

also contribute to regional stability. New hope and opportunity with free market reforms are now available to the people of Ethiopia.

In conclusion, God bless our troops, and we will never forget September the 11th in the global war on terrorism.

Welcome, Pastor John Hagee and Christians United for Israel, to Washington, addressed last night by Ambassador Nikki Haley.

FLINT WATER CRISIS IS NOT OVER

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

Mr. KILDEE. Mr. Speaker, I rise today to thank my House colleagues who visited my hometown of Flint, Michigan, last week to get an update on the city's ongoing water crisis. I want to specifically thank Leader NANCY PELOSI; Assistant Democratic Leader JIM CLYBURN; Representatives BARBARA LEE, JIM MCGOVERN, DENNY HECK, DWIGHT EVANS, JARED HUFFMAN; and, of course, the members of the Michigan delegation, including SANDY LEVIN, BRENDA LAWRENCE, and DEBBIE DINGELL. I want to thank them all for visiting Flint.

I appreciate all my colleagues who have come to Flint to visit with families, and I am especially grateful that Congress passed much-needed help for this community as it struggles to overcome this water crisis.

Today, there is progress in Flint, thanks to this body. Nearly 7,000 of those dangerous lead pipes have been replaced so far using the Federal funds that we provided.

The recovery does continue. The Flint water crisis has faded from the national headlines, and this congressional delegation is a reminder that the crisis isn't over. That visit was an opportunity for us to hear directly from families that there is still much to be done.

What happened in Flint is not some anomaly. It is a warning to the rest of the country and to this Congress that we have to do more to rebuild America's critical infrastructure. Otherwise, we run the risk of more Flint, Michigans to come.

□ 1215

GIVING AMERICANS MORE CHOICES ON HEALTHCARE EXPENSE SAVINGS

(Mrs. WAGNER asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. WAGNER. Mr. Speaker, I rise today in support of giving Americans more choices when deciding how to save for healthcare expenses.

The legislation we are voting on this week will increase the number of Americans who are eligible to contribute to tax-free health savings ac-

counts and expand the use of HSAs to cover direct primary care and over-the-counter medicines.

HSAs make it easier for people to take a proactive approach to their own healthcare. It is time to give Americans more access and more choice and affordability when spending their hard-earned paychecks.

Our legislation will also reduce premiums, roll back burdensome ObamaCare regulations, and give Americans more options and control when dealing with personal issues of healthcare.

I look forward to casting my vote for all Missouri, especially those in Missouri's Second Congressional District. They deserve the freedom to do what is best for their families.

RECOGNIZING PUBLIC SAFETY AIRCREWS

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

Mr. BILIRAKIS. Mr. Speaker, today I rise to recognize a group of unsung heroes who help keep our country and communities safe.

Public safety aircrews fly every day across the Nation to ensure the safety of our domestic airspace, often in very hazardous conditions. They also support first responders during disaster response and rescue missions throughout the country.

We honor the commitment of those public servants, both past and present, and recognize that some have made the ultimate sacrifice. It is only fitting that a day be set aside to honor the thousands of public servants, both past and present, who have served.

To this end, I introduce H. Res. 991, to recognize June 26 of each year as National Public Safety Aviation Day.

PROVIDING FOR CONSIDERATION OF H.R. 184, PROTECT MEDICAL INNOVATION ACT OF 2017, AND PROVIDING FOR CONSIDERATION OF H.R. 6311, INCREASING ACCESS TO LOWER PREMIUM PLANS AND EXPANDING HEALTH SAVINGS ACCOUNTS ACT OF 2018

Mr. BURGESS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 1011 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 1011

Resolved, That upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 184) to amend the Internal Revenue Code of 1986 to repeal the excise tax on medical devices. All points of order against consideration of the bill are waived. The amendment printed in the report of the Committee on Rules accompanying this resolution shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous question shall be considered as ordered on

the bill, as amended, and on any further amendment thereto, to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means; and (2) one motion to recommit with or without instructions.

SEC. 2. Upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 6311) to amend the Internal Revenue Code of 1986 and the Patient Protection and Affordable Care Act to modify the definition of qualified health plan for purposes of the health insurance premium tax credit and to allow individuals purchasing health insurance in the individual market to purchase a lower premium copper plan. All points of order against consideration of the bill are waived. In lieu of the amendment in the nature of a substitute recommended by the Committee on Ways and Means, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 115-83 shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto, to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means; and (2) one motion to recommit with or without instructions.

The SPEAKER pro tempore. The gentleman from Texas is recognized for 1 hour.

Mr. BURGESS. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Florida (Mr. HASTINGS), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

GENERAL LEAVE

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

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

There was no objection.

Mr. BURGESS. Mr. Speaker, House Resolution 1011 provides for the consideration of two bills aimed at removing some of the most burdensome aspects of the Affordable Care Act, and, as a result, moving toward lowering healthcare costs for the millions of Americans who are confronted daily with rising premiums, rising deductibles, and rising drug prices.

With each bill, we take one step closer to ultimately eliminating the Affordable Care Act's government-run approach to healthcare and return to a market-driven solution that puts patients first.

The first bill in today's rule, H.R. 184, the Protect Medical Innovation Act of 2017, would repeal the excise tax on medical devices imposed on American companies by the previously mentioned Affordable Care Act.

The second bill in today's rule, H.R. 6311, the Increasing Access to Lower Premium Plans and Expanding Health

Savings Accounts Act of 2018, expands the availability and the use of health savings accounts to allow individuals and their families to save their own money and budget for the healthcare needs they have that otherwise would not be part of their budget.

Today's resolution provides for a closed rule for H.R. 184, the Protect Medical Innovation Act of 2017. This is the standard practice for a tax-related measure on the House floor. The rule provides for 1 hour of debate, equally divided and controlled by the chair and the ranking minority member on the Committee on Ways and Means. The rule does provide the minority with the customary motion to recommit with or without instructions.

The second part of today's resolution provides for a closed rule for H.R. 6311, the Increasing Access to Lower Premium Plans and Expanding Health Savings Accounts Act of 2018. The rule provides for 1 hour of debate equally divided and controlled by the chair and the ranking minority member of the Committee on Ways and Means. The customary motion to recommit with or without instructions is provided to the minority.

This week, Republicans in the House continue our efforts to increase more healthcare options while driving down premiums in the individual market. According to the Office of the Assistant Secretary for Planning and Evaluation at the Department of Health and Human Services, premiums on the exchange are 105 percent higher, on average, in calendar year 2017, compared to premiums in the individual market in calendar year 2013, which was the last year before the Affordable Care Act took effect.

It is important that we continue to address the negative impact that the Affordable Care Act has had on the individual market and to help Americans across the country be more in charge of their healthcare purchases.

Thus far, the Republican Congress has been successful in nullifying the individual mandate, repealing the Independent Payment Advisory Board, and delaying many of the harmful taxes on American businesses and American consumers. I am also encouraged by the actions of the administration in permitting more low-cost limited duration insurance plans and allowing access to association health plans for more small businesses.

These are choices that are provided to the American people so that they, the American people, can be in the driver's seat, not the other way around with the ACA's government-approved one-size-fits-all healthcare model.

With that in mind, two bills we are considering this week seek to expand and improve health savings accounts. Under the current rule, H.R. 6311, the Increasing Access to Lower Premium Plan and Expanding Health Savings Accounts Act of 2018, will enhance the benefit of tax-preferred health accounts so that individuals can better

plan and save for their healthcare needs, and, also, these individuals will see lower premiums on their healthcare plans.

For the last several Congresses, I have argued to improve the utility of health savings accounts, and so I am pleased to see that these important policies are being advanced through the House this week.

In addition to offering health insurance, many employers often arrange to reimburse their employees and their dependants some of their medical expenses that are not covered by health insurance. Health flexible spending accounts and health reimbursement arrangements are two of the more common arrangements offered by employers.

I have heard the frustration of employees, many of whom are my constituents in north Texas, over forfeiting the remaining amounts in their flexible spending account at the end of each plan year. We can all agree that the healthcare needs and purchases vary from year to year, where one year a person may have more medical expenses than the next or the other way around.

One of the provisions in H.R. 6311 eliminates the arbitrary "use it or lose it" rule and allows flexible spending account balances to be carried over to the next plan year within a reasonable annual flexible spending account contribution limit.

Another provision allows working seniors that are covered under an HSA-eligible high deductible health plan and enrolled in Medicare part A to continue to contribute to their health savings account. Just because someone becomes eligible for Medicare because of age, they should not be prohibited from continuing to contribute to a health savings account.

Under current law, there are annual health savings account contribution limits. In 2018, the limit for an individual was \$3,450. For families, that amount was \$6,900. While these limits are updated annually for inflation, they are significantly less than the combined limit on annual out-of-pocket deductible expenses.

H.R. 6311 would allow individuals to increase their contributions to equal to the combined annual limit on the out-of-pocket and deductible expenses under their HSA-qualified insurance plan. That would be \$6,550 for an individual and \$13,300 for a family this year.

The Affordable Care Act limits the option of individuals enrolled in bronze and so-called copper, or catastrophic, plans to make HSA contributions. Also, only those under 30 or those that qualify for a hardship exemption are actually able to purchase the so-called copper health plan. That is a 50 percent actuarial value health plan.

So, today, I am pleased that a bill that I introduced with Representative ROSKAM, H.R. 6314, the Health Savings Act of 2018, to expand the eligibility

and the access to health savings accounts by allowing plans categorized as catastrophic and bronze plans in the individual and small group markets to qualify for HSA contributions. That is included in this bill.

Lastly, I appreciate working with the Ways and Means Health Subcommittee Chairman PETER ROSKAM on H.R. 6311. One of the key provisions of the bill is to provide an off-ramp from ObamaCare's rising premiums and limited choices by allowing the premium tax credit to be used for qualified plans offered outside of the law's exchanges and healthcare.gov.

In addition, it expands access to the lowest premium plans available, so-called copper or catastrophic plans, for all individuals purchasing coverage in the individual market and allows the premium tax credit to be used to offset the cost of such plans.

□ 1230

I recognize not everyone will choose to have a health savings account, but they should have the option because HSAs represent a powerful tool to lower prices and improve access to quality care for everyone, and those are goals that we can all share.

Now, it is well documented that many of the provisions contained within the Affordable Care Act have negative consequences on patients, both in access to care and in affordability. One of the provisions that has been universally criticized is that, on a large, bipartisan nature, its repeal was called for almost immediately after the passage of the Affordable Care Act. This is the tax on medical device manufacturers, or more commonly referred to as the medical device tax.

It seems illogical that within a piece of legislation that was purported to make medical care available, more accessible to all Americans, the Federal Government would want to tax the very providers of medical innovation that create devices to improve the delivery of healthcare, but, nevertheless, that is exactly what happened when ObamaCare passed in 2010, and it was done as a means to pay for the astronomical price tag that accompanied the Affordable Care Act.

This tax burden is unfair, and it actually increases costs that consumers pay at their doctors' offices. The tax has also been cited by dozens of medical device manufacturers who have or are considering moving their operations overseas so that they can continue to innovate without the heavy burden of this tax stifling their growth. This tax slows the creation of new techniques and devices, which will make the delivery of medicine more efficient, and it puts at risk the jobs that were created by the creation of such devices.

For anyone who thinks that we are merely talking about the largest and most expensive pieces of technology found within a hospital—basically, your MRI, CAT scans, and some surgical equipment—let's be clear that

this tax covers every piece of medical equipment, from those large machines to the smallest of items, including syringes used to deliver lifesaving antibiotics and vaccines. It continues to negatively impact a number of constituents in my district and, I am certain, in districts around the country, and it does continue to create a burden on a number of companies.

The medical device tax has led to the elimination of thousands of good-paying jobs, and repealing it would be the first step to bringing those jobs back and stem the loss of future jobs within this vital industry that is helping to mitigate rising costs of healthcare due to the burdensome provisions within the Affordable Care Act.

This is a tax on business, a tax on consumers, and a tax on innovation. To date, 33,000 jobs have been lost in the medical device industry since the passage of the Affordable Care Act, and it is projected that over 130,000 additional jobs are on the chopping block.

Why would anyone be surprised about this? Excise taxes—and that is what this is, an excise tax—are meant to lead to a reduction in the consumption of the goods being taxed. We place an excise tax on cigarettes. We want to discourage people from smoking. We make it burdensome to afford a smoking habit.

Did we really intend, with the passage of the Affordable Care Act by congressional Democrats in 2010, to make it more burdensome to use more efficient medical devices?

H.R. 184 has bipartisan, bicameral support, with currently 277 cosponsors. Republican leadership in the House has heard this request and heard the calls from many Members within this body and is moving this bill in a responsible way to put Americans back to work and lower healthcare costs for all.

Mr. Speaker, I urge my colleagues to support today's rule and the underlying bill, and I reserve the balance of my time.

Mr. HASTINGS. Mr. Speaker, I yield myself such time as I may consume, and I thank the gentleman from Texas for yielding me the customary 30 minutes for debate.

Mr. Speaker, I rise to debate this rule, but I would urge my colleague from Texas to be mindful that this ain't going nowhere, so we really are, when all is said and done, wasting our time. This is not likely to be taken up by the Senate in August, and why we are not doing other things, I simply cannot understand.

The Protect Medical Innovation Act and the Increasing Access to Lower Premium Plans and Expanding Health Savings Accounts Act are worth considering. The gentleman from Texas certainly is an expert in this area and is most sincere. It is regrettable that the legislation, ultimately, that will pass the House of Representatives ain't going nowhere.

Taken together, these measures do nothing to ameliorate the Republican

attempt to eviscerate the Affordable Care Act, do nothing to curb rising drug costs, and do nothing to curtail skyrocketing premium hikes. Instead, H.R. 6311 continues the Republican majority's destructive path of undermining and destabilizing our health insurance markets.

This package of six bills will likely lead to fewer choices and competition for moderate- and low-income families who do not have the disposable income to pay premium costs up front.

In bringing up the second measure, H.R. 184, my friends across the aisle seem intent on ignoring the pressing issues facing our country, like passing sensible legislation that will address the country's ongoing gun violence epidemic, passing legislation that will protect our election infrastructure from hostile foreign hacking, or passing legislation that will help reunite the more than 2,500 separated children with their families. Rather, the Republican majority wants to waste valuable legislative time in repealing a tax that won't even be active until 2020.

This is the last week before we go on a 5-week recess and we are doing nothing. Even worse, these bills are not offset and, taken together with tomorrow's bills, will add up to \$90 billion to our deficit. They are not paid for. And I challenge my colleague on the floor handling this rule to tell me where the pay-fors are, and, if there are none, why are they not paid for—\$90 billion.

Mr. Speaker, I strongly believe that the epidemic of gun violence that plagues our communities must be addressed in a comprehensive manner and without further delay. Unfortunately, our Nation has witnessed far too many senseless deaths caused each day by firearms, and that continues to rise.

Under a Republican majority, many commonsense reforms, such as the assault weapons ban—and somebody please tell me why anyone other than the military and law enforcement needs an assault weapon; I just, for the life of me, cannot understand it—were allowed to expire. I might add, flood insurance is getting ready to expire. We are not taking that measure up.

Providing nearly unfettered access to a variety of firearms does not make any sense. Someone said to me, well, there are 103 kinds of automatic weapons; and I say ban them all because they don't have any business in the hands of people in the streets at all.

While we need to preserve the rights of responsible gun owners—and I am one of them; I believe in the Second Amendment—we must focus more of our attention and efforts on keeping weapons out of the hands of dangerous individuals instead of attacking and undermining the healthcare for millions of hardworking Americans.

While the present administration works to further the majority's aim of dismantling the most popular aspects of the Affordable Care Act, like keeping children on their parents' health insurance until the age of 26 and pro-

tecting people with preexisting conditions, these bills continue to balloon Federal spending and deficits.

While we were promised increased revenue from the GOP tax cuts of 2017, with the GOP falling back on tired talking points like tax cuts paying for themselves, we now have the Congressional Budget Office projecting over \$1 trillion in budget deficits in 2020, even before legislation like this passes.

Whatever happened to the conservative Republicans? Where did the fiscal conservative Republicans go, who are blowing up the deficit in this country? The amount of fiscal irresponsibility demonstrated by my friends across the aisle is shocking and will be a great detriment to all Americans in the future.

Moreover, these pieces of legislation do nothing to holistically solve the most pressing concerns hardworking Americans have with healthcare: ever-increasing premiums, unstable health markets, and exploding drug costs. In fact, in the last year and a half, the majority has gone out of their way to destabilize health markets as much as they can.

Instead of encouraging Americans to enroll in health insurance, the Department of Health and Human Services has created an advertising campaign explicitly undermining the individual insurance markets created under the Affordable Care Act. Republicans have cut the Department's budget for those grassroots organizations whose sole purpose is to assist folks in signing up for health insurance. How much of the budget did they cut? 92 percent.

In addition to this, HHS has threatened States that try to lower premiums, and the Trump administration has even canceled cost-sharing reduction payments to insurers, which the CBO projects will leave 1 million more people uninsured, raise premiums by 20 to 25 percent over the next 2 years, and increase the Federal deficit by \$200 billion.

Listen, people, when we started this business of the Affordable Care Act—as much as my friends on the other side who have the prerogative, in the majority, to be in disagreement with this measure as well as any others and to offer this thing that ain't going nowhere here today—the simple fact of the matter is, some few years back, we had 42 million Americans who were uninsured. We now have more than 42 million Americans uninsured, and that is wrong.

I said yesterday in the Rules Committee, all of us, 535—the Senate and the House—and the six delegates, ought to be locked up up here until we come up with a sensible solution for the American people with reference to a crisis.

It was said yesterday by the chair of this committee that the plan that is going to be offered—that we did offer and then they voted against—would be the best healthcare plan in the world. Well, it ain't the best healthcare plan

in the world. The best healthcare plans in the world are in Denmark, Sweden, Switzerland, Australia, and a whole bunch of other places other than America.

And while the Trump administration has pushed junk healthcare plans, even the organizations that originally lobbied the administration for access to these plans now say they no longer want to use them.

All in all, as a result of these policies, as I have indicated, 4 million fewer Americans have health insurance than when Donald John Trump took office, and healthcare costs continue to rise unabated.

I need not remind my colleagues that people in the United States pay far more for healthcare than in any other industrialized nation on Earth, and, in most cases, they get far less. We spend over 18 percent of our gross domestic product on healthcare, compared to most other countries, which spend less than 10 percent, with much of the disparity occurring thanks to higher drug prices and administrative overhead.

□ 1245

Despite the money we pour into our healthcare, the United States has the shortest life expectancy and highest infant mortality of any modern industrialized nation—let me repeat that—the shortest life expectancy, and the highest infant mortality of any modern industrialized nation.

We have far fewer physicians—and we had better do something about that; not in this measure, not in the Affordable Healthcare Act. We had better get busy trying to figure out how to provide more physicians, more nurses, more research for a variety of measures that are oncoming that our Nation is going to be confronted with.

We have fewer hospital beds and, in perhaps what is the most depressing statistic of all of U.S. healthcare, the United States is one of only 13 countries in the world where the rate of maternal mortality, defined as the death of a mother in the year after she gives birth, is now worse than it was 25 years ago.

And here we are, continuing to jaw jack about something that ain't going nowhere, and we have situations in our country that all of us know something about, all of us care about. There is no Republican in the House or Democrat in the House that doesn't care about their constituents and their healthcare. And at the very same time, what we are winding up doing is arguing with each other and nothing is getting done, and that is just dead wrong for this country.

Black women, in particular, are three times more likely to die from health-related issues to their pregnancy. How can we seemingly pay for more healthcare now than at any point in our Nation's history and, yet, at the same time, be getting worse care than we were decades ago?

We have a fundamentally broken system. The majority doesn't seem to

have any way of fixing it, and I am not even sure that they want to fix it. Indeed, they seem to be going out of their way making it somehow worse.

Now I hear all of the voices out there. I had a constituent call the other day to tell me that I wasn't as liberal as his people were, liberal, and that I didn't understand this whole healthcare system.

And I told him: Listen, man, in 1992, when I ran for office, I ran on the premise of universal healthcare for every American, period. And when we did the Affordable Healthcare Act, it ultimately got called the ObamaCare Act.

I have said in the Rules Committee repeatedly, it probably should have been called the Hastings/ObamaCare Act, or perhaps we would have done what Dr. BURGESS asked us to do and it would be called the Burgess Healthcare Act.

I don't care what it is called. It needs to be called something that is going to help every American, and not just a handful, and certainly not the richest people in this country who don't even need any healthcare. They have been at the socialized healthcare business for all of their lives and, therefore, people like Donald John Trump don't need to worry about this kind of thing.

It is those people that are vulnerable. It is those people on Medicaid in Florida and other States that didn't expand Medicaid, 900,000 of them in my State, that are left to the mercies of the system.

And what do they do? All of us know what they do. When they have healthcare, they go to the hospital, to the emergency room, generally speaking, they are treated, and then those taxpayers in those respective jurisdictions wind up paying for it.

So why don't we get our act together and try to do something about it now?

I have proudly advocated for multiple pieces of legislation that will improve and strengthen the Medicare system, including H.R. 676, the Expanded and Improved Medicare for All Act, which will provide all individuals residing in the United States and the United States territories, with affordable healthcare, including that which is medically most necessary, such as primary and preventative care, dietary and nutritional therapies, prescription drugs, emergency care, long-term care, mental health services, dental services, and vision care. Underscore preventative care. And if we did more in that arena, we wouldn't have as much of a problem as we do today.

Medicare for All will save taxpayers hundreds of dollars a month. Now, I firmly believe that we must focus priorities in the interest of the American people to ensure that our citizens have continued access to healthcare services.

So when we come back here in September, when we finish all of our fighting in November, and we have somebody that is going to get elected, 435 of

us will return here and be sworn in in January. Let's all make a commitment that we are going to work together, together, to get all of the resources, the tremendous minds, the incredible staffs that work here in this institution together, and try to make sure that we do the right thing by the American people and pass a measure that will cause everyone to have affordable care.

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

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

The gentleman is quite correct in identifying the other body as sometimes an obstacle to good public policy, for it was 1 year ago that the other body blocked a health care reform that this body had passed the previous May.

But, Mr. Speaker, I want to draw the House's attention to an article in today's Wall Street Journal. The title of the article is "TrumpCare beats ObamaCare." And I just want to quote a little bit from this article.

To set the stage, in December, with the repeal of the individual mandate, and quoting here: "But while many people didn't realize it at the time, it turns out that Mr. Trump has been helping to improve an important source of insurance coverage since virtually the moment he took office."

Continuing to quote here: "By prioritizing economic growth and reducing the tax and regulatory burdens on U.S. business, Mr. Trump has helped create an economy with more job openings than ever before. As if by magic, the invisible hand of a freer marketplace is now generating new benefits as employers compete to fill all those open positions."

Continuing to quote here: "For the first time in six years, the share of U.S. workers offered health insurance through their employer has risen, a sign a tighter labor market is prompting businesses to offer more generous benefits."

So, Mr. Speaker, I simply submit that the activities of the Trump administration have, indeed, improved the healthcare landscape in this country. That is something we should acknowledge and embrace.

I reserve the balance of my time.

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

Mr. Speaker, if we defeat the previous question, I am going to offer an amendment to the rule that would change the rules of the House to prevent any legislation from being considered that would reduce the guaranteed benefits for individuals enrolled in either Medicare or Medicaid programs.

I ask unanimous consent to insert the text of my amendment in the RECORD, along with extraneous material, immediately prior to the vote on the previous question.

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

There was no objection.

Mr. HASTINGS. Mr. Speaker, I urge my colleagues to vote "no" and defeat

the previous question so that we may protect these critical programs for this generation and the next.

Mr. Speaker, I would be prepared now to advise my colleague from Texas that I have no further speakers, and I am prepared to close when, and if, he is.

Mr. BURGESS. Mr. Speaker, I am prepared to close as well.

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

Mr. Speaker, in closing, this place, the people's House, should be about approaching our congressional responsibilities and daily activities in a manner that is fair and respectful to all Americans; in a manner where the appropriate committee of jurisdiction holds hearings and markups; in a manner where experts in the field are respected and consulted; in a manner where Members of both political parties have the ability to offer amendments and debate the contents of bills that come to the House floor.

Unfortunately, in this historically closed-off, Republican run House, that is not the case. And let me make it very clear. Even though in the Ways and Means and the Appropriations Committee, as a matter of practice, we allow for closed rules, we now have, with these three rules that are likely to be finished today, we have 95 closed rules. This is 2018, and not in the history of the people's House has the process been as closed.

When the Speaker of the House of Representatives began this session, he indicated that it would be the most open session that we would have. And yet, it is not the case.

I spoke earlier about immigration, and I saw this morning where the majority leader has determined, even though having promised his own conference that he would have a vote on immigration, he ain't gonna do it.

Now, something is wrong with this process and it needs to be corrected, and we can correct it going forward. We will make 100, and then we will be historically referenced as the most closed Congress in the history of the United States of America.

What we see are my friends across the aisle, bending over backwards to reward a very specific and elite constituency. Week after week, the powerful gun lobby is rewarded as Republican leadership refuses to bring up even the most commonsense gun violence prevention legislation.

The next week, like today, the powerful medical insurance lobby chalks up a win as this Republican-led Congress votes in favor of special interests over the interests of hardworking Americans.

Some other people that make out like bandits that we never talk about are the insurance companies. I could spend a whole hour talking about how they are benefiting while we are about the business of tying each other in knots with verbiage rather than with substantive legislation.

Mr. Speaker, while there is no quick fix to any of these measures, not to

gun violence, opioid addiction, the immigration problems, and ongoing foreign cyber attacks on our election system's infrastructure, we simply must engage in the complicated and difficult process of improving our country's current policies.

I, as well as my colleagues on this side of the aisle, stand ready to work with Members of Congress to bring commonsense legislation to the floor that will benefit all Americans and not just the rarified few.

Mr. Speaker, I am going to urge a "no" vote on the rule and a "no" vote on the previous question. This measure we are debating here today ain't going nowhere, and I yield back the balance of my time.

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

The gentleman from Florida is making a point about open rules, and I do feel obligated to point out in the 111th Congress—that was the Congress that was the first 2 years of President Obama's administration—in the 111th Congress, under Speaker PELOSI, the majority had zero open rules. That is zero open rules in the 2 years in which we saw the passage of the Affordable Care Act, the passage of Dodd-Frank; the House-passed Waxman/Markey, which was a cap-and-trade global warming bill, so significant pieces of legislation passed the floor of this House, all under closed rules.

But, Mr. Speaker, today's rule brings forward two pieces of legislation that will have a meaningful impact on Americans' healthcare costs, including the premiums and the prices they pay for medicines.

□ 1300

H.R. 184, the Protect Medical Innovation Act of 2017, which will repeal the Affordable Care Act's ill-conceived medical device tax, and H.R. 6311, the Increasing Access to Lower Premium Plans and Expanding Health Savings Account Act of 2018, which will provide greater freedom for Americans to use their own money to pay for medical expenses out of their health savings accounts, both of these build on the House's work over the past 2 years to make healthcare a more patient-centered market.

Mr. Speaker, I certainly want to thank Representatives PAULSEN and ROSKAM for their work on these measures. I urge my colleagues to support today's rule and move the debate forward on this legislation.

The material previously referred to by Mr. HASTINGS is as follows:

AN AMENDMENT TO H. RES. 1011 OFFERED BY
MR. HASTINGS

At the end of the resolution, add the following new section:

SEC. 3. Rule XXI of the Rules of the House of Representatives is amended by adding at the end the following new clause:

“RESTRICTIONS ON CONSIDERATION OF LEGISLATION THAT WOULD CUT MEDICARE OR MEDICAID.

13. (a) It shall not be in order to consider a bill, joint resolution, motion, amendment,

amendment between the Houses, or conference report which includes any provision described in paragraph (b).

(b) A provision referred to in paragraph (a) is a provision which, if enacted into law, would result in either of the following:

(1) a reduction of guaranteed benefits for individuals entitled to, or enrolled for, benefits under the Medicare program under title XVIII of 18 such Act (42 U.S.C. 1395 et seq.); or

(2) a reduction of benefits or eligibility for individuals enrolled in, or eligible to receive medical assistance through, a State Medicaid plan or waiver under title XIX of such Act (42 U.S.C. 1396 5 et seq.).

(c) It shall not be in order to consider a rule or order that waives the application of paragraph (a). As disposition of any point of order under paragraph (a) or this paragraph (except a point of order against an amendment pursuant to paragraph (a)), the Chair shall put the question of consideration with respect to the measure, order, conference report, or rule as applicable. The question of consideration shall be debatable for 10 minutes by the Member initiating the point of order and for 10 minutes by an opponent, but shall otherwise be decided without intervening motion except one that the House adjourn.”

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Republican majority agenda and a vote to allow the Democratic minority to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's Precedents of the House of Representatives (VI, 308-311), describes the vote on the previous question on the rule as “a motion to direct or control the consideration of the subject before the House being made by the Member in charge.” To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that “the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition” in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R-Illinois) said: “The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition.”

The Republican majority may say “the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever.” But that is not what they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives, (6th edition, page 135). Here's how the Republicans describe the previous question vote in their own manual: “Although it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule. . . . When the motion for the previous question is defeated, control of the time passes to the Member

who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment."

In Deschler's Procedure in the U.S. House of Representatives, the subchapter titled "Amending Special Rules" states: "a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate." (Chapter 21, section 21.2) Section 21.3 continues: "Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon."

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Republican majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

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

The SPEAKER pro tempore. The question is on ordering the previous question.

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

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

PROVIDING FOR CONSIDERATION OF H.R. 6199, RESTORING ACCESS TO MEDICATION ACT OF 2018, AND PROVIDING FOR PROCEEDINGS DURING THE PERIOD FROM JULY 27, 2018, THROUGH SEPTEMBER 3, 2018

Mr. BURGESS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 1012 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 1012

Resolved, That upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 6199) to amend the Internal Revenue Code of 1986 to include certain over-the-counter medical products as qualified medical expenses. All points of order against consideration of the bill are waived. In lieu of the amendment in the nature of a substitute recommended by the Committee on Ways and Means now printed in the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 115-82 shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto, to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means; and (2) one

motion to recommit with or without instructions.

SEC. 2. On any legislative day during the period from July 27, 2018, through September 3, 2018—

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

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

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

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

SEC. 5. Each day during the period addressed by section 2 of this resolution shall not constitute a legislative day for purposes of clause 7 of rule XIII.

SEC. 6. Each day during the period addressed by section 2 of this resolution shall not constitute a calendar or legislative day for purposes of clause 7(c)(1) of rule XXII.

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

Mr. BURGESS. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentlewoman from California (Mrs. TORRES), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

GENERAL LEAVE

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

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

There was no objection.

Mr. BURGESS. Mr. Speaker, House Resolution 1012 provides for the consideration of an important bill to return control of healthcare spending and budgeting back where it belongs: with the patient.

H.R. 6199, the Restoring Access to Medication and Modernizing Health Savings Accounts Act of 2018, would amend the Internal Revenue Code of 1986 to include certain over-the-counter medical products as qualified medical expenses for the purposes of spending one's own dollars within a health savings account.

Today's resolution provides for a rule to allow H.R. 6199, the Restoring Access to Medication and Modernizing Health Savings Accounts Act of 2018, the standard practice for a tax-related measure on the House floor. The rule provides for 1 hour of debate equally divided and controlled between the chair and the ranking minority member of the Committee on Ways and Means. The rule does, however, provide the minority with the customary motion to recommit with or without instructions.

Also included in the resolution before us today are the standard provisions

allowing the House of Representatives to continue to operate while Members are home, working with their constituents during the August district work period.

Mr. Speaker, I rise today to speak in support of the rule on H.R. 6199, the Restoring Access to Medication and Modernizing Health Savings Accounts Act of 2018. This rule includes the work of various Members of Congress on the important issue of modernizing health savings accounts. While this legislation did not move through the Health Subcommittee of the Energy and Commerce Committee, my fellow members on the other Health Subcommittee, that of the Ways and Means Committee, have done quality work in moving this package. Each bill was reported favorably out of the Ways and Means Committee.

Mr. Speaker, I have long been a supporter of increasing flexibility within our healthcare system, especially through the use of health savings accounts. Health savings accounts allow patients to feel more involved and to have more control over their healthcare spending. As someone who has personally had a health savings account in the past, I believe it to be a powerful tool but that qualified expenses have been limited for too long.

This package will give more power to consumers by allowing them to use their hard-earned savings that they put into their health savings accounts on an expanded number of healthcare goods and services.

The first bill in this package, Promoting High-Value Healthcare Through Flexibility for High-Deductible Health Plans Act, introduced by Chairman ROSKAM, allows for first-dollar coverage flexibility for high-deductible health plans. Many individuals, especially in the post-Affordable Care Act world, have chosen to purchase high-deductible health plans. While this is a reasonable choice for many consumers, there are some who are faced with high out-of-pocket costs.

H.R. 6199 allows health plans to provide coverage for up to \$250 per year for individuals or \$500 per year for families before they meet their deductible. The goal of this provision is to incentivize services that could reduce future healthcare costs, such as primary care visits and telehealth services.

Additionally, under current law, individuals are unable to contribute to an HSA if they participate in a direct primary care service arrangement. Representative ERIK PAULSEN's Primary Care Enhancement Act, which is included in this rule, enables patients to be able to participate in a direct primary care service arrangement and remain qualified to contribute to a health savings account. It also includes direct primary care service arrangement fees as medical expenses.

Some individuals are fortunate enough to receive certain healthcare services at or nearby their workplace through their employer. Representative MIKE KELLY's bipartisan Health