply not making their way to patients. Researchers at the NIH, the CDC, the DOD, the VA, and the FDA weren't sharing diabetes research. Who knows? Sharing information may have put us on a path to cure diabetes.

It was clear then, and it is still clear today: we need a laser-like approach to improve patient care by pursuing a strong Federal focus on research.

This bill accomplishes that goal by creating a National Clinical Care Commission comprised of doctors who specialize in diabetes care for patients.

This commission will have 3 years to strengthen the partnership between Federal stakeholders and health professionals who will bring hands-on, clinical experience to improve care.

This is not a new, unending bureaucracy. After 3 years, this commission will sunset. In 3 years, it will be gone.

We have already made such a huge investment of taxpayer dollars into research. It is time to leverage that investment into meaningful prevention and effective treatment options.

President Reagan once said: "There is no limit to the amount of good you can do if you don't care who gets the credit."

That is why I stand here today in strong support of my bill, which became Senator SHAHEEN's bill, because this bill will help so many Americans who are suffering from diabetes.

So today I ask my colleagues to again help all those who suffer from diabetes and other complex metabolic and autoimmune disorders by voting for S. 920.

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

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

Mr. Speaker, I rise in support of S. 920, the National Clinical Care Commission Act.

Mr. Speaker, this legislation aims to help improve Federal efforts to treat

and to prevent metabolic and autoimmune disorders related to insulin.

The most common metabolic disorder in the U.S. is diabetes, which affects more than 25 million Americans. Another 86 million Americans have prediabetes, a condition associated with an increased risk of developing type 2 diabetes and heart disease.

Mr. Speaker, diabetes takes a huge toll on human health; in fact, it is the seventh leading cause of death in our Nation.

Additionally, Mr. Speaker, all too often diabetes leads to avoidable complications, such as blindness, such as limb amputation, and also kidney failure.

In addition to the effects on human health, Mr. Speaker, diabetes care makes up a large percentage of U.S. healthcare expenditure.

Mr. Speaker, currently \$1 of every \$5 of healthcare cost is spent caring for people with diabetes. The proportion of Medicare funding is even greater than this. Currently, \$1 of every \$3 of Medicare expenditure is spent caring for people with diabetes.

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Mr. Speaker, that is why it is important to improve the Federal efforts that prevent avoidable cases of diabetes and other metabolic disorders, and to ensure that all Americans have the treatment and the management services necessary to successfully manage this and other similar conditions.

Mr. Speaker, this legislation was previously passed in the 114th Congress and again at the beginning of the 115th Congress. I am pleased to see that the Senate took action on this legislation to support passage of this bill into law.

Mr. Speaker, I urge my colleagues to vote "yes" on S. 920, and I reserve the balance of my time.

Mr. OLSON. Mr. Speaker, I yield as much time as he may consume to the gentleman from Texas (Mr. BURGESS).

Mr. BURGESS. Mr. Speaker, today I rise in support of S. 920, the National Clinical Care Commission Act, sponsored by Senator SHAHEEN.

This legislation has been around for a while. It has been championed in the House by our good friend and fellow Texan, Representative PETE OLSON, as H.R. 309. This bill has strong bipartisan support. It passed this House unanimously earlier this year.

Diabetes and other endocrine disorders have been a great cost burden on Medicare and, in fact, our Nation's healthcare system in general. Thirty million Americans have diabetes, 84 million Americans have prediabetes, and three out of four Americans on Medicare have diabetes or prediabetes. And \$1 out of every \$3 Medicare spends is spent on diabetes.

This bill will establish a clinical care commission to evaluate and recommend solutions for better coordination and use of Federal programs aimed at improving care for people with diabetes and other related endocrine dis-

orders. This commission will be tasked with identifying gaps where new approaches are needed, eliminating duplication across Federal agencies, and leveraging the Federal resources and tools available to enhance the quality of patient care.

I am confident their work will improve the lives of tens of millions of Americans living with diabetes and with other endocrine disorders while beginning the process of reducing the staggering impact of these diseases.

Mr. Speaker, I certainly want to thank and commend our colleague, Representative PETE OLSON, for spearheading this important initiative. I want to thank him for bringing it to the floor of the House as many times as he has. This has been a lengthy process, but today, with the passage of this bill, we are voting on final passage, and this bill will be sent to the President's desk for signature. Mr. Speaker, Mr. OLSON's long and arduous journey now will be completed with the passage of this bill, and we should all look forward to that.

Mr. RUSH. Mr. Speaker, I yield such time as he may consume to the gentleman from Iowa (Mr. LOEBACK).

Mr. LOEBACK. Mr. Speaker, I thank my colleague from Illinois (Mr. RUSH) for yielding time to me today to speak on this important bill.

Mr. Speaker, I am pleased to rise in strong support of S. 920, the National Clinical Care Commission Act. S. 920, as was mentioned already, creates a commission comprised of clinical endocrinologists, other physician specialists, primary care physicians, healthcare professionals, patients, and representatives from the Federal agencies most involved in diabetes care.

The commission is charged with making recommendations to streamline Federal investments in diabetes, to improve the coordination and clinical care outcomes for people with diabetes, prediabetes, and other insulin-related metabolic and autoimmune diseases.

Passage of this legislation will help the Nation undertake more and innovative approaches to diabetes and its disease complications, for which the United States spends some \$322 billion annually.

I urge the Secretary also to move expeditiously to set up the commission so it can begin its important work as soon as possible. Clinical training and expertise in diabetes and other insulin-related diseases will be needed to lead the commission, and it is my hope that a clinical endocrinologist will be chosen to serve as the chairperson of the commission. I think that is very important.

With a clinical endocrinologist as chair and representatives from other medical specialties, healthcare professions, and patient advocacy groups, serving alongside with Federal diabetes experts, the commission created under S. 920 will help to ensure that new innovative medications and devices are

effectively translated to the clinical setting for the benefit of patients. That clinical translation is so important.

The work of the commission will help improve the lives of the tens of millions of Americans living with diabetes while simultaneously beginning the process of reducing the staggering impact of diabetes and its disease complications and the dollars that, as has already been mentioned, are associated with that.

Mr. Speaker, I want to thank in particular Representative OLSON for his persistence, as was already mentioned, and for sponsoring this bill in the House. I was very happy to lead the way as the Democrat on this side of the aisle on this bill, and for my colleagues on both sides of the aisle who supported this bill that enabled House passage of the legislation earlier, as was mentioned, and now we are finally going to get it over the finish line. Mr. Speaker, I thank Representative OLSON in particular for his efforts on this.

Mr. OLSON. Mr. Speaker, I thank my colleague from Iowa for those kind words, and I reserve the balance of my time.

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

Mr. OLSON. Mr. Speaker, again, short and sweet. This is a good bill. It is the first step towards actually funding a cure for diabetes. Maybe we will do that. By the way, it leaves here and will be signed into law before this week ends. I urge my colleagues to vote "aye" when this vote comes up for a final passage vote.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. OLSON) that the House suspend the rules and pass the bill, S. 920.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

DR. JOHN F. NASH, JR. POST OFFICE

Mr. RUSSELL. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2302) to designate the facility of the United States Postal Service located at 259 Nassau Street, Suite 2 in Princeton, New Jersey, as the "Dr. John F. Nash, Jr. Post Office".

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2302

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

SECTION 1. DR. JOHN F. NASH, JR. POST OFFICE.

(a) DESIGNATION.—The facility of the United States Postal Service located at 259 Nassau Street, Suite 2 in Princeton, New Jersey, shall be known and designated as the "Dr. John F. Nash, Jr. Post Office".

(b) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other

record of the United States to the facility referred to in subsection (a) shall be deemed to be a reference to the "Dr. John F. Nash, Jr. Post Office".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oklahoma (Mr. RUSSELL) and the gentlewoman from New Jersey (Mrs. WATSON COLEMAN) each will control 20 minutes.

The Chair recognizes the gentleman from Oklahoma.

GENERAL LEAVE

Mr. RUSSELL. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on the bill under consideration.

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

There was no objection.

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

Mr. Speaker, I speak in support of H.R. 2302, introduced by the gentlewoman, Congresswoman BONNIE WATSON COLEMAN from New Jersey. The bill designates the post office located at 259 Nassau Street, Suite 2, in Princeton, New Jersey, as the Dr. John F. Nash, Jr. Post Office.

John Nash was a brilliant mathematician, publishing groundbreaking work in many areas. One of his most famous contributions was to the field of game theory, creating what is known as the Nash equilibrium.

For his achievements, he won a Nobel Prize in Economic Sciences in 1994, and the Abel Prize from the Norwegian Academy of Science and Letters in 2015.

Mr. Speaker, I look forward to hearing more about Dr. Nash's life from the gentlewoman from New Jersey, and I urge my colleagues to support the bill.

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

Mrs. WATSON COLEMAN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I do rise to urge support for my bill, H.R. 2302, which would designate the facility of the United States Postal Service located at 259 Nassau Street in Princeton, New Jersey, as the Dr. John F. Nash, Jr. Post Office.

As a legendary figure of Princeton University's mathematics department, Dr. Nash was famous both for his genius and his life story. Born in Bluefield, West Virginia, in 1928, Dr. John Nash was a child prodigy who graduated from the Carnegie Institute of Technology at age 19, with both a bachelor's and a master's degree in mathematics.

Dr. Nash subsequently received his doctorate in 1950 from Princeton University and published a groundbreaking theory of noncooperative games later that year, which is now known as the Nash equilibrium.

His monumental work in mathematics, game theory, economics, and evolutionary biology has influenced generations of experts in these fields.

In addition to his academic contributions, Dr. Nash gained worldwide acclaim from the 2001 film "A Beautiful Mind," which portrayed his vast accomplishments while living with schizophrenia and throughout his recovery from mental illness.

In recognition of his lifelong work, Dr. Nash was awarded a Nobel Prize in Economic Sciences in 1994, and the 2015 Abel Prize from the Norwegian Academy of Science and Letters.

Tragically, he and his wife, Alicia, were killed in an automobile accident in 2015 on their return from receiving the award in Norway.

Finally, I want to end my remarks by congratulating Ms. Lyla Malloy, the student in my district whose essay submission to our post office naming competition was chosen out of 84 entries.

Mr. Speaker, I urge the passage of H.R. 2302 in recognition of Dr. Nash's important contributions to our country, and I yield back the balance of my time.

Mr. RUSSELL. Mr. Speaker, I urge the adoption of the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oklahoma (Mr. RUSSELL) that the House suspend the rules and pass the bill, H.R. 2302.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

BONUSES FOR COST-CUTTERS ACT OF 2017

Mr. RUSSELL. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 378) to amend title 5, United States Code, to enhance the authority under which Federal agencies may pay cash awards to employees for making cost saving disclosures, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 378

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 "Bonuses for Cost-Cutters Act of 2017".

SEC. 2. COST SAVINGS ENHANCEMENTS.

(a) DEFINITIONS.—Section 4511 of title 5, United States Code, is amended—

(1) in the section heading, by striking "Definition" and inserting "Definitions"; and

(2) in subsection (a)—

(A) by striking the period at the end and inserting "; and";

(B) by striking "this subchapter, the term" and inserting the following: "this subchapter—

"(1) the term"; and

(C) by adding at the end the following:

"(2) the term 'wasteful expenses' means amounts made available for salaries and expenses accounts, operations and maintenance accounts, or other equivalent accounts—

"(A) that are identified by an employee of the agency under section 4512(a) as wasteful; and

"(B) that the Chief Financial Officer of the agency determines are not required for the purpose for which the amounts were made available."