

So the previous question was ordered.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the resolution.

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

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

The yeas and nays were ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 227, nays 191, not voting 13, as follows:

[Roll No. 190]

YEAS—227

Adams	Garcia (IL)	Murphy	Waters	Watson Coleman	Wexton	Yarmuth	
Aguilar	Garcia (TX)	Nadler	Abraham	Gooden	Wild	Norman	
Allred	Golden	Napolitano	Aderholt	Gosar	Wilson (FL)	Nunes	
Axne	Gomez	Neal	Allen	Granger		Palazzo	
Barragán	Gonzalez (TX)	Neguse	Amash	Graves (GA)		Palmer	
Beatty	Gottheimer	Norcross	Amodei	Graves (LA)		Pence	
Bera	Green (TX)	O'Halleran	Armstrong	Graves (MO)		Perry	
Beyer	Grijalva	Ocasio-Cortez	Arrington	Green (TN)		Posey	
Bishop (GA)	Haaland	Omar	Babin	Griffith		Ratcliffe	
Blumenauer	Harder (CA)	Pallone	Bacon	Grothman		Reed	
Blunt Rochester	Hastings	Panetta	Baird	Guest		Reschenthaler	
Bonamici	Hayes	Pappas	Balderson	Guthrie		Rice (SC)	
Boyle, Brendan F.	Heck	Pascrall	Banks	Hagedorn		Riggleman	
Brindisi	Higgins (NY)	Payne	Bost	Barr		Roby	
Brown (MD)	Hill (CA)	Perlman	Brooks (AL)	Harris		Rodgers (WA)	
Brownley (CA)	Himes	Peters	Brooks (IN)	Hartzler		Roe, David P.	
Bustos	Horn, Kendra S.	Peterson	Buchanan	Hern, Kevin		Rogers (AL)	
Butterfield	Horsford	Phillips	Buck	Herrera Beutler		Rogers (KY)	
Carbajal	Houlahan	Pingree	Bucson	Hice (GA)		Rose, John W.	
Carson (IN)	Hoyer	Pocan	Budd	Higgins (LA)		Rouzer	
Cartwright	Huffman	Porter	Burchett	Hill (AR)		Roy	
Case	Jackson Lee	Pressley	Burgess	Holding		Rutherford	
Casten (IL)	Jayapal	Price (NC)	Byrne	Hollingsworth		Scalise	
Castor (FL)	Jeffries	Quigley	Calvert	Hudson		Schweikert	
Castro (TX)	Johnson (GA)	Raskin	Carter (GA)	Huizenga		Scott, Austin	
Chu, Judy	Johnson (TX)	Rice (NY)	Carter (TX)	Hunter		Sensenbrenner	
Cicilline	Kaptur	Rose (NY)	Chabot	Hurd (TX)		Shimkus	
Cisneros	Keating	Rouda	Chabot	Johnson (LA)		Simpson	
Clark (MA)	Kelly (IL)	Royal-Ballard	Cheney	Johnson (OH)		Smith (MO)	
Clarke (NY)	Kennedy	Ruiz	Curtis	Johnson (SD)		Smith (NE)	
Clay	Khanna	Ruppersberger	Davidson (OH)	Johnson (OH)		Smith (NJ)	
Cleaver	Kildee	Rush	Davis, Rodney	Johnson (SD)		Smucker	
Clyburn	Kilmer	Ryan	Conaway	Kinzinger		Spano	
Cohen	Kim	Sánchez	Cook	Kinzelberg		Stauber	
Connolly	Kind	Sarbanes	Crawford	King (IA)		Stefanik	
Cooper	Kirkpatrick	Scanlon	Crenshaw	King (NY)		Steil	
Correa	Krishnamoorthi	Shachovsky	Curtis	King (NY)		Steube	
Costa	Kuster (NH)	Schiff	Davidson (OH)	Kinzelberg		Stewart	
Courtney	Lamb	Schneider	Davis, Rodney	Kinzelberg		Tipton	
Cox (CA)	Langevin	Schrader	Conaway	Kinzelberg		Turner	
Craig	Larsen (WA)	Schrader	LaHood	Kinzelberg		Upton	
Crist	Larson (CT)	Scott (VA)	Cook	Kinzelberg		Taylor	
Crow	Lawrence	Scott, David	Crawford	Kinzelberg		Thompson (PA)	
Cuellar	Lawson (FL)	Sewell (AL)	Crenshaw	Kinzelberg		Thornberry	
Cunningham	Lee (CA)	Shalala	Duffy	Kinzelberg		Timmons	
Davids (KS)	Lee (NV)	Sherman	Duncan	Kinzelberg		Tipton	
Davis (CA)	Levin (CA)	Sherrill	Dunn	Kinzelberg		Turner	
Davis, Danny K.	Levin (MI)	Sires	Estes	Kinzelberg		Upton	
Dean	Lewis	Slotkin	Ferguson	Kinzelberg		Watkins	
DeFazio	Lieu, Ted	Smith (WA)	Fitzpatrick	Kinzelberg		Weber (TX)	
DeGette	Lipinski	Soto	McClintock	Kinzelberg		Webster (FL)	
DeLauro	Loebssack	Spanberger	Flores	Kinzelberg		Westerman	
DelBene	Lofgren	Speier	Fortenberry	Kinzelberg		Williams	
Delgado	Lowenthal	Stanton	Foxx (NC)	Kinzelberg		Wittman	
Demings	Lowey	Stevens	Fulcher	Kinzelberg		Womack	
DeSaulnier	Luján	Takano	Gaetz	Kinzelberg		Woodall	
Deutch	Lynch	Thompson (CA)	Gallagher	Kinzelberg		Wright	
Dingell	Malinowski	Thompson (MS)	Gianforte	Kinzelberg		Yoho	
Doggett	Maloney	Titus	Gibbs	Kinzelberg		Young	
Doyle, Michael F.	Carolyn B. Maloney, Sean	Tlaib	Gohmert	Kinzelberg		Zeldin	
Engel	Maloney, Sean	Tonko	Gonzalez (OH)	Kinzelberg			
Escobar	Matsui	Torres (CA)					
Eshoo	McAdams	Torres Small					
Espaillat	McBath	(NM)					
Evans	McCullum	Trahan					
Finkenauer	McEachin	Trone					
Fletcher	McGovern	Underwood					
Foster	McNerney	Van Drew					
Frankel	Meeks	Vargas					
Fudge	Meng	Veasey					
Gabbard	Moore	Vela					
Gallego	Morelle	Velázquez					
Garamendi	Moulton	Wasserman					
	Mucarsel-Powell	Schultz					

NAYS—191

The SPEAKER pro tempore. Under guidelines consistently issued by successive Speakers, as recorded in section 956 of the House Rules and Manual, the Chair is constrained not to entertain the request unless it has been cleared by the bipartisan floor and committee leaderships.

Mr. ABRAHAM. Madam Speaker, if this unanimous consent request cannot be entertained, I urge the Speaker and the majority leader to immediately schedule the Born-Alive bill.

The SPEAKER pro tempore. The gentleman has not been recognized for debate.

PROTECTING AMERICANS WITH PREEXISTING CONDITIONS ACT OF 2019

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 986, the Protecting Americans with Pre-existing Conditions Act of 2019.

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

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 357 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 986.

The Chair appoints the gentleman from Illinois (Mr. GARCÍA) to preside over the Committee of the Whole.

□ 1407

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 986) to provide that certain guidance related to waivers for State innovation under the Patient Protection and Affordable Care Act shall have no force or effect, with Mr. GARCÍA of Illinois in the chair.

The Clerk read the title of the bill.

The CHAIR. Pursuant to the rule, the bill is considered read the first time.

General debate shall be confined to the bill and shall not exceed 1 hour equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce.

The gentleman from New Jersey (Mr. PALLONE) and the gentleman from Oregon (Mr. WALDEN) each will control 30 minutes.

The Chair recognizes the gentleman from New Jersey.

Mr. PALLONE. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, I rise to speak in favor of H.R. 986, the Protecting Americans With Preexisting Conditions Act, introduced by Representative KUSTER from our committee.

This legislation should not be necessary but, unfortunately, the Trump

REQUEST TO CONSIDER H.R. 962, BORN-ALIVE ABORTION SURVIVORS PROTECTION ACT

Mr. ABRAHAM. Madam Speaker, I ask unanimous consent that the Committee on the Judiciary be discharged from further consideration of H.R. 962, the Born-Alive Abortion Survivors Protection Act, and ask for its immediate consideration in the House.

administration continues to take actions that undermine the healthcare of millions of Americans, including the more than 133 million people with preexisting conditions.

Today, we are here because of the Trump administration's proposed guidance last October that would allow States to expand and prop up short-term junk insurance plans, even providing taxpayer subsidies for those plans. In order to take this action, the administration blatantly ignored the plain text of the Affordable Care Act and gutted standards that States must meet in order to test insurance reforms.

I believe the administration's action is illegal, but, sadly, this administration has never let the law get in the way of its goals. These efforts will, without a doubt, seriously undermine the health coverage of Americans with preexisting conditions.

A coalition of 24 national groups representing millions of Americans with preexisting conditions, including the American Cancer Society Cancer Action Network, the American Heart Association, and the American Diabetes Association, wrote a letter in strong support of H.R. 986, stating: "The 1332 guidance substantially erodes the guardrails governing coverage that people with preexisting conditions such as cystic fibrosis, lung disease, cancer, cardiovascular disease, diabetes, rare disorders, pregnant women, and many others rely on in the individual marketplace."

The patient organizations go on to say that "these changes fundamentally alter the nature of the section 1332 waiver program and jeopardize adequate, affordable coverage for people with preexisting conditions in the individual market. Halting the implementation of this guidance will protect people with preexisting conditions."

Mr. Chairman, by encouraging States to promote and expand short-term insurance plans, the administration is giving insurers the green light to directly discriminate against people with preexisting conditions; it is giving the green light to these plans to charge people with preexisting conditions more money; and it is giving these plans the green light to refuse to cover any treatment that is related to someone's preexisting condition.

The expansion of these junk plans will also undermine the insurance market, leading to higher premiums for people with preexisting conditions who need comprehensive coverage. This is not the way you protect people with preexisting conditions.

The Trump administration's guidance also undermines the ACA's promise of coverage of essential health benefits. The American people should not have to worry about whether their insurance plan covers prescription drugs, maternity and newborn care, mental health and substance use disorder services.

This guidance is also bad news for older Americans who could be charged

a lot more for their insurance than what is allowed by the ACA.

In a nutshell, Mr. Chairman, this guidance is bad news for any American who wants access to quality and affordable health coverage that is there for them when they need it. Junk plans are just that—they are junk.

People shouldn't have to read the fine print to see what is and is not covered, and that is the hallmark of the Affordable Care Act. So that is why we must rescind the guidance.

I want to commend my colleague, Ms. KUSTER, for her great work on this important bill.

I do want to emphasize that H.R. 986 would not do anything to interfere with existing 1332 reinsurance waivers, which have bipartisan support and began under the Obama administration. My Republican colleagues continue to intentionally conflate these reinsurance waivers with the Trump administration's new 1332 waiver guidance from October of last year. H.R. 986 does not affect these reinsurance waivers.

I am disappointed that my Republican colleagues continue to make these arguments, but the bad faith is not surprising, given their terrible record on protecting people with preexisting conditions.

Mr. Chairman, this bill is necessary because of the ongoing assault by the Trump administration on our healthcare system. I urge my colleagues to join me in standing up for people with preexisting conditions and standing up for people who want access to affordable and quality healthcare.

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

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
Washington, DC, May 8, 2019.

Hon. FRANK PALLONE,
Chairman, Committee on Energy and Commerce,
Washington, DC.

DEAR CHAIRMAN PALLONE: I am writing with respect to H.R. 986, Protecting Americans with Preexisting Conditions Act of 2019. As a result of you having consulted with us on provisions that fall within our rule X jurisdiction, and in recognition of the desire to expedite consideration of the measure, the Committee on Ways and Means agrees to waive formal consideration of H.R. 986.

The Committee on Ways and Means takes this action with the mutual understanding that we do not waive any jurisdiction over the subject matter contained in this or similar legislation, and the Committee will be appropriately consulted and involved as the bill or similar legislation moves forward so that we may address any remaining issues within our jurisdiction. The Committee also reserves the right to seek appointment of an appropriate number of conferees to any House-Senate conference involving this or similar legislation.

Finally, I would appreciate your response to this letter confirming this understanding, and would ask that a copy of our exchange of letter on this matter be included in the Congressional Record during floor consideration of H.R. 986.

Sincerely,

RICHARD E. NEAL,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, May 9, 2019.

Hon. RICHARD E. NEAL,
Chairman, Committee on Ways and Means,
House of Representatives, Washington, DC.

DEAR CHAIRMAN NEAL: Thank you for consulting with the Committee on Energy and Commerce and agreeing to discharge H.R. 986, Protecting Americans with Preexisting Conditions Act of 2019 from further consideration, so that the bill may proceed expeditiously to the House floor.

I agree that your forgoing further action on this measure does not in any way diminish or alter the jurisdiction of your committee or prejudice its jurisdictional prerogatives on this measure or similar legislation in the future. I would support your effort to seek appointment of an appropriate number of conferees from your committee to any House-Senate conference on this legislation.

I will ensure our letters on H.R. 986 are entered into the Congressional Record during floor consideration of the bill. I appreciate your cooperation regarding this legislation and look forward to continuing to work together as this measure moves through the legislative process.

Sincerely,

FRANK PALLONE, JR.,
Chairman.

Mr. WALDEN. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, I rise today to call out the mischaracterization of H.R. 986. The misleading title of this bill confirms the Democratic majority's position to score political points instead of governing. They claim their agenda is "for the people." Well, this bill is "for the politics."

So let me be clear. This bill has nothing to do with protecting Americans with preexisting conditions. This bill has everything to do with eliminating healthcare options that would be affordable for Americans who can't afford health insurance today and choices for States.

Section 1332 waivers were first enacted under ObamaCare to provide States the opportunity to innovate and to provide their residents with affordable health insurance options. The Trump administration has simply updated the guidance for these 1332 ObamaCare waivers to make it easier for a State's plan to be approved.

This guidance does not—I repeat, does not—permit the Secretary to waive preexisting condition protections.

But, don't take my word for it alone. CMS Administrator Seema Verma confirmed it yesterday, in writing. "To be very clear, the 2018 guidance does nothing to erode PPACA's preexisting condition provisions, which cannot be waived under section 1332," wrote Administrator Verma.

□ 1415

She went on to explain: "Section 1332 does not permit States to waive Public Health Service Act requirements such as guaranteed availability and renewability of health insurance, the prohibition on using health status to vary premiums, and the prohibition on preexisting conditions exclusions. Furthermore, a section 1332 waiver cannot

be approved that might otherwise undermine these requirements. This administration stands committed to protecting people with preexisting conditions.” Seema Verma, she is the Administrator.

It is not just Administrator Verma. I want to quote from the Trump administration statement of policy. “If H.R. 986 were presented to the President, his advisers would recommend that he veto it,” wrote the Trump administration in its “Statement of Administration Policy.”

It goes on to say: “The President has repeatedly made clear that this administration will protect people with preexisting conditions. The 2018 guidance in no way alters the guardrails in place for those with preexisting conditions, and it would not allow the administration to waive the requirements in place around preexisting conditions. The title of this legislation gives the misleading impression that it will enhance healthcare protections for Americans with preexisting conditions.”

Put simply, Mr. Chair, this cynically titled messaging bill is all about scoring political points and not legislating, which is what we should be doing.

You see, if Democratic Members actually cared about protecting individuals living with preexisting conditions, they would govern and lock in these important safeguards. Since Democratic leaders chose to put politics first, I offered an amendment to protect patients with preexisting conditions, to lock that into law.

Mr. Chair, this amendment wasn’t presented to the House for a vote. In fact, it was never allowed out of the Rules Committee. That is a shame because we could be voting on it today. I have tried to bring that vote to the floor on numerous occasions, and I have been denied by the Democratic majority.

My bill is simple. It provides guaranteed issue and renewability, a ban on health status underwriting, and a ban on benefits exclusions, real preexisting condition protections Democratic Members say they support.

Guess what? It is titled the “Pre-existing Conditions Protection Act.” How ironic, except my bill does what the title says.

Let’s vote on that bill, Mr. Chair.

Here is what it comes down to. The status quo is not working for many Americans. Healthcare costs are out of control. Patients and families are struggling to pay ever-increasing premiums, deductibles, and out-of-pocket costs.

There is work that we are doing. I just came from a meeting with the President of the United States in the Roosevelt Room talking about surprise billing. We are going to work together, Mr. PALLONE and I and others, to draft legislation to prevent that, to protect consumers.

We could do more here today than what this bill alleges to do. Republicans want to work toward healthcare

solutions that will decrease costs, increase access, protect individuals with preexisting conditions, make the healthcare system work better for families and for patients, and actually be affordable.

We want to let our States innovate. These section 1332 waivers—originally, again, put forward under President Obama—known as State innovation waivers, they are working, Mr. Chair. Premiums have gone down in seven States by an average of 20 percent, down 20 percent.

In my home State of Oregon, we have been a real innovator for decades in the space of healthcare coverage and access and trying to get prices down. Our premiums, under this 1332 waiver that Oregon has, have gone down 6 percent in 2018, down 6 percent thanks to a State innovation waiver.

These waivers could work. States want to innovate. They care about their people and want to bring down costs. Instead of allowing more and more States to innovate and lower their healthcare costs, unfortunately, Democrats are of the mindset that Washington knows best, not our States. States can’t be trusted, apparently. They want to limit the ability of States to innovate on behalf of their citizens.

This type of top-down, command-and-control, government-knows-best approach is what leads to policies like the Democrats’ ultimate goal of a one-size-fits-all government takeover of healthcare.

A vote in support of their bill is a vote against innovation, lowering costs, my colleagues’ constituents, State legislatures, Governors, State insurance commissioners, on and on and on. That is what my colleagues are doing if they vote for this.

A vote against the bill is actually a vote for the people.

Mr. Chair, I encourage my colleagues to oppose this partisan gimmick, and I reserve the balance of my time.

Mr. PALLONE. Mr. Chair, I yield 1½ minutes to the gentlewoman from New Hampshire (Ms. KUSTER), the sponsor of the bill.

Ms. KUSTER of New Hampshire. Mr. Chair, I thank Chairman PALLONE for yielding, and I thank him for his guidance and leadership on the Energy and Commerce Committee as we advanced critical legislation this week to stabilize the Affordable Care Act and drive down prescription drug costs for all Americans.

Mr. Chair, I rise today in support of my legislation, H.R. 986, the Protecting Americans With Preexisting Conditions Act.

As a patient with a preexisting condition myself, I rise today to stand with over 52 million Americans and over 200,000 Granite Staters who live with preexisting conditions every single day. They could have been denied access to healthcare prior to passage of the Affordable Care Act, and many were.

While we recognize that we need to strengthen and stabilize the ACA, we should equally accept the principle that nobody should be denied coverage because of a preexisting condition.

When you think about it, asthma, allergies, Alzheimer’s, cancer, diabetes, just go right through the alphabet, having a child, even, any of these are preexisting conditions. In my home State of New Hampshire and across this country, opioid and alcohol addiction are preexisting conditions.

Every week, and again here today, we have heard Republicans on the House Energy and Commerce Committee say, “Oh, of course we want to protect Americans with preexisting conditions.” Yet, at every step, this administration is trying to sabotage the consumer protection guardrails that are in the ACA, including fighting in court for the total elimination of the Affordable Care Act with absolutely no replacement.

The CHAIR. The time of the gentlewoman has expired.

Mr. PALLONE. Mr. Chair, I yield the gentlewoman an additional 30 seconds.

Ms. KUSTER of New Hampshire. Mr. Chair, an important piece of the Affordable Care Act, section 1332, created the State innovation waivers, which provide States with flexibility in implementing the ACA as long as plans remain comprehensive, affordable, and accessible. However, the Trump administration recently issued guidance encouraging States to promote junk health plans through these waivers in order to circumvent essential health benefits and protections for preexisting conditions.

Mr. Chair, I urge my colleagues to vote ‘yes’ on this bill.

Mr. WALDEN. Mr. Chair, I yield 2 minutes to the gentleman from Michigan (Mr. WALBERG), a very important member of our Energy and Commerce Committee.

Mr. WALBERG. Mr. Chair, I thank the lead Republican for yielding.

Mr. Chair, I rise today in opposition to H.R. 986. I would give its titled name, but it is yet another misleading effort that has nothing to do with the title of the bill.

House Republicans fully support protections—and I will make it clear—for patients with preexisting conditions.

I know that my Democratic colleagues and friends want to continue using the mantra that works so well politically without fact, truth, or reality during the election. We have gone beyond that now.

Republicans support protections for patients with preexisting conditions. These patients deserve peace of mind and safeguards from being treated unfairly. That has always been a priority of ours, and it will continue to be, but that is not what the bill before us today would do.

H.R. 986 can be summed up in 3 words: Washington knows best. The bill eliminates flexibility at the State level, taking away options for States

to innovate and bring down healthcare premiums.

The high and rising cost of healthcare is a significant concern for patients and families in my district. We need to focus on solutions, not politics. We need to focus on solutions to provide relief from increasing costs, encourage choice and competition, expand access to quality care, and maintain—and I will make it very clear here again—important protections for patients with preexisting conditions.

We have the ideas to do that. We have the amendments that would put that forward and make this bill something important to people with preexisting conditions, but that is not being allowed today.

Let's stop playing political games with a bill title and a title like this and, instead, focus on patient-centered solutions.

Mr. PALLONE. Mr. Chair, I yield 1½ minutes to the gentlewoman from Colorado (Ms. DEGETTE), who chairs our Oversight and Investigations Subcommittee.

Ms. DEGETTE. Mr. Chair, I thank Chairman PALLONE for yielding.

Mr. Chair, I rise in strong support of the Protecting Americans with Preexisting Conditions Act.

Frankly, if my colleagues on the other side of the aisle were so firm in their commitment to protecting Americans with preexisting conditions, they would support this bill, because all it says is that section 1332 will not stop the protections that we have under current law.

The Trump administration guidance that allows States to undermine the preexisting condition provisions of the ACA is, frankly, in clear violation of congressional intent.

Let's be clear about something. When we say we are going to protect people with preexisting conditions, we actually mean it. That is exactly what this legislation does.

I would welcome support from my friends on the other side of the aisle.

According to the Kaiser Family Foundation, over 750,000 people just in my little State of Colorado would be at risk of losing their healthcare coverage if it wasn't for the protections of the ACA.

The administration's repeated attempts to take these protections away from people and deny them their right to obtain healthcare coverage is the difference for many of them between life and death.

We are not going to let this happen. This Congress is going to make sure that the goals of the ACA to give full healthcare coverage to every American, including people with preexisting conditions, is going to be preserved. We have come too far to turn back the clock now.

Mr. Chair, I am glad that we have this bill on the floor now. I thank my colleague, Ms. KUSTER, for sponsoring it, and I urge every Member of this body to support it.

Mr. WALDEN. Mr. Chairman, I yield 2 minutes to the gentleman from Georgia (Mr. CARTER), our pharmacist on the Energy and Commerce Committee.

Mr. CARTER of Georgia. Mr. Chair, I thank the gentleman for yielding.

Mr. Chair, I rise today in opposition to the so-called Protecting Americans with Preexisting Conditions Act.

Mr. Chair, this is a misnomer. A misnomer is defined as a wrong or inaccurate name or designation. That is what the title of this bill is. It is wrong.

I join my colleagues on the Republican side in supporting protections for people with preexisting conditions. In fact, it was one of the first votes in Congress that we took this year, and it was defeated by my colleagues across the aisle.

This bill, which is ironically, as I say, misnamed because it doesn't protect preexisting conditions, would take steps to roll back State efforts to innovate and lower premiums for Americans across the country.

One issue I often hear about from my constituents is the cost of healthcare coverage and the lack of options available under ObamaCare. These waivers would allow for new strategies to address the high premiums that so many people are facing.

In fact, of the States that created their own reinsurance programs, they saw, on average, a nearly 20 percent drop in premiums, one State seeing a drop as high as 43.4 percent.

As States continue to grapple with high insurance costs, they have looked to these innovative waivers for opportunities to bring about new ideas that help people, not remove options and opportunities.

We all know that there is an issue with affordability of insurance in many areas. It should be known that this isn't as though it is just more conservative States moving forward with these reinsurance programs. States like New Jersey, where the chairman is from, and Minnesota and Maryland have seen the benefits of this.

Mr. Chair, that is why I urge my colleagues to give States the flexibility they need to reduce premiums and to vote "no" on this legislation.

Mr. PALLONE. Mr. Chair, I yield 1½ minutes to the gentlewoman from Illinois (Ms. SCHAKOWSKY), who chairs our Consumer Protection and Commerce Subcommittee.

□ 1430

Ms. SCHAKOWSKY. Mr. Chairman, I believe that my colleagues on the other side of the aisle are standing up and saying what they would like to see, and that is to protect people with preexisting conditions. The problem with what they are telling the American people is that what they are proposing does not protect people with preexisting conditions.

I know when I first came to Congress as a woman, being a woman was a preexisting condition. There were a lot of

things that weren't covered because we are women, until we passed the Affordable Care Act.

While the Republicans are talking about protecting such people, they are supporting a lawsuit, right now, that, once again, would undo all of the Affordable Care Act, sweeping out with them protections for preexisting conditions.

But the other key word to listen to is flexibility. They are talking about allowing up to 4 years of policies that States could enact that do not cover the whole panoply of things that the Affordable Care Act covers and could exclude even protection for preexisting conditions. That is not flexibility. That is taking away benefits from people.

You can sign up for one of these, what we call, junk policies and you are perfectly well, and then all of a sudden you have some kind of an illness that, guess what, is not covered, and won't be covered, because then you will have a preexisting condition.

The legislation Democrats have for you today would protect preexisting conditions, no questions, period, end of story.

Mr. WALDEN. Mr. Chairman, I yield 2 minutes to the gentleman from Texas (Mr. ARRINGTON) to speak on this matter.

Mr. ARRINGTON. Mr. Chairman, I rise to shed light on a very deceptive practice and the reason the American people refer to politics in Washington as "the swamp." That is giving bills names that, not only have nothing to do with the legislation, but actually mislead the American people to believe it is something that it is not.

This Democrat bill being considered today, entitled the Protecting Americans with Preexisting Conditions Act, has absolutely nothing to do with preexisting conditions and protecting people with preexisting conditions.

This bill actually prevents a policy that allows States to have the freedom and flexibility to provide for their citizens' healthcare needs. Where they have exercised that flexibility, we have seen an average of 20 percent in the reduction of healthcare costs.

There are laws on the books, Mr. Chairman, passed by Democrats and Republicans alike, that prevent and punish people and companies who participate in such false advertising. In fact, there is a good reason the FTC has strong truth in advertising laws and strictly enforces them against misleading and deceptive practices, because it hurts people, it hurts consumers, and it actually, in this case, compromises the American people's trust.

Mr. Chairman, the American people are sick and tired of political games, they are tired of politicians and their duplicity, and they are tired of their elected representatives deceiving them. That is what this is.

Mr. Chairman, I encourage my colleagues to not vote for this bill that takes the American people as fools and

preys on their fears, and I encourage both sides to stand in opposition of this bill.

Mr. PALLONE. Mr. Chairman, I yield 1 minute to the gentleman from Maryland (Mr. HOYER), our majority leader.

Mr. HOYER. Mr. Chairman, I thank the chairman, Mr. PALLONE, for the extraordinary leadership he has shown on this issue and so many others, and for his being an original drafter and sponsor of the Affordable Care Act.

Sitting here, I was listening to speaker after speaker after speaker tell me that this doesn't protect preexisting conditions. Of course, it does. But those are people who not only didn't want to protect preexisting conditions, they wanted to repeal the whole bill. They wanted to kick 20 million people off health insurance. Give me a break. Their crocodile tears are not, hopefully, deluding anybody. They are against the Affordable Care Act. We get that. This administration has done everything they can think of to undermine the Affordable Care Act, which has an adverse effect on the ability of Americans to get health insurance at a price they can afford.

Mr. Chairman, over the past few years, congressional Republicans and the Trump administration have engaged in a dangerous campaign to repeal, undermine, and dismantle the Affordable Care Act. Now, depending upon how long they have been here, they may well have voted over 60 times to repeal the Affordable Care Act. All of it. Preexisting conditions and everything else.

Through executive actions and lawsuits, they have sabotaged the law and fueled uncertainty in health insurance markets in the process. They have a suit right now which wants to, effectively, repeal the entire Affordable Care Act that the Attorney General of the United States and the President of the United States are supporting.

Spare me these crocodile tears about how this bill doesn't protect preexisting conditions. It does. But they don't care whether it does or not.

They, the people, want to know that protections for those with preexisting conditions won't disappear. That tens of millions of Americans won't be made, effectively, uninsurable and lose their coverage.

There are very few of us in this Chamber or in the gallery who don't have some sort of preexisting condition. We, Democrats, are committed to making sure that that will not preclude people from getting health insurance.

In the first days of the Congress, we took action to do what the Trump administration's Justice Department has refused to do: defend the law in court. We are taking that action.

Instead, the Trump administration is seeking to overturn the entire law, including the ban on denying coverage for those with preexisting conditions.

Now, the Republicans did pass a bill, when they were in charge. They sent it

over to the Senate. They had a big—and I know other people have talked about that—a big celebration at the White House, and the President embraced the bill. Some 10 days later, he said: No, it is a mean bill. The President of the United States embraced it, and, 10 days later, it is a mean bill.

OVERTURNING the law means the end of popular provisions, like a ban on forcing women to pay more for the same coverage as men or allowing those under age 26 to be covered under their parents' policy.

The administration's lawsuit would also bring back out-of-pocket costs for preventive care and screenings. We want to encourage preventive care. Why? It saves money and saves lives. Most egregiously, it would kick 20 million Americans off health insurance coverage who were able to get covered because of the Affordable Care Act.

Last month, the House passed a resolution written by COLIN ALLRED, our new Member from Texas, condemning that lawsuit which would repeal the Affordable Care Act, and reiterating the importance of protecting Americans' access to quality, affordable care.

Yesterday, the House took another step by passing bipartisan bills, which Mr. PALLONE brought to the floor, to help speed up the process of bringing the cost of generic drugs down and not prescription costs up.

Today, we have a bill to overturn the Trump administration's guidance that sabotages the Affordable Care Act by allowing substandard plans. Are they cheaper? They are. But, in the end, they are much more expensive because the coverage is minimal.

The effect of such a rule is to drive up prices for those with preexisting conditions. That wasn't the intent of the Affordable Care Act, which aimed to make coverage affordable for all Americans.

Next week, we will continue focusing on healthcare by considering additional legislation to help Americans access quality, affordable coverage.

I urge my colleagues on both sides. Some of them have said they want to protect preexisting conditions. Some of them have said that. If they believed it, then they need to vote for this bill. They need to do something to protect those with preexisting conditions. Today's vote is their opportunity to do so.

I thank Representative KUSTER, who is on the floor with us today, for introducing this legislation, and, again, Chairman PALLONE for bringing it to the floor.

House Democrats will continue, as we pledged to do in this last campaign and as the people who voted for us are expecting us to do, to protect the Affordable Care Act, protect their ability to get insurance, notwithstanding a preexisting condition, protect their families, protect them, and make America better.

Mr. WALDEN. Mr. Chairman, I yield myself such time as I may consume. I want to make a couple of comments to

my friend from Maryland, and he is my friend. He is always quite poignant and eloquent in his remarks.

What we are debating here today is a bill that is misnamed that doesn't do what it says it is going to do. What we do know is that 1332 waivers work. My State took advantage of that 1332 waiver and reduced insurance premiums by 6 percent. The great State of Maryland—I was just looking at some data, Mr. Chairman—has about 181,500 in the enrollment year. They used a 1332 waiver. This year in the individual market their costs for premiums in the individual market percent decreased 43.4 percent.

Mr. HOYER. Will the gentleman yield? I would like to tell the gentleman why that happened in Maryland.

Mr. WALDEN. Mr. Chair, I bet he would. But we know, overall, 19.9 percent across the country, because we are able to take some of this money, put it together, and have a reinsurance program. Maine has done it, Maryland has done it, and Oregon has done it. These are things that work.

The complaint I get, Mr. Chairman, is people at home say, I may have access to coverage now, but I can't afford the premium, or, if I can afford the premium, I can't afford to get sick because the out-of-pocket costs are so high. They are now falling off. Later in the debate, I will share some data that has been published this week showing people who literally walk away from healthcare because they can't afford it. That should be our common mission and goal.

When it comes to protecting people with preexisting conditions, I introduced legislation—and tried to get a vote on it every chance I have had—that would lock into law preexisting condition protections, regardless of what this Federal lawsuit's outcome is in Texas. We should do that. That would be an easy vote. We could all vote for it. But Democrats won't let us bring it to the floor.

Mr. Chairman, I yield 2 minutes to the gentleman from Oklahoma (Mr. KEVIN HERN).

Mr. KEVIN HERN of Oklahoma. Mr. Chairman, let's be honest, we are not here to solve a problem today. We are not here to change anything today. This bill will do nothing to help people with preexisting conditions.

Something not many people know about me is my family's history with spina bifida.

I had an older sister, about 13 months older than me, who died 2 hours after birth because of spina bifida.

My older sister, who will turn 50 later this month, has lived her entire life as a spina bifida survivor, spending the first 6 months of her life enduring many surgeries. My mother knew that my sister was going to be born with that very birth defect that took the life of her first child. My sister had her first daughter, Kristen, who was born with a devastating spina bifida condition. During the pregnancies, my

mother knew about my sister's birth defect and my sister knew of Kristen's condition. In spite of that knowledge, their lives were not aborted.

Kristen has a son who just turned 10. In spite of being in a wheelchair for her entire life of 30 years, Kristen has been an awesome mom to Daniel. Daniel will have an incredible story to tell about his life because his great-grandmother and his grandmother did not seek abortions to terminate the lives of their "less than perfect" children. He is alive today, and I am confident he will have an incredible impact on those around him.

These aren't nameless, faceless people we are talking about. This is my sister, my niece, and my family.

These preexisting conditions have had a massive impact on my life and the lives of my family. These messaging bills are pointless. People need help, not our talking points. Our goal should be success. We should aim to write legislation that has a shot to become law and will change people's lives for the better.

The aim of H.R. 986 is not to protect Americans with preexisting conditions, but to interfere with the President's ability to govern. These are real people and real problems that we are ignoring.

I believe that life is precious. Every life is worth protecting. We have a lot of work to do and it is time to stop talking and act. That is what we were elected to do here.

Mr. Chairman, the American people are tired of these political games.

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Mr. PALLONE. Mr. Chairman, I yield 1½ minutes to the gentlewoman from California (Ms. MATSUI).

Ms. MATSUI. Mr. Chairman, I rise today as a proud cosponsor of H.R. 986, the Protecting Americans with Preexisting Conditions Act, which prohibits the Trump administration from promoting the sale of junk insurance plans that do not fully protect Americans with preexisting conditions. Today, we are taking a critical step to reverse a damaging Trump administration policy.

With the Affordable Care Act, we sought to ensure that all people covered in the same area are charged the same premium as everyone else, regardless of their health status. Women cannot be denied coverage or charged more simply because they are women, and more Americans now have the freedom to start their own business or pursue work in the gig economy without fear of losing coverage for preexisting conditions. Coverage before the ACA was often tied to employer plans.

In California, we have taken a stance against the Trump administration's sabotage of the ACA by protecting consumers from the sale of junk plans, but not every State has followed our lead.

This legislation protects basic fairness and access to healthcare for all Americans, not just those living in States that have sought aggressive re-

forms, changes, and improvements to the law. We now have a real opportunity to protect and build on the ACA's success, and I am immensely pleased to be able to support such efforts on the floor today.

Mr. WALDEN. Mr. Chairman, I yield 2 minutes to the gentleman from Kansas (Mr. MARSHALL).

Mr. MARSHALL. Mr. Chairman, the lengths that my colleagues across the aisle are willing to go to mislead the public and increase the political divide over healthcare is shameful and embarrassing. H.R. 986, which I refuse to call by its name, makes a mockery of Americans with preexisting conditions.

Mr. Chairman, I practiced obstetrics for over 25 years, and do you know what the most common preexisting condition is? It is pregnancy.

I came to Congress to protect people with preexisting conditions and to help patients. H.R. 986 just does the opposite. H.R. 986 prevents innovation. It drives the cost of healthcare up and will cause fewer people to have healthcare.

Let me be crystal clear about this, Mr. Chairman. This bill has absolutely nothing to do with people with preexisting conditions. That is why I am proud to join Congressman WALDEN and shed light on this deceptive bill that the Democrats are pushing.

Under current law, States do not have the authority to waive preexisting conditions using the section 1332 innovation waiver. It is that simple.

Section 1332 waivers are working, and contrary to the Democrats' claims, patients are raving about the 1332 waivers for reinsurance.

These waivers give States flexibility to provide Americans with affordable healthcare options. And in the seven States using these waivers, premiums have gone down by an average of 20 percent. They went down 20 percent, with Maryland achieving a 43 percent premium reduction.

So I stand here today to discuss the facts and not the fiction.

The 2018 guide from the President is making the process easier, helping States pursue innovation strategies that will help more people get coverage while delivering quality coverage people can actually afford and use.

Most of us, including the President, are working towards a better healthcare future for all Americans, where patients and families, not bureaucrats in Washington, are in control of their own healthcare decisions. I ask that my colleagues across the aisle stop the partisan politics and come together to develop real healthcare policy solutions.

Mr. PALLONE. Mr. Chairman, I yield 1½ minutes to the gentleman from Vermont (Mr. WELCH), a member of the committee.

Mr. WELCH. Mr. Chairman, I thank the gentleman for yielding.

Mr. Chairman, if we want to level with the American people, let's ac-

knowledge something: We have a difference of opinion on healthcare.

When we passed the Affordable Care Act, it provided, for the first time, protections for people who have a preexisting condition.

Every single one of my colleagues on the Republican side voted against that and then spent the next several years—69 times—voting to get rid of the protection for preexisting conditions.

Then when they were in the majority, the first opportunity they had, they passed a bill out of the House to take away the protection for preexisting conditions.

And thank you to Senator John McCain for protecting the American people.

Every single opportunity to stand up and protect people who are sick, who lost their job but were sick and wanted to get insurance, you voted "no"; we voted "yes."

You are talking now about waivers. I like waivers—we have benefited in Vermont—but not this waiver. If you pass this waiver, you are going to wave good-bye to the protection that we fought long and hard for for preexisting conditions.

We fought for your families. We fought for our families. We fought for all American families.

What kind of world is it if you are sick and you can't get healthcare? That is what is at stake now. That should never be in debate.

We will not back down on protecting people from preexisting conditions. We will not back down on assaults on Medicare. We will not back down on assaults on Medicaid.

Mr. Chairman, let us pass this bill and continue to protect Americans' healthcare.

The CHAIR. Members are reminded to address their remarks to the Chair.

Mr. WALDEN. Mr. Chairman, I would just say to my friend, the biggest assault on Medicare is the Democrats' proposal to do Medicare for All.

We know it will cost \$32 trillion, double personal and corporate income taxes. I met with our hospitals yesterday: 40 percent reduction in their payments. They are not sure how they would survive. They told me most hospitals in America will go bankrupt under the Democrats' proposal.

Mr. Chairman, I yield 2 minutes to the gentleman from New York (Mr. REED), a member of the powerful Ways and Means Committee.

Mr. REED. Mr. Chairman, I rise today in opposition to the bill before us but, as the father of a type 1 diabetic, agree with the basis of the law of the Affordable Care Act that says preexisting conditions must be protected in every health insurance plan going forward. We should be celebrating together that that reform is now the law of the land, and I would hope my colleagues would take "yes" for an answer.

But what is being proposed today potentially jeopardizes that protection,

because what you are proposing today is to take away the ability of the States to comply with the law of the land to protect those preexisting conditions in a way that allows the States to innovate, to drive health insurance premiums down as the law protects those with preexisting conditions.

This is not a political game. You are talking about real Americans. You are talking about kids, like my son, who is a type 1 diabetic. And if this law, as proposed, becomes the law of the land, you potentially increase insurance premiums on millions of Americans because you take away that innovation ability of the States to deliver the protections of preexisting condition reform but lower premiums at the same time.

So I stand in strong objection to this political effort from my colleagues on the other side of the aisle, and rather than engage in politics, I join with the silent majority of Americans who say: You know what? Enough is enough of politics. Get to the real work of the people and lower healthcare costs for everyone.

Mr. WALDEN. Mr. Chairman, may I inquire as to how much time each side has remaining.

The CHAIR. The gentleman from Oregon has 9 minutes remaining. The gentleman from New Jersey has 16½ minutes remaining.

Mr. PALLONE. Mr. Chairman, I yield 1½ minutes to the gentlewoman from New York (Ms. CLARKE), the vice chair of the Energy and Commerce Committee.

Ms. CLARKE of New York. Mr. Chairman, I thank our chairman for yielding the time. I thank Congresswoman KUSTER for her leadership.

As vice chair of the Committee on Energy and Commerce and cosponsor of H.R. 986, I am proud to stand with my colleagues in support of the Protecting Americans with Preexisting Conditions Act of 2019.

Healthcare is a right. In the 21st century, everyone must have the right to the best quality and affordable healthcare insurance when they need it most.

This human right must not be only limited to healthy individuals, but, rather, the human right to healthcare must be available to every American who has ever been ill at any time or is born with a preexisting condition. No American should be penalized for a medical condition that started before the individual's healthcare coverage benefits went into effect.

Passage of the Protecting Americans with Preexisting Conditions Act would rescind the 1332 guidance issued by the Trump administration, which weakens coverage and undermines the Affordable Care Act's protections for people with preexisting conditions.

Our friends on the other side of the aisle made more than 70 failed attempts to replace and repeal the Affordable Care Act between 2011 and 2017.

Mr. Chairman, we must do the right thing and enact legislation that strengthens the standards of quality healthcare, affordability, comprehensiveness, and coverage. Mr. Chairman, I urge my colleagues to vote "yes" on H.R. 986.

Mr. WALDEN. Mr. Chairman, I reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, I yield 1½ minutes to the gentlewoman from Michigan (Mrs. DINGELL).

Mrs. DINGELL. Mr. Chairman, I rise today to speak in support of protecting people with preexisting conditions.

Not that long ago, hardworking people who did everything right would be denied insurance coverage just because they had diabetes or asthma or they wanted to start a family.

We passed the ACA and ended discrimination against people with preexisting conditions. Millions of Americans were able to sign up for coverage for the first time in their lives, and millions who already had coverage knew it wouldn't be taken away from them.

Remember the stories of people's insurance being canceled as they were being rolled into operating rooms; that was the truth.

The ACA has done a lot of good. Could we work to improve it? Yes. And I will work with any Republican or Democrat on those efforts. But when this Congress and this administration attempt to roll back protections for people with preexisting conditions, I will always stand against those policies.

Mr. Chair, 2 years ago last week, House Republicans passed a bill to rescind the whole ACA and take healthcare away from 20 million Americans. Because Americans spoke up, that bill failed.

I am proud to cosponsor Representative KUSTER's bill. Healthcare should be affordable to every American.

Mr. WALDEN. Mr. Chairman, I reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, I yield 1½ minutes to the gentleman from Virginia (Mr. BEYER).

Mr. BEYER. Mr. Chairman, I rise today to speak in support of H.R. 986, the Protecting Americans with Preexisting Conditions Act.

Frankly, Mr. Chairman, I am confused. I serve on the Ways and Means Committee, and a few weeks ago, we had a long, lively hearing on the need to preserve the preexisting conditions created by the ACA. I was impressed that every member of the Ways and Means Committee, Democrat and Republican, spoke passionately about this protection—every one.

We emerged from that hearing with a clear, bipartisan consensus that we would never again condemn Americans who suffer from diabetes or cancer or heart disease or epilepsy to unaffordable insurance and perhaps an early death.

But today my Republican friends are ready to vote against the only bill this year to keep the Trump administration

from gutting the preexisting exclusion. They argue that, no, this is not what CMS is trying to do, yet this is exactly what would happen with short-term insurance plans if the various States are given the opportunity to do so. That is why virtually every organization that protects human health supports this bill and is against the CMS action.

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States want waivers. States want to innovate. This bill won't keep them from innovating or keep them from getting waivers. Remember what States did before the Affordable Care Act when there was no prohibition against higher costs for preexisting conditions or no insurance.

If what they say is, indeed, true, there is no harm voting "yes" for this bill. States will still be able to innovate, as long as they don't violate the preexisting conditions exclusion.

Mr. WALDEN. Mr. Chair, I continue to reserve the balance of my time.

Mr. PALLONE. Mr. Chair, I yield 1½ minutes to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Mr. Chair, I thank the chairman very much for yielding.

Just a second on memory lane, for those of us who were here for the Affordable Care Act, dozens of our committees, including the Judiciary Committee, heard the pain of people whose family members had died because they had no access to healthcare and/or they had junk policies.

Mr. Chair, I rise today with the strongest of support for H.R. 986. I thank my good friend, ANN KUSTER, for her great leadership and indicate that since the Affordable Care Act—and I know that we are now looking at Medicare for All and many others. My view of it is yes, so that we all can have access to healthcare.

It is, in fact, sure that this bill that we now have, which is being attacked by the Trump administration in the Fifth Circuit right now because of my attorney general attacking the Affordable Care Act, Texas saw a national decrease of the uninsured from 14.8 to 8.8.

Now this legislation, which is to turn back the Trump guidance on the issue of waivers, is vital because we have lower costs for health insurance because of the ability for people to access and be taken care of with the Affordable Care Act when they have preexisting conditions.

Sickle cell, triple negative breast cancer, and diabetes all plague my constituency. Insulin costs are going through the roof. With this guidance that Trump has put in place, it will be worse. It will be compounded.

Rates will go up, and people suffering from preexisting conditions, including pregnancy, will not get policies at a low cost. They will not have comprehensive coverage that will include mental health. Certainly, they will see a reverse of them being able to have coverage for preexisting conditions.

That is the civil rights of healthcare. Preexisting conditions must be protected.

I rise to enthusiastically support H.R. 986, and I demand that the Trump administration stop taking away constitutional rights in everything and denying people their right to good healthcare. Enough is enough. Let us support this legislation.

Mr. Chair, I rise in strong support of H.R. 986, the “Protecting Americans With Pre-Existing Conditions Act of 2019,” which blocks the Trump Administration’s efforts to give states the ability to weaken the Affordable Care Act’s critical protections for Americans with pre-existing conditions.

On October 22, 2018, the Centers for Medicare & Medicaid Services (CMS), HHS, and Treasury issued a guidance on Section 1332 of the ACA, which authorizes states to waive certain requirements of the law and experiment with health insurance reforms that could improve the well-being and health of their residents.

The ACA has a clear statutory directive that states must maintain the level of benefits, affordability, and coverage provided to state residents by the ACA.

Section 1332 requires states to meet four statutory “guardrails” simultaneously and demonstrate that the proposed waiver will provide comprehensive, affordable coverage to a comparable number of residents as under the ACA, without increasing the federal deficit.

But in the 2018 guidance, HHS and Treasury revised the agencies’ interpretation of the statutory requirements, and significantly loosened the standards that states must meet in order to receive waiver approval, setting forth weaker requirements that must be met for the affordability and comprehensiveness guardrails and adopted a new definition of what classifies as coverage.

The 2018 guidance provided by the Trump Administration would allow states to simply demonstrate that a comparable number of residents will have access to comprehensive and affordable coverage, regardless of whether they actually enroll in that coverage, thereby allowing the Secretaries of HHS and Treasury to approve waivers that do not provide coverage that is as affordable or as comprehensive as under the ACA.

The 2018 guidance also allows states to receive waiver approval for proposals that direct the ACA’s tax credit subsidies towards STLDI plans and other types of health insurance plans that do not provide protections for pre-existing conditions.

H.R. 986 revokes and rescinds the October 2018 Section 1332 guidance and prohibits the Secretaries of HHS and Treasury from promulgating any substantially similar guidance or rule.

These improper waivers leave consumers with less comprehensive plans that do not cover needed services, such as prescription drugs, maternity care and substance use disorder treatment.

Another way the “Protecting Pre-Existing Conditions and Making Health Care More Affordable Act of 2019,” protects consumers is by prohibiting insurance companies from selling junk health insurance plans that do not provide coverage for essential medical treatments and drugs or cover people with pre-existing medical conditions.

As a member of Congress who voted against each of the dozens of Republican efforts to repeal the Affordable Care Act, I know first-hand how important and critical access to affordable, high quality, accessible health care available to everyone, including those with pre-existing conditions, to the well-being of American families.

Because of the passage of the Affordable Care Act, the national uninsured rate has been slashed from 14.8 in 2012 to 8.8 percent in 2018. Texas has long led the nation in rate of uninsured so the comparable rates are 24.6 and 15 percent, respectively.

Mr. Chair, I distinctly recall a candidate for the highest public office in the land saying “Obamacare is a disaster” and appealing for voters to support him with this question: “What have you got to lose?”

The question deserves a response so I hope that person, who occupies the Oval Office, is listening to my answer.

The Affordable Care Act, or “Obamacare,” has been an unmitigated success to the more than 20 million Americans who for the first time now have the security and peace of mind that comes with affordable, accessible, high quality health care.

Mr. Chair, Tip O’Neill used to say that “all politics is local” so let me share with you how Obamacare has dramatically changed lives for the better for the people in my home state of Texas.

1.874 million Texans who have gained coverage since the ACA was implemented could lose their coverage if the ACA is entirely or partially repealed or invalidated.

1.1 million Texans who purchased high quality Marketplace coverage now stand to lose their coverage if *Texas v. United States*, No. 4:18-cv-00167-0 (N.D. Tex.), the lawsuit brought by Republican Governors, and now whole-heartedly supported and aided by the Trump Administration were to succeed.

508,000 kids in Texas who have gained coverage since the ACA was implemented are also at risk of having their coverage rolled back.

205,000 young adult Texans who were able to stay on a parent’s health insurance plan thanks to the ACA now stand to lose coverage if the Republican Congress eliminates the requirement that insurers allow children to stay on their parents’ plans until age 26.

646,415 Texans who received cost-sharing reductions to lower out-of-pocket costs such as deductibles, co-pays, and coinsurance are now at risk of having healthcare become unaffordable if the Republican Congress eliminates costsharing reductions.

10.28 million Texans who now have private health insurance that covers preventive services without any co-pays, coinsurance, or deductibles stand to lose this access if the Republican Congress eliminates ACA provisions requiring health insurers to cover important preventive services without cost-sharing.

913,177 individuals Texans who received financial assistance to purchase Marketplace coverage in 2016, averaging \$271 per individual, are at risk of having coverage become unaffordable if the Republican Congress eliminates the premium tax credits.

1.1 million Texans could have insurance if all states adopted the ACA’s Medicaid expansion; these individuals will not be able to gain coverage if the Republican Congress eliminates the Medicaid expansion.

Women in Texas who can now purchase insurance for the same price as men are at risk of being charged more for insurance if the ACA’s ban on gender rating in the individual and small group markets is invalidated.

Before the ACA, women paid up to 56 percent more than men for their health insurance.

Roughly 4.5 million Texans who have pre-existing health conditions are at risk of having their coverage rescinded, being denied coverage, or being charged significantly more for coverage if the ACA’s ban on pre-existing conditions is struck down.

346,750 Texas seniors who have saved an average of \$1,057 each as a result of closing the Medicare prescription drug “donut hole” gap in coverage stand to lose this critical help going forward.

1.75 million Texas seniors who have received free preventive care services thanks to ACA provisions requiring coverage of annual wellness visits and eliminating cost-sharing for many recommended preventive services covered by Medicare Part B, such as cancer screenings, are at risk of losing access to these services if congressional Republicans go forward with their plan to repeal the ACA.

The Affordable Care Act works and has made a life-affirming difference in the lives of millions of Americans, in Texas and across the country.

This is what happens when a visionary president cares enough to work with a committed and empathetic Congress to address the real issues facing the American people.

You want to know why the American people have Obamacare?

It is because Obama cared.

The same cannot be said about this Republican president and congressional Republicans who have made careers of attacking and undermining the Affordable Care Act’s protections and benefits for the American people.

I urge all Members to vote for H.R. 986 and send a powerful message to the President and the American people that this House will not stand idly by as this Administration tries to take away health care from more than 130 million persons.

Instead, this House will resist by all constitutional and appropriate means, including opposing this Administration in the courts and by passing H.R. 986, the “Protecting Pre-Existing Conditions and Making Health Care More Affordable Act of 2019.”

Mr. WALDEN. Mr. Chair, I continue to reserve the balance of my time.

Mr. PALLONE. Mr. Chair, I yield 1½ minutes to the gentleman from Connecticut (Mr. COURTNEY).

Mr. COURTNEY. Mr. Chair, I thank the chairman for yielding.

Mr. Chair, after 2 years of the Trump administration trying and failing in Congress to repeal the Affordable Care Act, they have gone to plan B. Plan B is to use the administrative agencies, the Department of Health and Human Services, and the court system as a way of trying to accomplish what they could not accomplish through the House and the Senate in the 115th Congress.

Today, we are dealing with one of those efforts, which was an order that was issued in October of last year, issuing new guidelines for State waivers from the Affordable Care Act, repealing the ObamaCare guardrails that

made sure that patient protections would not be affected by such waivers—for example, protecting people with preexisting conditions; the elimination of lifetime caps on health insurance; and the protections that were built in for essential health benefits that defined real healthcare, not the cheap healthcare that was being sold before the ACA was enacted.

An intervening event occurred since last October. We had an election. It was the largest midterm turnout since 1914. We had a new majority that was elected with a plurality of 10 million votes, larger than any flip election in the past, any wave election in the past. The number one issue from the voters was healthcare and protecting their patient rights to affordable and comprehensive benefits.

Mr. Chair, we are here today debating an issue that the patient groups that represent people with chronic illnesses, with expensive illnesses like cancer, have stepped up across the board, saying vote for this legislation to overturn the Trump order that they are trying to get through but that they cannot get through the U.S. Congress. Vote for this bill.

Mr. PALLONE. Mr. Chair, may I inquire how much time remains?

The CHAIR. The gentleman from New Jersey has 9 minutes remaining. The gentleman from Oregon has 9 minutes remaining.

Mr. PALLONE. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, I wanted to mention this issue of reinsurance. Some of the Republicans have brought up the fact that in the last few years under the Obama administration, actually before President Trump, certain States—I believe there are eight now, including my own—applied for 1332 waivers because they wanted to put in place reinsurance programs.

I want to assure everyone that those types of waivers that are granted for reinsurance would continue and that this legislation in no way impacts that. Keep in mind, we are not opposed to 1332 waivers.

But pursuant to the Affordable Care Act, which I helped draft, those waivers, when granted, have to maintain affordability and comprehensiveness of coverage and keep the same number of people insured as under the ACA.

When my State and others have applied for waivers for reinsurance programs, it is because the ACA reinsurance funding was discontinued at some point under the original bill. Those States want to, among other things, make sure that there is competitiveness in the marketplace by providing some kind of reinsurance or risk protection so that more insurers come into the marketplace in those States and create more competition and lower prices.

When you ask the Federal Government for a reinsurance waiver, you are still maintaining affordability, probably making things even more afford-

able because of competition. You are still maintaining the comprehensiveness of the coverage because you have to provide policies that have all the essential benefits. You are keeping the same number of people insured. In fact, what you are probably doing is having more people insured.

The difference between that and the section 1332 guidance that the Trump administration is now putting forth is that none of those things are guaranteed under the waivers that the Trump administration is proposing with their guidance.

For one thing, they are saying you can sell a junk plan that doesn't have hospitalization, that doesn't have essential benefits, so you violate the section 1332 provision.

You also end up having fewer people insured because the Trump administration says you don't have to have the same number of people covered. All you have to do is have access.

Lastly, affordability, sure, they will argue that somehow it is more affordable because a junk plan doesn't cost as much, but that is sort of a misnomer because the comprehensiveness of the coverage disappears.

I want everyone to understand, a State that applies to have reinsurance as part of their program and gets a waiver, that is in no way impacted by what we are proposing here today with Ms. KUSTER's bill. In fact, reinsurance reinforces the very things that the 1332 waivers are seeking to guarantee.

So that is a very false bit of information that my colleagues on the other side are trying to put out here today. I wanted to explain that.

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

Mr. WALDEN. Mr. Chair, I continue to reserve the balance of my time.

Mr. PALLONE. Mr. Chair, I yield 1½ minutes to the gentlewoman from Michigan (Ms. SLOTKIN).

Ms. SLOTKIN. Mr. Chair, I rise today in support of the Protecting Americans with Preexisting Conditions Act.

For me, this issue is particularly personal. It is a major reason why I ended up coming here to Congress.

I believe that the sabotage, the attempts at legislating out protections for people with preexisting conditions, is something that is just out of touch with the American people, certainly in Michigan's Eighth Congressional District.

It is particularly personal to me because of my mom. My mom passed away in 2011 from ovarian cancer. When she was diagnosed, she did not have healthcare.

She had trouble with healthcare her entire life. She had breast cancer as a young 31-year-old mom, so for the rest of her life, she had a preexisting condition.

My parents divorced, and she lost her job. Because of that preexisting condition, she could not afford health insurance. She went 5½ years without a checkup and no gynecological exam.

We finally got her health insurance, my brother and I. It was \$1,000 a month, with a \$10,000 deductible, her highest bill in Detroit.

In 2009, without us knowing, she let it lapse. Two months later, she walked into an ER and was diagnosed with stage IV ovarian cancer.

I am sure my colleagues around the room know what it is like to have a loved one get a terminal diagnosis. Your life as you know it explodes.

That same week and that same month that our lives were exploding was the same week and the same month we spent filling out the paperwork for her to declare bankruptcy.

I think no matter whether you are a Republican, a Democrat, or an independent, it is essential that we support people with preexisting conditions, and I urge my colleagues to do so.

Mr. WALDEN. Mr. Chair, I continue to reserve the balance of my time.

Mr. PALLONE. Mr. Chair, I yield myself such time as I may consume. I am still waiting for one of our other speakers.

Mr. Chair, I want to respond to my colleague, the ranking member, whom I respect a great deal. He has several times today, as well as in committee and as a representative at the Rules Committee, talked about this amendment that he has on preexisting conditions.

First of all, the reality is that the ACA guarantees people coverage with preexisting conditions. The problem here is not that we need to restate that, but that the section 1332 guidance that the Trump administration has proposed would undermine it.

On its surface, Mr. WALDEN's amendment appears to maintain protections for preexisting conditions, but, again, that is not the issue because he is not getting rid of the guidance that the Trump administration has put forward under 1332.

What does that mean? It means that even with his amendment, the Trump administration, under their guidance, would allow insuring companies to not offer basic services such as hospitalization, maternity coverage, mental health, and substance abuse disorders. Insurance companies would no longer have to offer these benefits to people with preexisting conditions who need those benefits.

Mr. WALDEN's amendment also does not include prohibitions on annual and lifetime limits, which are critical protections for individuals with preexisting conditions. These limits, which were commonplace prior to the ACA, are a threat to the life and health of individuals with serious medical conditions.

The Walden amendment would also allow insurance companies to charge women more than men and put a significant financial burden on older Americans.

We are not interested in these half measures that would leave Americans worse off.

Mr. Chair, I yield such time as he may consume to the gentleman from California (Mr. HARDER).

Mr. HARDER of California. Mr. Chair, I rise today in support of my amendment. My legislation would simply require the Federal Government to issue an expert analysis of the impact of junk plans on mental healthcare access. People deserve access to mental healthcare, and we don't know how many people will lose that access if these junk plans become used more widely.

That is exactly what my amendment would tell us.

People who are struggling with depression, anxiety, schizophrenia, or substance use disorder deserve coverage. We are talking about real people in our communities who need help, and they should get it.

That is especially true because of the stigma surrounding mental health issues. If you tell your friends that you have cancer, they tell you to get help. If you tell your friends you have depression, they tell you to tough it out or go to the gym.

Without access to mental healthcare, a lot of people end up self-medicating. That is why we have to make sure that they are covered with real insurance, not junk plans.

□ 1515

These plans are a scam.

I heard a horror story from a woman in Stanislaus County about her family's experience with a junk plan before the Affordable Care Act. Her daughter went off to school and got cheap, university-sponsored insurance.

After a couple of years, she had a mental health issue present, but she was completely denied coverage for the treatment that she needed. Even though she paid premiums for years, she wasn't covered, and her family had to pay thousands of dollars out of pocket. Years later, they are still paying it off today, more than 10 years after her mental health episode.

That is a common story because only about half of these plans cover mental healthcare, and only about one-third cover substance use disorder, and that is a huge problem in the Central Valley, especially for young people.

It is in people's twenties that they start showing signs of a lot of mental health problems, and this often coincides with the development of substance use disorders. People who turn 26 have to get off their parents' insurance. They pick the cheapest thing they can find.

If we don't pass this amendment, millions of people who have similar stories will be denied coverage for mental health issues when they need it most.

That is a scam. That is what my amendment demands.

Mr. WALDEN. Mr. Chairman, how much time remains on each side?

The CHAIR. The gentleman from Oregon has 9 minutes remaining. The gentleman from New Jersey has 1 minute remaining.

Mr. WALDEN. Mr. Chairman, I yield myself the balance of my time.

Mr. Chairman, let me address a few issues. First of all, my friend my New Jersey—and he is my friend—referenced my amendment.

It is unfortunate that we can't debate my amendment on the floor, because the Democrats who control the Rules Committee wouldn't allow my amendment to be considered, nor would they allow us to bring a bill to the floor that I have authored that has more than 100 cosponsors that would make sure that preexisting conditions are protected in case the court decision in Texas goes against the ACA and wipes out those protections.

This would be an insurance policy in public law for people with a preexisting condition. We can do that today. If it has some shortcomings, then let's have a markup on this bill and work that out.

I care deeply about preexisting condition protection. I fought for it as a legislator. I helped create the high-risk pools in Oregon back in the late eighties and early nineties. I have supported it every step of the way.

Let me again quote from the Department of Health and Human Services. We asked them, and they wrote back to me, about protection for preexisting conditions. Seema Verma, the Administrator, said in her letter to me: "To be very clear, the 2018 guidance does nothing to erode PPACA's preexisting condition provisions, which cannot be waived under section 1332."

So they cannot do that. They cannot waive those protections under 1332.

"Section 1332 does not permit States to waive Public Health Service Act requirements, such as guaranteed availability and renewability of health insurance, the prohibition on using health status to vary premiums, and the prohibition on preexisting conditions exclusions. Furthermore, a section 1332 waiver cannot be approved that might otherwise undermine these requirements. This administration stands committed to protecting people with preexisting conditions."

That is the head of CMS. It is her agency that approves 1332 waivers.

There have been no waivers so far approved under this guidance, and that is what she tells us in writing, period, because of the information that is being sent around.

We do know that seven States have taken advantage of the prior 1332 process, and it has yielded more affordable insurance premiums for American citizens.

Now, I find it curious. My State has been very progressive in these areas. When I was in the State legislature, I helped try to expand access to affordable healthcare. We had to come to Washington to get a waiver for the Oregon health plan and Medicaid, and we looked at all kinds of different ways to get access to affordable healthcare, and I have never let up on that.

I believe strongly in helping people with preexisting conditions. Like my

colleagues on the other side of the aisle, my wife and I had a son who did not survive because of a heart condition. We dealt with all of these issues leading up to his birth and eventual death. So I am fully committed to protecting people with preexisting conditions.

What we are arguing about here is: Is health insurance affordable for Americans and are there better ways, using States as laboratories, to innovate and bring down costs of care and costs of insurance, because more of us are paying more out of our pocket than at any time in our history.

There was a very interesting story which I will put in the RECORD for everyone to read, data from the Kaiser Foundation this week that ran in a publication called Axios. I just want to share some of what they found about what is really going on if you get outside of the beltway here in Washington and talk to real people.

They evaluated people who had coverage under their employer, in this case, and had a chronic condition of some sort. It is not a small group.

About half of Americans who have employer coverage—so that is half of 158 million—report that 6 in 10 in that group report they or a family member skipped or postponed medical care or prescription drugs they needed because of the costs, or, in some cases, they tried a home remedy.

High deductibles make things worse. Among those with chronic conditions whose deductibles were at least \$3,000 for an individual or \$5,000 for a family, three-quarters, Mr. Chairman, 75 percent, report skipping or postponing some type of care; and about half, 49 percent, say they or a family member had problems paying medical bills or difficulty affording their premiums, deductibles, or copays in the last year.

So what States—including mine, including New Jersey, including Maryland, and including Maine and Alaska—did was say: Hey, Washington, D.C., give us just a little flexibility here. Let us come up with plans that may be more affordable.

They did that under the prior rules, and rates went down, on average, 19.9 percent—some States more, some less.

Now, what happens when people can't afford to use their own insurance? Because that is happening with these deductibles and with these high levels, let alone the premiums.

The ripple effect on family budgets, according to the story in Axios, is a substantial share of people reported taking measures such as increasing credit card debt, 28 percent; using up most of their savings, 26 percent; getting an extra job, 19 percent; borrowing money from family or friends, 14 percent.

This is what we are trying to argue could be better taken care of. This is the issue that is being ignored by a Washington one size fits all.

So we protect people with preexisting conditions, 1332 waivers—that law

stays in effect—but we want to give States a little more flexibility to go after this to bring down the cost.

Now, my friend from New Jersey and I, Mr. Chairman, are working together on some of these drug reforms so we can get drug costs down.

I was at the White House today with the President on surprise billing, and I think we are going to work together on that issue, Mr. Chairman, so that no American consumer who follows the rules gets stuck with a surprise bill. What are you supposed to do, wake up in the middle of the operation and say: Hey, is everybody in this room still on my plan? If you play by the rules, you shouldn't get stuck unfairly with a surprise bill. We are going to find a solution.

My State came up with a way to do that already and other States have other ideas, but we are going to protect consumers there as well. We are going to drive down the cost of drugs, and we should continue to go after this issue of the high cost of healthcare because that is what Americans in my 20 townhalls—and I don't think anybody in the House has done more.

I have done 20 townhalls this year. In almost every one of them, they are asking: How do you get the costs down?

Mr. Chairman, 1332 waivers gave my State the opportunity to get costs down, and we should not impede that process.

We are going to debate a lot about these policies going forward, and if there are junk plans, then let's expose them for what they are, and let's pass Ms. Eshoo's bill from, I think, last Congress, which required more transparency and accountability so you don't have fraud and deception. Count me all in on that.

There is a lot more we can do to drive down costs.

My legislation—again, Democrats refused to bring up in committee or have on the floor—would make sure, regardless of any lawsuit, people with preexisting conditions can continue to get covered. So irrespective of the court decisions, they would get covered.

If my bill were allowed to be voted on in the House, I guarantee you, we might have some issues we need to work out. I am happy to do that. If it passed, it would become law. This President is firmly committed to protecting people with preexisting conditions, so we should do that.

We should also have a hearing on the Medicare for All bill that some on the other side are promoting. I have asked for that.

I know there was one in the Rules Committee, but Energy and Commerce is the committee of jurisdiction for most of that. We have not seen that hearing yet. I hope, in the future, we will, because we should know the impact of wiping out Medicare Advantage plans and Medigap plans.

I have been told TRICARE would go away, all private insurance would go away, and it would be a one-size-fits-

all, government-run system. I am worried about the delay in access to care. I am worried about the access to the great, new innovative drugs and procedures that we would lose in America.

So, Mr. Chairman, I must oppose this underlying legislation. I remain committed to protecting people with preexisting conditions, as do my colleagues on the Republican side. Then we ought to focus together, Mr. Chairman, as a Congress to do the best thing for our constituents, which is to bring the greatest leverage possible to reduce unnecessary costs in the healthcare system in America.

Mr. Chairman, I ask my colleagues to oppose this bill, and I yield back the balance of my time.

Mr. PALLONE. Mr. Chairman, I yield myself the balance of my time.

Mr. Chairman, the problem is that nothing that my colleague on the Republican side says about his amendment and nothing that is in Seema Verma's letter will help a person with preexisting conditions.

The bottom line is this 1332 guidance that the Trump administration has put forward allows junk plans to be sold so that people with preexisting conditions will not get the coverage they need. They can be charged more. They are not guaranteed that things like rescissions and lifetime limits don't go back into place.

So the problem that we face is we can't allow people with preexisting conditions to suffer and not get coverage because they are going to be charged more or because they are not going to get the coverage they need by buying a junk plan.

If you really care about that and you want to make sure that people with preexisting conditions really are guaranteed good coverage and can afford their coverage, then you have to vote for Ms. KUSTER's bill. That is all we are saying here.

I am not saying that my colleague on the other side is not well meaning, but nothing he has said will protect the people with preexisting conditions from the problems with the Trump guidance. So I would ask my colleagues to support this bill.

Mr. Chairman, I include in the RECORD two letters from various non-profit health organizations supporting the bill.

MAY 8, 2019.

Hon. GREG WALDEN,
Ranking Member,
House Energy & Commerce Committee,
Washington, DC.

DEAR RANKING MEMBER WALDEN: Our 35 organizations, representing the interests of the millions of patients and consumers who live with serious, acute, and chronic conditions, have worked together for many months to ensure that patient voices are reflected in the ongoing Congressional debate regarding the accessibility of health coverage for all Americans and families. In March 2017, we identified three overarching principles to guide and measure any work to further reform and improve the nation's health insurance system. Our core principles are that health care must be adequate, affordable,

and accessible. Together, our organizations understand what individuals and families need to prevent disease, manage health, and cure illness. As the 116th Congress progresses, we welcome the opportunity to work with members on both sides of the aisle on solutions that will preserve coverage for individuals who are currently covered, extend coverage to those who remain uninsured, and lower costs and improve quality for all.

Prior to the Affordable Care Act (ACA), individuals who were in the most need of health insurance coverage—including older and sicker Americans and people living with pre-existing conditions—often found it difficult, if not impossible, to obtain health insurance that provided the coverage they needed. Many individuals were denied coverage due to their pre-existing conditions or were charged outrageous premiums and/or were left with inadequate benefit packages.

Without access to comprehensive health coverage they could afford, many patients with serious and chronic conditions were often forced to delay or forego necessary health care. Before the patient protections provided under the ACA, more than half of heart patients reported difficulty paying for their care and of those patients more than 40 percent said they had delayed care or had not filled prescriptions. Uninsured patients with diabetes were six times as likely to forgo necessary medical care than those with coverage. Uninsured patients were less likely to be screened for cancer and more likely to be diagnosed with later stage disease which is harder to survive and more costly to treat.

Individuals and families with pre-existing conditions rely on critical protections in current law to help them access comprehensive, affordable health coverage that meets their medical needs. Unfortunately, the arguments of the plaintiffs and the recent change of opinion by the Department of Justice in the *Texas v. U.S.* case continue to represent a serious threat to these protections. We are troubled by the argument made by the plaintiffs and DOJ that the court must invalidate the entire ACA due to Congress' repeal of the individual mandate, as many provisions of the ACA directly protect people with pre-existing conditions.

Our organizations appreciate that members of Congress share our concerns about the potential impact of *Texas v. U.S.* on people with pre-existing conditions. Several bills have been introduced in response to this case, from H. Res. 14, which authorized the Speaker, on behalf of the House of Representatives, to intervene in the case of *Texas v. United States*, to S. 1125, the Protect Act, and H.R. 692, the Pre-existing Conditions Protection Act of 2019.

Some of these bills—including S. 1125 and H.R. 692—attempt to provide protection to people with pre-existing conditions should the ACA be invalidated. We recognize and appreciate the sponsors' efforts, and know that in many cases, in response to stakeholder feedback, sponsors have revised previous drafts of these bills to offer additional protections for consumers, including those with pre-existing conditions. However, we remain concerned that the policies outlined in these bills fall far short of the comprehensive protections and coverage expansion included in current law.

As you are aware, current law requires issuers to comply with a set of provisions that work together to promote adequate, affordable, and accessible coverage for people with pre-existing conditions. A holistic approach that includes—but is not limited to—community rating, guaranteed issue, essential health benefits, cost-sharing limits, a

prohibition of lifetime and annual limits, allowing young people to stay on their parents' insurance to age 26, the ban on pre-existing condition exclusions, and other important provisions protect people with serious health care needs from discriminatory coverage practices and promote access to affordable coverage. Medicaid expansion also brought coverage to millions of Americans who were previously uninsured, many of whom went without vital care. These policies are inextricably linked and repealing any of them threatens access to critical care for people with life-threatening, disabling, chronic, or serious health care needs.

We hope that you will keep these critical patient protections and the interlocking functions of current law that safeguard coverage for consumers, patients, and individuals with pre-existing conditions at the front of your mind during the 116th Congress. We are grateful that Congress is committed to exploring both immediate and long-term approaches that can be taken to shore up and strengthen the individual insurance market and we remain ready and willing to work with Congress to achieve that goal and provide all Americans with the health care they need and deserve. If you have any questions about this letter, please contact Katie Berge, Federal Government Relations Manager for the American Heart Association.

Sincerely,

United Way Worldwide, COPD Foundation, Hemophilia Federation of America, Susan G. Komen, Family Voices, American Heart Association, National Health Council, Epilepsy Foundation, March of Dimes, ALS Association, National Hemophilia Foundation, National Coalition for Cancer Survivorship, Alpha-1 Foundation, American Liver Foundation, National Multiple Sclerosis Society, WomenHeart: The National Coalition for Women with Heart Disease, American Cancer Society Cancer Action Network.

Muscular Dystrophy Association, National Patient Advocate Foundation, Leukemia & Lymphoma Society, Lutheran Services in America, National Kidney Foundation, American Lung Association, Cystic Fibrosis Foundation, American Diabetes Association, National Psoriasis Foundation, National Alliance on Mental Illness, Adult Congenital Heart Association, Arthritis Foundation, Chronic Disease Coalition, Immune Deficiency Foundation, Cancer Support Community, National Organization for Rare Disorders, Pulmonary Hypertension Association, Juvenile Diabetes Research Foundation.

MAY 8, 2019.

Re Letter of Support from 23 Patient and Consumer Advocacy Organizations for H.R. 986.

Hon. ANN McLANE KUSTER,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE KUSTER: Our 24 organizations, representing the interests of the millions of patients and consumers who live with serious, acute, and chronic conditions, have worked together for many months to ensure that patient voices are reflected in the ongoing Congressional debate regarding the accessibility of health coverage for all Americans and families. Today, we write in strong support of your legislation to protect people with pre-existing conditions who receive coverage in the individual marketplace. The Protecting Americans with Pre-existing Conditions Act of 2019, H.R. 986, would require the Administration to rescind its Section 1332 State Relief and Empowerment Waivers Guidance, released on October 22, 2018 (1332 guidance). We are concerned about the impact that this guidance could

have on the people we represent and applaud your introduction of this bill.

In March 2017, we identified three overarching principles to guide and measure any work to further reform and improve the nation's health insurance system. Our core principles are that health insurance coverage must be adequate, affordable, and accessible. Together, our organizations understand what individuals and families need to prevent disease, manage health, and cure illness. Our organizations are deeply concerned about how the new 1332 guidance will affect the individual marketplace's stability in states that choose to pursue some of the policies allowed under this guidance, including those that promote short term plans and other substandard coverage. We are pleased that this legislation represents a significant and meaningful step towards protecting all Americans from coverage that does not cover what they need to promote their health and well-being.

As you know, the 1332 guidance substantially erodes the guardrails governing coverage that people with pre-existing conditions such as cystic fibrosis, lung disease, cancer, cardiovascular disease, diabetes, rare disorders, pregnant women, and many others rely on in the individual marketplace. Of particular concern, the new guidance would allow states to let individuals use advanced premium tax credits to purchase non-compliant short-term, limited duration insurance plans—which could further draw younger, healthier people out of the risk pool for comprehensive insurance and drive up premiums for those who need comprehensive coverage. The guidance also eliminates protections for vulnerable populations, such as individuals with low incomes and those with chronic and serious health issues, by removing the requirement to safeguard those populations under any waiver. We are deeply concerned by this as these changes fundamentally alter the nature of the Section 1332 waiver program and jeopardize adequate, affordable coverage for people with pre-existing conditions in the individual market. Halting the implementation of this guidance will protect people with pre-existing conditions from the repercussions of these market destabilizing actions.

H.R. 986 represents a significant step towards protecting patients and consumers. Yet, we also recognize that there is much more that needs to be done to improve upon our current system of care, including making coverage more accessible and affordable. Up until this year, health insurance enrollment has steadily increased, and, with it, the promise of a more diverse risk pool and greater protection for people with serious health care needs. However, the recent reinterpretation of the guidelines is jeopardizing enrollment. Shortened enrollment periods, fewer resources for outreach and education and less funding for consumer navigators not only creates confusion for consumers but directly impacts the number of individuals who enroll in Marketplace coverage. Without Congressional action, these trends will make it harder for many to access coverage and will further contribute to the destabilization of insurance markets and result in higher premiums for many enrollees.

Making high-quality coverage and care more affordable is also a high priority for the people that we represent. Passage of legislation that expands access to and the level of advance premium tax credits, fixes the family glitch, creates a nationwide reinsurance program, and reduces systemic health care costs could significantly ease the cost burden for people of all income levels who rely on the individual marketplace for coverage. We urge Congress to support legislation that maintains the quality of coverage while expanding access and affordability.

Again, thank you for your leadership on this critical issue for people with pre-existing conditions. We support your efforts to halt the implementation of the 2018 guidance, ensuring the guidance from 2015 remains intact and promoting stability in the individual marketplace. We urge members of Congress to vote for H.R. 986.

Sincerely,

Hemophilia Federation of America, National Health Council, Cystic Fibrosis Foundation, Epilepsy Foundation, March of Dimes, National Coalition for Cancer Survivorship, American Heart Association, Alpha-1 Foundation, American Liver Foundation, Susan G. Komen, National Hemophilia Foundation, WomenHeart: The National Coalition for Women with Heart Disease.

National Multiple Sclerosis Society, Muscular Dystrophy Association, Lutheran Services in America, American Lung Association, National Alliance on Mental Illness, National Patient Advocate Foundation, Arthritis Foundation, Leukemia & Lymphoma Society, American Cancer Society Cancer Action Network, National Organization for Rare Disorders, Pulmonary Hypertension Association, Cancer Support Community.

Mr. PALLONE. Mr. Chair, I yield back the balance of my time.

Ms. JOHNSON of Texas. Mr. Chair, I want to voice my support for H.R. 986, the Protecting Americans with Preexisting Conditions Act of 2019.

This legislation will rescind the administration's October 2018 Section 1332 waiver guidance, which is an essential step to protect pre-existing conditions and prevent the loss of comprehensive coverage plans. We will ensure that our constituents will be able to access the essential health benefits guaranteed under the Patient Protection and Affordable Care Act.

As representatives of Americans from all corners of our country, we have a responsibility to protect the most vulnerable in our communities. We must ensure that our constituents, many with pre-existing conditions, are not placed at risk of losing their health insurance coverage or fall victim to plans which fail to offer essential health benefits.

As the first registered nurse elected to the United States Congress, I am proud to safeguard the healthcare of my constituents and all Americans through my support of the Protecting Americans with Preexisting Conditions Act of 2019.

I urge my colleagues to support this legislation.

Ms. CASTOR of Florida. Mr. Chair, I rise today to stand up for my neighbors—including those with preexisting conditions—by supporting H.R. 986, the Protecting Americans with Preexisting Conditions Act. Health care in America should be affordable and accessible to all. Passage of the Affordable Care Act in 2010 ensured that our neighbors with a pre-existing condition, like asthma, heart disease or cancer, would no longer be denied insurance.

It is unfortunate that the President and Republicans in Congress have made it their mission to sabotage the affordable health care of hardworking families, including gutting protections for people with preexisting conditions and take away affordable, quality health care from millions of Americans. I am cosponsoring the Protecting Americans with Preexisting Conditions Act to safeguard Americans from the Trump administration's efforts to undo the affordability and comprehensiveness of our

health care. H.R. 986 will overturn the Trump administration's expansion of Section 1332 waivers that were originally included in the Affordable Care Act to give states flexibility to experiment with insurance reforms that could improve the health and well-being of citizens. Unfortunately, the administration would instead use those waivers to weaken standards put in place to protect the health of Americans—especially our neighbors with preexisting conditions.

H.R. 986 would end the administration's push of Americans into sub-par and deceptive junk plans that many times exclude coverage for preexisting conditions. These plans do not provide basic benefits or financial protection standard and would return patients to the days when they would discover only when they get sick or God forbid get a cancer diagnosis that their plan imposes unreasonable limits on coverage and excludes vital benefits. They discriminate based on age, health status and gender.

Democrats will not allow the Trump administration and Congressional Republicans to drive premiums higher in the individual market and rip coverage away from those that need it the most. I want to thank my colleague Rep. KUSTER for helping lead this charge and I urge my colleagues to support H.R. 986 and support our neighbors with preexisting conditions.

The CHAIR. All time for general debate has expired.

Pursuant to the rule, the bill shall be considered for amendment under the 5-minute rule, and shall be considered as read.

The text of the bill is as follows:

H.R. 986

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 "Protecting Americans with Preexisting Conditions Act of 2019".

SEC. 2. PROVIDING THAT CERTAIN GUIDANCE RELATED TO WAIVERS FOR STATE INNOVATION UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT SHALL HAVE NO FORCE OR EFFECT.

Beginning April 1, 2019, the Secretary of Health and Human Services and the Secretary of the Treasury may not take any action to implement, enforce, or otherwise give effect to the guidance entitled "State Relief and Empowerment Waivers" (83 Fed. Reg. 53575 (October 24, 2018)), and the Secretaries may not promulgate any substantially similar guidance or rule.

The CHAIR. No amendment to the bill shall be in order except those printed in part A of House Report 116-51. Each such amendment may be offered only in the order printed in the report, by a Member designated in the report, shall be considered read, shall be debatable for the time specified in the report, equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question.

AMENDMENT NO. 1 OFFERED BY MR. LANGEVIN

The CHAIR. It is now in order to consider amendment No. 1 printed in part A of House Report 116-51.

Mr. LANGEVIN. Mr. Chairman, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 3, insert after line 5 the following:

SEC. 2. FINDINGS.

Congress finds the following:

(1) On October 24, 2018, the administration published new guidance to carry out section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C. 18052) entitled "State Relief and Empowerment Waivers" (83 Fed. Reg. 53575).

(2) The new guidance encourages States to provide health insurance coverage through insurance plans that may discriminate against individuals with preexisting health conditions, including the one in four Americans living with a disability.

(3) The implementation and enforcement of the new guidance weakens protections for the millions of Americans living with preexisting health conditions and jeopardizes Americans' access to quality, affordable health insurance coverage.

Page 3, line 6, redesignate section 2 as section 3.

The CHAIR. Pursuant to House Resolution 357, the gentleman from Rhode Island (Mr. LANGEVIN) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Rhode Island.

Mr. LANGEVIN. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, Americans with disabilities have always faced significant barriers to healthcare. A decade ago, an insurer could charge a family an exorbitant amount to cover a child, merely because the child had asthma. An insurer could tell an amputee that they would cover her medical equipment except for treatment related to her amputated limb. Or an insurer could flat-out deny coverage to the victim of an accidental shooting at the age of 16 simply because he had a spinal cord injury.

Essentially, insurers could legally discriminate against individuals with disabilities and face no consequences. That is absolutely outrageous, Mr. Chairman.

Then Congress finally passed the Affordable Care Act and started to bring those barriers down. For the first time, people with preexisting health conditions, including the one in four Americans living with a disability, no longer had to worry about whether they would be denied comprehensive health insurance.

□ 1530

Coverage of essential health benefits meant a mother with a traumatic brain injury could obtain rehabilitative services and learn how to walk, a man with Parkinson's could access medication to control his tremors, or a child with a vision impairment could visit an eye doctor to prevent further vision loss.

This access to healthcare is vital because, when Americans with disabilities are healthy, they can stay active with their families, pursue fulfilling careers, and engage in their communities.

Unfortunately, the Trump administration is, once again, working to raise barriers to health coverage instead of working to eliminate them. The administration's October 2018 guidance encourages States to allow insurers to offer short-term, limited-duration plans that do not have to provide coverage of preexisting conditions or essential health benefits.

This means insurers offering these junk plans can discriminate against disabled individuals by charging astronomical prices, excluding necessary treatments from coverage, or denying an individual health insurance altogether.

This is outrageous. If you are having *deja vu*, it is because this is exactly what was happening to Americans with disabilities before the passage of the Affordable Care Act.

The amendment that I am offering today makes clear exactly what people with disabilities have to lose if States act on the administration's guidance.

I have spent my near two decades in Congress championing efforts to eliminate barriers to access and integration for people with disabilities and helping my fellow Americans understand their great potential.

But, fundamentally, none of that matters if people with disabilities are not healthy because insurers deny them coverage to treat their conditions.

The damage from the administration's guidance would be borne disproportionately by the disabled community, my community, and my amendment makes that clear.

Whether someone is born with a disability, develops a disability, or becomes disabled due to an accident, that disability—I assure you—happened by chance, not by choice.

Even the healthiest 30-year-old today could be in a car accident tonight and wake up with a lifelong disability tomorrow; and, if that 30-year-old had one of these junk plans, much of the cost of that care would fall on his or her own shoulders, and they would be on their own.

I had hoped that, 9 years after the passage of the Affordable Care Act, I would no longer have to come here and defend the idea that quality, affordable healthcare is a right and not a privilege. But, once again, here we are.

Mr. Chairman, I support my friend Congresswoman KUSTER's underlying legislation, and I ask my colleagues to support my amendment to make clear the damage the Trump administration's guidance would cause to people with disabilities.

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

Mr. WALDEN. Mr. Chairman, I claim the time in opposition to the amendment.

The CHAIR. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Mr. Chairman, I would just say that section 1332 does not permit States to waive preexisting condition protections, period. And I would,

again, cite the guidance from the CMS director, Ms. Seema Verma, where she states that. And that will be in the RECORD.

Again, I think what we are trying to do here is give States more flexibility to bring down the cost of health insurance, while following these guidelines as outlined.

As I mentioned earlier in the debate, high deductibles are pricing people out of coverage, and by that, I mean they are walking away from getting the care that they need because they can't pay for it; or they are driving up their credit card debt, wiping out their savings, they are having to take another job, they are borrowing money from others.

So, what the Trump administration is trying to do is build on what the Obama administration created, 1332 waivers, that have, frankly, been very successful in many, many States.

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

Mr. LANGEVIN. Mr. Chairman, I just want to, in reference to the gentleman from Oregon's comments, state that the plans under the Obama administration were supposed to be very short in duration, for a 3-month period, while individuals sought more comprehensive, appropriate health coverage according to their needs.

It wasn't supposed to be a replacement for a good quality, affordable healthcare plan that would cover pre-existing conditions and essential health benefits to identify problems early on, a potential lifelong or a very serious illness with long-term health consequences that could potentially even lead to losing one's life.

They took what was supposed to be a stopgap, and now they are trying to make that a permanent plan. That is just wrong.

The CHAIR. The time of the gentleman from Rhode Island has expired.

Mr. WALDEN. Mr. Chairman, I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from Rhode Island (Mr. LANGEVIN).

The amendment was agreed to.

AMENDMENT NO. 2 OFFERED BY MR. BROWN OF MARYLAND

The CHAIR. It is now in order to consider amendment No. 2 printed in part A of House Report 116-51.

Mr. BROWN of Maryland. Mr. Chair, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 3, line 17, insert after the period the following new sentence: "Nothing in the previous sentence shall be construed to affect the approval of waivers under section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C. 18052) that establish reinsurance programs that are consistent with the requirements under subsection (b)(1) of such section (42 U.S.C. 18052(b)(1)), lower health insurance premiums, and protect health insurance coverage for people with preexisting conditions."

The CHAIR. Pursuant to House Resolution 357, the gentleman from Mary-

land (Mr. BROWN) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Maryland.

Mr. BROWN of Maryland. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, I rise in support of the underlying bill that will preserve protections for hundreds of thousands of Marylanders and Americans who, like me, have a preexisting condition.

And I rise in support, of course, of my amendment to protect States which are acting to strengthen their insurance marketplaces, lower premiums, and expand access to high-quality care by preserving their reinsurance programs that they have established.

For more than 2 years, the President, in concert with Republicans in Congress, have tried every trick in the book to undermine the Affordable Care Act. They tried repealing it, taking it to the courts, and now want to allow States to gut protections for those the Affordable Care Act helped most.

These attacks jeopardize healthcare for Americans with chronic conditions like asthma, high blood pressure, and diabetes and threaten to bankrupt thousands of families with a loved one who has fallen ill due to no fault of their own.

It is not just bad policy. It is fundamentally cruel.

That is why, in the face of this onslaught by the Trump administration to make the Affordable Care Act less effective, we must provide States with every tool in the toolbox to keep premiums down, while preventing the Trump administration from giving States the power to gut essential protections.

I firmly believe that States should have the power and flexibility to innovate and find healthcare solutions that work best for them. The Affordable Care Act always envisioned a critical role for States.

States design their own exchanges, shape their Medicaid programs, and take the lead in enforcing patient protections and reviewing rate increases.

These waivers took on new importance after President Trump and the Republican Congress failed to repeal ObamaCare and, instead, sought to undermine the Affordable Care Act by eliminating the requirement to obtain health insurance, ending cost-sharing payments for low-income individuals, passing regulations that encouraged short-term and junk insurance, and defunding advertising and outreach during open enrollment.

This sabotage has caused more families to pay higher premiums and made fewer people able to get the high-quality care they deserve.

States acted to counteract these efforts by establishing reinsurance programs and applying for State innovation waivers.

Reinsurance programs protect insurers from very high, unpredictable med-

ical expenses incurred by their Members.

Alaska, Minnesota, Oregon, Maine, Wisconsin, New Jersey, and my own State of Maryland have all received Federal approval to establish reinsurance programs.

These are the very programs my amendment seeks to protect. These programs work and meet the shared goal of making health insurance affordable and accessible to all Americans, including those with preexisting conditions.

Reinsurance programs have been able to cut premiums by 20 percent, on average, and save the Federal Government nearly \$1 billion.

Maryland saw the biggest savings, lowering individual premiums by more than 43 percent. These lower premiums will help entice younger and healthier individuals to get insurance, making healthcare more affordable for everyone.

While we have a President in the White House and Republicans in Congress who have made healthcare prohibitively expensive and stripped protections for those who need it most, it is imperative that this Congress protect our partners at the State level who are working with us to protect healthcare for all Americans.

My amendment will protect these innovative reinsurance programs and encourage more States to adopt them.

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

Mr. WALDEN. Mr. Chairman, I claim the time in opposition to the gentleman's amendment.

The CHAIR. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Mr. Chairman, I am not necessarily opposed to his amendment, but I do think it is important to talk about the issues that really matter when it comes to affordable healthcare.

Again, when we talked about giving States the authority to innovate and to protect their citizens, we are for that. I come from a State that pioneered the Oregon Health Plan.

I was there. I created a select committee when I was the Republican majority leader of the Oregon House, when we finally got the waiver from the Federal Government after a couple of years to actually implement the Oregon Health Plan. It was very creative about how to hold down healthcare costs and expand coverage and do all those things. We have worked on a lot of different issues over the years.

What we did with the President today, I think, is really important and, that is, looked at this issue of surprise billing: If you follow all the rules, you go to a hospital that is in your network, and let's say some provider gets sick in the night and they substitute somebody else who doesn't turn out to be in your network and then, weeks later, you get an astronomical bill through no fault of your own.

There was a parent down there whose daughter had had, I think, some sort of

surgery, and the physician, on the way out, said: Oh, by the way, I want you to do just a little urine test here. We are going to run an analysis.

So she did, left, and, a period of time later, got a bill for \$17,000.

Her dad is a doctor and said: How did this happen?

Well, it turned out whoever did the test was not in the network of her insurance. She didn't know.

What are you going to do? You have had whatever surgery she had, and on the way out the doctor says: Hey, by the way, give us a little sample. I just want to run a test because I have got you on this drug, and I want to make sure it is all working right.

Then a \$17,000 bill arrives a couple of months later.

They were there with the President today in the Roosevelt Room at this bipartisan event. And her dad negotiated. He couldn't say what level, but it was certainly not what the insurer would have paid.

Do you know what the insurer would have paid for that, in network? A hundred bucks. He said you can probably get the test done now for \$25.

A \$17,000 bill arrives.

This is what is happening to Americans who have insurance, and that is why we have got to deal with the surprise billing issue. It is why we have to squeeze the juice out of the middle of the healthcare delivery system.

We do all these great innovations. And Republicans led the effort on the 21st Century Cures Act.

We met with Dr. Francis Collins yesterday, the extraordinary leader of NIH: the longest-serving President-appointed—under Obama—NIH director in the history of our country.

Because of what we put forward to dramatically increase investment in NIH—Republicans led that effort, FRED UPTON, but joined with DIANA DEGETTE, a Democrat out of Colorado, and a bunch of us—they are now finding cures.

Dr. Collins said yesterday they have identified now 6,500 genetic diseases where they now can figure out, I'll say, the misspelling of the DNA code.

Some of my colleagues may have seen on "60 Minutes" Dr. Collins talking about that they think they found a cure for sickle cell anemia. They found a misspelling—one letter misspelled in that big chain of DNA—that they were able to go in with our new technology—some of it is a result of what we have done collaboratively here—and change, alter, that letter.

And they have these people now that there is no evidence of sickle cell in their blood platelets.

There are 6,500 diseases that they now know the misspelling. Now they have got to figure out how to train your body, using immuno technology, to have your own cells turned on in a little different way and go after these diseases.

These are remarkable advances in lifesaving medicines and treatments.

□ 1545

We, I think, as a country, have to figure out how we pay for that, if each one of these is individualized.

Our system is antiquated and doesn't deal with this effectively. We are going to have to figure that out because a lifesaving cure isn't going to cure a life if people can't afford to get the medicine.

We also need to drill down on telehealth and telemedicine.

One of our colleagues today was talking about mental health services. My district is bigger than any State east of the Mississippi, unless you have to count Lake Michigan with Michigan, which, of course, you do. So telehealth really matters, and we are getting great results for our veterans and for our citizens using telehealth. But our providers don't often get paid for the service they provide over telehealth. Why? That is something we have to address.

You go one thing after another after another here, where we should be spending our valuable legislative time solving the problems that real Americans run into every day of the week: How do I pay the bill? You tell me I have insurance, and I do, and I pay a record—I don't know whose premium under ObamaCare went down \$2,500 a month, but I will talk about this more.

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

Mr. BROWN of Maryland. Mr. Chair, I join my colleague, the gentleman from Oregon, in acknowledging the great work that is happening in the States of Oregon, New Jersey, and Maryland in establishing these reinsurance programs. It is my amendment that seeks to protect these very strong programs, so I urge my colleagues to support this amendment.

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

The CHAIR. The question is on the amendment offered by the gentleman from Maryland (Mr. BROWN).

The question was taken; and the Chair announced that the ayes appeared to have it.

Mr. BROWN of Maryland. Mr. Chair, I demand a recorded vote.

The CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from Maryland will be postponed.

AMENDMENT NO. 3 OFFERED BY MS. PRESSLEY

The CHAIR. It is now in order to consider amendment No. 3 printed in part A of House Report 116-51.

Ms. PRESSLEY. Mr. Chair, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

In section 2, insert “, including any such action that would result in individuals losing health insurance coverage that includes the essential health benefits package (as defined in subsection (a) of section 1302 of the Patient Protection and Affordable Care Act (42 U.S.C. 18022(a)) without regard to any waiver

of any provision of such package under a waiver under such section 1332), including the maternity and newborn care essential health benefit described in subsection (b)(1)(D) of such section” after “(October 24, 2018)”).

The CHAIR. Pursuant to House Resolution 357, the gentlewoman from Massachusetts (Ms. PRESSLEY) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Massachusetts.

Ms. PRESSLEY. Mr. Chair, I rise today in support of my amendment to H.R. 986, the Protecting Patients with Preexisting Conditions Act.

Quality, affordable healthcare is a fundamental human right, period. No one should have to face financial ruin while they are fighting for their life.

When people are using GoFundMe pages to pay their medical bills, when parents are burying their children who ration their insulin to pay their student loans, we know that we are in the midst of a moral crisis. Yet, we must contend with an administration that is determined to roll back these rights and protections.

Each of us has loved ones whose lives are put in conditional jeopardy when we erode protections for preexisting conditions. These efforts put lives at risk, and we are here today to fight back.

In my district, the Massachusetts Seventh, half the residents are living with preexisting conditions. Families are struggling with some of the highest per capita healthcare costs in the Nation, even as they live in the shadow of some of the best healthcare institutions in the world.

In my district, travel 3 miles from Back Bay to Roxbury, and life expectancy drops 30 years—30.

Since its implementation, the ACA has provided critical protections for the nearly 3 million residents of Massachusetts living with preexisting conditions.

Our families, our neighbors, our communities are depending on us to uphold the lifesaving protections for people with preexisting conditions. We can do that today by passing H.R. 986.

Mr. Chair, my amendment to H.R. 986 affirms that women's healthcare isn't optional. It is an essential benefit every plan must cover. At a time when more than 67 million American women and girls are living with a preexisting condition, we cannot—no, we will not go backward.

At a time when life expectancy is declining because of gun violence, opioid use, and a maternal mortality crisis, we cannot afford to compromise on these essential services.

Before the ACA, Mr. Chair, typical insurance plans considered maternity care a luxury benefit, and women consistently paid more for primary care than men. In fact, women who have given birth, had a C-section, or were living with HIV or a previous breast cancer diagnosis could be considered to

have preexisting conditions and denied coverage.

Thanks to the ACA, many women who were previously uninsured gained health coverage, including vital access to preventative care.

This administration's cruel and dangerous guidance would weaken these provisions and allow insurers to sell skimpy plans that can exclude coverage like maternity care and pediatric services.

The ACA is our floor, not our ceiling. We must continue to fight for universal healthcare. We must continue to push for a healthcare system that meets the needs of the people we represent, a healthcare system that sees all people, hears all people, and cares for all people in a way that promotes safety, dignity, and respect. I urge my colleagues to support this amendment.

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

Mr. WALDEN. Mr. Chair, I claim the time in opposition, although I am not necessarily opposed to the gentlewoman's amendment.

The CHAIR. Without objection, the gentleman from Oregon is recognized for 5 minutes.

There was no objection.

Mr. WALDEN. Mr. Chair, I reserve the balance of my time.

Ms. PRESSLEY. Mr. Chair, I yield back the balance of my time.

Mr. WALDEN. Mr. Chair, I appreciate the gentlewoman's comments and her amendment. I don't intend to oppose her amendment, but I do want to pick up on something she said that is really important.

The gentlewoman mentioned opioids. In the last Congress, when I chaired the Energy and Commerce Committee, I helped lead the bipartisan effort to produce 60 pieces of legislation dealing with the opioid crisis, to help those who were addicted get the assistance they need, to get resources into our communities to help medical advancements to find non-opioid-related medical treatments, and to stop fentanyl from coming into our country.

I didn't get the opportunity, but I hope the President and his team will continue to raise this issue with the Chinese leadership when they come because a lot of this illicit fentanyl is being produced in China and then coming to the United States.

Dr. BURGESS, who was our chair of the Subcommittee on Health and is now the top Republican, I think went up to the chairman's district in New Jersey and viewed one of the international mail processing facilities. At least, it was in New Jersey. I don't know its precise location.

Together we said, working with the Trump administration's FDA Commissioner, we have to do more at these mail processing facilities to stop fentanyl from coming in.

By the way, fentanyl is like 100 times more potent than morphine. If you had a salt shaker and put out, I don't know, 10, 15 grains of salt and ingested that, if it was fentanyl, it would kill you.

We said let's put more resources toward stopping illegal fentanyl from coming into the United States, and we are doing that now. We are beefing that up.

It comes in through Mexico as well. It is both China and Mexico. It is creating pockets of death in our communities. Especially in some of our urban areas, we have seen where it gets mixed in with heroin to give even a higher high or whatever. Then you see groups of people who take this, not knowing it has been jacked up with fentanyl, and you have a whole group that dies.

The most insidious discussion or incident I heard about was a parent who I got to know a little bit, whose daughter, he told me, self-medicated occasionally with heroin, and she died in college.

When they did the autopsy, they figured out she had been given 100 percent fentanyl. It wasn't a mix with heroin, Mr. Chair.

The tragedy of that was, he felt that her supplier knew she was an occasional user so had low tolerance and, basically, probably killed her to prove to his other buyers that he had the most potent stuff on the street.

A colleague of ours, Mr. KATKO, who was a prosecutor before he came to the Congress, he and I were having a discussion on this matter. He said he prosecuted a case just like that. That is how evil this stuff is.

As we look at the whole panoply of issues about healthcare, mental health services, addiction services, stopping these things from coming in, we can find a lot of common ground.

Republicans supported protections for preexisting conditions before the ACA, during the ACA, after the ACA today. We did. Same with putting kids on your policies at 26. We agreed with those principles.

But the ObamaCare act was rammed through this House and the Senate, and we weren't even allowed to bring any of the 90-some amendments we offered to the floor. We were completely shut out of that process. It was a horrible process, and it shouldn't be repeated.

I hear a lot about how we voted to repeal it a bazillion times. Well, you know what? If you go through and dissect those votes, there were a whole bunch of Democrats that voted with us. The President at the time, President Obama, signed some of that legislation because even he admitted there were problems in the ACA.

Going forward, I hope we can address the big problem in America, which is high-cost insurance, high deductibles, but, moreover, the high cost of healthcare itself because it is pretty hard to go home and explain why things cost what they do today.

We have to get around the high cost issue. The access issue, that is where earlier I talked about telehealth and telemedicine. There is a lot of work we will do together.

Unfortunately, this is a mislabeled bill today. The laws governing 1332

waivers prohibit what the majority is concerned about. But I don't have opposition to this amendment.

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

The CHAIR. The question is on the amendment offered by the gentlewoman from Massachusetts (Ms. PRESSLEY).

The amendment was agreed to.

AMENDMENT NO. 4 OFFERED BY MR. HARDER OF CALIFORNIA

The CHAIR. It is now in order to consider amendment No. 4 printed in part A of House Report 116-51.

Mr. HARDER of California. Mr. Chairman, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Add at the end the following:

SEC. 3. GAO REPORT ON AFFECT OF STATE INNOVATION WAIVERS ON COVERAGE OF INDIVIDUALS AND ON MENTAL HEALTH HEALTH CARE TREATMENT.

Not later than 1 year after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress a report on the number of individuals expected to lose access to health insurance coverage (as defined in section 2791 of the Public Health Service Act (42 U.S.C. 300gg-91)) if section 2 were not enacted and waivers under section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C. 18052) were approved under the guidance described in such section 2. Such report shall include an analysis of the expected effect such waivers approved under such guidance would have on mental health care treatment.

The CHAIR. Pursuant to House Resolution 357, the gentleman from California (Mr. HARDER) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from California.

Mr. HARDER of California. Mr. Chair, I rise in support of my amendment.

As I stated in my previous remarks, my amendment would simply require the Federal Government to issue an expert analysis of the impact of junk plans on mental health access.

People deserve access to mental healthcare, and we need to know how many people will lose that access if these junk plans become used more widely.

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

Mr. WALDEN. Mr. Chair, I claim the time in opposition to the gentleman's amendment.

The CHAIR. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Mr. Chair, I reserve the balance of my time.

Mr. HARDER of California. Mr. Chair, I yield back the balance of my time.

Mr. WALDEN. Mr. Chair, I appreciate the gentleman's amendment.

Look, we all care deeply about getting mental health services into our community. In fact, under Republican leadership on the Energy and Commerce Committee a few years ago, we

rewrote America's mental health laws for the first time since John Kennedy signed the last bill into law before he was tragically assassinated in Texas. It was a lot of work, but it was bipartisan work.

Not only did we look at those mental health laws that were on the books, because what happens around here is somebody comes up with a new idea, so you put a new program in place, and you give an authorization. Maybe it gets funded, maybe it doesn't. A year goes by. Somebody has a new idea. Put another one on the books. Nobody ever goes back and looks at what worked and what didn't.

So our colleague, Dr. MURPHY, at the time, who is a psychologist and a terrific leader in this area, really drove this review and said, look, we have to help kids with mental illness, and we need to help adults.

We could deal with a lot of the violence in America if you got people care. It is not that everybody with mental illness goes violent, but we do know that mental health services help people in every way and that the programs we had—we had a lot of them—weren't funded, weren't funded properly, or didn't work. Some worked better than others.

We had this comprehensive review in the Energy and Commerce Committee of these different programs the Federal Government has. Then we said, going forward—kind of what you are trying to do with this GAO report in a little different way—let's measure the efficacy of the programs we do have.

□ 1600

Let's find out what is working in our communities, and then let's get aid into our communities directly. Let's cut out the middle bureaucracy and get assistance, financial assistance into our communities.

So we passed that. That is now the law of the land. And I think last year we were able to get money into that, finally, and I hope we can do more going forward, because we know that—I am being a little sarcastic here, but it is an extraordinary finding. Guess what? Your brain and your physical body are connected. Who knew, right? And we have all known that.

So I supported the effort to get the same treatment under insurance for mental health as physical health because they are completely connected. So going forward, we have got to make sure that that bond is strengthened, not weakened, and that people continue to get help for mental health.

I am a big believer in that. I know it works. It is fascinating to see, with the whole genome project, now they can do a genetic test and figure out which mental health drug will work in your body or my body. We didn't know that before, and now they can figure out which one will actually work for you or me or whomever.

I hope we have lifted the stigma on people needing mental health services.

We are just a big bag of chemicals, and things get out of balance. So I hope that we have lifted that as we did, I believe, on addiction.

There are a lot of people, and over time people evolve their views and get better understandings, and I think over time we realized that people with drug addictions—especially this came out through our opioids work—weren't necessarily criminals. They weren't to be shunned from society.

What we learned in the course of our work on opioids was, when I talked to parents whose kids had a high school football injury or something and the doctor gave them a painkiller, all of a sudden, this stuff is so addictive, a few treatments and they are hooked, and then they need more and more and more and more.

I always remember my friend Mr. RUSH from the Chicago area, when we were talking about treatment for opioids, said: That is great you are doing that. When the people I represented had issues in terms of crack cocaine and all, you just called them druggies and you put them in prison.

That affected what we wrote and how we legislated, and we moved away from calling it treatment for opioids to people with substance abuse because we realized we needed to think broader as a country and as a Congress, and we did that and we changed the law. All that now is law to deal with opioids and mental health services.

So, Mr. Chairman, I don't have an objection to this amendment, but there is a lot we have done and a lot more we need to do, and I will talk about some of the things we need to do going forward.

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

The CHAIR. The question is on the amendment offered by the gentleman from California (Mr. HARDER).

The amendment was agreed to.

AMENDMENT NO. 5 OFFERED BY MR. WALDEN

The CHAIR. It is now in order to consider amendment No. 5 printed in part A of House Report 116-51.

Mr. WALDEN. Mr. Chairman, I have an amendment at the desk. I believe it is No. 5, printed in House Report 116-51.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Beginning on page 3, line 4, strike "Protecting Americans with Preexisting Conditions Act of 2019" and insert "This Bill Actually Has Nothing to do with Protecting Americans with Preexisting Conditions Act".

The CHAIR. Pursuant to House Resolution 357, the gentleman from Oregon (Mr. WALDEN) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Oregon.

Mr. WALDEN. Mr. Chairman, I would just say, in terms of this amendment, it is just trying to make the point that the bill we have before us today is not as described or labeled. In our opinion,

it is more about politics and gotcha politics than it is about the underlying issue.

We know from the Department of Health and Human Services, they have made it clear in the letter from the Director who would approve these waivers that she believes that the underlying law protects people with pre-existing conditions and all the other things I talked about earlier, that they can't waive that law—they cannot.

So I would enter into the RECORD again, Mr. Chairman, as part of my remarks, her comments about the guidance, the 2018 guidance, and where she says it does not erode ObamaCare's preexisting condition provisions. She is the one in charge of this. That is what she is saying.

But I want to talk about something else she says in this letter about premiums and the costs to people getting their insurance. She says: "Under the PPACA"—or ObamaCare or the Affordable Care Act, however you want to describe it—"we have seen dramatically higher premiums and decreased options for millions of consumers, in large part due to the law's overly prescriptive mandates and excessive Federal Government takeover of areas traditionally left under State oversight."

She points out: "In 2019, the average monthly premium for a benchmark plan for a family of four on HealthCare.gov is now over \$1,500, which can easily exceed a family's mortgage."

Continuing with her letter to me, she said: "There are many areas of the country with far higher monthly premiums. For example, a 60-year-old couple living in Grand Island, Nebraska, making \$70,000 a year, will need to pay over \$3,000 per month for the lowest cost silver plan available. That is almost \$38,000 per year for a plan with an \$11,100 deductible."

Now, think about that, Mr. Chair. This is a couple that is making \$70,000 a year. They are 60 years old. They live in Nebraska, and \$3,000 a month in premiums, over \$3,000, and an \$11,000 deductible. That is over \$48,000, and they only make \$70,000 a year.

This is happening in America today. Heck, it is happening in Nebraska right now. So what we are saying is people are walking away.

She goes on to say: "For millions of Americans, coverage this expensive is not a realistic option, and many choose to go without coverage at all. In fact, after average premiums rose by 21 percent, 1.3 million unsubsidized people walked away from the market in 2017."

Those are the people we need to be helping. There is a lot more we need to be doing. I will put the rest of this in the RECORD. But I think everybody knows we are just trying to make a point with this amendment.

Mr. Chair, I ask unanimous consent to withdraw my amendment.

The CHAIR. Is there objection to the request of the gentleman from Oregon?

Mr. PALLONE. Mr. Chair, I object.

The CHAIR. Objection is heard.

Mr. PALLONE. Mr. Chair, I claim the time in opposition to the amendment.

The CHAIR. The gentleman from New Jersey will suspend.

The gentleman from Oregon is recognized.

Mr. WALDEN. Mr. Chairman, just to clarify, from a parliamentary standpoint, I was just going to withdraw the amendment, but if the gentleman wants to speak on it, I can ask unanimous consent to withdraw it after he speaks.

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

Mr. PALLONE. Mr. Chairman, I claim the time in opposition to the gentleman from Oregon's amendment.

The CHAIR. The gentleman from New Jersey is recognized for 5 minutes.

Mr. PALLONE. Mr. Chairman, it disturbs me, I guess, that my colleague on the other side, whom I greatly respect, keeps mentioning this letter from Seema Verma, the CMS Administrator.

Nothing that she says in her letter is in any way going to change the guidance that she and the Trump administration have put forward that would undermine people with preexisting conditions' ability to get good insurance if this guidance is allowed to continue and States get waivers pursuant to the guidance, because of, again, the issue of affordability.

You see, the problem is that the 1332 waivers, the way they are set out in the ACA, have certain guardrails, if you will, to prevent waivers that would allow for junk insurance and other policies that would undermine people with preexisting conditions from getting good insurance.

Those guardrails say that any kind of waiver has to guarantee affordability, has to guarantee comprehensive coverage, the essential benefits package, robust coverage, and also not reduce the number of people who are insured.

This guidance that Seema Verma and the Trump administration have put forward does exactly the opposite, because it allows insurance to be sold, if a State seeks to do so, that would eliminate, for example, hospitalization or eliminate mental health coverage or eliminate coverage for maternity care.

Now, if you are someone with preexisting conditions and they eliminate coverage for your preexisting condition, that relates to your preexisting condition, you might as well not even have insurance, and that is why we say it is junk. It lets a waiver be granted that would allow the insurance companies of that State to charge more based on age, based on sex. I mean, the list goes on.

So Seema Verma can send out all the letters she wants, but it doesn't mean anything.

I like to say, you know, one of the things that disturbs me most, also, is we on the Democratic side, myself and some of the other chairmen of some of the other committees, sent a letter and a request, because it has been pointed

out repeatedly that Seema Verma has been putting out contracts up to \$4 million a year to basically promote herself, and that is being investigated right now as we speak.

So, again, I don't like to say bad things about people, but the bottom line is she is in no position to be telling us what is in this guidance. This guidance is going to hurt people with preexisting conditions, and there is no way that she is going to get around it.

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

Mr. WALDEN. Mr. Chairman, I would just suggest that it was Seema Verma who is the head of CMS who issued the guidance, so I think she is in a position to have a say about what she believes the guidance allows or doesn't.

To be clear, to quote her letter again: "The 2018 guidance does nothing to erode the PPACA's preexisting condition provisions." That is what she is saying.

So I think that letter is important. She put it in writing. She has said that repeatedly, and so I take her at her word. I do. I include her letter in the RECORD.

CENTERS FOR MEDICARE &
MEDICAID SERVICES,
Washington, DC, May 7, 2019.

Hon. GREG WALDEN,
Ranking Member, House Committee on Energy
and Commerce, House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE WALDEN: Thank you for your continued interest in new state flexibility available under guidance recently issued interpreting section 1332 of the Patient Protection and Affordable Care Act (PPACA) (the 2018 guidance). Working within the limitations of the PPACA, this 2018 guidance is an important element of the Administration's actions to expand options and lower costs for patients around the country. I wanted to take this opportunity to set the record straight and reaffirm this Administration's commitment to lowering healthcare costs, increasing consumer choices, and protecting our most vulnerable citizens, including those who have pre-existing conditions.

To be very clear, the 2018 guidance does nothing to erode the PPACA's pre-existing condition provisions, which cannot be waived under section 1332. Section 1332 does not permit states to waive Public Health Service Act requirements such as guaranteed availability and renewability of health insurance, the prohibition on using health status to vary premiums, and the prohibition on pre-existing conditions exclusions. Furthermore, a section 1332 waiver cannot be approved that might otherwise undermine these requirements. This Administration stands committed to protecting people with pre-existing conditions.

Under the PPACA, we have seen dramatically higher premiums and decreased options for millions of consumers, in large part due to the law's overly prescriptive mandates and excessive Federal government takeover of areas traditionally under state oversight. In 2019, the average monthly premium for a benchmark plan for a family of four on HealthCare.gov is now over \$1,500, which can easily exceed a family's mortgage. There are many areas of the country with far higher monthly premiums. For example, a 60-year-old couple living in Grand Island, Nebraska, making \$70,000 a year, will need to pay over \$3,000 per month for the lowest cost silver

plan available. That's almost \$38,000 per year for a plan with an \$11,100 deductible. That's over half their income.

For millions of Americans, coverage this expensive is not a realistic option, and many choose to go without coverage at all. In fact, after average premiums rose by 21 percent, 1.3 million unsubsidized people walked away from the market in 2017, the last year the prior administration oversaw open enrollment. While these higher premiums force some people to go uninsured, coverage is generally not optional for people with a pre-existing condition and so, without a subsidy, someone with a pre-existing condition must face the full burden of the PPACA's skyhigh premiums. This Administration has not forgotten the people facing this hardship.

Section 1332 of the PPACA provides the discretion to approve a section 1332 state waiver plan if the following four statutory guardrails are met: affordability, comprehensiveness, coverage, and federal deficit neutrality. Section 1332 allows states to develop new healthcare programs and solutions that would be not permissible without a section 1332 waiver.

Unfortunately, guidance issued under the prior Administration in December 2015 (the 2015 guidance) regarding section 1332 waivers had the effect of significantly restricting the innovation states could pursue. The prior Administration imposed a one-size-fits-all approach to these waivers, making it difficult for states to address the specific needs of their residents.

In October, the Administration issued guidance under section 1332 of the PPACA to provide states with significant opportunities to chart a different course for their markets through expanded flexibility. Section 1332 and the 2018 guidance ensure that consumers who wish to retain coverage similar to that provided under the PPACA can do so, but they empower states to take steps to stabilize their markets and allow more affordable coverage options that may be more attractive to individuals and families priced out of the current market, including people with pre-existing conditions.

Over the past two years, this Administration has approved seven section 1332 waivers authorizing reinsurance programs to help fund claims for people with high healthcare costs. These reinsurance programs provide much needed premium relief for people in the market and, in particular, for people with pre-existing conditions without other coverage options. These section 1332 waivers were all approved under the prior, more restrictive 2015 guidance. I believe, given the expanded flexibility discussed in the 2018 guidance, states will be able to develop additional healthcare programs and solutions that work for their residents.

As you know, some have criticized the state flexibility offered under the 2018 guidance, claiming that states will pursue section 1332 waivers that undermine their own individual market risk pools and make coverage more expensive for their own residents with pre-existing conditions. Again, I want to make clear that a section 1332 waiver cannot undermine coverage for people with pre-existing conditions. Moreover, any section 1332 waiver will need to carefully account for any impact on the individual market risk pool and guarantee that access to coverage is at least as comprehensive and affordable as would exist without the waiver.

So, if a state seeks to pursue the use of more affordable options, such as catastrophic plans or short-term limited duration plans, under a section 1332 state waiver plan, the state must ensure access to coverage that is overall as affordable and comprehensive for people who remain in the individual market risk pool.

Thank you again for your shared interest in bringing down healthcare costs and protecting our fellow Americans with pre-existing conditions. We remain focused on improving our nation's health care system by empowering states to innovate and develop new solutions to expand access to affordable and high value coverage options, and we look forward to working with you to achieve these goals. Should you have questions, please contact the CMS Office of Legislation. Sincerely,

SEEMA VERMA.

Mr. WALDEN. Now, Mr. Chair, I was willing to withdraw the amendment. That takes unanimous consent, and I just would attempt to do that again. I don't know if my colleague cares about that or not.

Mr. PALLONE. Mr. Chair, I have no objection.

Mr. WALDEN. Mr. Chairman, so we can move on to the other amendments, I ask unanimous consent to withdraw the amendment.

The CHAIR. Is there objection to the request of the gentleman from Oregon? There was no objection.

The CHAIR. The amendment is withdrawn.

The Chair understands that amendment No. 6 will not be offered.

AMENDMENT NO. 7 OFFERED BY MR. HOLDING

The CHAIR. It is now in order to consider amendment No. 7 printed in part A of House Report 116-51.

Mr. HOLDING. Mr. Chairman, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 3, beginning on line 4, strike "Protecting Americans with Preexisting Conditions Act of 2019" and insert "Insert Politically Punchy Title That Doesn't Reflect the Bill Substance Act".

The CHAIR. Pursuant to House Resolution 357, the gentleman from North Carolina (Mr. HOLDING) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from North Carolina.

Mr. HOLDING. Mr. Chairman, I believe my amendment speaks for itself.

My friends on the other side of the aisle are playing political games with their bill trying to convince the American people that it would accomplish something that it would not. I have offered a title that accurately reflects the political grandstanding that my Democrat friends are effecting today.

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

Mr. PALLONE. Mr. Chairman, I claim the time in opposition to the amendment.

The CHAIR. The gentleman from New Jersey is recognized for 5 minutes.

Mr. PALLONE. Mr. Chairman, just to back up what I said previously about the implications for this Trump administration and Seema Verma's guidance that they put forward with regard to 1332, I want to read a section from a letter that was sent by 23 patient and consumer advocacy organizations in support of H.R. 986, the bill that is be-

fore us. These organizations include the Heart Association, the Lung Association, the Epilepsy Foundation, et cetera. This goes back to the guardrails.

As I said, under 1332, in the ACA, there are guardrails that say that any waivers have to guarantee affordability, have to guarantee comprehensiveness of coverage, and have to, at the same time, not reduce the number of people with insurance.

Nothing that Seema Verma or anything on the other side that is being said is suggesting in any way that, under this guidance, those principles wouldn't be violated. In fact, they would be violated.

So this is what these 23 patient and consumer advocacy organizations say about the Trump guidance waiver: "This gross misinterpretation of the guardrails will have real consequences for patients, steering people into sub-standard coverage, such as short-term, limited-duration plans and association health plans, which often do not cover the full range of benefits and services that patients rely on to manage their conditions.

"Further, policies that could be implemented under this new interpretation could fundamentally alter the risk pool for a State's individual marketplace, making comprehensive coverage unaffordable for patients who rely on it and jeopardizing the stability of the State's marketplace. The resulting lack of access to care could have devastating short- and long-term consequences for the millions of patients we represent."

□ 1615

The bottom line is this is going to dramatically hurt people with pre-existing conditions if they try to buy insurance that will cover the maladies that they want to cover, and they need to have covered.

Again, I don't understand, Mr. HOLDING and, previously, Mr. WALDEN have these amendments that really have nothing substantive to say. All they do is talk about changing the title because they are trying to ridicule what Democrats are trying to do here, which is to guarantee that people with pre-existing conditions are protected.

I don't want to get upset, but I think that it is kind of inappropriate, when here we are trying to guarantee people with preexisting conditions are protected—even Republicans on the other side are saying that is important to them—and, instead of having a serious debate about this, they put forward amendments that change the title to ridicule what we are trying to do. It is just unfortunate that we are at that point now, but that is where we are.

Madam Chairman, I reserve the balance of my time.

Mr. HOLDING. Madam Chair, I yield to the gentleman from Oregon (Mr. WALDEN).

Mr. WALDEN. Madam Chair, I thank the gentleman for yielding.

Madam Chair, I just want to say that I, too, wish we were debating my legislation that I tried to offer the first of the Congress and was refused the opportunity to bring it to the floor. That would lock into statute preexisting protections for people who have pre-existing conditions.

This court case is pending. We could get a ruling tomorrow. Somewhere in the last couple of months, Congress could have acted to put in statute a separate law that would be there, irrespective of the decision of the judge, or judges as it goes through its process, that could wipe out all of the ACA and could wipe out preexisting condition protections. We could do that, except their Committee on Rules put these amendments in order to debate on the floor, but not the amendment that actually protects people with preexisting conditions. So it is not my fault—we don't control of the Rules Committee—that my serious amendment about protecting people with preexisting conditions was not made in order. I don't control the Rules Committee. The Speaker does, and others.

When we talk about affordability, remember the example that Seema Verma points out, in Grand Island, Nebraska, a couple making \$60,000 a year, 60 years old, \$38,000 for the plan, and \$11,000 deductible. How is that affordable? It is not.

I want our States to innovate. Do you know what, if a State doesn't want to innovate, it doesn't have to. And if they violate the rules, they are not going to get their waiver.

But what we do know is that when States have innovated, like mine, like the gentlemen from Wisconsin and Alaska, they have seen reductions in premiums and full-throated coverage. I want innovation. I don't want to price people out of the market.

Mr. HOLDING. Madam Chair, this bill before us today makes no structural changes to improve access to or delivery of care. It would limit healthcare choices and stifle State level innovation that has proven to lower premiums. This bill does not help those with preexisting conditions, but it does attempt to confuse them and encourage more political dysfunction to the detriment of the American people.

Madam Chair, I yield back the balance of my time.

Mr. PALLONE. Madam Chair, my colleagues on the other side started out this debate on these amendments by basically saying they wanted to substitute the title rather than talking about the substance. Now, my colleague, the ranking member, starts talking about the lawsuit that would—I think he is talking about the lawsuit that would repeal the Affordable Care Act.

Again, my colleagues on the other side are not looking to protect people with preexisting conditions, they are not looking to protect anybody, because now they are saying that it is a

good idea to repeal the Affordable Care Act. So we are back to the basic debate about whether or not we should have the Affordable Care Act, which until President Trump came along and started sabotaging the bill, 97 percent of Americans had health insurance, an all-time high in the history of this country.

So, okay, that is fine. Now we are going to say that they want to repeal the Affordable Care Act once again. This is what this is all about on their side of the aisle: repeal the act, move to court to try to get the courts to declare the act unconstitutional, no effort to worry about the millions and millions of Americans who have gotten coverage because of the Affordable Care Act.

I really don't know what else I can say at this point, but at least they revealed their true motive, which is simply to repeal the whole bill.

Once again, I guess there is not much to say here, other than to say that I would urge my colleagues to reject this amendment. Let's get back to talking about the substance of the bill that is before us, which would guarantee that there are protections for people with preexisting conditions.

Madam Chair, I yield back the balance of my time.

The Acting CHAIR (Ms. UNDERWOOD). The question is on the amendment offered by the gentleman from North Carolina (Mr. HOLDING).

The question was taken; and the Acting Chair announced that the noes appeared to have it.

Mr. PALLONE. Madam Chair, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from North Carolina will be postponed.

AMENDMENT NO. 8 OFFERED BY MS. PORTER

The Acting CHAIR. It is now in order to consider amendment No. 8 printed in part A of House Report 116-51.

Ms. PORTER. Madam Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

In section 2, insert “, including any such action that would result in a decrease in the number of such individuals enrolled in coverage that is at least as comprehensive as the coverage defined in section 1302(a) of the Patient Protection and Affordable Care Act (42 U.S.C. 18022(a)) compared to the number of such individuals who would have been so enrolled in such coverage had such action not been taken” after “(October 24, 2018)”.

The Acting CHAIR. Pursuant to House Resolution 357, the gentlewoman from California (Ms. PORTER) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from California.

Ms. PORTER. Madam Chair, I rise today to offer an amendment to the Protecting Americans with Preexisting Conditions Act.

This bill would prevent the Trump administration from allowing States to use waivers to provide junk health plans that reduce coverage and decrease cost sharing provisions.

In the Affordable Care Act, section 1332 waivers were created to provide States flexibility to implement innovative plans that would expand coverage, reduce costs, and provide more comprehensive benefits.

Our States can be incubators for opportunity and these waivers allow them the opportunity to improve access to affordable, quality services in groundbreaking ways. But, last year, the Trump administration released guidance that would allow States to use these waivers to take care away from the individuals who need it most, and that is unacceptable.

Because of the Affordable Care Act, 3,826,000 Californians have gained health coverage. In my home district, the 45th District of California, more than 338,000 people have a preexisting condition, many of whom gained coverage or received more affordable coverage because of new protections established under the Affordable Care Act.

This Sunday is Mother's Day. Having given birth, being a mother, is a preexisting condition, a factor that used to contribute to higher insurance costs for most of the women we will celebrate this weekend. We can't go back to the days when being a woman was enough to let an insurance company charge you more for basic healthcare.

My amendment will prohibit the administration from issuing any waivers that would let States craft healthcare plans that would reduce the number of individuals enrolled in comprehensive plans that are compliant with our country's current healthcare laws.

This bill preserves waivers that provide States with flexibility. This bill encourages States to provide innovative plans. But what this bill does is make sure that those waivers can be used for their original intent: expanding care and decreasing costs.

Madam Chair, I urge my colleagues to support my amendment, and I reserve the balance of my time.

Mr. WALDEN. Madam Chair, I seek time in opposition to the gentlewoman's amendment.

The Acting CHAIR. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Madam Chair, I would like to point out a couple of things.

One, I have introduced legislation to protect people with preexisting conditions. I did that because I knew this lawsuit is pending. We can argue about the ACA and the lawsuit and all that, but the long and short of it is that if the court rules the ACA gets thrown out as unconstitutional, which may happen, people with preexisting conditions would be exposed, and I don't want that to happen. That is why I introduced legislation.

I would be honored if we could take that up in the Energy and Commerce

Committee that I used to chair and put it on the House floor. I tried to bring it here as an amendment and it was denied by the Democrat majority, so we can't even have a debate here about it. If it is not everything it should be, then I am happy to work with people to try and make it as durable and robust as it needs to be. So that is one.

When we talk about insurance—and there is kind of silence on the other side—2.5 million Americans since President Trump have gotten healthcare insurance through their employer. We have one of the most robust economies most Americans have ever seen: 3.2 percent, I think, GDP growth the first quarter. Some have said, you need fairy dust to do that. Well, that is not true. You need good economic policy. We have that in America: the lowest unemployment for African Americans, Hispanic Americans, all Americans. Incredible numbers, incredible growth. As a result, people are getting off government subsidized healthcare, or fully funded healthcare, onto private health insurance, which Democrats want to wipe out. One hundred and fifty-eight million Americans get their health insurance through their employer or through their union.

And when it comes to the Affordable Care Act, that is what put in place the big cuts that are coming to our hospitals, the DSH cuts, that I held off as chairman of the Energy and Commerce Committee. We passed legislation to prevent the DSH cuts from hitting our disproportionate share of hospitals, those that deal with more lower income folks. We are going to have to do that again. Because ObamaCare says you got to hit your hospital with a big cost increase, if you will, or take away a subsidy.

The Cadillac tax. I met with building trade folks in my State. These people bargained away, potentially, wages for better benefits. And then along comes ObamaCare, the Affordable Care Act, that says: Oh, by the way, if you have got too generous a plan, according to the government, you are going to have to pay a 40 percent tax on that plan. And, by the way, it was never indexed for inflation. And guess what, healthcare costs continue to go up and premiums go up.

More and more Americans' health insurance is going to fall into this so-called Cadillac tax. There will be a 40 percent tax on those plans. The working men and women, who are part of a union or in the private sector and who have good, generous healthcare benefits, the Federal Government, the Democrat-driven plan that is totally partisan passed, it says, we are going to whack you with a 40 percent tax. How fair is that, Madam Chair? I don't think it is. We have kept that tax from taking effect as Republicans. We will see what this Congress does.

But, moreover, we fully funded our community health centers. We, under Republicans, funded the children's health insurance program, a Republican creation, for a decade. I led that

effort. Most Democrats consistently voted against funding children's health insurance time and time again. It had never been funded for more than 5 years ever in its history. One hundred and twenty-two thousand, seven hundred Oregonian kids and pregnant moms get their health insurance through CHIP. It is a marvelous program. Republicans led the effort, because I did it. We first tried to get 5, then 6, and then eventually we got 10 years funded. That is locked into law.

We need to go back and fund our community health centers. I told people that if I were chairman, my palms would be getting a little sweaty now at the list of things we need to get done—I am looking at my friends.

In Oregon, in my district, I think we had 63 delivery sites and 12 community health centers. We fully funded those centers at a record level in the last Congress, because I believe fully in that network of the delivery of healthcare. It is extraordinarily important. We should be doing that today, but we are not.

We have got the National Health Service Corps, special diabetes programs for Indians, special diabetes programs for type I diabetes, teaching health centers, personal responsibility education programs, sexual risk avoidance education grants, and family-to-family health information centers. We have demo programs, increased access to dental healthcare services, and delay in authority to terminate contracts for Medicare Advantage plans. We have protection for recipients of HCBS against spousal impoverishment. We have demonstration of approved community behavioral health clinics, Medicaid funding for territories, delay in effective date for Medicaid amendments related to beneficiary liability settlements, DSH allotment, and money follows the person. All those expire at the end of this fiscal year. We have real work we need to get done, Madam Chair.

Madam Chair, I yield back the balance of my time.

□ 1630

Ms. PORTER. Madam Chair, I yield 1 minute to the distinguished gentlewoman from California (Ms. PELOSI).

Ms. PELOSI. Madam Chair, I thank the gentlewoman for yielding, and I thank her for the constructive amendment and for her exceptional leadership as a leading Member of an outstanding freshman class.

I also thank Congressman PALLONE, chairman of the full committee, for giving us the opportunity to bring to the floor historic legislation that will make a tremendous difference in the lives of the American people.

Today, with the Protecting Americans with Preexisting Conditions Act, Democrats are honoring their promises to the American people.

Madam Chair, our Democratic majority ran on the promise to protect American families' quality, affordable healthcare.

We have now voted three times to oppose the GOP healthcare lawsuit, but every time, with every vote, House Republicans reveal their inconsistency and complicity with the administration's assault on people with preexisting conditions and every American's healthcare.

It was interesting to listen to the distinguished ranking member of the committee express his views when the fact is that, 2 years ago, House Republicans voted to gut protections for people with preexisting conditions and take away millions of families' healthcare, and they then threw a party to celebrate.

They went down to the White House and celebrated: We have taken away the preexisting conditions benefit.

The American people resoundingly rejected the Republicans' attack on their healthcare and their financial security, yet the GOP is plowing full steam ahead with their monstrous campaign to sabotage the Affordable Care Act and take away healthcare.

Just last week, the administration doubled down on its demands that the courts throw out every protection and benefit provided by the Affordable Care Act.

Again, over and over, we have had bills on the floor to invite the Republicans to join us in rejecting that Republican attack. Overwhelmingly, they have rejected that.

Today, again, we can celebrate that we are protecting Americans with preexisting conditions and honoring that promise we made to the American people, as I said.

The bill reverses a dangerous part of the Trump administration's reckless sabotage campaign, blocking cynical guidance to States. Here is what they do: dismantle protections for people with preexisting conditions and push families into junk plans that discriminate against people with preexisting conditions and do not cover essential benefits.

In fact, you are paying for nothing.

The Trump guidance puts lives on the line, not only sabotaging the healthcare law but the health of millions of Americans who rely on it.

Nearly 30 national groups representing people with preexisting conditions have spoken out, including the American Cancer Society, Cancer Action Network, American Heart Association, American Diabetes Association, American Lung Association, National Alliance on Mental Illness, Susan G. Komen, and many more.

They write, "This dangerous action could take us back to the days when people with preexisting conditions were openly discriminated against and blatantly denied access to lifesaving care."

These organizations, I want Ranking Member WALDEN to hear because he seemed to have been distracted, all these organizations for cancer, diabetes, heart, lung, mental health, all of that, they write, "This dangerous ac-

tion could take us back to the days when people with preexisting conditions were openly discriminated against and blatantly denied access to lifesaving care."

We thank all the groups and families—including the sick little children, the Little Lobbyists—for their courage to speak out and show that this is a fight not just about legislation but about lives. Nothing is more eloquent than the stories that they tell, and many have told their stories here.

They had 10,000 events around the country to stop the Republicans' sabotage on healthcare, much of it from people with preexisting conditions, especially children born with preexisting conditions.

This bill that we have today is just the beginning. In the coming weeks, House Democrats will bring forth more bold legislation to reduce the price of prescription drugs, to empower States to build better exchanges, and to block junk plans and reverse the GOP's enrollment sabotage.

Senator MCCONNELL said that he is the grim reaper. He wears that as a badge of honor.

He is the grim reaper. He is going to kill any House legislation for the people, saying that he will bury our bills in the Senate graveyard, effectively. That is really not a very hopeful political agenda, the grim reaper.

I have news for him. Legislation to protect the preexisting condition benefit and many of the other pieces of this agenda are alive and well among the American people, and they will make their voices heard.

The American people want action, and the special interest GOP Senate needs to stop standing in their way, Leader MCCONNELL.

I urge a strong vote for this legislation for the people.

I commend the gentlewoman for her very important amendment. She said being a mom was a preexisting condition. As the mother of five, it is 6 years to the day when I talked to the insurance company about my bad back.

They said: Why would we even insure you? You are a poor risk, having had children.

I said: That is funny you say that. I thought it was a show of strength on my part to have five children. Are you calling that something that would be a barrier to my getting insurance?

I want to emphasize, as we approach Mother's Day, how important this particular amendment is to help moms and their families.

Madam Chair, I urge a "yes" vote on Congresswoman PORTER's important Mother's Day amendment.

Ms. PORTER. Madam Chair, I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from California (Ms. PORTER).

The amendment was agreed to.

AMENDMENT NO. 9 OFFERED BY MR. PAPPAS

The Acting CHAIR. It is now in order to consider amendment No. 9 printed in part A of House Report 116-51.

Mr. PAPPAS. Madam Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

In section 2, insert “, including any such action that would, with respect to individuals with substance use disorders, including opioid use disorders, reduce the availability or affordability of coverage that is at least as comprehensive as the coverage defined in section 1302(a) of the Patient Protection and Affordable Care Act (42 U.S.C. 18022(a)) compared to the availability or affordability, respectively, of such coverage had such action not been taken” after “(October 24, 2018)”.

The Acting CHAIR. Pursuant to House Resolution 357, the gentleman from New Hampshire (Mr. PAPPAS) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from New Hampshire.

Mr. PAPPAS. Madam Chair, I yield myself such time as I may consume.

Madam Chair, I thank my colleague from New Hampshire, Representative KUSTER, for offering this legislation that will safeguard healthcare protections for the 130 million Americans with preexisting conditions.

The amendment I am offering today would ensure that we don’t take any steps backward in our fight against this Nation’s opioid epidemic.

For people in my home State of New Hampshire, the Affordable Care Act is a lifesaving law. It is the best tool we have to combat the opioid crisis. As I travel around my district, I hear heart-breaking stories of those lost and those still fighting hard.

I also hear from constituents who, on a regular basis, can’t fathom where they would be without coverage for their substance use disorder.

I am here today on behalf of constituents like Phil Spagnuolo from Laconia. As Phil fought to recover from substance use disorder, he took comfort in knowing that he could rely on coverage that was affordable and accessible to him in the midst of the greatest medical challenge of his life.

Thanks to the Affordable Care Act, Phil has gone from jail to treatment and recovery to serving as a leader in the recovery community, coaching and advocating for those grappling with addiction.

New Hampshire is incredibly proud of his story and his example, and it is all made possible because of the ACA and its basic protections.

The collective impact of substance use disorder coverage has expanded treatment and recovery opportunities in New Hampshire and across the country.

Unfortunately, far too many still do not access this kind of lifesaving care. We still lose 130 Americans each and every day in their battle with opioid addiction.

The scope of this crisis is simply immense. No region, no community, no family has been spared.

Despite the alarming statistics, the administration issued guidance that

would allow insurance companies to discriminate against Americans with preexisting conditions, including the 19.7 million Americans like Phil with a history of substance use.

That is why I am offering this amendment today, to strengthen the underlying legislation and prohibit any further actions to reduce the availability or affordability of coverage for those battling substance use disorder.

We should be working together to open the doors to those most in need, not shutting them because of politics.

I urge the adoption of this amendment, and I reserve the balance of my time, Madam Chair.

Mr. WALDEN. Madam Chair, I seek time in opposition to the amendment.

The Acting CHAIR. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Madam Chair, I reserve the balance of my time.

Mr. PAPPAS. Madam Chair, I am willing to close if the gentleman from Oregon is, and I reserve the balance of my time.

Mr. WALDEN. Actually, I believe I get to close, don’t I?

The Acting CHAIR. The gentleman from Oregon has the right to close.

Mr. WALDEN. That is what I thought.

Madam Chair, I reserve the balance of my time.

Mr. PAPPAS. Madam Chair, this is a critical issue. This is an important piece of legislation. I, for one, don’t trust this administration to get it right.

They have tried every trick in the book they can to repeal the Affordable Care Act outright legislatively and to undermine it administratively. They have gone to the courts to take away critical protections from Americans who need them most. I, for one, am not going to stand for it.

The people of New Hampshire and of this country, we are ensuring that we get this right for them. It is very critical for those suffering from substance use disorder that we ensure those important protections remain on the books so that people can access care.

There is no more important tool in our toolbox than ensuring that people have health insurance to take care of their substance use disorder. That is why I brought forward this amendment today.

Madam Chair, I yield back the balance of my time.

Mr. WALDEN. Madam Chair, I yield myself such time as I may consume.

Section 1332 already requires that the State plan will provide coverage that is at least as comprehensive as the essential health benefits, including mental health and substance use disorder services. That is already required, including behavioral health treatment, and would provide coverage to at least a comparable number of its residents. That is already in the 1332 requirements.

I appreciate the gentleman’s passion for dealing with the opioid epidemic. I

led the effort that brought together Republicans and Democrats. We passed 60 different pieces of legislation. I think 57 of them, by the time we were done working together, passed unanimously in this House.

We bundled them up into H.R. 6 because we all know the Senate can’t handle 57 or 60 different pieces of legislation, but they could handle one. The work we did here and the work they did there ended up in, I would argue, the Nation’s most comprehensive legislation to address a drug problem our country has ever had. And that is our law.

The President of the United States, who was just disparaged here on the House floor, helped lead this effort because he passionately cares about the issue of addiction. He lost a brother, I believe, to alcoholism.

He was a leader, and his team were leaders, in this effort we put together on opioids. He invited Republicans and Democrats to the White House for the bill signing. Mrs. Trump helped organize all of that.

This legislation is comprehensive on opioids. It wasn’t part of the ACA. You see, we can work together and improve underlying laws. We can address major problems facing the country when majorities want to do that. We did it last Congress under my leadership, and it was Republicans and Democrats. We didn’t start out agreeing on some of these matters, but we ended up there, with just a couple of exceptions.

I sent my friend, Madam Chair, the chairman of the Energy and Commerce Committee today, a comprehensive list of kind of what we learned in the final phase of our investigation into how America ended up in the place it was with opioids. There are some additional recommendations that I hope and assume we will get out of that investigative report that we concluded at the end of the year. Hopefully, we will get there.

I believe we need to do oversight on the legislation we passed. I have always felt that about bills we passed. We need to go take a second look.

□ 1645

What is working? What is not? We are not going to get it right the first time, and we always know there is more to do, and we need to do more on what was H.R. 6 in the last Congress, our opioids legislation.

Madam Chair, I am not opposed to the gentleman’s amendment, and you have to say you are in order to get the time, I guess, but I am not.

I am fully committed to making sure that people with substance abuse disorders continue to get the help they need in our communities. That is what our whole legislative thrust was about last Congress and will remain there. As I say, section 1332 already requires that in these plans.

Again, remember what we are talking about here is States coming to the Federal Government saying: We have a

better idea to fill a gap, so people have affordable insurance. That is what a waiver is under 1332. And, I guess, I have more confidence in my State than others must have in theirs, but I think from my own experience, Republicans and Democrats work together in Oregon to get health insurance out, and coverage out, and expand access to care. I have always continued to try to do that.

I have faith that my State would do this. These plans we will hear more about next week, but they are regulated by State insurance commissioners. I am not in the school that says all of those people are bad and we are the only ones with a great idea. I want innovation. I want it from the States, and I want to drive down costs of healthcare while improving access and delivery of services.

So I am not opposed to the gentleman's amendment. I do hope we can address these issues of fully funding our community health centers, our National Health Service Corps, and these diabetes programs which we reauthorized and funded in the last Congress, and which we need to do again. They are called the Special Diabetes Program for Indians and Special Diabetes Program for type 1 diabetes.

We have got to get after that, too, Madam Chair. We have to find the money to do it. It is not easy. I know we have a lot of other things. I just wish we were doing those sorts of the things today because these programs expire in September, and we don't have that many legislative days left.

Hopefully, we can move on to the things I know we can agree on and find solutions for, and that we do it sooner rather than later.

Madam Chair, I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from New Hampshire (Mr. PAPPAS).

The amendment was agreed to.

AMENDMENT NO. 10 OFFERED BY MR. ROUDA

The Acting CHAIR. It is now in order to consider amendment No. 10 printed in part A of House Report 116-51.

Mr. ROUDA. Madam Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

In section 2, insert “, including any such action that would result, with respect to vulnerable populations (including low-income individuals, elderly individuals, and individuals with serious health issues or who have a greater risk of developing serious health issues), in a decrease in the availability of coverage that is at least as comprehensive as the coverage defined in section 1302(a) of the Patient Protection and Affordable Care Act (42 U.S.C. 18022(a)) with coverage and cost sharing protections required under section 1332(b)(1)(B) of such Act (42 U.S.C. 18052(b)(1)(B))” after “(October 24, 2018)”.

The Acting CHAIR. Pursuant to House Resolution 357, the gentleman from California (Mr. ROUDA) and a

Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from California.

Mr. ROUDA. Madam Chairwoman, 9 years ago our Nation took a monumental step forward to address the needs of millions of Americans with a preexisting condition. Before the passage of the Affordable Care Act, individuals across the country were denied coverage or charged higher premiums due to their medical history.

While I came to Washington to protect our healthcare, the Trump administration has continued its assault on the Affordable Care Act. In this case, the administration is trying to use an ACA provision designed to give States the ability to test new insurance reforms that could improve the wellbeing of their residents, but, instead, that provision is being used to undermine protections for people with preexisting conditions and the coverage of essential health benefits, all in an effort to prop up junk, short-term insurance plans.

Today, we will stand up to that assault on America's healthcare by passing H.R. 986, to nullify these efforts. We must be clear that any future administrative actions by this administration or any other administration should not harm the vulnerable populations that the Affordable Care Act was designed to protect.

To that end, my amendment would prohibit any future rule or guidance from diminishing the Affordable Care Act that would result in reduction in the availability, affordability, and comprehensiveness for people with preexisting conditions, the elderly and low-income individuals.

My amendment would affirm these critical guardrails that protect the care of so many Americans across our country and help strengthen and uphold the principles of this landmark law.

I would like to thank Chairman PALLOLONE, Chairman NEAL, and their respective staff for their assistance with this amendment.

I ask my colleagues to join me in supporting this amendment to ensure that this and future administrations do not undermine the healthcare of vulnerable populations.

Madam Chair, I reserve the balance of my time.

Mr. WALDEN. Madam Chairwoman, I seek time in opposition to the gentleman's amendment.

The Acting CHAIR. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Madam Chair, I am not opposed to the gentleman's amendment, but I am happy to speak on it.

Again, section 1332 already requires that the State plan, the one they submit, will provide coverage that is at least as comprehensive as the essential health benefits, including mental health and substance use disorder services, including behavioral health treat-

ment, and will provide coverage to at least a comparable number of its residents.

Madam Chair, I reserve the balance of my time.

Mr. ROUDA. Madam Chairwoman, we are at a crossroads in our country. When we look at the global stage, there are approximately 200 countries, of which 40 are industrialized, developed countries. Of those 40 industrialized, developed countries, 39 of them have universal healthcare. Only one does not, the wealthiest, greatest country in the history of the world. That is why we have tens of millions of individuals in our country without insurance.

We know that preexisting conditions have to be covered because when we look at the fact that this country spends 18.5 percent of its GDP on healthcare, almost double what these other industrialized, developed countries spend, you would think the United States of America has the healthiest people in the world.

Madam Chairwoman, that is not the case. I am sad to report that most critical criteria when looking at Americans' healthcare, we are in the bottom quartile, even though we spend 18.5 percent of our GDP. We know that the inability to pay healthcare costs is a leading cause of involuntary bankruptcy and homelessness.

Preexisting conditions is the underlying reason for those two things. That is why we must make sure that we protect affordable healthcare in the United States through the act, and make sure that preexisting conditions are covered today and tomorrow for future generations.

Madam Chair, I yield back the balance of my time.

Mr. WALDEN. Madam Chairwoman, I yield myself such time as I may consume.

Madam Chair, I just want to go back to what is going on in America's healthcare costs and look at some of what is going on elsewhere around the world.

First of all, I would draw the Member's attention to the Kaiser Foundation report that Axios reported on about people who have health insurance and still can't afford to use it. They talked about just over half of those with employer coverage have some sort of chronic disease, so they have health insurance. But the deductibles which are at \$3,000 to \$5,000 are so high that three-quarters of the people reported skipping or postponing some type of care. Half, 49 percent, said that a family member had a problem paying medical bills or difficulty affording their premiums, deductibles, or copays in the last year.

What we are trying to do is help those people in the individual market, and we would love to help those people in the market that employer-provided health insurance is in as well, and put downward pressure on pricing, and go after the cost of healthcare from one end to the other.

Now, the gentleman from California, I believe, has talked about going to a, I guess, government-run, single-payer system. I have got two veterans that work virtually full time helping veterans in Oregon's Second District get access to a similar sort of system. You know of it as the VA. Think about the problems we have with that government-run, single, sort of, payer-operated system.

If you get in, I have veterans saying: It is great. I have got coverage. But it is people who have to wait 6 months to get eyeglasses at one point, or they can't get in to get their surgery done. And we are working with thousands of veterans that have to come to their Member of Congress to be able to get access to the healthcare they were promised when they put on the Nation's uniform.

We have that system in place, and it has incredible problems in wait time, so I had to create the Choice Program and everything else.

Then I was intrigued by a story about a woman in Nova Scotia who is 33 years old. She is under one of those systems my friend wants for us, I guess. After three trips to the emergency room, they just never would believe her and her problem and see her, and she couldn't get access to doctors. When she finally did, her anal cancer had progressed to stage III.

Now, at 33, she is in menopause, she writes. She had a Facebook post recently wanting to meet with the Premier to explain how broken their healthcare system is.

We all know stories about Canadians who come across the border who can afford to get their healthcare done here because they can get it done sooner. We all know of stories in other countries where they have global budgets, and when they run out, you are done. I have had people tell me the little secret is: Get sick before June because they are going to run out and you won't get in. That is what is going on around the world.

And I think, in many measures, when people are especially sick, if they have the money, they come to the United States for care. They go to MD Anderson Cancer Center, and they go to the Mayo Clinic.

Those are the folks who come to America. What I want is the MD Andersons and the Mayo Clinics, and the Oregon and Health & Science Universities to be affordable and available to all Americans.

We had a hearing today—I think it was pretty good—on drug pricing, following up on what I did 2 years ago looking at the manufacturers, the PBMs, the distributors, and the insurers. Everybody wants a piece of this. Everybody is getting a chunk. The result is, we have a healthcare system that costs too much. So let's go figure that out.

That is what innovation is about, and that is what our States can do in their wonderful laboratories. Some of them

will do really good things, and some of them will make mistakes and learn from it. We should pick the best from among the States. That is what we are looking for here in these 1332 waivers is some flexibility for our States to innovate.

I believe our States and my colleagues—and by the way, Oregon is completely Democrat controlled—but they care about citizens of the State of Oregon, and so does the insurance commissioner, and they are only going to ask for permission for a plan that will be better than what the Federal Government is trying to jam down their throat in a one-size-fits-all.

So I don't object to the gentleman's amendment. I think we can do better by harnessing great innovation. We do it in medicine, and we do it everywhere else. We have competitive insurance products for a lot of other things we buy, and I would like to see more options, more choice, more transparency in healthcare, and more consumer involvement.

Madam Chairwoman, I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from California (Mr. ROUDA).

The amendment was agreed to.

AMENDMENT NO. 11 OFFERED BY MR. MALINOWSKI

The Acting CHAIR. It is now in order to consider amendment No. 11 printed in part A of House Report 116-51.

Mr. MALINOWSKI. Madam Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

In section 2, insert “, including any such action that would, with respect to individuals with preexisting conditions, reduce the affordability of coverage that is at least as comprehensive as the coverage defined in section 1302(a) of the Patient Protection and Affordable Care Act (42 U.S.C. 18022(a)) compared to the affordability of such coverage had such action not been taken” after “(October 24, 2018)”.

The Acting CHAIR. Pursuant to House Resolution 357, the gentleman from New Jersey (Mr. MALINOWSKI) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from New Jersey.

Mr. MALINOWSKI. Madam Chairwoman, there are many problems in our healthcare system. We have heard about a number of them today, but we are here for one simple, specific reason, because of the guidance that the administration issued last year that allows States to expand the availability and duration of junk, short-term insurance plans.

Now, the administration and its defenders will not say this because it has become politically impossible to do so, but these plans are cheaper precisely because they deny coverage to people with preexisting conditions and for what any reasonable person would agree are essential benefits, like maternity care and prescription drugs.

That is what they mean when they use the euphemism ‘flexibility.’ Will these plans take hold? Here is what happens, in plain language, if you have a preexisting condition. You have a choice. Either stay in your ACA plan and see your premiums rise as healthy people move to cheaper, junk insurance, or you sign up for a junk plan yourself and risk getting gouged when the services you need aren't covered.

You end up with a two-tiered healthcare system in America: one for healthy people, and one for sick people. Now, the underlying bill rescinds that guidance. The amendment I have submitted would prohibit the administration from taking any other action that would reduce the affordability of comprehensive coverage for Americans with preexisting conditions.

□ 1700

Now, this would not in any way prevent States from using section 1332 waivers to make healthcare better and more affordable. Many States, as we have heard, have done so in ways that have lowered health insurance premiums without, in any way, undermining protections for people with preexisting conditions.

Yes, section 1332 has a clear directive that States must maintain the benefits, affordability, and coverage provided by the ACA, but it is clear that the administration has disregarded these standards and could do so again to remove protections for vulnerable groups, to promote expansion of health plans that are not compliant with the ACA, and to take other steps that would increase costs, especially for women and older adults.

This amendment, along with the overall bill, makes sure that we keep our promise to the American people. It makes clear that, when we say we are going to protect everyone with a preexisting condition, that is not an empty slogan that means whatever we want it to mean. Those words mean something, that every American deserves quality health insurance, and no American should be forced to pay more for good coverage because of a preexisting health problem.

Madam Chair, that is what H.R. 986 and my amendment guarantee. I urge my colleagues to support both, and I reserve the balance of my time.

Mr. WALDEN. Madam Chair, I claim the time in opposition to the gentleman's amendment.

The Acting CHAIR. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Madam Chair, I reserve the balance of my time.

Mr. MALINOWSKI. Madam Chair, I will close by saying there is no question whatsoever what the administration intends to do. They have been trying from day one, from January 2017, to repeal the Affordable Care Act and its essential protections for the American people.

The only thing that has changed is that it has become politically impossible for anyone in America to say that

you are opposed to protecting people with preexisting conditions, and so a war against healthcare protections is being covered up by a war against the English language.

Everyone says, “We are for pre-existing conditions,” yet every single step the administration and its supporters take is designed to weaken those protections. This amendment and the underlying bill say that you can’t do that anymore. They guarantee, going forward, that the ACA’s protections are respected and that any experimentation by the States will have to be consistent with those protections.

Madam Chair, I urge my colleagues’ support for the amendment and the bill, and I yield back the balance of my time.

Mr. WALDEN. Madam Chair, I yield myself such time as I may consume.

Madam Chair, I do not oppose this amendment because this amendment does not do anything the law already, I think, requires.

Section 1332 does not permit States to waive preexisting condition protections. Section 1332 already requires that the State plan will provide coverage that is at least as comprehensive as the essential health benefits and will provide coverage and cost-sharing protections against excessive out-of-pocket spending. That is what the underlying law already does.

We have the assurance from the CMS Administrator saying, once again, to be clear: “The 2018 guidance does nothing to erode the PPACA’s preexisting condition provisions, which cannot be waived under section 1332.”

She is the one who makes the decision.

By the way, I would just point out that no State has come to the Trump administration under this new authority that we are aware of and said: “Please approve our plan.”

Junk plans—and we will hear more about that term of art. By the way, those junk plans were allowed for under the Obama administration and under the ACA. At that time, they were only allowed for 3 months. There seemed to be a lot of interest in a variety of options for citizens to take advantage of that covered their needs.

So the Trump administration said, well, if they are good for 3 months, what if we extend them to 12 months or just at 12 months? That is what they did. They were junk plans under Trump; they were wonderful options under Obama. It is the same set of plans.

You can always go on the exchange, and you can always find other coverage that fits your need. We are trying to not have just one plan that nobody can afford. That is what you are seeing in this situation that Ms. Seema Verma put forward, Madam Chair, the head of the CMS, the Administrator for the Centers for Medicare and Medicaid Services.

She uses, as an example, this situation in Grand Island, Nebraska. It is

not Oregon; it is Nebraska. A \$70,000-a-year, 60-year-old couple are paying \$38,000 a year for their insurance with an \$11,100 deductible. Now, how is that affordable? Does anybody in here think that is a great idea?

That is what you are saying: Don’t innovate. We have got it covered. The ACA has it covered. There is no need for innovation here, nothing to see. The plan works great.

Then we know, from the Kaiser Foundation study, people are saying: I can’t afford it. So I will jack up my credit card, and I will wipe out my savings.

All this is going on. The ACA did not solve every problem. It expanded coverage. You can’t help but do that, spend that much money. States like mine took full advantage of it. But we are left with these pockets and problems in America that I think States could assist us in if we gave them expanded authority under 1332 waivers to say: Hey, guess what, Washington? We have a better idea here. Here it is. Take a look at it, and make sure it fits the Federal guidelines and law, but let us innovate.

Oregon did that. Under the prior 1332 approval process, insurance rates went down 6 percent; Wisconsin down 10.6; New Jersey, 15; Maryland, 43; Maine, 9.4; Minnesota, 20; Alaska, 34.7. Using this sort of “Mother May I” approval, that is what you have to do.

I remember when Oregon did the Oregon health plan. I was in the State legislature then, and we had to plead and beg with the administration at the time to get approval to try and experiment on Medicaid coverage to expand coverage and improve access to care. We couldn’t do it without Mother Washington, Father Washington, or Brother Washington, whoever, back here, saying: Yeah, okay. We will let you try that.

We should be in partnerships with our States.

By the way, States can pass a law and say: We are not going down this path. They have every right to do it. New Jersey has done it, and California has done it: None of these short-term duration plans, we are not going to be a part of that.

Every State has that right. But there are a lot of States that look at their citizens and say: \$38,000 a year for your insurance and \$11,000 for your deductible; you are making \$70,000; you are 60 years old. That is not working real well either. So maybe we can find a product that would work for you and help you out.

So we are talking about a range of options and choices. America has always done well and markets do better when we have more choices. That is what we are talking about here.

The gentleman’s amendment I don’t object to at all. I think it is the underlying law as described by the head of the Department who would have to approve all these 1332 waivers.

Madam Chair, I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from New Jersey (Mr. MALINOWSKI).

The question was taken; and the Acting Chair announced that the ayes appeared to have it.

Mr. MALINOWSKI. Madam Chair, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from New Jersey will be postponed.

AMENDMENT NO. 12 OFFERED BY MS. WILD

The Acting CHAIR. It is now in order to consider amendment No. 12 printed in part A of House Report 116-51.

Ms. WILD. Madam Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 3, line 16, insert after “2018),” the following: “including any such action that would result in higher health insurance premiums for individuals enrolled in health insurance coverage that is at least as comprehensive as the coverage defined in section 1302(b) of such Act (42 U.S.C. 18022(b)).”

The Acting CHAIR. Pursuant to House Resolution 357, the gentlewoman from Pennsylvania (Ms. WILD) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Pennsylvania.

Ms. WILD. Madam Chair, I rise today to offer an amendment to H.R. 986, the Protecting Americans with Preexisting Conditions Act of 2019.

My amendment would put an end to the rising cost of premiums. It is an amendment that should be met with overwhelming bipartisan support and without opposition.

Specifically, my amendment would prohibit the administration from taking any further action that would result in higher premiums for Americans who need comprehensive coverage.

This administration has unilaterally made healthcare more expensive and less accessible for the American people by taking actions that run contrary to the spirit and purpose of the ACA. That has resulted in higher premiums and reduced enrollment.

In 2017, the administration stopped cost-sharing payments that helped reduce out-of-pocket costs for low-income Americans. This action alone increased premiums by 20 percent and raised costs for families not receiving subsidies.

In 2018, the administration issued new section 1332 guidance that allows States to raise healthcare costs for people with preexisting conditions. This 2018 guidance also gave a green light to insurance companies to expand junk plans that don’t cover essential health benefits. We know that pulling people out of the pool only makes insurance premiums more expensive for those with preexisting conditions.

Also, in 2018, the administration slashed funding for consumer enrollment assistance and outreach. Their

goal: reduced healthcare enrollment; the result: higher premiums.

Just last month, the administration finalized a rule that would increase limits on total out-of-pocket costs for millions. The administration moved forward with this even though the rule itself noted that all commenters on this topic expressed opposition to or concerns about the proposed change.

This past Monday, the administration released a notice seeking comment on a proposal that would reduce eligibility for Medicaid and cut premium tax credits for millions.

It is time to say “no” to future attempts to sabotage working Americans’ healthcare.

Madam Chair, I reserve the balance of my time.

Mr. WALDEN. Madam Chair, I claim the time in opposition to the gentleman’s amendment.

The Acting CHAIR. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Madam Chair, I reserve the balance of my time.

Ms. WILD. Madam Chairman, my amendment is about fairness. Patients should not face increased premiums at the whim of appointed government officials, especially for essential health benefits like emergency services, maternity, newborn, pediatric care, mental health and substance abuse treatment, prescription drugs, laboratory services, and preventive and wellness services for chronic disease management.

From malicious lawsuits aimed at striking down the ACA in its entirety and, along with it, the protections for preexisting conditions to ending the practice of public advertisement of enrollment period and educating the people about the complexities of health insurance, it has become clear that Congress must reclaim its legislative authority and ensure that this administration faithfully executes the spirit of this law.

The ACA is the law. The Constitution gives Congress the power to make laws and requires the executive branch to faithfully execute the laws that Congress passes.

We all heard Republicans on the campaign trail last year say that they would protect coverage for preexisting conditions and help drive down our premiums. This is their chance to fulfill those campaign promises with concrete action.

Action, not words, is what the American people demand, and it is what they deserve. Let’s make that commitment a reality by adopting this amendment, passing this bill, and pushing the Senate to take it up so that we can get it signed into law.

In closing, Madam Chair, this is about standing up for the dignity of working families in the most basic and fundamental sense. It is about saying that every child, woman, man, and family in this country deserves the same certainty of being able to afford high-quality healthcare.

Our people deserve better. We need to stop the political gamesmanship, and we need to focus on people across our country who need good, affordable healthcare right now.

This is also our chance to remind this administration and future administrations that Congress makes the laws, and the executive branch doesn’t get to fool around with the implementation just to see it fail for political reasons.

Madam Chair, I yield back the balance of my time.

Mr. WALDEN. Madam Chair, I yield myself such time as I may consume.

Madam Chair, let’s talk about this amendment.

I have talked earlier about all the things that need to be reauthorized—community health centers, special diabetes programs, all of that which I know the committee is aware of and I hope we begin marking. I wish we were dealing with that today.

I heard from the gentlewoman about Republicans and preexisting conditions and “Where is your plan?” It is sitting up in the Rules Committee because your party would not allow my amendment to do that and to be brought to the floor for debate today. I don’t control the Rules Committee. It is 2 to 1 by the majority. It is just the way it works around here, and I respect that.

But you allowed my amendments that were more in jest about the false nature of the title of the bill to be debated but not the substantive amendment I offered which does protect people with preexisting conditions in case the lawsuit were to prevail and ObamaCare is thrown out. But, no, we couldn’t have that debate.

I have asked for my bill to be considered in the committee of jurisdiction. That hasn’t happened either.

I have also asked for the Democrats’ one-size-fits-all takeover of healthcare, Medicare for All, however you want to describe it, that we have a hearing in Energy and Commerce. That hasn’t happened either. We are the committee of jurisdiction.

You talk about working people. It is ObamaCare that puts a 40 percent tax on union plans and employer plans that exceed a certain level of costs, and they don’t index it. Now, I don’t know where the gentlewoman is on the Cadillac tax, but I want to repeal it. I never voted for it.

□ 1715

So, if they want to enshrine the Affordable Care Act in its entirety and make no changes, then I guess they are for a 40 percent tax on the kind of insurance plans that my building tradespeople negotiated to get—and other unions—instead of getting wage increases.

We have delayed that.

And when we look at the cuts in the Affordable Care Act coming at our hospitals in rural areas that serve lower-income areas, the DSH payments, we put off those cuts to our hospitals—last

cycle—under Republican leadership. And we are going to face that question in this Congress under Democrat leadership.

So, a vote to delay those DSH cuts again—if one does that—is voting to repeal or delay part of ObamaCare.

I hear 60, 70 votes to do these things to ObamaCare—repeal the CLASS Act, which was a long-term health insurance program that was destined for failure, and even President Obama signed its repeal.

I can go through a whole list of things that got repealed. We are the only ones who ever get tagged with voting to repeal.

As far as our commitment to pre-existing conditions protection: It is real, it is robust, and it was always in everything we did.

Yeah, I know what the political rhetoric was. I have run campaigns. I have been around that. I know how you can nuance around. But we always protected people with preexisting conditions—always, period, hard stop. Protected people with preexisting conditions, in what came out of my committee and came across this House floor, they were always covered—always.

So I hear the political rhetoric, but I know the facts. See, I am an old journalism major, and I believe in facts.

The facts of the matter are that 1332 waivers have given our States an opportunity to give our citizens an affordable health insurance plan, not one that I guess they will defend—\$38,000 a year in premiums, \$11,000 a year in deductibles, copays, out-of-pocket costs.

How is that working for anybody?

And shouldn’t that 60-year-old couple in Nebraska have a chance to have a better plan option? Nope, guess not. Washington is going to decide it all for you. Write your check: 38 grand. That is for the premiums. And \$11,000 in out-of-pocket costs, your deductibles. Then maybe you can get something covered, right?

Well, what is left? We know from this Kaiser study I have cited earlier that was in Axios: People wipe out their savings. They put it on their credit cards. They borrow from their friends. Or they simply don’t get coverage.

That is the world they want to freeze-frame and leave in place. That is not what the Republicans are for. We want innovation. We want choice. We believe in our States having the opportunity to innovate and do it even better, not to go back to the old ways. No. That is not what we are for. I know that is what Democrats want to label us as being for, but it is not true.

And we have proven results in opioids; Community Health Centers; the longest funding for Children’s Health Insurance Program in the history of the United States of America, under Republican leadership—10 years.

We are the ones, Republicans, who led the effort to invest in medical research at unprecedented rates under

what FRED UPTON put forward and what Newt Gingrich put forward.

Mr. WALDEN. Madam Chair, I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from Pennsylvania (Ms. WILD).

The question was taken; and the Acting Chair announced that the ayes appeared to have it.

Ms. WILD. Madam Chair, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentlewoman from Pennsylvania will be postponed.

ANNOUNCEMENT BY THE ACTING CHAIR

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, proceedings will now resume on those amendments printed in part A of House Report 116-51 on which further proceedings were postponed, in the following order:

Amendment No. 2 by Mr. BROWN of Maryland.

Amendment No. 7 by Mr. HOLDING of North Carolina.

Amendment No. 11 by Mr. MALINOWSKI of New Jersey.

Amendment No. 12 by Ms. WILD of Pennsylvania.

The Chair will reduce to 2 minutes the minimum time for any electronic vote after the first vote in this series.

AMENDMENT NO. 2 OFFERED BY MR. BROWN OF MARYLAND

The Acting CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentleman from Maryland (Mr. BROWN) on which further proceedings were postponed and on which the ayes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The Acting CHAIR. A recorded vote has been demanded.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 351, noes 70, not voting 16, as follows:

[Roll No. 191]

AYES—351

Adams	Boyle, Brendan	Cisneros
Aguilar	F.	Clark (MA)
Allred	Brady	Clarke (NY)
Amodei	Brindisi	Clay
Armstrong	Brooks (IN)	Cleaver
Arrington	Brown (MD)	Clyburn
Axne	Brownley (CA)	Cohen
Bacon	Buchanan	Cole
Baird	Bucson	Collins (NY)
Balderson	Burgess	Conaway
Barr	Bustos	Connolly
Barragán	Butterfield	Cooper
Beatty	Calvert	Correa
Bera	Carbajal	Costa
Bergman	Carson (IN)	Courtney
Beyer	Cartwright	Cox (CA)
Bilirakis	Case	Craig
Bishop (GA)	Casten (IL)	Crawford
Blumenauer	Castor (FL)	Crenshaw
Blunt Rochester	Castro (TX)	Crist
Bonamici	Chabot	Crow
Bost	Chu, Judy	Cuellar
	Cicilline	Cunningham

Curtis	Kilmel	Rodgers (WA)
Davids (KS)	Kim	Roe, David P.
Davis (CA)	Kind	Rogers (KY)
Davis, Danny K.	King (IA)	Rose (NY)
Davis, Rodney	King (NY)	Rose, John W.
Dean	Kinzinger	Rouda
DeFazio	Kirkpatrick	Rouzer
DeGette	Krishnamoorthi	Royal-Allard
DeLauro	Kuster (NH)	Ruiz
DelBene	Kustoff (TN)	Ruppersberger
Delgado	LaHood	Rush
Demings	LaMalfa	Rutherford
DeSaulnier	Lamb	Sablan
Deutch	Langevin	Sánchez
Diaz-Balart	Larsen (WA)	Scanlan
Dingell	Larson (CT)	Schakowsky
Doggett	Latta	Schiff
Doyle, Michael F.	Lawrence	Schneider
Dunn	Lawson (FL)	Schrader
Engel	Lee (CA)	Schrier
Escobar	Lee (NV)	Schweikert
Eshoo	Levin (CA)	Scott (VA)
Espaillat	Levin (MI)	Scott, Austin
Evans	Lewis	Scott, David
Finkenauer	Lieu, Ted	Sensenbrenner
Fitzpatrick	Lipinski	Serrano
Fleischmann	Loebback	Sewell (AL)
Fletcher	Lofgren	Shalala
Flores	Long	Sherman
Fortenberry	Lowenthal	Sherrill
Foster	Lowey	Shimkus
Foxx (NC)	Lucas	Simpson
Frankel	Luettkemeyer	Sires
Fudge	Luján	Slotkin
Gabbard	Luria	Smith (MO)
Gallagher	Lynch	Smith (NJ)
Gallego	Malinowski	Smith (WA)
Garamendi	Maloney,	Smucker
Garcia (IL)	Carolyn B.	Soto
Garcia (TX)	Maloney, Sean	Spanberger
Gianforте	Marchant	Stiel
Gibbs	Marshall	Stevens
Golden	Matsui	Stivers
Gomez	McAdams	Stanton
Gonzalez (OH)	McBath	Stauber
Gonzalez (TX)	McCarthy	Stefanik
González-Colón (PR)	McCaull	Stell
Gottheimer	McCollum	Stevens
Graves (LA)	McEachin	Stivers
Graves (MO)	McGovern	Suozzi
Green (TX)	McHenry	Takano
Griffith	McKinley	Taylor
Grijalva	McNerney	Thompson (CA)
Grothman	Meeks	Thompson (MS)
Guest	Meng	Thompson (PA)
Guthrie	Meuser	Thornberry
Haaland	Miller	Timmons
Hagedorn	Moolenaar	Tipton
Harder (CA)	Moore	Titus
Hartzler	Morelle	Tlaib
Hastings	Moulton	Tonko
Hayes	Mucarsel-Powell	Torres (CA)
Heck	Mullin	Torres Small (NM)
Herrera Beutler	Nadler	Trahan
Higgins (NY)	Napolitano	Trone
Hill (AR)	Neal	Turner
Hill (CA)	Neguse	Underwood
Himes	Newhouse	Upton
Holding	Norcross	Van Drew
Hollingsworth	Norton	Vargas
Horn, Kendra S.	Nunes	Veasey
Horsford	O'Halleran	Vela
Houlahan	Ocasio-Cortez	Velázquez
Hoyer	Omar	Visclosky
Hudson	Pallone	Waterson
Huffman	Panetta	Watkins
Hunter	Pappas	Walberg
Hurd (TX)	Pascarella	Walden
Jackson Lee	Payne	Wasserman
Jayapal	Perlmutter	Schultz
Jeffries	Peters	Waters
Kapton	Peterson	Watkins
Johnson (GA)	Phillips	Watson Coleman
Johnson (OH)	Plaskett	Webster (FL)
Johnson (SD)	Pocan	Welch
Johnson (TX)	Porter	Westerman
Joyce (OH)	Pressley	Wexton
Joyce (PA)	Price (NC)	Wild
Kaptur	Quigley	Wilson (FL)
Katko	Radewagen	Wilson (SC)
Keating	Raskin	Wittman
Kelly (IL)	Reed	Womack
Kelly (PA)	Reschenthaler	Yarmuth
Kennedy	Rice (NY)	Young
Kildee	Rice (SC)	Zeldin

NOES—70

Ferguson

Fulcher

Gaetz

Palazzo

Palmer

Pence

Gosar

Perry

Posey

Ratcliffe

Riggleman

Roby

Rogers (AL)

Roy

Scalise

Smith (NE)

Steube

Stewart

Walorski

Weber (TX)

Williams

Woodall

Yoho

Mitchell

NOT VOTING—16

Abraham	Olson	Swalwell (CA)
Bass	Pingree	Walker
Bishop (UT)	Richmond	Waltz
Cárdenas	Rooney (FL)	Wenstrup
Cummings	Ryan	
Emmer	San Nicolas	

□ 1744

Messrs. KELLY of Mississippi, SMITH of Nebraska, MAST, and CARTER of Georgia changed their vote from “aye” to “no.”

Messrs. BUCSHON, BAIRD, WEBSTER of Florida, BACON, FLEISCHMANN, LONG, and KELLY of Pennsylvania changed their vote from “no” to “aye.”

So the amendment was agreed to.

The result of the vote was announced as above recorded.

AMENDMENT NO. 7 OFFERED BY MR. HOLDING

The Acting CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentleman from North Carolina (Mr. HOLDING) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The Acting CHAIR. A recorded vote has been demanded.

A recorded vote was ordered.

The Acting CHAIR. This will be a 2-minute vote.

The vote was taken by electronic device, and there were—ayes 184, noes 237, not voting 16, as follows:

[Roll No. 192]

AYES—184

Aderholt	Brooks (IN)	Comer
Allen	Buchanan	Conaway
Amodei	Buck	Cook
Armstrong	Budd	Crawford
Arrington	Burke	Crenshaw
Balderson	Burchett	Curtis
Barr	Bacon	Burgess
Barragán	Burgess	Davidson (OH)
Beatty	Byrne	Davis, Rodney
Bera	Carbajal	DesJarlais
Bergman	Calvert	Diaz-Balart
Beyer	Carson (IN)	Dunn
Bilirakis	Carterwright	Duffy
Bishop (GA)	Casten (IL)	Chabot
Blumenauer	Castor (FL)	Duncan
Blunt Rochester	Castro (TX)	Dunn
Bonamici	Chabot	Estes
Bost	Chu, Judy	Ferguson
	Cicilline	Fleischmann
	Cunningham	Flores

Fortenberry	Kinzinger	Rogers (KY)	Napolitano	Royal-Allard	Takano	Cole	Johnson (GA)	Porter
Foxx (NC)	Kustoff (TN)	Rose, John W.	Neal	Ruiz	Taylor	Collins (NY)	Johnson (OH)	Pressley
Fulcher	LaHood	Rouzer	Neguse	Ruppersberger	Thompson (CA)	Comer	Johnson (TX)	Price (NC)
Gaetz	LaMalfa	Rutherford	Norcross	Rush	Thompson (MS)	Connolly	Joyce (OH)	Quigley
Gallagher	Lamborn	Scalise	Norton	Sablan	Titus	Cook	Joyce (PA)	Radwagen
Gianforte	Latta	Schweikert	O'Halleran	Sánchez	Tlaib	Cooper	Kaptur	Reed
Gibbs	Lesko	Scott, Austin	Ocasio-Cortez	Sarbanes	Tonko	Correa	Katko	Raskin
Gohmert	Long	Sensenbrenner	Omar	Scanlon	Torres (CA)	Costa	Keating	Rice (NY)
Gonzalez (OH)	Loudermilk	Shimkus	Pallone	Schakowsky	Torres Small	Courtney	Kelly (IL)	Rice (SC)
González-Colón (PR)	Luetkemeyer	Simpson	Panetta	Schiff	(NM)	Cox (CA)	Kennedy	Rodgers (WA)
Gooden	Marchant	Smith (MO)	Pappas	Schneider	Trahan	Craig	Rose (NY)	
Gosar	Marshall	Smith (NE)	Pascrill	Schrader	Trone	Crenshaw	Kildee	Rouda
Granger	Massie	Smucker	Payne	Schrader	Underwood	Crist	Kilmer	Royal-Allard
Graves (GA)	Mast	Spano	Perlmutter	Scott (VA)	Van Drew	Crow	Kim	Ruiz
Graves (LA)	McCarthy	Stauber	Peters	Scott, David	Vargas	Cuellar	Kind	Ruppersberger
Graves (MO)	McCaul	Stefanik	Peterson	Serrano	Cunningham	DeFazio	Langevin	
Green (TN)	McClintock	Steil	Phillips	Sewell (AL)	Veasey	DeGette	Larsen (WA)	Schneider
Griffith	McHenry	Steube	Pingree	Shalala	Vela	Watson Coleman	DeLauro	Schrader
Grothman	McKinley	Plaskett	Plaskett	Sherman	Velázquez	Watson Coleman	Larson (CT)	Schrier
Guthrie	Meadows	Stewart	Pocan	Sherrill	Visclosky	Velázquez	Kirkpatrick	Sánchez
Hagedorn	Meuser	Stivers	Porter	Sires	Wasserman	Davis, Danny K.	Krishnamoorthi	Sarbanes
Harris	Miller	Thornberry	Pressley	Schultz	Dean	Davis, Rodney	Kuster (NH)	Scanlon
Hartzler	Mitchell	Timmons	Price (NC)	Smith (WA)	Waters	Lamb	Lamb	Schiff
Hern, Kevin	Moolenaar	Quigley	Soto	Watson Coleman	DeLauro	Schneider	Langevin	
Herrera Beutler	Mooney (WV)	Tipton	Raskin	Spanberger	Lawrence	Larsen (WA)	Larsen (WA)	
Hice (GA)	Mullin	Rice (NY)	Rice (NY)	Welch	DelBene	Larson (CT)	Larson (CT)	
Hill (AR)	Newhouse	Upton	Rose (NY)	Speier	Delgado	Lawrence	Lawrence	
Holding	Walberg	Wagner	Rouda	Wexton	Demings	Levin (CA)	Levin (CA)	
Hollingsworth	Norman	Roy	Stevens	Wild	DeSaulnier	Levin (CA)	Levin (CA)	
Hudson	Nunes	Suozzi	Wilson (FL)	Wilson (FL)	Deutch	Shalala	Shalala	
Huizinga	Palazzo	Walorski	Yarmuth	Dingell	Dingell	Levin (MI)	Levin (MI)	
Hunter	Palmer	Waltz	Abraham	Gabbard	Doyle, Michael	Lewis	Sherman	
Hurd (TX)	Pence	Watkins	Bass	Olson	F.	Sherrill	Sherrill	
Johnson (LA)	Perry	Weber (TX)	Bishop (UT)	Richmond	Doyle, Michael	Shimkus		
Johnson (OH)	Posey	Webster (FL)	Cárdenas	Rooney (FL)	Engel	Sires		
Johnson (SD)	Radwagen	Westerman	Cummings	Ryan	Escobar	Slotkin		
Jordan	Ratcliffe	Williams	Emmer	San Nicolas	Wenstrup	Smith (NJ)		
Joyce (OH)	Reed	Wilson (SC)				Smith (NJ)		
Joyce (PA)	Reschenthaler	Wittman				Smith (WA)		
Katko	Rice (SC)	Womack				Smucker		
Kelly (MS)	Riggleman	Woodall						
Kelly (PA)	Roby	Wright						
King (IA)	Rodgers (WA)	Yoho						
King (NY)	Roe, David P.	Young						
	Rogers (AL)	Zeldin						

NOES—237

Adams	DeFazio	Johnson (TX)						
Aguilar	DeGette	Kaptur						
Allred	DeLauro	Keating						
Amash	DelBene	Kelly (IL)						
Axne	Delgado	Kennedy						
Barragán	Demings	Khanha						
Beatty	DeSaulnier	Kildee						
Bera	Deutch	Kilmer						
Beyer	Dingell	Kim						
Bishop (GA)	Doggett	Kind						
Blumenauer	Doyle, Michael	Kirkpatrick						
Blunt Rochester	F.	Krishnamoorthi						
Bonamici	Engel	Kuster (NH)						
Boyle, Brendan F.	Escobar	Lamb						
Brindisi	Espaillat	Langevin						
Brown (MD)	Evans	Larson (CT)						
Brownley (CA)	Finkenauer	Lawrence						
Bustos	Fitzpatrick	Lawson (FL)						
Butterfield	Fletcher	Lee (CA)						
Carbajal	Foster	Lee (NV)						
Carson (IN)	Frankel	Levin (CA)						
Cartwright	Fudge	Levin (MI)						
Case	Gallo	Lewis						
Casten (IL)	Garamendi	Lieu, Ted						
Castor (FL)	García (IL)	Lipinski						
Castro (TX)	García (TX)	Loebssack						
Chu, Judy	Golden	Lofgren						
Cicilline	Gomez	Lowenthal						
Cisneros	Gonzalez (TX)	Lowey						
Clark (MA)	Gottheimer	Luján						
Clarke (NY)	Green (TX)	Luria						
Clay	Grijalva	Lynch						
Cleaver	Guest	Malinowski						
Cline	Haaland	Maloney,						
Clyburn	Harder (CA)	Carolyn B.						
Cohen	Hastings	Maloney, Sean						
Connolly	Hayes	Matsui						
Cooper	Heck	McAdams						
Correa	Higgins (LA)	McBath						
Costa	Higgins (NY)	McCullum						
Courtney	Hill (CA)	McEachin						
Cox (CA)	Himes	McGovern						
Craig	Horn, Kendra S.	McNerney						
Crist	Horsford	Meeks						
Crow	Houlahan	Meng						
Cuellar	Hoyer	Moore						
Cunningham	Huffman	Morelle						
Davids (KS)	Jackson Lee	Moulton						
Davis (CA)	Jayapal	Mucarsel-Powell						
Davis, Danny K.	Jeffries	Murphy						
Dean	Johnson (GA)	Nadler						

[Roll No. 193]

AYES—302

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. WALDEN. Oh, yes, I am, Madam Speaker, in its current form.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Walden moves to recommit the bill H.R. 986 to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith with the following amendments:

Page 3, strike lines 3 through 5, and insert the following:

SECTION 1. FINDINGS.

Congress finds the following:

(1) On October 24, 2018, the Administration published new guidance to carry out section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C. 18052) entitled “State Relief and Empowerment Waivers” (83 Fed. Reg. 53575).

(2) The new guidance does not amend such section 1332 and does not permit the Secretary of Health and Human Services to waive protections for individuals with preexisting conditions, including guaranteed availability and renewability of health insurance, the prohibition on using health status to vary premiums, and the prohibition on preexisting conditions exclusions.

(3) Moreover, this guidance stipulates that any section 1332 waiver will need to carefully account for any impact on the individual market risk pool and guarantee that access to coverage is at least as comprehensive and affordable as would exist without the waiver.

Page 3, line 17, insert before the period the following: “, including if such substantially similar guidance or rule would allow a State to waive such requirements as guaranteed availability and renewability of health insurance, the prohibition on using health status to vary premiums, or the prohibition on preexisting conditions exclusions”.

The SPEAKER pro tempore. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Madam Speaker, this bill is blatantly political in its title. The misleading title of the bill confirms the Democratic majority’s passion to score political points instead of governing. Madam Speaker, they claim the agenda is “for the people.” This bill is “for the politics” and the TV ads.

This motion to recommit is simple, Madam Speaker. First, it strikes the Democrats’ misleading title, and it includes findings to make clear that, under current law, Health and Human Services cannot waive protections for individuals with preexisting conditions, period. They are protected.

Second, Madam Speaker, the motion to recommit would prohibit the Secretaries of HHS and Treasury from reissuing substantially similar guidance, including guidance that allows the State to waive guaranteed availability and renewability of health insurance, the prohibition on using health status to vary premiums, and the prohibition on preexisting conditions exclusions.

Madam Speaker, the Trump administration guidance does not amend section 1332. It does not permit the Secretary of Health and Human Services to waive protections for individuals with preexisting conditions, like guar-

anteed availability and renewability of health insurance, like the prohibition on using health status to vary premiums, and the prohibition on preexisting conditions exclusions.

Moreover, the President’s guidance stipulates that any section 1332 waiver will need to carefully account for any impact on the individual market risk pool and guarantee—guarantee—that access to coverage is at least as comprehensive and as affordable as would exist without the waiver.

Now, this is fully explained, Madam Speaker, in the letter I have here from the head of CMS, Seema Verma, and I want to quote directly from it because I think it is important for our Members to understand the facts of the matter here, because facts matter.

“To be very clear, the 2018 guidance does nothing to erode,” I am going to say ObamaCare or the Affordable Care Act’s “preexisting condition provisions”—nothing—“which cannot be waived under section 1332. Section 1332 does not permit States to waive Public Health Service Act requirements such as guaranteed availability and renewability of health insurance, the prohibition on using health status to vary premiums, and the prohibition on preexisting conditions exclusions.”

Now why are we here? Why are we having this discussion? Because people at home can’t afford the health insurance they are being peddled, and we want States to be able to innovate and cut costs for consumers. That is why we are here. That is what we are for.

Democrats don’t want that. Democrats are opposed to letting States innovate, apparently. And let’s look at what happens.

Madam Speaker, according to Health and Human Services Administrator Seema Verma, Grand Island, Nebraska, a 60-year-old couple making \$70,000 a year is paying about \$38,000 for their insurance premiums, and that plan, under ObamaCare, gets them an \$11,100 deductible.

\$38,000 in premiums, \$11,000 in deductibles, and they call that coverage. I call that unaffordable.

Now, meanwhile, we have seven States that have used the authority under the last administration. See, ObamaCare allows this 1332; Trump expands it. They have been able to drive down premiums by 19.9 percent. My State, it is 6 percent; other States have been more. Alaska, New Jersey, other States have taken advantage of this.

Republicans and Democrats agree we will always protect people with preexisting conditions. We will always do that. They can run their ads; they can deceive people; they can mislead people, Madam Speaker; but we will always fight to protect people with preexisting conditions—always. Our plan last year did it. Our plan this year does it.

I will tell you what, Madam Speaker. We would have a vote today on the House floor to do that, to actually enshrine in statute, irrespective of the

lawsuit, protections for Americans with preexisting conditions, except the Democrats and the Rules Committee refuse to allow that amendment to be considered on the House floor. They would not do that, because it was my amendment; it is my bill.

I have been pleading to have this bill considered so we can lock into statute protections for Americans’ preexisting conditions. They want the argument. They want the politics. They don’t want the policy.

We are for innovation; we are for lower premiums; we are for more consumer choice; and we are for driving down the cost of healthcare in America so people have coverage they can afford, Madam Chair. That is what our motion to recommit will do, and I urge our support.

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

Ms. SLOTKIN. Madam Speaker, I claim the time in opposition.

The SPEAKER pro tempore. The gentlewoman from Michigan is recognized for 5 minutes.

Ms. SLOTKIN. Madam Speaker, I rise because this motion to recommit is simply another attempt to take away protections for people with preexisting conditions.

Madam Speaker, at face value, the amendment appears to maintain protections for people with preexisting conditions, but make no mistake, no matter the language included in this MTR, the goal of the 1332 guidance expands and promotes junk plans that discriminate against people with preexisting conditions. These plans also make comprehensive coverage for people with preexisting conditions more expensive.

It is not enough to say, my colleagues, that you protect preexisting conditions. It is what happens on the ground that matters.

□ 1815

If my colleagues are serious about protecting Americans with preexisting conditions, I urge them to oppose this amendment, support the underlying bill, and join us in doing what the American public has made very clear they want.

While Members of the other party may claim they are ready to work to protect individuals, their actions tell a different story.

Madam Speaker, 2 years ago, exactly this week, most House Republicans voted overwhelmingly for a bill that would have gutted the ACA and weakened protections for people with preexisting conditions.

My colleagues—including you, sir—stood on the White House lawn and celebrated that bill and would have made it more difficult for people with preexisting conditions.

A few courageous Republicans, who I applaud—including the late Senator John McCain—joined Democratic Members and Senators in preventing this bill from becoming law.

The vote was taken by electronic device, and there were—ayes 230, noes 183, answered “present” 1, not voting 17, as follows:

[Roll No. 196]

AYES—230

Adams	Gonzalez (TX)	Ocasio-Cortez
Aguilar	Gottheimer	Omar
Allred	Green (TX)	Pallone
Axne	Grijalva	Panetta
Barragán	Haaland	Pappas
Beatty	Harder (CA)	Pascall
Bera	Hastings	Payne
Beyer	Hayes	Perlmutter
Bishop (GA)	Heck	Peters
Blumenauer	Higgins (NY)	Peterson
Blunt Rochester	Hill (CA)	Phillips
Bonamici	Himes	Pingree
Boyle, Brendan F.	Horn, Kendra S.	Pocan
Brindisi	Horsford	Porter
Brown (MD)	Houlahan	Pressley
Brownley (CA)	Hoyer	Price (NC)
Bustos	Huffman	Quigley
Butterfield	Jackson Lee	Raskin
Carbajal	Jayapal	Rice (NY)
Carson (IN)	Johnson (GA)	Rose (NY)
Cartwright	Johnson (TX)	Rouda
Case	Kaptur	Royal-Allard
Casten (IL)	Katko	Ruiz
Castor (FL)	Keating	Ruppersberger
Castro (TX)	Kelly (IL)	Sánchez
Chu, Judy	Kennedy	Sarbanes
Cicilline	Khanna	Scanlon
Cisneros	Kildee	Schakowsky
Clark (MA)	Kilmer	Schiff
Clarke (NY)	Kim	Schneider
Clay	Kind	Schrader
Cleaver	Kirkpatrick	Schriner
Clyburn	Krishnamoorthi	Scott (VA)
Cohen	Kuster (NH)	Scott, David
Connolly	Lamb	Sensenbrenner
Cooper	Langevin	Serrano
Correa	Larsen (WA)	Sewell (AL)
Costa	Larson (CT)	Shalala
Courtney	Lawrence	Sherman
Cox (CA)	Lawson (FL)	Sherrill
Craig	Lee (CA)	Sires
Crist	Lee (NV)	Slotkin
Crow	Levin (CA)	Smith (NJ)
Cuellar	Levin (MI)	Smith (WA)
Cunningham	Lewis	Soto
Davids (KS)	Lieu, Ted	Spanberger
Davis (CA)	Lipinski	Speier
Davis, Danny K.	Loebssack	Stanton
Dean	Lofgren	Stevens
DeFazio	Lowenthal	Suozzi
DeGette	Lowey	Takano
DeLauro	Luján	Thompson (CA)
DelBene	Luria	Thompson (MS)
Delgado	Lynch	Titus
Demings	Malinowski	Tlaib
DeSaulnier	Maloney	Tonko
Deutch	Carolyn B. Maloney, Sean	Torres (CA)
Dingell	Maloney, Sean	Torres Small (NM)
Doggett	Matsui	Trahan
Doyle, Michael F.	McAdams	Trone
Engel	McBath	Underwood
Escobar	McCollum	Van Drew
Eshoo	McEachin	Vargas
Espallat	McGovern	Veasey
Evans	McNerney	Vela
Finkenauer	Meeks	Velázquez
Fitzpatrick	Meng	Morelle
Fletcher	Moore	Visclosky
Foster	Moulton	Wasserman
Frankel	Mucarsel-Powell	Schultz
Fudge	Murphy	Waters
Gallego	Nadler	Watson Coleman
Garamendi	Napolitano	Welch
Garcia (IL)	Neal	Wexton
Garcia (TX)	Neguse	Wild
Golden	Norcross	Wilson (FL)
Gomez	O’Halleran	Yarmuth

NOES—183

Aderholt	Banks	Buck
Allen	Barr	Bucshon
Amash	Bergman	Budd
Amodei	Biggs	Burchett
Armstrong	Bilirakis	Burgess
Arrington	Bost	Byrne
Babin	Brady	Calvert
Bacon	Brooks (AL)	Carter (GA)
Baird	Brooks (IN)	Carter (TX)
Balderson	Buchanan	Chabot

Cheney	Hollingsworth	Rice (SC)
Cline	Hudson	Riggleman
Cloud	Huizenga	Ruby
Cole	Hunter	Rodgers (WA)
Collins (GA)	Hurd (TX)	Roe, David P.
Collins (NY)	Johnson (LA)	Rogers (AL)
Comer	Johnson (OH)	Rogers (KY)
Conaway	Johnson (SD)	Rose, John W.
Cook	Jordan	Rouzer
Crawford	Joyce (OH)	Roy
Crenshaw	Joyce (PA)	Rutherford
Curtis	Kelly (MS)	Scalise
Davidson (OH)	Kelly (PA)	Schweikert
DesJarlais	King (IA)	Scott, Austin
Diaz-Balart	King (NY)	Shimkus
Duffy	Kinzinger	Simpson
Duncan	Kustoff (TN)	Smith (MO)
Dunn	LaHood	Smith (NE)
Fulcher	LaMalfa	Smucker
Gaetz	Lamborn	Spano
Gallagher	Latta	Stauber
Ferguson	Lesko	Stefanik
Fleischmann	Fortenberry	Long
Fox (NC)	Loudermilk	Steil
Gibbs	Mast	Steube
Gohmert	McCarthy	Stewart
Gonzalez (OH)	Gooden	Stivers
Groner	McClintock	Taylor
Gianforte	Marshall	Thompson (PA)
Gibbs	Massie	Thornberry
Gohmert	Mast	Timmons
Gonzalez (OH)	McCarthy	Tipton
Gooden	McCaul	Turner
Gosar	McClintock	Upton
Gutierrez	McHenry	Wagner
Gutierrez	McKinley	Walberg
Gutierrez	Meadows	Walden
Gutierrez	Meuser	Walorski
Gutierrez	Miller	Waltz
Gutierrez	Mitchell	Watkins
Gutierrez	Moolenaar	Weber (TX)
Gutierrez	Mooney (WV)	Webster (FL)
Gutierrez	Mullin	Westerman
Gutierrez	Newhouse	Williams
Hagedorn	Harris	Wilson (SC)
Hagedorn	Hartzler	Wittman
Hagedorn	Hern, Kevin	Womack
Hagedorn	Herrera Beutler	Pence
Hagedorn	Hice (GA)	Perry
Hagedorn	Higgins (LA)	Posey
Hagedorn	Hill (AR)	Reed
Hagedorn	Holding	Young

ANSWERED “PRESENT”—1

Flores

NOT VOTING—17

Abraham	Gabbard	Rush
Bass	Nunes	Ryan
Bishop (UT)	Olson	Swalwell (CA)
Cárdenas	Ratcliffe	Walker
Cummings	Richmond	Wenstrup
Emmer	Rooney (FL)	

□ 1834

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

MOMENT OF SILENCE HONORING VICTIMS OF UNIVERSITY OF NORTH CAROLINA SHOOTING

(Ms. ADAMS asked and was given permission to address the House for 1 minute.)

Ms. ADAMS. Madam Speaker, I rise today to honor the victims of the shooting in my district last week on April 30 at the University of North Carolina at Charlotte.

The campus was terrorized by gun violence. Two promising young men, Ellis “Reed” Parlier and Riley Howell, lost their lives. Four other students were injured in this act of senseless violence.

As a mother, grandmother, and retired professor, my heart goes out to the loved ones and the entire UNC com-

munity. Too many people fear for their safety in their schools, on their campuses, and even in their places of worship.

Enough is enough. We can and must do more to stop gun violence. UNCC and the Charlotte community will never forget last week’s tragedy, and we will never forget Reed and Riley. We will honor their memories with action and continue working to keep our communities safe.

I ask all Members and guests in the gallery to rise for a moment of silence.

REQUEST TO CONSIDER H.R. 962, BORN-ALIVE ABORTION SURVIVORS PROTECTION ACT

Mrs. LESKO. Madam Speaker, I ask unanimous consent that the Committee on the Judiciary be discharged from further consideration of H.R. 962, the Born-Alive Abortion Survivors Protection Act, which requires appropriate medical care for babies who survive abortion procedures and imposes strong criminal penalties for failure to provide such care, and ask for its immediate consideration in the House.

The SPEAKER pro tempore. Under guidelines consistently issued by successive Speakers, as recorded in section 956 of the House Rules and Manual, the Chair is constrained not to entertain the request unless it has been cleared by bipartisan floor and committee leadership.

Mrs. LESKO. Madam Speaker, if this unanimous consent request cannot be entertained, I urge the Speaker and the majority leader to immediately schedule the born-alive bill, so we can stand up and protect the sanctity of human life.

The SPEAKER pro tempore. The gentlewoman is not recognized for debate.

MATERNAL MENTAL HEALTH AWARENESS

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

Mr. PAYNE. Madam Speaker, May is Mental Health Awareness Month.

Madam Speaker, I rise today to honor America’s mothers and to raise awareness about maternal mental health.

Each year in the United States, an estimated 1.3 million women suffer from perinatal mood and anxiety disorders, such as maternal depression.

To all the mothers or potential mothers out there, know that maternal depression is nothing to be ashamed of. It is the number one complication of pregnancy in the United States, and it can affect women regardless of the outcome of the pregnancy. Do not be afraid to reach out to healthcare professionals to get treatment.

Madam Speaker, I urge my colleagues to join me in honoring the mothers, the survivors of maternal depression, and the great organizations