

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

Ms. BLUNT ROCHESTER. Mr. Chair, I would like to revise my remarks made during debate of amendment No. 2 of H.R. 987, offered by Mr. MCKINLEY. In my remarks, I stated that the marketing and outreach provision under Title II of H.R. 987 would increase enrollment into health plans by five million over the ten year period as estimated by the Congressional Budget Office. Due to the methodology adopted by the Congressional Budget Office to estimate the enrollment effect of the underlying measure, the figure is more appropriately represented as increasing enrollment by about 500,000 each year over the ten year period.

The Acting CHAIR. The question is on the amendment offered by the gentleman from West Virginia (Mr. MCKINLEY).

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

Mr. MCKINLEY. Mr. 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 West Virginia will be postponed.

AMENDMENT NO. 3 OFFERED BY MR. WELCH

The Acting CHAIR. It is now in order to consider amendment No. 3 printed in House Report 116-61.

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

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Add at the end of title II the following new section:

**SEC. 205. PROTECTION OF HEALTH INSURANCE COVERAGE IN CERTAIN EXCHANGES.**

In the case of an Exchange that the Secretary of Health and Human Services operates pursuant to section 1321(c)(1) of the Patient Protection and Affordable Care Act (42 U.S.C. 18041(c)(1)), the Secretary may not implement any process that would terminate the health insurance coverage of an enrollee solely because such enrollee did not actively enroll during the most recent open enrollment period.

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from Vermont (Mr. WELCH) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Vermont.

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

Mr. Chairman, this amendment, which I will describe in a moment, is about improving and preserving the Affordable Care Act. The word “sabotage” has been used here. We don’t need that word. We have a very straightforward, very transparent difference of view.

The Democrats supported and passed the Affordable Care Act. We have been defending it for years. The Republicans opposed it. President Trump made it a campaign pledge to get rid of it, and they came within a vote in the Senate, except for John McCain, of repealing the law altogether.

We don’t have to use words that are pejorative. We think we should have the Affordable Care Act. We think we should make it stronger, and my colleagues on the other side of the aisle want to vote against it and now want to repeal it.

□ 1500

One of the ways to make the Affordable Care Act effective is to have automatic reenrollment. If a family is in the Affordable Care Act and the time for reenrollment comes up, if they take no action, then they are automatically reenrolled in the plan that they are already in.

If you take away the automatic reenrollment, folks fall off, oftentimes for no particular reason. They were doing other things; they didn’t notice it; they didn’t have the time; or they didn’t get to a navigator. There are lots of things that come between automatic reenrollment and picking your own plan.

By the way, studies have shown that automatic reenrollment, like automatic withdrawal to go into your retirement account, is very, very effective.

The President has indicated a desire to get rid of the automatic reenrollment program. He hasn’t done that yet. This amendment would prohibit him from doing so.

There is a reason why the administration would like to get rid of automatic reenrollment. The evidence suggests that that would mean about 2 million Americans would then lose access to their healthcare because they hadn’t reenrolled.

We don’t want that to happen. We want those American families who depend on the healthcare that they have to continue receiving that healthcare next year just like they received it this year.

This amendment makes it very clear that that automatic reenrollment program would continue to be part of the Affordable Care Act.

Keep in mind, it in no way limits the ability of a family or an individual to decide to get into a different plan or to affirmatively say they don’t want to be in any plan. That can still happen. There is total and complete freedom of choice, but it gives security. It is going to be very beneficial to about 2 million American families.

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

The Acting CHAIR. The Committee will rise informally.

The Speaker pro tempore (Mr. DESAULNIER) assumed the chair.

#### MESSAGE FROM THE SENATE

A message from the Senate by Ms. Byrd, one of its clerks, announced that the Senate has passed without amendment a bill of the House of the following title:

H.R. 2379. An act to reauthorize the Bulletproof Vest Partnership Grant Program.

The message also announced that the Senate has passed a bill of the following title in which the concurrence of the House is requested:

S. 1208. An act to amend the Omnibus Crime Control and Safe Streets Act of 1968 with respect to payments to certain public safety officers who have become permanently and totally disabled as a result of personal injuries sustained in the line of duty, and for other purposes.

The SPEAKER pro tempore. The Committee will resume its sitting.

#### MARKETING AND OUTREACH RESTORATION TO EMPOWER HEALTH EDUCATION ACT OF 2019

The Committee resumed its sitting.

Mr. SHIMKUS. Mr. Chairman, I claim the time in opposition.

The Acting CHAIR (Mr. Cox of California). The gentleman from Illinois is recognized for 5 minutes.

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

Mr. WELCH. Mr. Chairman, I have no further speakers, so I reserve the balance of my time.

Mr. SHIMKUS. Mr. Chairman, I believe I have the right to close.

The Acting CHAIR. The gentleman from Vermont is recognized.

Mr. WELCH. How much time is remaining, Mr. Chairman?

The Acting CHAIR. The gentleman has 2 minutes remaining.

Mr. WELCH. Mr. Chairman, as I mentioned earlier, we just have a difference of opinion. We think the Affordable Care Act is important to preserve and important to improve. My colleagues, when they have had an opportunity, have voted to repeal it.

Failing to repeal it, what the Trump administration has done is chip away at it. We don’t want the administration to be able to get rid of automatic reenrollment, which would likely result in the loss of 2 million families having access to healthcare.

There has been a number of other things that have happened: slashing funding, slashing funding for consumer outreach and enrollment education by 90 percent, cutting back the uninsured rate for 4 years, and 1.1 million Americans losing coverage last year.

In the latest ACA marketplace final rule, the administration openly contemplated getting rid of this automatic reenrollment. This amendment protects the automatic reenrollment. It is going to protect continued access to care under the Affordable Care Act for 2 million Americans.

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

Mr. SHIMKUS. Mr. Chairman, it is great being on the floor with a lot of my friends on the Energy and Commerce Committee and my colleagues across the aisle. Obviously, we have a fundamental disagreement.

I know, in southern Illinois, one of the biggest questions I always got and concerns was that ObamaCare plans are too expensive, and the deductibles

are too high, so we can't use them. Hence, no one wanted to use them.

Part of the change in the political landscape because of that was Republicans controlled the House. That is what happened politically. Here we are, and my colleagues and I have labored this point all day, Mr. Chairman, about what we are trying to do. We are trying to lower the cost of prescription drugs, but we have to go back to this ObamaCare debate.

Republicans control the Senate. They are not going to bring it up. The President is not going to sign the bill. It is instructional to have this debate. We understand it. We will eventually come back, and we will address these prescription drug bills. We will get there, but we have to go through this exercise. I understand that.

The three bills that we could vote on and pass right now, probably on a suspension calendar and a voice vote, would be the three prescription drug bills that are part of this package. Those are the CREATES Act, the Protecting Consumers' Access to Generic Drugs Act, and the Bringing Low-cost Options and Competition while Keeping Incentives for New Generics Act, called the BLOCKING Act.

That is what we could be doing today, that and some other things. We hope that what we will be addressing will make major changes in affordability, transparency, and the like.

My colleagues also point out the numerous votes to repeal or replace parts of ObamaCare. I am proud to say I voted for all of them. The facts state that a lot of Democrats supported these, to fundamentally change provisions of ObamaCare.

In fact, 30 of the bills my friends are citing were signed into law. Twenty-one of those bills were signed into law by President Obama. Of the 30 that were signed into law, Speaker PELOSI voted "yes" on 19 of them. These are part of the 60 bills that would repeal and replace, and we have 21, and 19 were voted for by Speaker PELOSI. Leader HOYER voted "yes" on 21 of them. My friend Chairman PALLONE voted on 20 of them.

Here are the examples that we want to lay out: repealing the unworkable and unsustainable CLASS Act, rescinding billions of dollars for the failed ObamaCare co-op program, delaying the Cadillac tax and medical device tax, cutting funding to the Independent Payment Advisory Board, providing regulatory and financial relief from ObamaCare's requirements for small business and independent contractors, requiring accurate income verification before disbursing subsidies to ObamaCare exchanges, and modifying eligibility for ObamaCare exchange subsidies.

We can have this tit for tat, Mr. Chairman, and they will still want to defend ObamaCare. We will always say that the private market is better to provide lower cost and rapid response. It is an ideological fight.

We will get through this debate. We will eventually come back and address these prescription drug issues that, as I mentioned, Mr. Chairman, we probably would pass on a voice vote once we return to this.

I thank my colleagues. I have great respect for my colleague from Vermont. He is a very sincere and good friend. We look forward to debating this more in the future.

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

The Acting CHAIR. The question is on the amendment offered by the gentleman from Vermont (Mr. WELCH).

The amendment was agreed to.

AMENDMENT NO. 4 OFFERED BY MS. BLUNT ROCHESTER

The Acting CHAIR. It is now in order to consider amendment No. 4 printed in House Report 116-61.

Ms. BLUNT ROCHESTER. Mr. Chairman, 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 47, line 24, strike "Section 1321(c)" and insert:

(a) IN GENERAL.—Section 1321(c)

Page 49, after line 18, insert the following:

(b) STUDY AND REPORT.—Not later than 30 days after the date of the enactment of this Act, the Secretary of Health and Human Services shall release to Congress all aggregated documents relating to studies and data sets that were created on or after January 1, 2014, and related to marketing and outreach with respect to qualified health plans offered through Exchanges under title I of the Patient Protection and Affordable Care Act.

The Acting CHAIR. Pursuant to House Resolution 377, the gentlewoman from Delaware (Ms. BLUNT ROCHESTER) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Delaware.

Ms. BLUNT ROCHESTER. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, this is a simple amendment designed to ensure that Congress is able to review the Department of Health and Human Services' own analysis of the ACA's marketing and outreach programs.

In April of this year, I led a letter signed by 30 of my House colleagues on the Energy and Commerce Committee requesting HHS disclose any studies and data related to their marketing and outreach efforts for the ACA. HHS and CMS have had more than 50 days to respond to this request and provide crucial documents to the public and Congress. The lack of response confirms our concerns about transparency and commitment to implementing the current law.

While estimates vary, it is clear that marketing and outreach efforts created by the ACA could significantly improve the lives of tens of thousands of Americans. Many of these Americans are simply unaware of the health insurance and financial assistance options available to them. HHS and CMS have the

power and obligation to assist the public in understanding these options.

My colleagues would agree that HHS and CMS also have the obligation to be good stewards of taxpayer dollars by doing this effectively. Because of this, earlier this morning, I sent a follow-up letter requesting that these documents be released without delay.

The results of this study need to be made public so that Congress can enact effective policy that reaches our common goal of quality and affordable health insurance for all Americans.

Simply put, public awareness of the ACA isn't as high as folks are made to believe, and the ACA's marketing and outreach program was an effective tool in helping Americans make informed decisions for their families.

According to Joshua Peck, a former senior adviser at CMS who oversaw the marketing program, the private sector spends between \$250 and \$1,000 per enrollment. How much did it cost the Federal Government? Twenty-nine dollars.

It costs government just \$29 to enroll someone in the individual marketplace using TV ads. That is a good use of taxpayer dollars.

A July 2018 Government Accountability Office report on ACA outreach and enrollment even cites the HHS' study, which looked at the most cost-effective forms of advertising for new and returning enrollees. The GAO found that the study named television ads as one of the best forms of advertising for enrolling Americans. Despite objective, fact-based analysis, the administration eliminated these ads.

Mr. Chairman, I support the underlying legislation, and I ask my colleagues to support my amendment and make clear that HHS should be transparent and release these studies.

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

Mr. SHIMKUS. Mr. Chairman, I claim the time in opposition.

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

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

Ms. BLUNT ROCHESTER. Mr. Chairman, in closing, I urge my colleagues to support this amendment and also support the underlying bill, and I yield back the balance of my time.

Mr. SHIMKUS. Mr. Chairman, it is hard to sell a lemon, no matter how much you give in advertising. That is kind of the basis of our opposition to this amendment.

Mr. Chair, as you heard me say in the last debate, in my congressional district, people didn't want to be forced to buy something that was too high, that was unaffordable, that the deductibles were too high, and that we in Washington mandated that they have to buy.

Now we see a period where, in essence, people have a few more choices because of the waiver system, the 1332s. We see people flocking away from

ObamaCare plans to 1332 waivers within the States, which we think is a good deal.

Part of the debate on this is: Let's pump more money in and maybe these people will stay in these failed ObamaCare plans. We reject that. We reject it based upon what we have done with Medicare Advantage and Medicare part D.

The executive branch has said: Let's spend the same amount of money that we do for Medicare part D and Medicare Advantage, which have much higher enrollment than the ObamaCare exchanges.

□ 1515

So we think that is appropriate. We do think that, with \$100 million or more to try to get people to buy a product and you see enrollment go down, that is not a good use of money.

Mr. Chair, with that, we would ask for a "no" vote on the amendment, and I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from Delaware (Ms. BLUNT ROCHESTER).

The amendment was agreed to.

AMENDMENT NO. 5 OFFERED BY MR. DESAULNIER

The Acting CHAIR. It is now in order to consider amendment No. 5 printed in House Report 116-61.

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

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

At the end of title I, add the following:

**Subtitle D—Study on Role of Federal Assistance in Drug Development**

**SEC. 131. STUDY ON ROLE OF FEDERAL ASSISTANCE IN DRUG DEVELOPMENT.**

(a) IN GENERAL.—Not later than two years after the date of the enactment of this Act, the Secretary of the Health and Human Services shall enter into a contract with the National Academy of Medicine to conduct a study on, and submit to Congress a report on, the following:

(1) The percentage of drugs developed in the United States using at least some amount of Federal funding from any Federal source.

(2) The average cost incurred by a drug developer to develop a drug.

(3) The average amount of revenue and profits made by drug developers from the sales of drugs.

(4) The percentage of such revenue and profits that are reinvested into research and development of new drugs.

(5) The appropriate percentage, if any, of such revenue and profits the Secretary, in consultation with the National Academy of Medicine, recommends should be returned to Federal entities for Federal funding used in the development of the drugs involved.

(b) ENFORCEMENT.—A drug developer shall, as a condition of receipt of any Federal funding for the development of drugs, comply with any request for the data necessary to perform the study under subsection (a).

(c) CONFIDENTIALITY.—This section does not authorize the disclosure of any trade secret, confidential commercial or financial information, or other matter listed in section 552(b) of title 5, United States Code.

(d) DEFINITIONS.—In this section:

(1) The term "drug" has the meaning given such term in section 201 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321).

(2) The term "drug developer" means an entity that submitted, and received approval of, an application under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) or section 351 of the Public Health Service Act (42 U.S.C. 262).

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from California (Mr. DESAULNIER) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from California.

Mr. DESAULNIER. Mr. Chairman, my amendment seeks to find information that will help with the high cost of prescription drugs in the United States, to help inform this institution and the American public.

Mr. Chair, I have a form of noncurable blood cancer. In my pocket is a pill I take every day that keeps me alive. It costs \$500 a day.

Most of the research that developed this pill was at the Department of Defense and the National Institutes for Health. American taxpayers did the basic research.

Earlier today, we had a long hearing in the Committee on Oversight of a similar situation where most of the development for an HIV lifesaving drug was developed at the University of California in San Francisco with NIH funding and no funding from the drug supplier that is now making billions of dollars.

What my amendment does is direct the Academy of Medicine to get the information to differentiate what is basic taxpayer healthcare and how much that contributes to these billions of dollars of profits of pharmaceutical companies.

It is not to say that these private investments are not good, but are they low risk and high reward or are they high risk and high reward? That is to say: Are the investors getting a really high risk based on what the taxpayers have done in investment?

All this amendment does is direct the Academy of Medicine to come back with that information.

We hear arguments from our Republican colleagues often that we need these investments in private-sector pharmaceutical companies. I don't disagree, but we need to know what portion of it is actually returning a reasonable rate of return. We want to attract those investments.

Absent this kind of information, it is just a political opinion and argument. My amendment would get to that information that is so important to this debate.

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

Mr. SHIMKUS. Mr. Chairman, I claim the time in opposition.

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

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

Mr. DESAULNIER. Mr. Chair, I would hope that all the Members would support this amendment. It provides us valuable information by a source that we all value, the National Academy of Medicine, and it will get to this argument of my colleagues across the aisle.

If their argument is right, then the public and the Congress will see it; it will be verified. If it is different—and I believe it is—we will start looking at the real value of private investment and the return on investment that is due the American public.

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

Mr. SHIMKUS. Mr. Chairman, I don't know my colleague very well, but I think it is instructive to our citizens as a whole that Members come from across this great land and have a lot of different issues. I think it is instructive that even Members of Congress can be fighting illnesses and need life-saving medicine to do that.

I don't think we are fundamentally opposed to the amendment. We don't think it does exactly what the author is claiming it will do.

In this package, in this bill, it is not, obviously, going to go anywhere because the President is not going to sign this bill. It is not going to go through the Senate.

Mr. Chair, I would encourage my colleague to come back and visit with us so that we start moving something that can get bipartisan agreement that I think would be very instructive in looking at this as an addition.

Now, I am speaking for myself, not for the ranking member of the full committee, because the gentleman is right that we need to have information. And when government is helpful in creating the initial science that then goes over to the private sector, that then goes to creating blockbuster drugs, then we should know, kind of, the skin in the game, Mr. Chairman, and how much that is due to good Federal policy by not just legislators, but also our agencies that help push that research by NIH or the CDC or the National Cancer Institute.

Had this bill been brought and the three prescription drug transparency lower cost options been brought to the floor, as I said before—and I am not going to restate this every amendment debate—but we probably would have had a voice vote and we could have gone out for dinner. But it is attached to the ObamaCare rescue mission, which we think the public has already rejected.

So we will get through this process, but I would encourage my colleague to join with the chairman of the committee and Republicans in looking at what we can do on this provision in the future.

Mr. Chair, I would ask my colleagues to vote "no," and I yield back the balance of my time.

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

The amendment was agreed to.  
AMENDMENT NO. 6 OFFERED BY MR. HARDER OF CALIFORNIA

The Acting CHAIR. It is now in order to consider amendment No. 6 printed in House Report 116-61.

Mr. HARDER of California. Mr. 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 46, beginning on line 17, amend clause (ii) to read as follows:

(ii) by striking the period and inserting a semicolon; and

Page 46, line 20, strike “clause” and insert “clauses”.

Page 46, line 23, strike the period and the end quotes.

Page 46, after line 23, insert the following:

“(iv) receive opioid specific education and training that ensures the navigator can best educate individuals on qualified health plans offered through an Exchange, specifically coverage under such plans for opioid health care treatment.”; and

The Acting CHAIR. Pursuant to House Resolution 377, 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 today in support of my amendment to the Strengthening Health Care and Lowering Prescription Drug Costs Act.

Families in my district, in the California Central Valley, need prescription drugs to go down in cost now, and they need access to care for every condition, including mental health and treatment for substance use disorders.

That is exactly what my amendment is going to help with. The navigators that help folks understand healthcare through the exchanges are great, but they need additional tools to make sure folks struggling with opioid addiction get the coverage that they need. My amendment gives them just that.

In most communities I visit, I hear from someone who has been touched by the opioid epidemic, and I am no exception. When I was in high school, I had a friend who was in a tough family situation, so I drove him to school every day for 2 years. He was one of the best golfers I ever met, had an amazing sense of humor. But, after graduating, he developed an addiction to opiates, and about 5 years ago we lost him to an overdose.

Stories like my friend's are far too common. About 130 Americans die every single day from opiate overdose. Folks with substance use disorder deserve access to care just like everyone else, and every person in this country deserves prescription drugs that they can actually afford.

It is for my friend and for our loved ones all across the country who have struggled with this that I urge my colleagues to vote for this amendment.

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

Mr. SHIMKUS. Mr. Chairman, I claim the time in opposition.

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

Mr. SHIMKUS. Mr. Chair, I would reserve the balance of my time unless my colleague yielded back.

The Acting CHAIR. The gentleman has the only time remaining.

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

Again, I appreciate my colleague coming down to the floor, especially when, in his opening statement, he says he wants drug costs to go down now.

It is not going to happen now because it is in a package that is not going to be accepted by the Senate and the President is not going to sign.

So, if we really want drug prices to go down now, we would have done what we did out of the full committee. We would have packaged this up with H.R. 965, the CREATES Act, which is a bipartisan agreement that is part of this bill, which would penalize branded drugmakers that withhold samples from generic manufacturers.

We would have brought to the floor, either separately or in a package, H.R. 1499, the Protecting Consumer Access to Generic Drugs Act, bipartisan out of the committee. This would ban pay-for-delay agreements, which are a problem.

And we would have brought up H.R. 938, the Bringing Low-cost Options and Competition while Keeping Incentives for New Generics, which is called the BLOCKING Act, which would limit the first-approved generic maker's ability to stall another rival's launch.

I think we all want to get there. I think we will get there. We still are going to go through this process. But, make no mistake, this is not going to be signed into law that we can go down to the White House for a ceremony.

Again, I would encourage my colleagues to work with the chairman of the Energy and Commerce Committee, my good friend FRANK PALLONE, and we can address this amendment and other processes and hopefully bring the bipartisan bill to the floor that would address a lot of other colleagues' concerns and really work on a bipartisan agreement that, then, by that bipartisan approach, the Senate would have to really look at seriously, and, hopefully, we would convince the President to sign the bill.

I am just a simple man from southern Illinois, taught high school civics: two Chambers, President has got to sign the bill. Sometimes when we use all this time, it is for other purposes than really trying to have a bill become law.

So, with that, I would ask my colleagues to vote “no” on the amendment, and I yield back the balance of my time.

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

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

Mr. HARDER of California. Mr. 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 California will be postponed.

AMENDMENT NO. 7 OFFERED BY MS. SHALALA

The Acting CHAIR. It is now in order to consider amendment No. 7 printed in House Report 116-61.

Ms. SHALALA. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Add at the end of title II the following new section:

**SEC. 205. SENSE OF CONGRESS RELATING TO THE PRACTICE OF SILVER LOADING.**

It is the sense of Congress that the Secretary of Health and Human Services should not take any action to prohibit or otherwise restrict the practice commonly known as “silver loading” (as described in the rule entitled “Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2020” published on April 25, 2019 (84 Fed. Reg. 17533)).

The Acting CHAIR. Pursuant to House Resolution 377, the gentlewoman from Florida (Ms. SHALALA) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Florida.

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

Mr. Chair, this amendment expresses a sense of Congress that the Secretary of Health and Human Services should not do anything that prohibits State insurance commissioners from allowing for so-called silver loading.

Let me walk you through how we got to this point because, while silver loading has worked to keep costs on the exchanges lower for people who get subsidies, it has only been used because the administration was actively trying to kill the Affordable Care Act.

In 2017, the administration decided to stop reimbursing health insurance companies for what are called cost-sharing reductions, CSRs. CSRs are payments that health insurance companies are required to make to help low- and moderate-income people afford healthcare.

Under the Affordable Care Act, health insurance companies must help people have more affordable and, possibly, no copays or deductibles. The Federal Government was supposed to reimburse insurance providers for making these payments. However, in October of 2017, the administration stopped making these payments. This was a deliberate attempt to make health insurance on the exchange unaffordable and to undermine, weaken, and attack the Affordable Care Act.

□ 1530

In response to this, the States, bipartisan States, including my own, let insurance plans do what is now called “silver loading.”

State insurance regulators, in a desperate and a very creative attempt to stabilize the insurance markets, allowed insurance companies to build the unpaid CSR costs into their silver plans on the exchange.

This was not the solution anyone wanted, but it is a solution that has worked and has created some stability and predictability in the insurance markets in the face of an administration that seeks chaos.

Because the tax credits are benchmarked to the silver plans, silver loading has meant that most who receive subsidies did not see an increase in their health insurance premiums. In fact, new data shows that 2.6 million exchange consumers are now paying lower premiums as a result of silver loading.

States that allowed for silver loading as a way to cope with the manufactured chaos that the administration tried to inflict on the market actually saw an increase in enrollment in the exchange.

The administration has to stop trying to sabotage the Affordable Care Act. My amendment expresses that it is the sense of Congress that the Secretary of HHS shall not do anything to prohibit the use of silver loading to stabilize the health insurance marketplaces.

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

Mr. SHIMKUS. Mr. Chairman, I claim the time in opposition.

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

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

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

Mr. SHIMKUS. Mr. Chairman, obviously, I rise in opposition to this, and I understand my colleague from Florida's great expertise in this area and served in the previous administration.

But when you have to subsidize a plan—there are a couple of problems. First of all, before ObamaCare came into being, or the Affordable Care Act—I am not trying to be disrespectful—insurance was regulated by States. The new law yanked that away from States to the point where they created a system of mandatory coverage that was unaffordable.

So then part of the plan was, well, we need to subsidize these plans because, actuarially, they are not going to work without government intervention.

Now, the Court case on this, we thought—and actually, I guess the Court case is still pending. Can the Federal Government force someone to buy something they don't want to buy? And we probably will hear another ruling on that. Initially, they said, yeah.

The real debate shifted to: Does the Federal Government have the power to tax, versus do you have the power to force someone to buy something they don't want to buy?

So the Supreme Court, in that ruling, said, since the Federal Government has

the power to tax, this is really a tax; then, yeah, we can do this.

So then we had the rollout. And the rollout, I think, in the public's eye, as a whole—first, due to the delay because of the computer system, the network couldn't manage it. And then, just the cost.

As I said before, premiums way too high; deductibles too high; people forced to buy an insurance product that they could not use.

People would go in and say, oh, I got coverage. Okay. But your coverage is you still got to pay the first \$10,000 in deductible. And people say, what? That is not very good insurance.

Well, that is what we created in this national healthcare delivery system.

The public rendered judgment, as they do, through the political process. Republicans came back into control.

Now, what we are trying to do is return to federalism. We have returned to States' regulation of insurance; provide more options to consumers. That is what is occurring now, so the higher cost or the costs are going down. In fact, I think there was a projection that 30 percent—there was 30 percent increases until this last cycle, when there was a 3 percent increase. Why?

Well, because, under the law, there are 1332 waivers which allow States to present another package; and you see our citizens, our constituents, voting with their feet to go to these State-based plans. That is a good thing.

So we are trying—we don't want to turn the clock back again. So that is why I would ask my colleagues to vote "no" on the gentlewoman's amendment. Although brought well-intentioned and lovingly, I know.

Mr. Chairman, I reject that. I ask for a "no" vote, and I yield back the balance of my time.

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

The amendment was agreed to.

AMENDMENT NO. 8 OFFERED BY MRS. HAYES

The Acting CHAIR. It is now in order to consider amendment No. 8 printed in House Report 116-61.

Mrs. HAYES. Mr. 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 47, line 3, strike "Grants under" and insert "Subject to subparagraph (C), grants under".

Page 47, line 6, strike "subparagraph" and insert "subparagraphs".

Page 47, line 18, strike the end quotations and the second period.

Page 47, after line 18, insert the following:

"(C) STATE EXCHANGES.—For the purposes of carrying out this subsection, with respect to an Exchange operated by a State pursuant to this section, there is authorized to be appropriated \$25,000,000 for fiscal year 2020 and each subsequent fiscal year. Each State receiving a grant pursuant to this subparagraph shall receive a grant in an amount that is not less than \$1,000,000."

The Acting CHAIR. Pursuant to House Resolution 377, the gentlewoman

from Connecticut (Mrs. HAYES) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Connecticut.

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

It is fitting that H.R. 987, a bill that would protect the progress of the Affordable Care Act, should include language that would reinforce the Federal navigator program, which provides outreach, education and enrollment assistance to consumers looking to buy health insurance.

This administration has slashed funding for Federal marketplace navigators in recent years, with some States facing cuts near 96 percent, undermining the exchanges and hindering the ability of consumers to choose the insurance plan that works best for them.

My background in education makes it hard for me to understand why we would ever want to eliminate tools to help educate the public about how to access healthcare. It is even harder for me to understand why we would want to limit this critical funding just to States that operate within the Federal marketplace.

Residents in States like California, New York, Minnesota, and Connecticut deserve to have the same opportunity as people throughout the rest of the country to learn about their healthcare options, to learn how to sign up for coverage, and to learn how this coverage will work.

And so my amendment would open navigator funds to State-run marketplaces, so that my home State of Connecticut, and the 11 other States that operate a State-based exchange, could benefit from this funding.

The Affordable Care Act helped more than 20 million Americans sign up for health insurance. People of color experienced some of the largest gains in coverage under the Affordable Care Act, finally reducing longstanding racial disparities.

But in recent years, my own State's exchange, Access Health CT Exchange, experienced a marked decrease in enrollment with communities of color; a worrisome sign that the progress that has been made in healthcare coverage with the passage of the Affordable Care Act may be slipping through our fingers.

Cutting funding to the navigator and outreach programs represents underhanded attacks on the people that need healthcare the most. It is part of this administration's subtle strategy to roll back the protections of the Affordable Care Act by reducing healthcare access as a last-ditch effort.

The simple fact is that brokers do not always serve these communities. There is an urgent need to reinforce and expand outreach programs to make sure that we are reaching people in all zip codes, of all demographics.

State-based exchanges are already doing their part to be flexible, to invest

in outreach, and to partner with all communities. Access Health CT even expanded their open enrollment period this year after the Texas v. United States decision was unveiled in December. The exchange knew that it had to combat misinformation—that the Affordable Care Act was still intact, despite the Texas decision—and that people could still sign up for coverage.

State-based exchanges need all the help they can get to support these efforts.

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

Mr. WALDEN. Mr. Chairman, I rise in opposition to the amendment.

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

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

Mrs. HAYES. Mr. Chairman, how much time do I have?

The Acting CHAIR. The gentlewoman has 2 minutes remaining.

Mrs. HAYES. Mr. Chair, I want to point out that an estimated 90 million Americans still have low health literacy. These people are disproportionately lower-income Americans, elderly Americans, and Americans with low English proficiency.

There is a clear need and urgency for the Federal Government to help these people in States that operate State-based exchanges, and there is precedent for my amendment. My State exchange has received roughly \$3 million for the In-Person Assister program from the Federal Government.

The bottom line is that the rules of the road have changed since changing the requirement to provide healthcare coverage to all Americans. There has never been a greater need to shore up programs that make certain working Americans, especially underserved populations, are protected and insured; that people in all communities know what their options are and know when and how to access these benefits.

I strongly support H.R. 987. I think that my amendment will make it even better.

I urge my colleagues to support this amendment.

Mr. Chair, I yield the balance of my time to the gentleman from New Jersey (Mr. PALLONE), the leader of this important bill.

Mr. PALLONE. Mr. Chairman, I just think that the navigator program is so important, and all the outreach that we have in these bills is very important. I obviously support the gentlewoman's amendment because every effort to reach out and educate people about their options in the marketplace is so important.

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

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

So let's talk about the navigator program. They enroll less than 1 percent today, less than 1 percent.

Wall Street Journal reported an investigation that one grantee took in

\$200,000 to enroll a grand total of 1 person; and they found the top 10 most expensive navigators collected 2.77 million taxpayer dollars, 2.77, Mr. Chairman.

Do you know how many people they signed up? 314.

They want to add \$25 million more on top of the \$62,500,000 in grants. We are talking about less than 1 percent.

Meanwhile, while they are talking about oh, we have got to educate people about all their options, then they put a gag rule in here that says, can't talk to you about short-term duration plans. Oh, no, we can't educate about that choice. No, you can't know about that. No, we are going to stop that. Oh, and you can't know about association health plan options either. It might be better for you and your family and actually be more affordable. No, no, no, because that is not our Federal decision here. They decide, and they don't want you to even know. So navigators can't talk about those things. That is gagged in this law.

The amazing thing we never hear about is the good work of the Trump administration and the economy as it has taken off. And I say that in the context that we have seen the lowest unemployment rates for virtually every American and group of Americans; whether it is African Americans, Hispanic Americans, you name it, we are seeing, the lowest rates, in some cases, since they began keeping track of unemployment.

So the economy is doing really well. Over 3 percent GDP growth the first quarter.

So what has that meant for insurance?

We have heard the constant, unrelenting attacks; you might as well use impeachment here at some point probably today.

Look, the number of Americans in employer health coverage has increased by more than 2.5 million since President Trump took office. Two-and-one-half million more Americans aren't having to get their healthcare through the government and taxpayers. They are getting it through a job and their employer.

In fact, today, there is a greater percentage of Americans in employer health coverage since Trump took office than any time since 2000, any time since 2000.

See, there is another way to provide healthcare and that is through a job.

Now, I know those who support a full Federal takeover of everybody's health insurance don't like to hear that because, see, they don't think that employers should offer health insurance. They think only the government knows best. And so their Medicare for All plan, which would cause great delays in access to care, drive up costs, you would pay more; but it would take away your health insurance. If you get it from your employer, or if you get it from your union, or if you are a senior on Medicare and you have a Medicare

advantage policy, that goes away too. Veterans with TRICARE? Democrats' Medicare for All program, that is gone, too.

□ 1545

It is kind of ironic to talk about how wonderful the Affordable Care Act is working for Americans, who, by the way, tell me: "Look, I am getting stuck with the highest deductibles and premiums I have ever seen. I can't afford it."

We had an example from Grand Island, Nebraska, last week. A 60-year-old couple makes \$70,000 a year. They were paying \$38,000 in premiums and \$11,000 in deductibles.

That is affordable insurance? I don't think so.

That is why we think States should have the ability to experiment and regulate plans at the State level, as they did under ObamaCare.

All that talk about junk plans and all that, by the way, those were approved under ObamaCare. Those were allowed under ObamaCare. Trump just allowed them to be there longer. But because he changed something, there is this automatic partisan response.

I think we all ought to come together here. I have fought my entire legislative career in Oregon and here to make healthcare more affordable.

The underlying drug bills, there is no light between us, none, between Republicans and Democrats. Those bills came out of committee unanimously.

The only reason we are having this fight on the floor today is because somewhere along the way, the political operatives, Mr. Chairman, decided to bolt these two unrelated sets of bills together. They knew it would be kind of a poison pill and kind of fun to watch Republicans squirm on the floor. That is why we are here.

The ObamaCare bills we are voting on today just dump more money into programs that investigations have shown are filled with fraud and abuse. How can you justify putting another \$25 million into a program where the top 10 most expensive navigators collected \$2.77 million and signed up a grand total of 314 people? Who in their right mind in private business, Mr. Chairman, would make that kind of investment?

The Las Vegas Review-Journal said, after reading that, "The navigator scheme is a make-work government jobs program rife with corruption and highly susceptible to scam artists."

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

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from Connecticut (Mrs. HAYES).

The amendment was agreed to.

AMENDMENT NO. 9 OFFERED BY MRS. MCBATH

The Acting CHAIR. It is now in order to consider amendment No. 9 printed in House Report 116-61.

Mrs. MCBATH. Mr. 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:

At the end of title I of the Rules Committee Print, add the following:

**Subtitle D—Pharmacy School Outreach**

**SEC. 131. PHARMACY SCHOOL OUTREACH.**

The Secretary of Health and Human Services and the Secretary of Education shall make every effort necessary to ensure appropriate outreach to institutions of higher education to ensure that students and faculty at schools of pharmacy are provided with materials regarding generic drugs and biosimilar biological products, including materials on—

(1) how generic drugs and biosimilar biological products are equivalent or similar to brand-name drugs;

(2) the approval process at the Food and Drug Administration for generic drugs and biosimilar biological products;

(3) how to make consumers aware of the availability of generic drugs and biosimilar biological products;

(4) requirements for substituting generic drugs and biosimilar biological products in place of corresponding drugs products; and

(5) the impacts of generic drugs and biosimilar biological products on consumer costs.

The Acting CHAIR. Pursuant to House Resolution 377, the gentlewoman from Georgia (Mrs. MCBATH) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Georgia.

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

Mr. Chair, I am so proud to be voting today to stabilize healthcare for millions of Americans and to bring down the cost of prescription drugs.

I came to Congress, like many of my fellow colleagues, to protect healthcare for my constituents with preexisting conditions and to make healthcare more affordable and accessible. I myself have a preexisting condition, having suffered breast cancer twice.

My amendment today is focused on ensuring that our future pharmacists and those in the workforce are provided with materials regarding generic drugs and biosimilar biological products. Specifically, it would have the Secretary of Health and Human Services and the Secretary of Education make every effort necessary to ensure appropriate outreach to institutions of higher education to ensure that students and faculty at schools of pharmacy are provided with appropriate materials.

This will allow for students and faculty to have material on how generic drugs and biosimilar biological products are equivalent or like brand-name drugs, the impact of these products on consumer costs, requirements for substituting these types of drugs with corresponding drug products, the impacts of these products on consumer costs, and more.

Pharmacists spend a great deal of time with individuals when they come to the counter to fill an order. They provide guidance and educate patients on the prescriptions that they are tak-

ing. I have even met with my own local pharmacists many, many times to discuss my own prescriptions.

They are very intelligent individuals who are relied on by their community daily. By instilling them with the information that they need to know to best help those whom they serve, we will all be better off.

Mr. Chair, I urge all my colleagues to support this amendment and the underlying package.

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

Mr. WALDEN. Mr. Chairman, I rise in opposition to the amendment.

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

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

Mrs. MCBATH. Mr. Chair, I yield myself as much time as I might consume.

Mr. Chair, I would like to say that, as a two-time breast cancer survivor myself, I have relied many, many times on the specific information and guidance that has been given to me by my own pharmacist.

Our pharmacists should be allowed to be able to give resource information to help the patients that they serve. By tying their hands and not being able to give them the information that they need to really best serve their patients, we do them a great disservice.

I truly believe that this information is very relevant. Giving pharmacists the ability they need to do their jobs is of great importance.

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

Mr. WALDEN. Mr. Chairman, I yield such time as he may consume to the gentleman from Georgia (Mr. CARTER), America's only pharmacist in the U.S. House of Representatives and a distinguished gentleman from the Energy and Commerce Committee.

Mr. CARTER of Georgia. Mr. Chair, I thank the ranking member for yielding and for the opportunity to speak on this bill.

Mr. Chair, first of all, let me begin by thanking the gentlewoman from Georgia for proposing this amendment. Although I do find it unnecessary in a lot of ways, I have to admit that I applaud her, because educating our healthcare professionals and, therefore, educating the public about what is available is extremely important.

I do have to tell you that I feel the pharmacy schools already do a good job of this, and this might be somewhat redundant. However, the underlying point is that more education is better even if it is overkill, if you will.

Now, you ask me how I can say that. I have to say that I have to be consistent, and I have been consistent throughout that we need to educate the public.

In fact, if we look back at the debate that we have had in the committee when we have been talking about the short-term plans, I made the point that we need to educate the public as to what is available. They need to know.

Therefore, I would be inconsistent if I didn't agree with the lady that more education is better, because I have to tell you that these short-term plans—I believe that the other side refers to them as the junk plans. I have always said, if they are junk plans now, then they were junk plans during the Obama administration, because they were being offered then.

But those short-term plans, we need to let people know about them. That is why I made an amendment in the committee to educate the public about the availability of these plans. Unfortunately, my colleagues on the other side of the aisle disagreed with that, feeling that, no, they don't need to know about it.

Here we have an opportunity to let people know more, and I have to admit that I would be in favor of that. I thank the gentlewoman for offering this amendment. Where I might be a little bit ambivalent toward which way to go, I have to admit that consistency is important. Short-term plans, we need to let people know about them. I fought for that. So I don't think I would be consistent if I went against this.

I thank the gentlewoman for offering this.

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

Mr. Chairman, I appreciate the comments of my friend from Georgia, a distinguished member of the Energy and Commerce Committee.

We really have come to rely upon Mr. CARTER for his guidance, especially on areas related to pharmacies and trying to get the costs of prescription drugs down for consumers. We are all about that.

We worked together in the last Congress to empower the FDA to get more generics to market sooner so we have more competition. That was a bipartisan bill.

That is the way we operated in the last Congress, Mr. Chairman, as Republicans and Democrats. I led the committee, and we revamped everything at the FDA in generics, on medical device approvals, and on pharmaceuticals so we could benefit the patient first.

We brought those bills to the floor unanimously. We didn't mess around with them and package them up with poison pills. We said: Let's go legislate, and let's get this done. And they did. They got done. They got into law, signed by President Trump.

And guess what? Last year, the FDA approved more generics in one year than at any time in its history. So we did do things, led by Republicans in the House, the Republican leader of the Senate, and President Trump, joining with Democrats, just as we have attempted to do on the drug bills before us today.

We are in full agreement. Stop the bad behaviors, get competition into the market, and bring down costs of drugs. But we also believe we should make sure Americans have choices that are

more affordable when it comes to their insurance.

Democrats voted for ObamaCare. They blocked every amendment we had as Republicans at the time that was legislated. Remember, the former Speaker, now Speaker again, said you have to pass it so you can find out what is in it. It is kind of an odd way to legislate, but, anyway, here we are.

By the way, the short-term plans they call junk plans on that side, Mr. Chairman, those short-term plans are the same ones we are debating today, except all President Trump did is say you can have them a little longer, because guess what? For some people, it is the only affordable health insurance they have access to in their States.

They are regulated by the States. They are not unregulated. States can do all kinds of things. We should empower them to do things to make insurance more affordable.

Unlike my friends on the other side, Mr. Chairman, they want to gag the navigators so they can't even tell them about alternatives that may actually benefit them and be more affordable.

The plans that the other side of the aisle is railing against today, Mr. Chairman, are plans that are very much like the ones that were approved under President Obama and ObamaCare. It is just that President Trump said you can have them for longer if they work for you. But the States can come in and say, no, no.

My State says just 3 months. That is it. Boom. Other States say 30 days. Some States say none at all.

Mr. Chairman, I am not going to oppose this amendment, and I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from Georgia (Mrs. MCBATH).

The amendment was agreed to.

AMENDMENT NO. 10 OFFERED BY MS. SCANLON

The Acting CHAIR. It is now in order to consider amendment No. 10 printed in House Report 116-61.

Ms. SCANLON. Mr. Chairman, 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 50, insert after line 2, the following:

**SEC. 205. CONSUMER OUTREACH, EDUCATION, AND ASSISTANCE.**

(a) OPEN ENROLLMENT REPORTS.—For plan year 2020 and each subsequent year, the Secretary of Health and Human Services (referred to in this section as the “Secretary”), in coordination with the Secretary of the Treasury and the Secretary of Labor, shall issue biweekly public reports during the annual open enrollment period on the performance of the Federal Exchange. Each such report shall include a summary, including information on a State-by-State basis where available, of—

- (1) the number of unique website visits;
- (2) the number of individuals who create an account;
- (3) the number of calls to the call center;
- (4) the average wait time for callers contacting the call center;
- (5) the number of individuals who enroll in a qualified health plan; and

(6) the percentage of individuals who enroll in a qualified health plan through each of—

- (A) the website;
- (B) the call center;
- (C) navigators;
- (D) agents and brokers;
- (E) the enrollment assistant program;
- (F) directly from issuers or web brokers; and
- (G) other means.

(b) OPEN ENROLLMENT AFTER ACTION REPORT.—For plan year 2020 and each subsequent year, the Secretary, in coordination with the Secretary of the Treasury and the Secretary of Labor, shall publish an after action report not later than 3 months after the completion of the annual open enrollment period regarding the performance of the Federal Exchange for the applicable plan year. Each such report shall include a summary, including information on a State-by-State basis where available, of—

(1) the open enrollment data reported under subsection (a) for the entirety of the enrollment period; and

(2) activities related to patient navigators described in section 1311(i) of the Patient Protection and Affordable Care Act (42 U.S.C. 18031(i)), including—

(A) the performance objectives established by the Secretary for such patient navigators;

(B) the number of consumers enrolled by such a patient navigator;

(C) an assessment of how such patient navigators have met established performance metrics, including a detailed list of all patient navigators, funding received by patient navigators, and whether established performance objectives of patient navigators were met; and

(D) with respect to the performance objectives described in subparagraph (A)—

(i) whether such objectives assess the full scope of patient navigator responsibilities, including general education, plan selection, and determination of eligibility for tax credits, cost-sharing reductions, or other coverage;

(ii) how the Secretary worked with patient navigators to establish such objectives; and

(iii) how the Secretary adjusted such objectives for case complexity and other contextual factors.

(c) REPORT ON ADVERTISING AND CONSUMER OUTREACH.—Not later than 3 months after the completion of the annual open enrollment period for the 2020 plan year, the Secretary shall issue a report on advertising and outreach to consumers for the open enrollment period for the 2020 plan year. Such report shall include a description of—

(1) the division of spending on individual advertising platforms, including television and radio advertisements and digital media, to raise consumer awareness of open enrollment;

(2) the division of spending on individual outreach platforms, including email and text messages, to raise consumer awareness of open enrollment; and

(3) whether the Secretary conducted targeted outreach to specific demographic groups and geographic areas.

The Acting CHAIR. Pursuant to House Resolution 377, the gentlewoman from Pennsylvania (Ms. SCANLON) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Pennsylvania.

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

Mr. Chair, I rise today in support of an amendment to require greater accountability from the Department of Health and Human Services with respect to the Affordable Care Act.

Time and time again, we have seen Republicans and the administration attempt to undermine the important work of the Affordable Care Act.

In addition to attempting to strip away protections for preexisting conditions or reducing coverage for Medicaid recipients, the administration is trying to depress coverage by cutting consumer outreach and marketing for the ACA. Not only does sabotaging the enrollment process make it harder for the American people to get health coverage, but it also drives up costs.

Unfortunately, this strategy has been working. We are currently at our highest uninsured rate in 4 years, with Affordable Care Act enrollment rates declining every year this President has been in office.

Everyday Americans, like the folks in my district in southeastern Pennsylvania, can't afford more barriers to healthcare. When their choice is often between putting food on their table or going to the doctor, it is important that people have more information and access to the Affordable Care Act marketplaces, not less.

My amendment would require greater transparency from the administration by requiring the Secretary of Health and Human Services to provide vital statistics on plan enrollment, outreach, and advertising, and the overall performance of the programs within the ACA.

This information will allow Congress to perform better, quicker oversight on Health and Human Services' attempts to roll back information and outreach for potential Affordable Care Act enrollees.

No longer will the administration be able to hide its lack of investment in ACA outreach and education or refuse to turn over data on how its say-nothing sabotage is hurting Americans.

Mr. Chair, I encourage Members on both sides of the aisle to support this commonsense amendment, and I reserve the balance of my time.

□ 1600

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

The Acting CHAIR (Mr. AGUILAR). The gentleman from Oregon is recognized for 5 minutes.

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

Ms. SCANLON. Mr. Chairman, I would just, again, urge Members from both sides of the aisle to support this bill, and I yield back the balance of my time.

Mr. WALDEN. Mr. Chairman, I thank the gentlewoman from Pennsylvania for her amendment. We are not going to object to the amendment. The exchanges already do a lot of this reporting, and more information is better than less.

Now, I want to talk about these short-term, State-regulated, limited duration insurance policies because I think I have got a chart here, and we

will put it in the RECORD that there are 27 of our States, Mr. Chairman—27—that have decided that short-term plans are good for their people to be able to take advantage of. There are States from Alaska to Wyoming, from Kansas to Iowa, to Idaho and Pennsylvania where you can go up to 364 days.

Now, there are 12 other States that have said, you know: We want to limit these to 6 months. That includes places like Colorado and Arizona and Nevada and Oklahoma, North Dakota.

Then there are eight States, Mr. Chairman, that said: No, we want 3 months. We think that is all we need in places like Oregon, Hawaii, or New Mexico.

Then there are four States—California, Massachusetts, New Jersey, and New York—that said: No, we are just not going to allow any of these options in our State.

Guess what. That is federalism. They get that right.

Now, I know my friends on the other side of the aisle would like to take away that ability for these short-term duration, State-regulated plans and remove options from consumers, and I don't think that is the way to go. It is an honest disagreement here that we have, Mr. Chairman, between the parties.

I have seen a lot of innovation come out of my home State of Oregon. I was meeting with one of our former Governors, John Kitzhaber, this morning, talking about the effect of the coordinated care organizations, and they have been able to actually bend the cost curve and improve access to delivery of care by having the flexibility, in some cases through waivers, to bring providers together, match them up with patients, and deliver care more efficiently and more effectively and with better outcomes. That should be what we are debating today: How do we get to better outcomes?

We should also be debating how we get healthcare costs down, Mr. Chairman. We are doing a bit of that with the drug bills.

It is unfortunate. It didn't have to be this way that they got made into partisan issues, because there is no partisan divide on those bills. It is the fact that, you know, bailing out some of these programs in ObamaCare that are so expensive.

When it costs \$2.40 per enrollee for agents and brokers to assist in enrollment and \$767 if you spent \$62.5 million in grants and they enrolled 81,000 individuals, it averages out, just a rough average, to over \$700, why would we pour more money into the navigators that cost 700 bucks and then say: Oh, by the way, these agents and brokers can't do anything to keep them out of this?

The Trump administration actually expanded the authority for the agents and brokers to be involved, leveraging that private-sector help, and do you know what? They support 3,660,000 health plan enrollments. That is 42 per-

cent of the plan enrollments in 2018 on the Federal platform exchanges—42 percent. Mr. Chairman, navigators do 1 percent. And my friends on the other side of the aisle want to keep dumping more and more money into the navigator program that, as I pointed out earlier, we found all kinds of wasteful spending in.

So there is really an issue about spending. We know the results. We know there is a much better way to do this.

So, Mr. Chairman, I am not going to oppose this particular amendment. It is fine, and more information is better than less.

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

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

The amendment was agreed to.

AMENDMENT NO. 11 OFFERED BY MR. MORELLE

The Acting CHAIR. It is now in order to consider amendment No. 11 printed in House Report 116-61.

Mr. MORELLE. Mr. Chairman, 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 47, after line 18, insert the following:

(b) STUDY ON EFFECTS OF FUNDING CUTS.—Not later than 1 year after the date of the enactment of this Act, the Comptroller General of the United States shall study the effects of funding cuts made for plan year 2019 with respect to the navigator program (as described in section 1311(i) of the Patient Protection and Affordable Care Act (42 U.S.C. 18031(i))) and other education and outreach activities carried out with respect to Exchanges established by the Secretary of Health and Human Services pursuant to section 1321(c) of such Act. Such study shall describe the following:

(1) How such funding cuts negatively impacted the ability of entities under such program to conduct outreach activities and fulfill duties required under such section 1311(i).

(2) The overall effect on—

(A) the number of individuals enrolled in health insurance coverage offered in the individual market for plan year 2019; and

(B) the costs of health insurance coverage offered in the individual market.

Page 47, line 19, strike "(B)" and insert "(C)".

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from New York (Mr. MORELLE) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from New York.

Mr. MORELLE. Mr. Chairman, I rise today to offer an amendment intended to detail the full harm done to our Nation by the White House's sabotage of the Affordable Care Act.

Last summer, the Centers for Medicare and Medicaid Services announced a 70 percent cut, \$26 million to the navigators program that provides in-person assistance to people who wish to sign up for insurance through the Affordable Care Act. In just 2 years, fund-

ing for this program has plummeted from \$62.5 million to just \$10 million.

The President also cut digital TV and radio advertising by 90 percent, reducing investment from \$100,000,000 to \$10 million. The failure to use Federal funding for these activities leaves it to the States to fill in the gaps and puts on them the burden for the continued success of State and Federal exchanges.

My amendment directs the U.S. Government Accountability Office to conduct a study of these cuts to detail how reduced funding has harmed enrollment across the Nation and the resulting costs to our Nation's families.

Funding for ACA outreach is essential to ensuring that Americans know their options and their healthcare benefits. Without public messaging campaigns, many people have been left confused about the open enrollment process, when they can begin signing up for coverage, and the deadline for enrolling before the new year.

As we approach planning for the 2020 enrollment season, we need to fully understand the results of the cuts to outreach and advertising that were put in place in recent years. That is what my amendment seeks to do.

I want to thank my colleague Congresswoman WEXTON for joining me in these efforts, and I ask my colleagues to support this amendment.

I thank the chair and the ranking member for their work, and I reserve the balance of my time.

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

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

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

Mr. MORELLE. Mr. Chairman, I yield the remainder of my time to the gentlewoman from Virginia (Ms. WEXTON), my colleague.

Ms. WEXTON. Mr. Chairman, I thank the Representative for offering this amendment and for yielding.

This amendment requests a GAO report on how funding cuts to the navigator program and to Affordable Care Act marketing and outreach have impacted health insurance enrollment and the cost of coverage on the individual markets.

Navigator programs provide critical assistance to consumers by raising awareness about the availability of marketplace plans, assisting people as they apply for Federal subsidies, and providing impartial information about different marketplace plans. Importantly, these programs help otherwise hard-to-reach groups get health insurance coverage, including people living in rural and underserved communities.

The Trump administration has made significant funding cuts to the navigator program, however, providing only \$10 million in funding for the program for 2019, an 80 percent reduction over the past 2 years.

Navigator funding in my home State of Virginia has been reduced by an astounding 76 percent between 2016 and 2018, down from approximately \$2.2 million in 2016 to just \$525,000 in 2018. To manage these cuts, programs have had to lay off staff, close offices, and limit their availability to help consumers.

The administration's cuts hamper navigators' ability to do their jobs, leaving many consumers on their own during the enrollment process, and, as a result, people may not obtain coverage on the individual market, causing people who do get coverage to see their premiums increase.

Constituents in my district and people throughout the U.S. rely on navigators to learn about coverage options and to enroll in the best possible healthcare plans for them. We need to know how the administration's drastic funding cuts have impacted the individual markets, and this amendment will allow us to do that.

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

Mr. WALDEN. Mr. Chairman, it is interesting; the prior amendment that passed added \$25 million more to this navigator program. For the plan year 2017, navigators received a total of \$62.5 million in grants and yet only enrolled 81,426 individuals. That is less than 1 percent of the total enrollees.

You see, the issue here isn't whether we should or shouldn't enroll more people. The issue is who is most efficient with the taxpayer or private-sector dollar to do that.

We keep pouring more and more money into this navigator program and we know there is all this, well, I guess I am going to call it waste. I don't know if it is fraud.

But holy smokes, as I have said before, one grantee, according to The Wall Street Journal, took in \$200,000 and enrolled one person—one person. You want to have a Government Accountability Office report and investigation, let's look at the underlying program and how in the heck that could happen.

And then they also found the top 10 expensive navigators collected \$2.77 million and signed up 314.

These aren't my numbers. These are The Wall Street Journal investigative reporters. You know, in the press, these are facts, which caused the Las Vegas Review-Journal to editorialize that: "The navigator scheme is a make-work government jobs program rife with corruption and highly susceptible to scam artists. It's a slush fund for progressive constituent groups."

Not my words, that is the press. I have a journalism degree. I have a great respect for the press and what they write. I don't always agree with them.

But, look, when you take these independent reviews and you look at what is happening there, CMS reported that 17 of those navigators enrolled fewer than 100 people at an average cost of \$5,000 per enrollee—\$5,000. \$5,000. And

my friends on the other side of the aisle want to shovel more money into that program. I think that is the height of fiscal irresponsibility.

See, for \$2.7 million, if we put that into community health centers, Mr. Chairman, do you know how many people we could cover? We could take care of 20,000 patients, according to one estimate—20,000.

Health centers are really, really important to me and my constituents. We have 63 different places in my district, which is bigger than eight States east of the Mississippi. Mr. Chairman, where people get their healthcare in our communities. We have to reauthorize this year, by the end of September, our community health centers.

Now, when I was chairman, we did that at a record level because they deliver record good healthcare. We have had no plan yet to figure out how to pay for that, but you are going dump \$25 million more into this navigator program. Why don't we put it into actual healthcare?

We reauthorized the Children's Health Insurance Program under Republicans and fully funded it for a decade. The longest that had ever been done was 5 years, and, unfortunately, most of my friends on the other side of the aisle voted repeatedly against doing that for a whole host of reasons, but they voted "no." In Oregon, we have 122,700 children and expectant moms that rely on CHIP, SCHIP, partnership with the State for their health insurance.

So there are a lot of things we can invest in with the proceeds from the savings from the drug bills, but investing in the navigator program? \$5,000 per enrollee?

There are 100 navigators, that is all they did? One for 200,000, enrolled one person? I mean, come on. There has got to be a better way to not spend the taxpayers' money than that.

And so I think you look at the incredible growth in men and women working in America, getting better paying jobs, bigger paychecks and healthcare, 2.5 million since President Trump took office, and Republicans put progrowth policies into the Tax Code, progrowth regulatory policies into the bureaucracy.

Jobs are coming up. The biggest issue I run into with employers now is not overregulation; it is: Where do I find more people to work?

So we need to look at job training. We need to work at available workforce. But this, this amendment, I think, is, frankly, from my perspective—with all due respect, GAO doesn't need to waste their time on this nor the taxpayer's money, and especially after \$25 million more was just signed up in addition to—what?—\$63 million, roughly, an enormous amount of money into a program that I think has a lot of problems. And the editorial writers at the Review-Journal said, "highly susceptible to scam artists," "slush fund for progressive constituent groups." So I oppose the amendment.

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

□ 1615

The Acting CHAIR. The question is on the amendment offered by the gentleman from New York (Mr. MORELLE).

The amendment was agreed to.

AMENDMENT NO. 12 OFFERED BY MS. WATERS

The Acting CHAIR. It is now in order to consider amendment No. 12 printed in House Report 116-61.

Ms. WATERS. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

At the end of title I of the Rules Committee Print, add the following new subtitle:

**Subtitle D—Reports**

**SEC. 131. EFFECTS OF INCREASES IN PRESCRIPTION DRUG PRICE.**

Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall submit a report to the Congress on the extent to which increases in prescription drug prices may have caused Medicare beneficiaries to forego recommended treatment, including failing to fill prescriptions.

The Acting CHAIR. Pursuant to House Resolution 377, the gentlewoman from California (Ms. WATERS) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from California.

Ms. WATERS. Mr. Chairman, my amendment requires the Department of Health and Human Services to submit to Congress a report on the extent to which increases on prescription drug prices may have caused Medicare beneficiaries to forego recommended treatment, including failing to fill their prescriptions.

Drug prices have increased significantly over the past year. The Center for American Progress reported that nearly 30 drug companies announced last year that price increases will take effect in January.

Pfizer alone announced that it would raise the prices of 41 different drugs. Critical medications, including insulin and opioid addiction treatments, have already seen dramatic price increases this year.

These price increases are taking a toll on patients. The Kaiser Family Foundation reported that among those currently taking prescription drugs, 24 percent of adults and 23 percent of seniors say it is difficult to afford their prescription drugs. This includes about one in ten respondents who say it is very difficult.

The Kaiser Family Foundation also found that certain groups are much more likely to report difficulty affording medication, including those who are spending \$100 or more a month on their prescriptions, that is 58 percent; those who report being in fair or poor health, about 49 percent; those who take four or more prescription drugs, 35 percent; and those with incomes less

than \$40,000 per year, representing 35 percent.

Furthermore, 29 percent of all adults report not taking their medicines as prescribed at some point in the past year because of the cost, and 8 percent say their condition got worse as a result of not taking their prescriptions as recommended.

Needless to say, when Medicare beneficiaries cannot afford their medications, their health will suffer.

My amendment requires HHS to study the impact of increases in prescription drug prices on Medicare beneficiaries and their health.

Mr. Chairman, I urge my colleagues to support my amendment, and I reserve the balance of my time.

Mr. WALDEN. Mr. Chairman, I seek time in opposition to the amendment, but I am not necessarily opposed to the amendment.

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

There was no objection.

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

Ms. WATERS. Mr. Chairman, we have had extensive discussions throughout this Congress about the plight of those who cannot afford prescription drugs.

We know what the statistics are. We know the harm that is being caused to families, and we know that there are preventable deaths if, in fact, people could afford their prescription drugs.

And so I would expect all of the Members of the House of Representatives, knowing this information, understanding all of the research that has been done, the data that has been collected, to simply support this amendment in order to save lives.

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

Mr. WALDEN. Mr. Chairman, I support this amendment, and I yield back the balance of my time.

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

The amendment was agreed to.

AMENDMENT NO. 13 OFFERED BY MS. JOHNSON OF TEXAS

The Acting CHAIR. It is now in order to consider amendment No. 13 printed in House Report 116-61.

Ms. JOHNSON of Texas. Mr. Chairman, 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 46, beginning on line 17, amend clause (ii) to read as follows:

(ii) by striking the period and inserting a semicolon; and

Page 46, line 20, strike “clause” and insert “clauses”.

Page 46, line 23, strike the period and the end quotes.

Page 46, after line 23, insert the following:

“(iv) receive training on how to assist individuals with enrolling for medical assistance under State plans under the Medicaid pro-

gram under title XIX of the Social Security Act or for child health assistance under State child health plans under title XXI of such Act.”; and

The Acting CHAIR. Pursuant to House Resolution 377, the gentlewoman from Texas (Ms. JOHNSON) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Texas.

Ms. JOHNSON of Texas. Mr. Chairman, I rise today to support this amendment. The amendment requires navigators to receive training on how to assist consumers with Medicaid and CHIP enrollment.

This amendment has also been scored by the Congressional Budget Office to have no effect on direct spending or revenue.

The health insurance navigator’s program was created by the Affordable Care Act to assist individuals with selecting and enrolling in health insurance coverage plans.

They were intended to carry out public education activities, provide information to prospective enrollees about insurance options and Federal assistance, and examine enrollees’ eligibility for other Federal or State healthcare programs.

Fundamentally, their responsibility was to help people make the best healthcare decisions for themselves and their families.

Unfortunately, this essential program has been targeted in recent years, among others. The administration has slashed the open enrollment period in half, slashed funding for consumer outreach and enrollment education activities by 90 percent, and slashed funding for navigators by 84 percent.

Because of this intentional sabotage, enrollment in the Federal marketplace has dropped each year under this Presidency.

In my home State of Texas, we are, unfortunately, deeply familiar with the consequences of the lack of health insurance.

Texas has the highest rate of uninsured people in the Nation, with 4.7 million people lacking coverage and adequate access to healthcare.

As representatives of Americans from all corners of the country, we have a responsibility to ensure that our constituents and communities are knowledgeable and can access the health insurance best suited for their individual health needs.

By voting in favor of this amendment, Congress will ensure that navigators are fully equipped and informed to assist our families and children with their potential options within the Medicaid and CHIP programs.

I appreciate my colleagues on the Committee on Energy and Commerce and their partnership in expanding training requirements for navigators, and in the Strengthening Healthcare and Lowering Prescription Drug Costs Act.

Mr. Chairman, I urge my colleagues to support this amendment, and I reserve the balance of my time.

Mr. WALDEN. Mr. Chairman, I seek time in opposition to the gentlewoman’s amendment.

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

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

Ms. JOHNSON of Texas. Mr. Chairman, I have no further statements, and I yield back the balance of my time.

Mr. WALDEN. Mr. Chairman, I thank the gentlewoman for her amendment.

I find it a bit interesting, though, that under the navigator program, on the one hand, my friends on the other side of the aisle say, Look, you can’t talk about—in fact, you can’t tell anybody about association health plans and those as options.

You can’t educate the public, the consumers about an opportunity to save money by having a state-regulated plan. No, not under the navigator. You can’t do that.

And yet, with this amendment, they want to expand that knowledge, so they can get training on the other government plans, Medicaid and CHIP enrollment. And that is not necessarily a bad thing. I am not saying that is a bad thing.

But what I am saying is, why wouldn’t we want full education? Why would we want, basically, a gag order here that prevents the navigators from telling the consumers, Here are some other options you may want to look at. Now, they have limitations; they are regulated by your State; you need to be fully informed—in fact, really informed, because some of them don’t cover everything—as we have heard—because that was how it was designed under President Obama’s plan, that there would be these options and they wouldn’t be the fully covering plans, but they were okay because they would fill a gap.

And those are the same plans we have heard a lot about today that States regulate. And I would go back to the fact that in some States it is 3 months.

Well, in 27 States they go up to almost 1 year, including States such as Rhode Island and Tennessee, even Texas, Virginia, Georgia and Idaho.

In 12 States, they go up to 6 months. In eight States, including mine, we said—in Oregon—just 3 months, that is all we are going to do in short-term duration plans.

California, Massachusetts, New York, New Jersey, said no. Zero. We are not going to allow them.

That is okay. That is federalism.

But why, in the navigator program, would we say, You can’t talk about things.

I got a degree in journalism a long time ago at the University of Oregon, and I believe in the facts. And I believe marketplaces and consumers are better served when they have complete information to make choices.

And I know that these insurance products are on the market. Some are fine, people like them.

And I get these letters—I got one from Tom in Medford—that talked about how his premium, I think, went from 400-and-some dollars to \$800 in 1 year. And he is not sure what he is going to do. That was in October when the new numbers came out.

And meanwhile, when we put all this reliance on these navigators. We know from the Wall Street Journal, one grantee took \$200,000, enrolled one person.

I guess, if you are the grantee, that is a pretty good deal. All you have to do is find one person to enroll, and you get 200 grand. To me, that sounds like a big waste of taxpayer dollars.

The ten most expensive navigators collected \$2.77 million, signed up 314 people.

Now, we heard about how the government needs to borrow and spend more than taxpayer dollars—or at least spend more taxpayer dollars—and do more education because the enrollment in the government plans has gone down by, I think, the figure is about \$1 million or so. I guess, that is what is banned about.

What isn't mentioned, however, Mr. Chairman, is that under President Trump and the policies Republicans put into law, the economy took off. The economy took off. Thank goodness the economy took off.

And 2.5 million Americans now get their insurance, more get their insurance through an employer.

So, see, they got a job, they got a paycheck, they got insurance through their employer.

And my guess is that accounts for some of that downturn. They don't have to come to the government to get their insurance. They are getting it through their employer.

So you might have had like \$1 million roll off on the exchanges, but you have got a 2.5 million pickup in the private insurance side. And I think that is pretty cool. I mean, that is important.

And I know that my friends on the other side of the aisle with their national takeover of health insurance want to abolish ObamaCare and replace it with a single-payer system, which sounds sort of simple on its face, but we know that means you would have to double the personal income tax, double the corporate tax, and our doctors and hospitals, they would have to take like a 40-percent reduction.

Mr. Chairman, I yield such time as he may consume to the gentleman from Texas (Mr. BURGESS), my friend, the doctor, the former chairman of the Health Subcommittee, to make some comments.

Mr. BURGESS. Mr. Chairman, I thank the ranking member for yielding.

The fact is, there was a hearing on this one-size-fits-all government takeover, top-down, Soviet-style healthcare system that has been proposed by the other side of the aisle.

And yet, that bill was not heard in the Committee on Energy and Com-

merce. It wasn't heard in the Ways and Means Committee. It was heard in the Rules Committee, the Speaker's committee.

This is a high priority for the Speaker. This bill was heard in the Speaker's committee. That tells me that this is something that is highly likely to come forward. Unfortunately, it is just not a very good plan.

And the gentleman is right, doctors would be required to take a significant reduction.

The Acting CHAIR. The time of the gentleman from Oregon has expired.

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

The amendment was agreed to.

AMENDMENT NO. 14 OFFERED BY MR. LYNCH

The Acting CHAIR. It is now in order to consider amendment No. 14 printed in House Report 116-61.

Mr. LYNCH. Mr. Chairman, I believe I have a couple of amendments at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 42, beginning on line 6, strike "December 31, 2022" and insert "December 31, 2023".

Page 43, line 6, strike "January 1, 2024" and insert "January 1, 2025".

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from Massachusetts (Mr. LYNCH) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Massachusetts.

Mr. LYNCH. Mr. Chairman, my amendment would extend by 1 year the deadline by which States may apply for Federal grant assistance to set up State-based health insurance markets, moving the deadline from December 31, 2022, to December 31, 2023.

□ 1630

My amendment would also extend by 1 year the corresponding date by which the exchanges must be self-sustaining, from January 1, 2024, to January 1, 2025.

Currently, 11 States and the District of Columbia have such health insurance exchanges. However, no health exchanges have been established since the ACA's original deadline of 2015.

While I do support H.R. 987's language which provides an additional 2-year window for States to establish their own insurance exchanges, given the complexity of the current debate with the possibility of single-payer healthcare out there and also Medicare for All, it is my hope and expectation that, by extending these application periods from 2 to 3 years, more States will have the opportunity to weigh those outstanding options and explore the option to establish their own State-based exchanges.

It was reported recently that the Governor of New Jersey, for example, has announced that his State would

seek to establish its own State-based healthcare exchange for 2021. It is quite possible that other States that may have held off in setting up similar exchange marketplaces and are contemplating those other possibilities could also be reconsidering setting up an exchange, and that is the reason for my amendment. I believe that ensuring that States have the time to consider and plan for setting up such an exchange is the right thing to do.

I would note that my amendment does not seek additional funding during that time period, so it will not increase the cost. It simply gives States additional time.

I urge my colleagues to support my amendment as well as the underlying bill, and I reserve the balance of my time.

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

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

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

Mr. LYNCH. Mr. Chair, I think I have said enough. It is a technical amendment, and I yield back the balance of my time.

Mr. WALDEN. Mr. Chairman, this section provides \$200 million for States to establish State-based marketplaces. The Federal law provided States with the option of building their own State-based marketplace or utilizing the Federal marketplace.

I know my own State blew through close to \$300 million trying to create its own exchange. It was a terrible financial disaster, a total waste of money. They couldn't get it going. They finally closed the thing up, but not before they blew through hundreds of millions of dollars, and then they went to the Federal exchange.

Every State except Alaska applied for these grants. Florida and Georgia were awarded planning grants but later returned their entire grants. Other States returned some of the grant money they received but also kept some.

This would have been under the Obama administration when they were enacting ObamaCare. No funding was awarded after December 31, 2014, in accordance with the law.

From the 2018 plan year, 34 States had federally facilitated marketplaces; 12 States had State-based marketplaces; and 5 States had State-based marketplaces using the Federal platform.

The Committee on Energy and Commerce issued a majority staff report entitled: Implementing ObamaCare Review of CMS' Management of the State-Based Exchanges, September 13, 2016.

I think it is important to share with my colleagues, among the report's key findings in 2016 were: CMS was not confident that the remaining State-based exchanges would be sustainable in the

long term, and as of September 2016, every State-based exchange still relies upon Federal establishment grant funds 20 months after the State-based exchanges were supposed to be self-sustaining by law.

CMS eased the transition for these failed State-based exchanges so that they could join healthcare.gov by allowing them to keep the user fees collected by insurance carriers intended to pay for the use of healthcare.gov.

Now, here we are, 5 years after the funding has expired considering a bill to reopen grants for States to establish State-based marketplaces. We have seen kind of a spotty record here. Maybe it is just a coincidence that \$200 million is being made available now, because my friends on the other side set the agenda and they want to continue pushing out this idea.

On Friday, Politico reported that New Jersey is proposing to create a State-based health exchange. Now, I think they have told us they actually don't need Federal money for that.

But anyway, I don't think we are dealing with earmarks here; but earmarking money to help States create their own marketplaces is not what we should be about, and I am not sure we are. I don't think this is a Garden State giveaway, but it is kind of interesting.

That is all I have got to say on this, Mr. Chairman, and I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Massachusetts (Mr. LYNCH).

The amendment was agreed to.

AMENDMENT NO. 15 OFFERED BY MR. LYNCH

The Acting CHAIR. It is now in order to consider amendment No. 15 printed in House Report 116-61.

Mr. LYNCH. Mr. Chairman, I have another amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 50, after line 2, insert the following section:

**SEC. 205. GAO REPORT.**

Not later than one year after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress a study that analyzes the costs and benefits of the establishment of State-administered health insurance plans to be offered in the insurance market of such States that choose to administer and offer such a plan.

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from Massachusetts (Mr. LYNCH) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Massachusetts.

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

Mr. Chairman, my amendment directs the Government Accountability Office to prepare a cost-benefit analysis of the establishment of a State-

sponsored public health insurance option for States that may want to offer public options in their State's health insurance exchanges.

A State-run public option would allow individual States to offer very basic, low-cost insurance plans without the high cost of commercial advertising and other overhead costs that can sometimes add as much as 30 percent to the cost of some health insurance plans, or perhaps States could optimize the use of community health centers that we all love so much. Once these low-cost public option plans are on the market, private insurance companies would be forced to compete with that lower price by offering similar low-cost plans.

State-sponsored public options could help address the lack of competition that is driving up the cost of healthcare in many States where one or two insurance companies are allowed to dominate the market due to the fact that the Affordable Care Act currently exempts insurance companies from antitrust laws.

While State-run public options were a feature in the original version, the House version of the ACA, which I supported, Senate action deleted that from the final versions of the ACA which eventually passed and which I opposed.

I believe that the information that the study will provide will be an important resource for States in regions looking to offer more healthcare options to their residents.

Mr. Chairman, one of the loudest messages that came out of the last mid-term election was that, 9 years after the passage of the ACA, the American people still want us to fix their broken healthcare system.

For many people, the Affordable Care Act is not affordable. But I believe it is fixable. Many fervent supporters of the ACA are also disappointed with the lack of success in reaching the goals of the ACA so that they are now supporting efforts to repeal the ACA in favor of single-payer or Medicare for All proposals.

I believe there are some significant changes that could be made to the ACA to make it work. This study will be a simple way to provide our States with guidance that can help them determine whether a public option may be right for them.

Mr. Chairman, I urge my colleagues to support both this amendment and the underlying bill, and I reserve the balance of my time.

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

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

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

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

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

This amendment is pretty straightforward in asking the GAO to do this

evaluation, and I think it is important to have cost-benefit analyses of State-administered health insurance plans for States that may want to offer a public option.

Again, here we have a situation where States are experimenting, and our States are great laboratories for reform. The gentleman comes from a State where Republican Governors helped lead that effort, Governor Romney and others, and now Senator ROMNEY from a different State.

But my State did a lot of reform work as well, and we are all trying to figure out: How do we get healthcare to people in a timely way that is affordable? And we share that goal.

Unfortunately, some of the promise of ObamaCare turned out not to be the case. People's insurance premiums did not go down \$2,500. I still hear in my town meetings and in correspondence with my constituents that some were well-served, but I have a lot of them who were left behind, and they are out in the cold.

At one of my townhalls, I had a middle age couple come up and say: We have decided we can't afford health insurance, so we have decided to go without.

They looked at the premiums. They looked at the deductibles that are in these markets, and said: We can't pencil it out.

None of us want that to be the case. That is why I think some of these options are really important to look at. And States can do that.

And that is what President Trump tried to do is take what President Obama had agreed to with the short-term plans regulated by States to fill gaps to make health insurance options more available and health insurance more affordable. He just said: Well, if it is good for 3 months, what is wrong with 364 days.

So as a result, you have got 27 States that go up to nearly a year; 12 are 6 months; 8 at 3 months; and 4 say, no, not in our State at all. So I think the report is probably going to give us some valuable information.

Mr. Chairman, I guess I have actually convinced myself I am going to support this amendment despite my initial reservations, and I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Massachusetts (Mr. LYNCH).

The amendment was agreed to.

AMENDMENT NO. 16 OFFERED BY MR. LIPINSKI

The Acting CHAIR. It is now in order to consider amendment No. 16 printed in House Report 116-61.

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

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Add at the end of title II the following new section:

## SEC. 205. REPORT ON THE EFFECTS OF WEBSITE MAINTENANCE DURING OPEN ENROLLMENT.

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 examining whether the Department of Health and Human Services has been conducting maintenance on the website commonly referred to as “Healthcare.gov” during annual open enrollment periods (as described in section 1311(c)(6)(B) of the Patient Protection and Affordable Care Act (42 U.S.C. 18031(c)(6)(B)) in such a manner so as to minimize any disruption to the use of such website resulting from such maintenance.

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from Illinois (Mr. LIPINSKI) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Illinois.

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

Mr. Chairman, American families increasingly struggle with rising healthcare costs. That is why I am pleased to support the underlying bill which contains some commonsense provisions that will protect consumers, lower drug prices, and stabilize the individual insurance market, which will provide families with some needed relief.

The amendment I am offering will further help Americans who purchased health insurance on healthcare.gov.

Americans in 39 States without a State-based exchange depend on healthcare.gov to purchase insurance during open enrollment. This past year, over 8.4 million plan selections were made on this website.

Over the past 2 years, the Department of Health and Human Services had announced maintenance outages on healthcare.gov for over 12 hours every Sunday during open enrollment. I am an engineer. I understand the complexity of this website and the heavy volume of users, which means that routine maintenance is necessary, even during open enrollment. However, I want to ensure that HHS is doing all it can to ensure this maintenance is conducted in a way that has the least impact on consumers.

Families need ample time to choose health insurance plans. We must make sure that enrollment is not being negatively impacted by these outages. My amendment would require a GAO study to determine if healthcare.gov outages are having a negative impact on enrollment.

HHS claims that maintenance is scheduled for times of low site traffic, but they have not provided data to support this claim. I know that when I am using the online exchange to purchase my insurance each year, I often will try to do it on a Sunday when I have free time. This may be an anomaly. We need to figure this out.

What the GAO study would provide is clarity on the best time to schedule maintenance. This would help us to make sure HHS is doing right by Amer-

icans as they navigate the complex process of buying health insurance.

Mr. Chairman, this is a simple, commonsense amendment. I urge a “yes” vote on this amendment, and I reserve the balance of my time.

Mr. WALDEN. Mr. Chairman, it should come as no surprise that I seek time in opposition to the amendment.

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

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

Mr. LIPINSKI. Mr. Chair, I yield myself the balance of my time.

I think this is a commonsense amendment. I ask GAO to look at the study and say: Okay. What is the best time to take healthcare.gov offline to do maintenance?

Let’s do this the right way. As an engineer, that is the way I think. I think most companies would look at it this way.

So I urge my colleagues to support this amendment, and I yield back the balance of my time.

□ 1645

Mr. WALDEN. Mr. Chairman, I thank the gentleman for bringing his amendment as well. He is a distinguished Member of our U.S. House of Representatives and an engineer, and we appreciate his intellectual horsepower on this issue.

I was thinking, as he was talking about having the GAO have to do an audit to figure out the best time for routine maintenance to provide the least disruption to consumers, this is what happens when you have a government-run system. You have to have your independent auditors figure out how the system can keep current and not disrupt consumers.

I was thinking that we don’t have too many amendments that say let’s have GAO audit Amazon’s website to find out the best times to deal with consumers or your local whatever you go to for your hotels or your rental cars. Nobody is saying, hey, you have to have GAO, a government entity, figure out the best time or worst time to disrupt consumers on the Avis website or Enterprise or whatever. But we have to here, which is a government-run system with basically one website.

We all know and we all lived through what happened with the initial rollout with this website, so, Mr. Chairman, to my friend from Illinois’ point, it is important that we give the consumers the best possible experience when they are trying to sign up because we have all had to deal with it.

In its initial days, man, it was a mess. I remember all those problems. We did hearings and oversight hearings in the Energy and Commerce Committee on it.

Mr. Chairman, this is probably a good idea to do, and I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Illinois (Mr. LIPINSKI).

The amendment was agreed to.

AMENDMENT NO. 17 OFFERED BY MR. DEUTCH

The Acting CHAIR. It is now in order to consider amendment No. 17 printed in House Report 116-61.

Mr. DEUTCH. Mr. Chairman, 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 45, line 24, strike “and”.

In section 202(a)(2)—

(1) redesignate subparagraph (B) as subparagraph (D); and

(2) insert after subparagraph (A) the following new subparagraphs:

(B) in subparagraph (D), by striking “and” at the end;

(C) in subparagraph (E), by striking the period at the end and inserting “; and”;

Page 46, line 1, strike “following” and insert “following”:

Page 46, line 2, strike “flush left sentence:” and insert the following:

“(F) conduct public education activities in plain language to raise awareness of the requirements of and the protections provided under—

“(i) the essential health benefits package (as defined in section 1302(a)); and

“(ii) section 2726 of the Public Health Service Act (relating to parity in mental health and substance use disorder benefits).”

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from Florida (Mr. DEUTCH) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Florida.

MODIFICATION TO AMENDMENT NO. 17 OFFERED BY MR. DEUTCH

Mr. DEUTCH. Mr. Chairman, I ask unanimous consent that my amendment be modified in the form I have placed at the desk.

The Acting CHAIR. The Clerk will report the modification.

The Clerk read as follows:

MODIFICATION TO AMENDMENT NO. 17 PRINTED IN HOUSE REPORT No. 116-61

OFFERED BY MR. DEUTCH OF FLORIDA

In lieu of the matter proposed to be inserted, insert the following:

Page 45, line 24, strike “and”.

In section 202(a)(2)—

(1) redesignate subparagraph (B) as subparagraph (D); and

(2) insert after subparagraph (A) the following new subparagraphs:

(B) in subparagraph (D), by striking “and” at the end;

(C) in subparagraph (E), by striking the period at the end and inserting “; and”;

Page 45, line 24, strike “and”.

Page 45, after line 24, insert the following:

(B) by inserting after subparagraph (E) the following:

“(F) conduct public education activities in plain language to raise awareness of the requirements of and the protections provided under—

“(i) the essential health benefits package (as defined in section 1302(a)); and

“(ii) section 2726 of the Public Health Service Act (relating to parity in mental health and substance use disorder benefits).”;

Page 46, line 1, strike “(B)” and insert “(C)”.

Mr. DEUTCH (during the reading). Mr. Chair, I ask unanimous consent to dispense with the reading.

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

Mr. WALDEN. Mr. Chairman, I reserve the right to object.

The Acting CHAIR. The gentleman from Oregon is recognized on his reservation.

Mr. WALDEN. Mr. Chairman, I know there were a lot of amendments that came through the system. I am trying to figure out what the issue is here, but I know we offered 16 amendments and got one. The Democrats got 25 amendments and had one technical amendment through the Rules Committee.

Could the Parliamentarian or somebody explain what the problem is here and why we have to correct it here on the floor?

That is my question.

Mr. DEUTCH. Will the gentleman yield?

Mr. WALDEN. Mr. Chairman, I yield to the gentleman from Florida.

Mr. DEUTCH. Mr. Chairman, the amendment is a technical amendment to address a drafting error so that it is conforming and so there will be no problems going forward.

Mr. WALDEN. Mr. Chair, I withdraw my reservation.

The Acting CHAIR. The reservation is withdrawn.

Without objection, the reading of the modification is dispensed with.

There was no objection.

The Acting CHAIR. Is there objection to the original request of the gentleman from Florida?

There was no objection.

The Acting CHAIR. The amendment is modified.

The gentleman from Florida is recognized for 5 minutes.

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

I thank my Florida colleague, Representative CASTOR, for her leadership in protecting access to high-quality healthcare in our State and across the country and for her authorship of the ENROLL Act to help more Americans shop for and sign up for health plans on healthcare.gov.

My amendment requires navigators to provide information in plain language about the 10 essential health benefits that are a part of every healthcare.gov plan: outpatient hospital care; emergency care; hospitalization; pregnancy, maternity, and newborn care; mental health and substance use disorder services; prescription medicines; rehabilitative services; labs; preventive care; and pediatric care, including dental and vision services.

It also requires navigators to help consumers understand their protections under the Mental Health Parity Act. According to a survey commissioned by the American Psychological Association, only 4 percent of Americans were familiar with the mental health parity law as of 2014, and just 7 percent were aware of mental health parity more broadly. Those numbers didn't change from the time of passage

of the Affordable Care Act in 2010 through the first years of enrollment in 2014.

Mental health parity means insurance companies can't discriminate against Americans battling addiction in the opioid crisis. Parity means insurance companies can't make it harder to get care for deadly eating disorders than it is to get care for deadly cancer. Parity means we treat mental healthcare like healthcare because that is exactly what it is.

The Affordable Care Act's protections have saved lives and the financial security of millions of Americans, including one family who told me the story of their battle to treat their 19-year-old daughter's eating disorder. Here is what they said:

Our daughter was a sophomore in college when she was diagnosed with an eating disorder. She had to take several leaves of absence from her studies to seek treatment. This would not have been financially possible without the benefits of the ACA. Had she left school for treatment before the passage of the ACA, she would have been dropped from our family insurance. But because of the ACA, she could continue under our coverage.

It was this ongoing treatment that has allowed our daughter to regain her health enough to graduate from college and maintain full-time employment.

While it is clear that parity has made improvements, we still have so much more to do.

This week, I heard from another family in my district about their daughter's struggle to get coverage and treatment. In the cycle of denials and arbitrarily reduced levels of care, her family was able to use the parity law to fight for their daughter's life in the courts.

But that is not enough. Parity protections have opened doors to better mental health and addiction treatment for so many Americans. As we observe Mental Health Awareness Month, it is important to acknowledge how far we have to go.

My amendment will help more Americans understand the benefits and protections available to them and help them get the care they need.

Mr. Chairman, I urge my colleagues to support it, and I reserve the balance of my time.

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

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

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

Mr. DEUTCH. Mr. Chairman, this is an important amendment so that every American understands that mental health is health and that we need to care as much about the health of our bodies from our shoulders up as we do from our shoulders down. That is what people need to be made aware of so they have the ability to fight for that access to mental healthcare.

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

Mr. WALDEN. Mr. Chairman, I appreciate the gentleman's commitment, especially on mental health and substance abuse. He has done a lot of work in this area.

I know, Mr. Chairman, when we in the last Congress worked together in a bipartisan way, we passed 60 different bills related to the deadly scourge of opioid addiction and overdose. The prior Congress to that I believe is when we rewrote America's mental health laws for the first time in decades.

We all have friends, family, and people in our communities who need help, especially with mental health and, as we know, substance use disorder. We did a lot of good work, I would say. We have to make sure, to the gentleman's point, that the efforts we have put forward, the programs we have initiated, and the funding we put behind these programs actually get to the people who need the help.

Mr. Chairman, I yield such time as he may consume to the gentleman from Texas (Mr. BURGESS), who was chairman of our subcommittee when we were in the majority and now is the top Republican of the Health Subcommittee, to talk a little bit about these issues.

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

Mr. Chairman, I think the kindest thing I can say about this amendment is it should not be necessary.

Just a brief review of the history of mental health parity as it relates to our healthcare system, of course, those of us who were here in Congress the day after the Lehman Brothers bankruptcy was declared in September 2008 will recall that Patrick Kennedy's bill dealing with mental health parity was used as the vehicle to provide the Troubled Asset Relief Program, which followed in the wake of the Lehman Brothers bankruptcy.

So mental health parity was actually written into law in 2008, signed by George W. Bush. That was 2 years prior to the passage of the Affordable Care Act.

So the Affordable Care Act comes along. The essential health benefits were eventually disclosed in the Affordable Care Act in November 2012, about a week after election day, if I recall correctly.

The mental health parity rules were not written by the Department of Health and Human Services until probably 2 years after that, but they were written under Secretary Sebelius. As a consequence, those have been the rules of the road ever since.

I guess what I don't quite understand is why the navigator system constructed under the Affordable Care Act was not constructed in a way that would have allowed this information to be part of the package of information that is disclosed by the navigators.

Perhaps had we had a hearing in the Energy and Commerce Committee dealing with this, it might have been instructive when we did the 10-year reauthorization of the State Children's

Health Insurance Program a little over a year ago. The parity language was, in fact, included at the request of a Democratic member of the Energy and Commerce Committee. The parity language was included in the rewriting of the re-authorization of the State Children's Health Insurance Program.

But my recollection was, in the navigator program, this should have been part of the basic information offered by the navigators.

I guess, to sum up, I do not understand why it would now take an act of Congress to get them to do what they were required to do upon the signing of the passage of the Affordable Care Act.

Mr. WALDEN. Mr. Chairman, I would just conclude that I appreciate the gentleman's comments.

As I look at a bunch of amendments coming up, to my colleague from Texas (Mr. BURGESS), there are a whole bunch of these that they are saying, oh, we have to order the navigators do this, do this, and do that.

You wonder what their current training is that we have to pass laws telling them to learn about these things and then go talk to people.

This is part of my argument that we are pumping a lot of money into a program that we know there has been—I don't know if I can say fraud, but if you got \$200,000 to enroll one person or \$2.7 million to enroll 314, some of the Nation's leading editorial writers have had some pretty strong words to say about corruption and scam artists and that sort of thing.

We are having to pass laws that tell them, oh, by the way, talk about mental health, talk about substance abuse, talk about referrals to community-based organizations, the navigator system, vulnerable populations, all these things. Holy smokes, what don't they know and what is left out?

We should have a hearing on this issue in the committee as well as the Medicare for All proposal.

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

The Acting CHAIR (Mr. LYNCH). The question is on the amendment, as modified, offered by the gentleman from Florida (Mr. DEUTCH).

The amendment, as modified, was agreed to.

AMENDMENT NO. 18 OFFERED BY MR. BROWN OF MARYLAND

The Acting CHAIR. It is now in order to consider amendment No. 18 printed in House Report 116-61.

Mr. BROWN of Maryland. Mr. Chairman, 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 48, line 21, strike the period and insert "and shall be provided to populations residing in high health disparity areas (as defined in subparagraph (E)) served by the Exchange, in addition to other populations served by the Exchange."

Page 49, line 18, strike the end quotes and the second period and insert the following:

"(E) HIGH HEALTH DISPARITY AREA DEFINED.—For purposes of subparagraph (A),

the term 'high health disparity area' means a contiguous geographic area that—

"(i) is located in one census tract or ZIP code;

"(ii) has measurable and documented racial, ethnic, or geographic health disparities;

"(iii) has a low-income population, as demonstrated by—

"(I) average income below 138 percent of the Federal poverty line; or

"(II) a rate of participation in the special supplemental nutrition program under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786) that is higher than the national average rate of participation in such program;

"(iv) has poor health outcomes, as demonstrated by—

"(I) lower life expectancy than the national average; or

"(II) a higher percentage of instances of low birth weight than the national average; and

"(v) is part of a Metropolitan Statistical Area identified by the Office of Management and Budget."

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from Maryland (Mr. BROWN) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Maryland.

Mr. BROWN of Maryland. Mr. Chairman, I yield myself 3½ minutes.

Mr. Chairman, I rise in support of my amendment and the underlying legislative effort that would lower the cost of prescription drugs, crack down on junk insurance plans being encouraged by the Trump administration, and reverse the administration's irresponsible sabotage of the Affordable Care Act.

Specifically, my amendment would require the HHS Secretary to conduct educational outreach to communities with high health disparities and would thereby expand outreach efforts to increase coverage among African Americans, Latinos, Native Americans, low-income families, and rural communities.

Our effort to help more Americans get access to affordable healthcare comes just as we are seeing the impact of the Trump administration's effort to undermine our healthcare system.

This week, we learned that more than 1 million Americans lost their health insurance in the past year, and the number of Americans in high-deductible plans reached an all-time high.

Black and Latino Americans and families living at or near the poverty line are particularly impacted by President Trump's sabotage. These communities are the most at risk of being uninsured, and these communities have always faced the greatest barriers to obtaining care and have reported the poorest health outcomes.

□ 1700

Before the Trump administration, we saw large gains in coverage for low-income individuals and people of color under the Affordable Care Act.

Finally having that health insurance made a key difference in determining when people got care, where they got

their care, and, ultimately, how healthy they could be. However, this progress has been rapidly reversed over the last 2 years.

My amendment would ensure that we aren't leaving behind those with predictably poor health outcomes, like those with lower life expectancy or children born with lower birthweight.

Families in high-disparity areas suffer from low levels of healthcare, literacy, language barriers, and limited awareness of the Affordable Care Act's coverage options.

In this uncertain environment, in our complicated healthcare system, in this constant fight for access to healthcare in this country, knowledge is half the battle.

I strongly encourage my colleagues to support this amendment. Help all Americans attain the knowledge they need and win their healthcare battles.

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

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

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

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

Mr. BROWN of Maryland. Mr. Chairman, I yield 1 minute to the gentleman from Illinois (Mr. KRISHNAMOORTHI).

Mr. KRISHNAMOORTHI. Mr. Chairman, I rise today in support of amendment No. 18 to H.R. 987.

I want to thank Congressman BROWN for his partnership on this amendment, which will ensure that we conduct thorough outreach to inform consumers in areas with high health disparities about their insurance options.

The underlying legislation restores assistance to help Americans enroll in affordable, high-quality health insurance, and this amendment makes sure those efforts include a particular focus on low-income areas most in need not only of health insurance, but also of improved health outcomes.

In addition to reversing the Trump administration's sabotage of the Affordable Care Act, this bill is a huge step forward in our efforts to lower the cost of prescription drugs.

For families in my district and across the country, the high cost of prescription drugs is more than a health issue; it is an economic issue. Increasing competition and improving access to safe, lower cost generics can save American families thousands of dollars each year at the pharmacy counter.

Mr. Chair, working families are counting on this body to help strengthen access to high-quality health insurance. For this reason, Mr. Chair, I urge my colleagues to support this amendment.

Mr. BROWN of Maryland. Mr. Chair, may I inquire as to how much time is remaining.

The Acting CHAIR. The gentleman from Maryland has 1½ minutes remaining.

Mr. BROWN of Maryland. Mr. Chair, I yield such time as she may consume to the gentlewoman from California (Ms. BARRAGÁN).

Ms. BARRAGÁN. Mr. Chair, I am proud to join my colleague, Congressman BROWN, in cosponsoring his amendment, implementing outreach and educational activities in areas with high health disparities.

I know about this all too well. I represent one of these districts, a district that is a majority minority. It is 88 percent Latino and African American, combined. These are the types of districts where you have higher health disparities happening, where Latinos and African Americans have more diabetes than anybody else.

My district also happens to be 357 out of 435. That is where we land as far as income of all the congressional districts in Congress, where people need this information. They need the outreach so that they know what kind of access they have to healthcare so that they have those options.

Providing opportunities to underserved communities to learn about their healthcare coverage options will result in more people signing up for affordable care. More people will get treated when they become sick, and more people will be able to live healthy and productive lives.

Mr. Chair, I urge my colleagues to support this amendment.

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

Mr. WALDEN. Mr. Chairman, let me just say a couple of things. One, I represent a very rural district in Oregon. It is two-thirds of the landmass of the State. We suffer a lot of these same issues: low income, high levels of poverty, and the need for basic services.

Mr. Chairman, that is why I worry a lot about making sure our community health centers get funded. I think you know this. They run out of funding in just a matter of months. The National Health Service Corps, same thing. By the end of September, I think they run out of money. I have a number of Indian reservations. Native Americans. Their Special Diabetes Program runs out of money. The teaching health centers run out of money.

Yes, today we are pouring money into a program that some of our Nation's leading editorial writers have called susceptible to scam artists and corruption and that spends \$2.7 million to sign up 314 people. That doesn't seem like a very good expenditure to me. I would rather put that money into our community health centers and into some of these other proven programs that work.

I think it is fine to do outreach, certainly, and to expand education. I do wish it were more fulsome. I wish there weren't a gag restriction on our navigators so that they can't talk about other insurance alternatives that our States have pioneered and regulate, that even the Obama administration

approved these short-term plans; yet derided today, these were approved, in many cases, under the last administration.

This one said: If they work good for 3 months, let's see if States want them for 6 or 9 or pretty close to 12.

That is what the President did.

President Trump, too, if you think about the economy—all we ever hear on the other side is kind of all the negative. It is sort of Debbie Downer day here.

Actually, the economy is doing really well, and, as a result, people are getting jobs. When they are getting jobs, they are getting bigger paychecks. They are also getting insurance. And 2.5 million people now have insurance who didn't have it before, through their employer, during the Trump administration.

I realize they are not going to go bragging on the Trump administration, my friends to the left, but I do think it is important to get the facts out there because facts matter, and I believe in facts.

Mr. Chair, 2.5 million more people now have insurance who didn't have it before, and they have it through their employer. That is the direction we should go: jobs, income, insurance through your employer.

Then what we really should focus on—and I think there is bipartisan support for this—is how do we get at the costs for healthcare.

By the way, who knows what anything costs, right? We are paying more and more out of pocket through our deductibles and our copays, yet what does an MRI cost here versus there versus there?

I was at the White House with the President on Thursday, Mr. Chair, and he is going after surprise billing. My friend from New Jersey and I are joined on this effort to pass bipartisan legislation so that the consumer doesn't get stuck with a bill because somebody showed up to care for him at a hospital that, it turns out, wasn't in their plan. They played by the rules, the consumer did.

We had one example there of a doctor whose daughter got care and then was asked to do a urine test because of some medication. They wanted to do just a quick test. The doctor said: Hey, will you do it? She did it on the way out.

It turned out the lab, I think it was, was not in the network of her insurance plan. She didn't know that. She just followed the doctor's orders. Do you know what that bill was? Over \$17,000.

He brought a copy of the bill. I don't have it here, but he brought it to the White House.

And President Trump is full-throat ready to solve this. Just as he and his administration—I don't think we have ever had a President, not in my lifetime, that has leaned in more to get prescription drug prices down for consumers.

That is what is going on there in the real world. And the President and Secretary Azar and the team at CMS, they are leading on this now.

There are things you might like or dislike in terms of their proposals, but we have never had a President and an administration do more to try and drive out the unnecessary costs that consumers are being forced to pay.

That is where they are making the decision of whether they can afford to actually take the drugs from the pharmacist and go home or leave them on the counter.

So we have got a lot of issues, and some of them we are going to work out. I just so regret that we are here today with these for funding the navigator program with another \$25 million on top of the 68 so they can spend \$2.7 million and sign up 314 people. We can do that much more efficiently. We have proven that.

CMS says that others can do it for much less money, much less money. Not \$767 per enrollee, but \$2.40. Who wouldn't take that deal, \$2.40 per enrollee or \$767?

So I just think there is a better way to operate. This amendment is fine in the end, I guess, and so I yield back the balance of my time.

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

The amendment was agreed to.

AMENDMENT NO. 19 OFFERED BY MR. GOMEZ

The Acting CHAIR. It is now in order to consider amendment No. 19 printed in House Report 116-61.

Mr. GOMEZ. Mr. 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 45, line 24, strike "and".

Page 45, after line 24, insert the following new subparagraphs:

(B) in subparagraph (D), by striking "and" at the end;

(C) in subparagraph (E), by striking the period at the end and inserting ";" and";

(D) by inserting after subparagraph (E) the following new subparagraph:

"(F) provide referrals to community-based organizations that address social needs related to health outcomes.;" and

Page 46, line 1, strike "(B)" and insert "(E)".

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from California (Mr. GOMEZ) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from California.

Mr. GOMEZ. Mr. Chair, I believe that the American people are well aware that this administration, the Trump administration, has taken steps to sabotage the Affordable Care Act, and now my party, the Democrats, are taking major steps to reverse it. But, as we do so, we should also address health equity.

My amendment will ensure that the ACA navigators can and should refer

Americans to community-based organizations that also address social needs tied to health outcomes.

Social factors like your ZIP Code, income, race, ethnicity, and language ability all play a major role in one's health. A good example in the communities I represent is housing and homelessness. Without adequate housing, it is hard to address people's healthcare needs.

At a recent roundtable I had with hospitals, community health centers, and other medical professionals, they made clear that homelessness profoundly impacts people's and their patients' health. Hospitals like L.A. County-USC are looking at homelessness as a health risk factor.

What does that mean? That means, when you get checked into L.A. County-USC, they not only determine do you have a family history of pre-existing conditions like heart disease and hypertension, have you suffered from alcoholism, they not only consider that, but now they put on the board, right above the patient, "Homeless."

The reason why is that you might be able to take care of their underlying healthcare condition, but, if they end up back on the street days later, then their health outcomes will be negatively impacted.

So organizations in our communities that are not necessarily healthcare related can play a critical role in addressing healthcare outcomes.

Navigators must understand what our constituents are facing. They can meet people where they are and are well positioned to refer them to organizations that can improve that individual's long-term healthcare outcome and also reduce costs.

We know that the Trump administration is undermining ObamaCare, and we need to reverse it with this legislation. Yet, at the same time, we must improve health equity to ensure all Americans have meaningful access to care. My amendment would do just that: improve health equity, lower costs, and help Americans from all backgrounds get and stay healthy.

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

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

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

Mr. WALDEN. Mr. Chair, I will try and make this fairly quick.

I actually am going to oppose this amendment for this reason. Here we are going through trying to say to the health navigators, in amendment after amendment: Your job is to enroll people in health insurance. That is your job. And, by the way, we are going to have to pass a law that tells you to be sure and include a discussion about mental health, be sure and include and get educated on substance use disorder benefits.

One after another, we are going through and putting in the statute all the things that ought to be, A, common sense and, B, ought to be part of an overall educational program for the navigators.

And now recognizing, well, first of all, they are very expensive; second, there has been at least some level of questionable activity in the use of the taxpayer dollars; and, third, they don't know what they are doing, so we have got to instruct them via statute; now we are going to say: By the way, go do all these other things, too, that have nothing to do directly with enrolling people in the Affordable Care Act.

So you are going to say, on the one hand: We don't think you are getting it right; we have got to give you more money. Now we are going to give you new duties that are kind of loosely described, if you ask me, to provide referrals to community-based organizations and address social needs related to health outcomes.

That is all going to be in law now? Really?

I think this whole program, the more I sit and listen to all the amendments that need to be put into law to change it—this was an ObamaCare creation, so I guess we are—I don't know. I wouldn't say you are sabotaging ObamaCare with this, but, certainly, you are changing ObamaCare and the navigators.

We are looking at the costs, and, gosh, there is a lot we could do.

□ 1715

I think the gentleman has 40 health centers in his district. And I assume he knows that I have got about 63 locations; and I assume the gentleman knows the money for those health centers runs out at the end of the fiscal year, and we have got to find a way to pay for that. I would rather put the money into that than into this program.

So, Mr. Chairman, I am going to oppose this amendment, and I yield back the balance of my time.

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

The amendment was agreed to.

AMENDMENT NO. 20 OFFERED BY MS. ESCOBAR

The Acting CHAIR. It is now in order to consider amendment No. 20 printed in House Report 116-61.

Ms. ESCOBAR. Mr. Chairman, 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 45, strike lines 20 through 24 and insert the following:

(A) by amending subparagraph (C) to read as follows:

"(C) facilitate enrollment, including with respect to individuals with English proficiency and individuals with chronic illnesses, in qualified health plans, State medicaid plans under title XIX of the Social Security Act, and State child health plans under title XXI of such Act; and".

The Acting CHAIR. Pursuant to House Resolution 377, the gentlewoman from Texas (Ms. ESCOBAR) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Texas.

MODIFICATION TO AMENDMENT NO. 20 OFFERED BY MS. ESCOBAR

Ms. ESCOBAR. Mr. Chairman, I ask unanimous consent that my amendment be modified in the form that I have placed at the desk.

The Acting CHAIR. The Clerk will report the modification.

The Clerk read as follows:

MODIFICATION TO AMENDMENT NO. 20 PRINTED IN HOUSE REPORT NO. 116-61

OFFERED BY MS. ESCOBAR OF TEXAS

In lieu of the matter proposed to be inserted, insert the following:

Page 45, strike lines 20 through 24 and insert the following:

(A) by amending subparagraph (C) to read as follows:

"(C) facilitate enrollment, including with respect to individuals with limited English proficiency and individuals with chronic illnesses, in qualified health plans, State medicaid plans under title XIX of the Social Security Act, and State child health plans under title XXI of such Act; and".

Ms. ESCOBAR (during the reading). Mr. Chair, I ask unanimous consent to dispense with the reading.

The Acting CHAIR. Is there objection to the request of the gentlewoman from Texas?

Mr. WALDEN. Mr. Chairman, reserving the right to object.

The Acting CHAIR. The gentleman from Oregon is recognized on his reservation.

Mr. WALDEN. Mr. Chairman, I guess this is the second time we have had to edit amendments on the House floor, if I understand what is happening.

There were a lot of amendments offered in the Rules Committee. We were promised by the Democrats at the beginning of this legislative session that this would be an open House where our amendments would be considered. I know 92 percent of the amendments the Democrats have allowed to come to the floor have been Democrat amendments. Imagine that.

We had 16 Republican amendments on this bill alone. We got one amendment. Democrats got 25, and two of them we have had to edit here on the floor. And then we had one that was a bipartisan, just technical change amendment.

I sure hope we are not going to see that for the rest of this Congress under Democratic control, that we are shut out of the amendment process.

When Republicans were in charge and had the Rules Committee, 45 percent, something like that, of the amendments were minority amendments, Democrat amendments. We opened the floor to that, and now it has been shut down.

Mr. Chairman, I won't object to this change. It needs to be done.

Mr. Chairman, I withdraw my objection.

The Acting CHAIR. The reservation is withdrawn.

Without objection, the reading of the modification is dispensed with.

There was no objection.

The Acting CHAIR. Is there objection to the original request of the gentlewoman from Texas?

There was no objection.

The Acting CHAIR. The amendment is modified.

The Chair recognizes the gentlewoman from Texas.

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

I rise today to offer an amendment to H.R. 987, the Strengthening Health Care and Lowering Prescription Drug Costs Act.

The navigator program is crucial to communities like El Paso, where we have one of the highest uninsured rates in the State of Texas.

Navigators provide free assistance to my constituents as they maneuver through the marketplace to find a healthcare plan that is right for them. When funded adequately, these programs help decrease the uninsured population across the country.

However, the Trump administration has sought to cut funding for the navigator program in its plan to systematically undermine the Affordable Care Act.

By slashing the program's funding by 84 percent over the last 2 years, the total funds allotted for it now stands at \$10 million.

To exemplify these draconian cuts, consider this:

In 2017, there were nine navigator programs funded in Texas and two operating in El Paso County.

In 2018, the number of navigator programs in Texas dropped to just two, with only one now operating in El Paso County. This presents a challenge to States and districts like mine that have seen their populations increase over the past decade.

The Center for Medicare and Medicaid Services has coupled these deep cuts with a rule overturning a requirement for navigator programs to train their assisters to help individuals with chronic illnesses and limited English proficiency.

While the Trump administration claims this will give navigators more flexibility to tailor their training for the populations they serve, it is really another attempt to scale back what has proven to be a successful program.

By cutting funds and reversing this requirement, navigator programs will be forced to choose between extra training for their assisters or hiring more of them to cover counties now lacking operational programs.

Navigator programs that do not provide proper training could result in their assisters being underprepared when a consumer from a vulnerable population comes to them for assistance. Enrolling in the marketplace can be complex for anyone, especially for those whose primary language is not English.

While H.R. 987 restores funding to the navigator program, we must ensure these programs continue to train their assisters to help underserved populations.

My amendment does just that by requiring Navigators to provide training for their assisters to serve vulnerable populations, including individuals with chronic illnesses and limited English proficiency.

In my home county of El Paso, there are almost 25,000 uninsured individuals who are not English proficient. This amendment will ensure navigator programs are able to help all El Pasoans find suitable healthcare plans.

Simply put, Mr. Chair, access to affordable healthcare is a right, and my amendment ensures we make every attempt to leave no one behind.

I urge my colleagues to support this amendment, and I thank Representatives TORRES and PORTER for their co-sponsorship.

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

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

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

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

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

Mr. WALDEN. Mr. Chairman, I know it has been a long day here on the floor, and we are covering a lot of ground. We have got a few more amendments to go.

Again, I think as we go through these amendments, and the gentlewoman is spot on, we have got to make sure people are trying to help people get access to insurance; can speak the language, can assist in each one of our districts.

But it is kind of an indictment to the existing program, if you think about it, that you have got to come here and legislate this. To me, whether it is about mental health, or substance abuse, or this, or the one before, this should be commonsense management of a program, and it tells me we have got a problem with the underlying navigator program.

We know that it is very, very expensive. We know that they enroll less than 1 percent, less than 1 percent. Everything we are arguing about this afternoon with all the amendments on the navigator program, both, are shining the light on the shortcomings of the program itself, which I think the administration has pointed to and said. This thing isn't working very well, and it is at the least very expensive; \$767 per enrollee, it appears. In the private sector they do it for much, much, much, much less.

So it is not that this amendment is bad or misguided. I don't think it is. But I think, once again, it is like a bright light on the underlying program that must be fraught with all kinds of problems, because we have got 16—no,

wait. We have got 25 amendments from my friends on the other side of the aisle, most of which are to tell the navigator how to do a better job and to put in Federal statute how to, basically have common sense.

I have never thought, by the way, you could legislate common sense. I don't know what my colleagues think of that. I never thought you could.

But I do know we need to fund community health centers, and the National Health Service Corps, and special diabetes programs, and teaching hospitals. And we have got this issue of the—this will be one that will be interesting.

If you don't want to change ObamaCare, are you going to let the Cadillac tax hit insurance plans of union workers and people working in business?

Or are you going to put off the big cuts that are coming right at our hospitals?

I had my hospitals in the other day, and they are saying, Boy, I sure hope you are going to turn off those DSH cuts that are headed our way. We did that last Congress. I helped lead the effort on that.

But that is actually called for in the underlying ObamaCare which, by the way, a disproportionate share of hospitals are those in our rural areas, in many cases, have a high portion of Medicaid, and they were supposed to, as part of the grand bargain with the Obama administration and Democrats, take these cuts. And now they are coming back to us saying, We can't afford to take these cuts.

So I don't know if you will describe that as sabotaging ObamaCare, but I will bet you are going to join us in trying to hold off those DSH cuts that are coming at our community hospitals.

So it just strikes me, again, that this navigator program must be a mini-disaster in the making if everybody has to come to the floor with an amendment to tell them how to do their job, and to reach out and serve the people this whole thing was intended to serve.

So it is not that I am opposed to the amendment. I just think the underlying program is pretty darn expensive. But you have heard me say that before today, Mr. Chairman, a time or two.

I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment, as modified, offered by the gentlewoman from Texas (Ms. ESCOBAR).

The amendment, as modified, was agreed to.

AMENDMENT NO. 21 OFFERED BY MS. WEXTON

The Acting CHAIR. It is now in order to consider amendment No. 21 printed in House Report 116-61.

Ms. WEXTON. Mr. Chairman, 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 204, strike "The Secretary" and insert the following:

## (b) PROHIBITION.—The Secretary

In section 204, insert after the header the following new subsection:

(a) FINDINGS.—Congress finds the following:

(1) On August 3, 2018, the Administration issued a final rule entitled “short-term, limited-duration insurance” (83 Fed. Reg. 38212).

(2) The final rule dramatically expands the sale and marketing of insurance that—

(A) may discriminate against individuals living with preexisting health conditions, including children with complex medical needs and disabilities and their families;

(B) lacks important financial protections provided by the Patient Protection and Affordable Care Act (Public Law 111-148), including the prohibition of annual and lifetime coverage limits and annual out-of-pocket limits, that may increase the cost of treatment and cause financial hardship to those requiring medical care, including children with complex medical needs and disabilities and their families; and

(C) excludes coverage of essential health benefits including hospitalization, prescription drugs, and other lifesaving care.

(3) The implementation and enforcement of the final rule weakens critical protections for up to 130 million Americans living with preexisting health conditions and may place a large financial burden on those who enroll in short-term limited-duration insurance, which jeopardizes Americans’ access to quality, affordable health insurance.

The Acting CHAIR. Pursuant to House Resolution 377, the gentlewoman from Virginia (Ms. WEXTON) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Virginia.

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

Mr. Chairman, my amendment includes findings about how short-term, limited-duration insurance weakens protections for the millions of Americans living with preexisting health conditions, including children with complex medical needs and disabilities.

Last year, the Trump administration greatly expanded the sale and marketing of short-term, limited-duration insurance, also known as junk insurance, plans. And these plans are junk because they don’t provide critical protections laid out by the Affordable Care Act.

As my amendment points out, these plans lack important financial protections, may discriminate against individuals living with preexisting conditions, and may exclude coverage of essential health benefits such as prescription drugs and hospitalization.

The protections afforded by the Affordable Care Act are literally life-saving for children with complex medical needs and disabilities. These children require specialized treatment and medical care that depends on medications, therapies, and equipment such as ventilators, oxygen tanks, feeding tubes, and specialized wheelchairs. The ACA’s essential health benefits ensure plans cover this care and treatment that these children may need.

Children with complex medical needs often require extended hospital stays with medical care costing into the millions of dollars. Families who purchase

junk plans and whose children subsequently encounter medical difficulties may soon find that these insurance plans are effectively worthless, failing to cover the healthcare their children need, and terminating their coverage if it becomes too expensive. These children could also be subject to lifetime coverage caps that they would exceed before they are old enough even to go to preschool.

The Trump administration’s actions don’t only harm families purchasing junk plans. As more people participate in these junk plans, the families who remain in comprehensive ACA-compliant plans would also see the cost of their insurance premiums increase.

No family should face uncertainty about whether or not their children will have access to lifesaving care when they need it most.

My amendment includes findings that highlight just how harmful these junk plans are for the up to 130 million Americans living with preexisting health conditions, and how they jeopardize Americans’ access to quality, affordable health insurance.

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

Mr. WALDEN. Mr. Chairman, I seek time in opposition to the gentlewoman’s amendment.

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

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

□ 1730

Ms. WEXTON. Mr. Chairman, junk plans provide inadequate medical coverage and circumvent crucial consumer protections afforded by the Affordable Care Act and are harmful to those living with preexisting conditions.

We have a responsibility to guarantee affordable quality health insurance for every American.

Mr. Chair, I hope my colleagues agree, and I urge them to support this amendment. I thank my colleagues, and I yield back the balance of my time.

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

Mr. Chairman, I note that the gentlewoman’s amendment—and it is a serious amendment, we appreciate it being offered. But in her State of Virginia, the State of Virginia said it is okay to offer these plans up to 364 days duration, short-term, limited-duration insurance policies. These fill a gap that are regulated by her State.

These kinds of plans, Mr. Chairman, were first approved by the Obama administration, because they must have recognized that there would be a need for a short-term plan to fill a gap here and there, and obviously a lot of Americans have taken advantage of those plans.

Now, because of that, the Trump administration said, well, maybe if they are good for 3 months, we should let States decide up to a year, and then

they could go up to a couple of years, I guess. Four states have already said no way, no how; three have said 8 months, that is as long as you can go; 12 have said that you can go to 6 months; and 27 States, including the State of Virginia, the Commonwealth of Virginia, has said 364 days.

Now, look, the important thing here, and I think we would have to agree on this if this were the amendment, there should be full and complete disclosure of what these plans cover or do not cover, full and complete, completely transparent, because the last thing any of us wants is someone with a preexisting condition or some other issue or complex medical situation, like the gentlewoman described, from getting a plan that basically they are told covers those things when it doesn’t.

Now, it is interesting, I know Dr. BURGESS is not only a distinguished member of the Energy and Commerce Committee, but one of the rare individuals in our body that also serves on the Rules Committee.

If memory serves me right, Dr. BURGESS, I believe one of our colleagues, the chair of the Energy and Commerce Subcommittee on Health, had an amendment in the Rules Committee that would require full disclosure and transparency, right?

Mr. BURGESS. Will the gentleman yield?

Mr. WALDEN. I yield to the gentleman from Texas.

Mr. BURGESS. Mr. Chair, the gentleman is correct. And, in fact, if the gentleman will recall, that in our committee work on these bills dealing with the Affordable Care Act, the chairwoman of the Subcommittee on Health actually had this as a stand-alone bill.

It was not considered when we did the markup on the other four bills. For some reason, it fell off the list that day. I don’t know why. I wasn’t consulted, and I wasn’t advised. But it was offered as one of the amendments up in the Rules Committee, again, by a Democratic member of the Energy and Commerce Committee, the chairwoman of the Subcommittee on Health, but the amendment was not made in order.

And, again, I don’t know why. I was not part of the discussion of the majority that decided which amendments were going to come to the floor.

It was perhaps a little surprising, because a majority of the amendments that were made in order were Democratic amendments. And, again, this was a Democratic amendment.

I think the ranking member of the full committee and I agree, that this is precisely the type of situation where you would want the purchaser to have complete knowledge of what they were buying. And the State Commissioner of Insurance, I know in my State in Texas, is very clear about that. On the website of the State of Texas, you need to know what you are buying.

This would be one of those cases where that disclosure, in fact, would be extremely helpful to the family that is

trying to make a decision. Because, look, why is someone looking at buying a limited-duration plan? They are looking at buying a limited-duration plan because they can't afford what is being sold on healthcare.gov or there perhaps is some temporary situation, a job transition or something that they are trying to cover.

The fact of the matter remains that the child described in the previous discussion would likely be better covered in one of the plans sold at healthcare.gov, but if, for whatever reason, the family decided that they wanted to investigate a less expensive plan and a limited-duration plan, that is certainly their right to do so. Probably not the best advice for them to buy that limited-duration plan, but certainly they should be free to do so, but they should also receive the information.

Mr. WALDEN. Mr. Chair, back to the issue of the gentlewoman's amendment, the chair of the Subcommittee on Health, her amendment, the short summary here says:

Require short-term, limited-duration insurance plans to prominently carry a disclosure the plan provides coverage for limited medical conditions and benefits.

That amendment was not made in order. It should have been made in order, because then we could get to the other question here, which I think we all agree on, is that there needs to be complete transparency of these things, because they don't cover everything. We all buy lots of insurance products for cars, houses, life insurance, disability, and all these things, and I want it to be easy to understand, full disclosure.

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

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

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

Ms. WEXTON. Mr. 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 Virginia will be postponed.

AMENDMENT NO. 22 OFFERED BY MR. PAPPAS

The Acting CHAIR. It is now in order to consider amendment No. 22 printed in House Report 116-61.

Mr. PAPPAS. Mr. 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 47, line 23, insert after "ACTIVITIES", the following: "AND ANNUAL ENROLLMENT TARGETS" (and update the table of contents accordingly).

Page 48, line 2, strike "paragraph" and insert "paragraphs".

Page 49, line 18, strike the closing quotation mark and second period and insert the following:

"(5) ANNUAL ENROLLMENT TARGETS.—For plan year 2020 and each subsequent plan

year, in the case of an Exchange established or operated by the Secretary within a State pursuant to this subsection, the Secretary shall establish annual enrollment targets for such Exchange for such year."

The Acting CHAIR. Pursuant to House Resolution 377, 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. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, I want to thank my colleagues for introducing this legislation that works to improve our healthcare system and lower the skyrocketing costs of prescription drugs. This bill will bring much needed relief to the millions of Americans who are struggling to afford the care that they need.

The people from my home State of New Hampshire know that we must move beyond a political debate over the ACA to bipartisan action that will improve coverage and lower costs.

Just last week, I was proud to vote to protect Americans with preexisting conditions and introduce an amendment to safeguard coverage for those suffering from substance use disorder.

The amendment I am offering today strengthens this legislation and the ACA by ensuring the administration is actively working to expand Americans' access to care.

Specifically, my amendment requires the Department of Health and Human Services to set enrollment targets, goals that can be tracked and pursued with smart investments of resources.

This commonsense practice was employed by the previous administration, yet the Trump administration has failed to do so.

While they should be promoting enrollment for affordable coverage, Health and Human Services has slashed the advertisement and outreach budget by 90 percent and it cut in-person enrollment assistance funding nearly in half.

These actions have very real consequences. Recent reports indicate that more than 1.1 million Americans lost healthcare coverage in 2018.

In my State of New Hampshire, more than 10,000 individuals lost coverage over the past 3 years.

These cuts have hindered organizations such as the Bi-State Primary Care Association in New Hampshire.

The organization is responsible for helping nearly 110,000 underserved Granite Staters navigate the complexities of our healthcare system and find coverage in the enrollment period, which lasts only 6 weeks.

In the words of Executive Director Tess Kuennen:

The loss in funding means a loss of a trusted impartial adviser educating and providing information so people can make an informed decision about health insurance coverage.

Without collecting and monitoring enrollment numbers, it is impossible to hold the department accountable or

track how they are deploying resources to support enrollment.

In fact, the nonpartisan GAO slammed the administration for refusing to set targets and having no way to evaluate overall performance.

As a small business owner, I can't fathom how leaders can work towards success without clearly defined goals. How do you measure progress? How do you know how to best utilize your resources? How do you know if you need to make a course correction?

The American people deserve to know their government is working to expand access to care, not seeking to limit it.

In the greatest Nation on Earth, no American should miss the opportunity to have healthcare, economic security, quality of life, and the peace of mind that comes with it.

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

Mr. WALDEN. Mr. Chairman, I rise in opposition to the amendment.

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

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

Mr. PAPPAS. Mr. Chairman, I urge adoption of this amendment, and I yield back the balance of my time.

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

Mr. Chairman, while I appreciate the gentleman's amendment, and I am all about setting targets and holding people accountable for their goals, it turns out the navigators already tried that, and it didn't work very well. So I don't know that having Secretary Azar set a goal for each of the exchanges and all is going to work any better.

Navigators enrolled less than 1 percent of total enrollees. And according to one report, in fact, the navigator's program had an enrollment goal of 2,000, but, well, he kind of fell short. He only enrolled one person. So that is a bit of a problem.

I think goals are a good thing, but I don't know that that is going to help here. We know how many people get enrolled. We know information around this.

I don't know. Once again, here we are trying to micromanage a program that clearly has a lot of flaws, or we wouldn't be putting all these things into statute.

I mean, I don't think we are giving these amendments to 25 Democrats just because they are freshmen. I think they have substantive issues they are trying to bring to the floor here. But it seems to me that this is really odd to micromanage a program to this level, and so I am going to end up opposing this amendment.

Mr. Chairman, 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. 23 OFFERED BY MR. COX OF CALIFORNIA

The Acting CHAIR. It is now in order to consider amendment No. 23 printed in House Report 116-61.

Mr. COX of California. Mr. 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 47, after line 18, insert the following:

(b) PROMOTE TRANSPARENCY AND ACCOUNTABILITY IN THE ADMINISTRATION'S EXPENDITURES OF EXCHANGE USER FEES.—For plan year 2020 and each subsequent plan year, not later than the date that is 3 months after the end of such plan year, the Secretary of Health and Human Services shall submit to the appropriate committees of Congress and make available to the public an annual report on the expenditures by the Department of Health and Human Services of user fees collected pursuant to section 156.50 of title 45, Code of Federal Regulations (or any successor regulations). Each such report for a plan year shall include a detailed accounting of the amount of such user fees collected during such plan year and of the amount of such expenditures used during such plan year for the federally facilitated Exchange operated pursuant to section 1321(c) of the Patient Protection and Affordable Care Act (42 U.S.C. 18041(c)) on outreach and enrollment activities, navigators, maintenance of Healthcare.gov, and operation of call centers.

Page 47, line 19, strike "(B)" and insert "(C)".

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from California (Mr. Cox) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from California.

Mr. COX of California. Mr. Chair, I am honored to be here today to introduce my amendment to H.R. 987, the Strengthening Health Care and Lowering Prescription Drug Costs Act.

My amendment promotes transparency and accountability to how the Trump administration is spending Affordable Care Act, ACA, user fees.

For nearly 2 years now, the Trump administration and Republicans in Congress have tried and failed to repeal the ACA. Had they been successful, 23 million hardworking Americans would have lost their health insurance and be left with nothing, no health security for themselves, their children, or their families.

When those efforts didn't pan out, the Trump administration and our friends across the aisle turned their attention to sabotaging the ACA, dismantling the law piece by piece.

First on the chopping block, they shorted the ACA enrollment periods by over half, from 92 days to 45. Less time to make a decision means less participation.

Next up was cutting funding for consumer education and outreach, not just a small cut, but a reduction of 90 percent from \$100 million to just \$10 million.

The goals are clear: let's keep public healthcare options a secret and let's

make it as difficult as possible to insure yourself and your family.

Funding for vital navigator programs was slashed by 40 percent. This was a move the Government Accountability Office, the GAO, has self-described as "problematic." But it is much more than problematic; it is detrimental.

It is clear their goal is and always has been to drive ACA enrollment down to zero.

Last year, the administration began allowing insurance companies to provide junk insurance plans, plans that, for one, don't protect consumers with preexisting conditions.

Now the administration is pushing the ACA navigators to promote these junk plans, advertising these plans as somehow comparable to qualified ACA plans that provide full protections.

Obviously, consumers are going to be confused by this.

The GAO found that the drastic reduction in outreach and advertising, "Likely detracted from the 2018 enrollment."

That is not likely. That is a fact.

This is unacceptable, and it works directly against the intent of the law, which is to get more people healthcare coverage.

For some reason, this administration thinks that having uninsured Americans is a good thing.

My Democratic colleagues, the American public, and I believe differently.

In my home State of California, we saw the value of investing in ACA consumer education outreach. The way to get people covered and reduce uninsured rates is to educate consumers about their healthcare coverage options and make sure they know that healthcare insurance is affordable and within reach.

Having strong consumer outreach and enrollment activities can, in fact, lower premiums. This is exactly what we found in California.

Our State program covering California estimates that its outreach activities lowered premiums by up to 8 percent for all consumers.

□ 1745

This is basic economics. More participants equal lower costs for everyone. That 8 percent reduction amounts to some \$576 million in my State alone. That, my friends, is a great investment.

There is a clear intent by this administration and the Republican Members to undermine the Affordable Care Act by drastically reducing vital funding for a fully functioning marketplace. And who does that hurt? Everyone.

This administration intends to jam the spokes on the progress the ACA has made to increase the number of people with healthcare coverage. Congress and the American people deserve answers to these attempts to subvert the ACA.

First, we need to know what the administration has been spending ACA user fees on if they are not using these

funds for education and outreach. We need to know why you are still charging States a 3½ percent user fee to access a Federal platform if those fees aren't being used for the purposes they were collected. And, naturally, we need to know why there was a recent 50 percent increase in user fees for State-based marketplaces. Talk about a tax rate hike.

My amendment seeks answers. It requires an annual report to be submitted to Congress that includes a detailed breakdown on spending for, one, outreach and enrollment; two, the navigator program; and, three, the maintenance of healthcare.gov and the call centers.

No one should be denied or dropped healthcare coverage because they are a senior, pregnant, or get sick. Healthcare is a right, not a privilege, and everyone deserves access to quality, affordable care. It is critical now, more than ever, for us to receive answers on how the ACA user fees have been spent over the last 2 years by this administration.

I urge my colleagues to support my amendment, and I yield back the balance of my time.

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

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

Mr. WALDEN. Mr. Chairman, it is amazing to me that 17 navigators, according to CMS, during the grant year 2016 to 2017, 17 of these navigators that my friends on the other side of the aisle are such big fans of enrolled fewer than 100 people at an average cost of \$5,000 per enrollee. That doesn't seem to be very cost efficient to me.

As I have said before, today, The Wall Street Journal investigation found one grantee got 200 grand and enrolled one person. This is a great program.

You can't understand why the Trump administration wants to cut back and put some boundaries around? I can't imagine why you would embrace that. I just don't get it.

The top 10 most expensive navigators collected \$2.77 million, and they signed up 314 people. Let that one sink in. I mean, if you all want to embrace that, that is up to you. Not the way I would do business.

The Las Vegas Review-Journal editorialized: "The navigator scheme is a make-work government jobs program rife with corruption and highly susceptible to scam artists. It's a slush fund for progressive constituent groups."

That is a respected newspaper. The journalist is writing this, Wall Street Journal's investigation.

We figure out \$62.5 million in grants enrolled 81,426 individuals. That is less than 1 percent. That is your navigators, Mr. Chairman, that some are so enthralled with; that is their body of work: \$62.5 million, 1 percent.

Now, if you just run a simple calculation, that means about \$767 was spent

per individual that was enrolled. That is a lot of money.

By contrast, agents and brokers assisted with 42 percent of the federally facilitated exchange enrollment for plan year 2018, which cost the FFE only \$2.40, \$2.40 per enrollee to provide training and technical assistance.

So we have before us this opportunity to either fund a program that appears to be susceptible to scam, according to one paper: One person gets enrolled, and one person gets paid \$200,000 to enroll that one person. That is the outcome. That doesn't seem to make a lot of sense to me.

So I would say to my colleague from California that where we really need the transparency and accountability is on the navigators themselves. That is where we ought to be investigating.

And on the short-term duration plans, it is unfortunate that Ms. ESHOO's amendment was not made in order, because I agree that we need more transparency on those plans so people know what they are buying. I don't want anybody to get a plan that doesn't cover what they need. I don't think any of us do.

So, Mr. Chairman, I oppose the gentleman's amendment, and unless any other Member requests time, I yield back the balance of my time.

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

The amendment was agreed to.

AMENDMENT NO. 24 OFFERED BY MR. COX OF CALIFORNIA

The Acting CHAIR. It is now in order to consider amendment No. 24 printed in House Report 116-61.

Mr. COX of California. Mr. Chairman, 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 48, line 20, after "populations," insert "individuals residing in areas where the unemployment rates exceeds the national average unemployment rate."

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from California (Mr. Cox) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from California.

Mr. COX of California. Mr. Chair, I am honored to be here today to introduce my amendment to H.R. 987, The Strengthening Health Care and Lowering Prescription Drug Costs Act.

My amendment would ensure that communities with high unemployment numbers are prioritized in the navigator outreach program.

The Affordable Care Act created navigator programs to provide outreach, education, and enrollment assistance to consumers shopping for healthcare coverage. Robust marketing and outreach programs through the navigator program have been very successful throughout the country and have demonstrated meaningful benefits to our consumers.

In my home State of California, we have been making these necessary investments to ensure people throughout our State get the information they need to obtain coverage, and it works. Our State-based marketplace, Covered California, estimates that its investment in the marketing and outreach in 2015 and 2016 increased enrollment, which reduced premiums by up to 8 percent for all of our enrolled members. That is savings to all enrolled members of some \$576 million. Based on a small budget of some \$56 million, that is a great investment. That is a 1,000 percent return on investment. That is a great deal by anyone's measure.

That is the goal: to reduce the number of uninsured Americans. We all know that, when we have insurance, we stay healthy, and this strengthens our overall healthcare system, our communities, and our Nation.

That is why the navigator program is so important, and the Trump administration's 84 percent cut to the program since 2016 is just unacceptable. It is imperative that funding be restored to navigator programs.

Navigator programs help those without employer-sponsored insurance through small companies, sole proprietors, contractors, and every one of those entrepreneurs who are staking their claim to the American Dream.

The fact is many people who are eligible for financial assistance through the ACA, which would help them obtain coverage, don't even know they can get help, and this administration wants to keep them in the dark. Some 40 percent of consumers today don't even know there are options available.

My congressional district has an unemployment rate of almost 17 percent, and this is made up of rural communities that face unique challenges and barriers with respect to education, communication, and transportation. This makes it very difficult for my constituents to receive information on their healthcare insurance options.

This is so similar to many of our rural communities across our Nation. For many of those communities, the navigator program is the only way they can access this vital information.

Everyone should have health insurance and know their healthcare options. Healthcare is a right, not a privilege, and your ZIP Code should not dictate your ability to obtain health insurance.

My amendment would help distressed communities like those in my district and so many more across our Nation that may not have the resources to access the full healthcare options. By fully funding the navigator program and by focusing our efforts on areas that have high unemployment, we can get more people covered. And that is the goal.

Here in America, the building blocks for success are a quality education, dedication to hard work, and good health. A healthy workforce is vital for

America's success. We must fund the navigator program to help educate those who are difficult to reach geographically or who have limited access to ACA resources.

This is a critical and necessary investment that will build stronger, healthier, and more productive communities and an America that demonstrates that its best investments are its people.

With that, I urge my colleagues to support my amendment, and I reserve the balance of my time.

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

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

Mr. WALDEN. Mr. Chairman, let me just make a couple of points.

First of all, of course we want navigators to work in areas where there is high unemployment. My district, over the years, has had some of the highest unemployment in the State of Oregon.

Then I go down the list of future amendments here, and it is like, oh, we have got another one coming up that ensures rural areas are included in the navigator outreach. Well, that is a good idea.

And then there is another one that ensures that State healthcare exchange outreach activities also target our veteran population. Yes, that is a good idea.

Why are we having to put all this in statute? Who the heck is running this program, and why is it such a mess that it requires amendment after amendment after amendment? My point is: Where does this stop?

Of course we want them to work with veterans. Of course we want them to work with seniors and the young. Are we going to go to age segments here, 18 to 29, 31 to—I mean, come on. Really? We are going to put all this in statute?

How do they not have common sense? Who are these navigators that we have to direct them from the floor of the House into statute? Oh, by the way, be sure and work in an unemployed area. Be sure to mention that there are services for mental health and substance abuse. Oh, don't forget this, that, and the other thing.

I mean, I think we only ran out of amendments because we ran out of ideas of things to put into the statute, but that is no way to run a program.

And if it costs \$767 for everyone they sign up for the government to run its navigator program but the private sector can do it for \$2.40, that is not a very economical way. You don't make it up in volume.

And of course we want people to get access to insurance and information. I was in the radio business for 20 years. Our job was to get information out to consumers, so I am all about that.

It is just amazing, though, when you see the inefficiency of a Federal system versus the efficiency of a private-sector initiative.

And here we just passed an amendment, \$25 million more into this program, and yet we know in some cases there is enormous cost, and there appears to be, you know—I don't know—malfeasance. I don't know what it is.

But if the top 10 most expensive navigators collected \$2.77 million to sign up 314 people, I think we are in the wrong business. We ought to go be navigators at that rate. That is a pretty good rate of return for them, but not for the people and the taxpayers.

Mr. Chairman, I yield 1 minute to the distinguished gentleman from California (Mr. McCARTHY), the Republican leader of the United States House of Representatives.

Mr. McCARTHY. Mr. Chairman, I want to spend 1 minute and thank my friend, Congressman WALDEN. I know the work that he puts in when it comes to healthcare for America.

Mr. Chairman, I know of a bill that Mr. WALDEN has in to protect pre-existing conditions. We have asked many times to mark it up or bring it to the floor—no, not brought. It is talked about a lot, Mr. Chairman, but no bill to bring it here.

I know your care when it comes to not just healthcare, but the type of treatment one is able to get, the quality of care out there, because, Mr. Chairman, there are people out there who will run health facilities for the seniors but don't do a very good job. The quality is not there.

□ 1800

People have lost their own healthcare within there. People have been fined by the way they have treated individuals and seniors. People have lost eyes just because the treatment had been poor.

Mr. Chairman, we are here today on this floor because we all know that drug prices are too high. That is why the Energy and Commerce Committee worked tirelessly to pass three healthcare bills unanimously to address that.

Now, how often is that said on this floor? Not very often. It was a moment that I heard from almost every member on that committee, a moment of pride.

We could have legislation passed in a bipartisan fashion today. We could take it from that committee and bring it to the floor, and we would have the exact same thing happen. We could have the Republicans and the Democrats coming together to lower the price of drugs.

You know who wins? All of America.

Sadly, however, these good faith efforts have been unnecessarily thrown into a partisan and senseless attempt to bail out pieces of the Affordable Care Act.

Now, I don't say that—but I guess I just did, Mr. Chairman. I knew it because I happen to be a Member of Con-

gress. I watched it because I watched the committee work together, find common ground in a place where it is really difficult.

But when I looked at The Washington Post, it was very interesting. This is what they said. They actually put it best. Democrats are putting a “political pothole”—yeah, that is what they said—a “political pothole” in the way of real drug pricing reform.

You know, if you ever spend time back in your district or across this country, I would promise you one of the top three issues you will get is the price of drugs. I think everybody in this body was looking forward to this day, prior to the Democrats playing with political potholes.

Make no mistake, the drug pricing component of H.R. 987 is very strong. The three drug pricing bills in this legislation get to the heart of the problem, the lack of competition in the generic drug market. Increased competition for generic drugs would lead to lower prices and make medication more accessible. Two things, I think, anybody in America would desire.

Just think for a moment. You would get more competition, more choice, and lower prices.

We were so close. We got out of committee. The Members on both sides said yes. The only step you had left: Go to the Rules Committee and come to the floor.

But as you pass through that committee to get to the Rules Committee and get to the floor, I guess it had to go through leadership. Leadership made a choice: Politics before people.

These reforms would have removed barriers to generic drugs entering the market, making healthcare more affordable for patients. It is a real change.

That would have been a positive moment we all could have celebrated. But you know what is going to happen here? It is going to be a partisan vote and a bill that goes nowhere.

It is going to be a pothole that most people will say elected officials are supposed to fix, not create. It is the opposite of what elected officials are supposed to do. They are supposed to fill in the potholes, not dig them.

But if you read The Washington Post, they will tell you exactly who created them—the Democrats.

There are a lot of things that happen on this floor that at times are reckless, irresponsible, and just downright embarrassing. Mr. Chairman, this is one of them. Why at a time when both sides say they want to lower the prices of drugs and give people more options?

It goes to the core of the individual, of their own health. Well, it goes to the core of what the Democrats want to do. They don't want to make law. They love playing politics.

You know what happens when they play politics? Not only do keep drug prices high, but they break another promise.

I happen to have been in this body, Mr. Chairman, when I heard those

words, that if you like your healthcare, you could keep it.

I thought those millions of Americans who lost their healthcare that time, that that would be the end. But no, Mr. Chairman, the Democrats took the majority again. I thought that was enough.

Had you taken enough health policies away from millions of Americans? The answer was no. They had a few more to go. Mr. Chairman, 1.5 million, the Congressional Budget Office says.

So think, tomorrow when Americans wake up, there was a moment the prices could be lower. But, no. Would they ever think that not only are you not going to lower them, but you are going to take my healthcare away?

That is exactly what is going to happen here today. That is the poison pill they added to the bills.

Mr. Chairman, 1.5 million Americans will lose their plans. Now, if you listen to the other side, they say, no, no, it is not neutral. You know what it is? The CBO says, no, it goes down to 500,000.

I have heard them use the Congressional Budget Office thousands of times, Mr. Chairman, on the floor. I haven't heard them use it today.

Mr. Chairman, if you read books about politicians, if you read “The Prince” and you read Machiavelli, it is interesting, the ends justify the means. That is what it says. You see, it is about control. It is really about who can control what you can have.

There was a moment there that you would have greater options and lower prices. No, we will tell you what you need and what you can have.

There was a moment there that you would have even greater options when it came to healthcare. No, that is not going to be. We are going to take that away from you. And you know what? It is going to cost you more when we do it.

Mr. Chairman, I would say I would be shocked that this was going to happen. I can't say I am shocked anymore because, Mr. Chairman, on one side of the aisle in this Chamber, half of the entire majority party has cosponsored a bill, Medicare for none.

Not only are they taking more than 1.5 million Americans' plans away today, but they also have a plan to take more than 150 million Americans' plans away. They are going to bankrupt Medicare. They are going to deny you if you have private healthcare now.

But that is okay. The ends justify the means. Why? Because they have control.

That is exactly what happened here, Mr. Chairman. You had a committee that worked in a bipartisan manner. It is really irresponsible that the Rules Committee or the leadership would undercut their own chair of that committee to put a poison pill on three bills that came out in a bipartisan manner, with an idea that they would work in good faith, with an idea that they would put people before politics.

When you study history, and they talk about elected officials, they will tell you even from the most local places you get elected, the jobs you are going to have are filling in potholes. I never heard someone say your job as elected officials is to create potholes, but that is what we witnessed today.

It is a sad day for this House. We could do so much better. We did in committee.

Is it just, Mr. Chairman, that the majority doesn't want to solve a problem? Because, Mr. Chairman, I have searched. They have been in power for quite some time, and I have not found one problem they have solved yet. I found a few potholes they created. I think we have enough problems.

When we have that moment that we can come together inside of a committee, could we just keep it a little longer so it can get to the floor?

Mr. Chairman, there will be an option. There will be an amendment in this body that gives you an opportunity. If you were in that Committee on Energy and Commerce and you voted on these bills without the poison pill, it will be your moment of truth. It will tell a lot to America, Mr. Chairman, whether you serve your constituents or you serve your leadership.

That is what we will be watching. That is what America will be wondering. That is what we all hope will happen.

Mr. WALDEN. Mr. Chairman, may I inquire as to how much time I have remaining?

The Acting CHAIR (Mr. AGUILAR). The gentleman has 1½ minutes remaining.

Mr. WALDEN. Mr. Chairman, again, I thank the Republican leader of the U.S. House for not only his leadership on this issue but on so many others, and for giving us clarity on what is really going on here.

It is unfortunate. As The Washington Post and other news media organizations reported, it didn't have to be this way. It didn't have to be this way.

We did pass the three drug reform bills unanimously out of the committee. I was a big supporter of them. Every Republican was. I think every Republican on the floor will be if they get a chance to vote for those.

In the past, when I was chairman of the committee, we moved over 143 bills out of the committee. Ninety-three percent of them had bipartisan votes on the House floor. Fifty-seven became law. One of those 57 contained about 60 different opioid bills we rolled into just one.

I agree with the leader. This is going to delay passage in the Senate because they are going to have to sort this out, rip it apart. The added spending and the navigator piece probably don't survive. But it didn't have to be that way.

I found that if you have big bipartisan support out of the House, you are likely to get quicker action in the Senate, and it goes down to the President.

If you want to do something quickly about high-cost drugs and stop bad be-

havior that denies access for new generics, then you want to move quickly, not slowly. You want to move in a bipartisan way, not a partisan way. Unfortunately, that is not our way today.

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

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

The amendment was agreed to.

The Acting CHAIR. The Chair is advised that amendment No. 25 will not be offered.

AMENDMENT NO. 26 OFFERED BY MS. KENDRA S. HORN OF OKLAHOMA

The Acting CHAIR. It is now in order to consider amendment No. 26 printed in House Report 116-61.

Ms. KENDRA S. HORN of Oklahoma. Mr. 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 48, line 20, after "populations," insert "individuals in rural areas."

The Acting CHAIR. Pursuant to House Resolution 377, the gentlewoman from Oklahoma (Ms. KENDRA S. HORN) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Oklahoma.

Ms. KENDRA S. HORN of Oklahoma. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, I am pleased today to offer an amendment that ensures that rural areas are included in navigator outreach under H.R. 987, the Strengthening Health Care and Lowering Prescription Drug Costs Act.

This amendment ensures that the navigators who help people understand their options under the Affordable Care Act also help our rural communities.

The overall bill places federally funded grants in communities across the country to pay navigators who play a vital role in helping Americans understand their health coverage options in the marketplace. It helps them know what they qualify for.

Without question, access to healthcare is one of our Nation's most critical issues. This is true across the country, whether in major metropolitan areas, big cities, small towns, on the coasts, or in the heartland. But specific problems look different from place to place, and our rural communities are undoubtedly struggling.

One of the worst outcomes in rural communities of lack of access to healthcare is hospital closures.

Sadly, Oklahoma is no stranger to them. We have already lost six hospitals since 2010, and many more are teetering on the edge.

Simply put, hospitals can't stay open when their patients don't have coverage and the hospitals aren't able to pay their bills.

Right now, Oklahoma has the second highest uninsured rate in the Nation, and our rural areas often bear the

brunt of the coverage gap. They simply don't have enough patients with coverage to offset the ones without it.

The Washington Post just wrote a story about a 15-bed hospital in my home State in a town called Fairfax. Fairfax Community Hospital is so close to closing that their computer software won't operate because the licensing fees haven't been paid.

Their air-conditioning is also shut down. Imagine that, as it gets hotter and hotter in the Oklahoma summertime.

I want to share an excerpt of the story because these matters are about real lives. It is not about numbers. These are about people who are suffering because they don't have access to care.

□ 1815

It starts with CEO Tina Steele talking to the employees who are crammed in a crowded office and sweating.

"So how desperate are we?" One employee asked. "How much money do we have in the bank?"

"Somewhere around \$12,000," Steele said.

"And how long will that last us?"

"Under normal circumstances?" Steele asked. She looked down at a chart on her desk and ran calculations in her head. "Probably a few hours. Maybe a day at most."

The only reason the hospital had been able to stay open at all was because about 30 employees continued showing up to work without pay. There was no other hospital within 30 miles of the two-lane roads and prairie in sprawling Osage County, which meant Fairfax Community was the only lifeline in that part of the county that increasingly needed rescuing.

"If we aren't open, where do these people go?" asked a physician assistant, thinking about the dozens of patients he treated each month in the ER, including some in critical condition after drug overdoses, falls from horses, oil field disasters, and car crashes.

"They'll go to the cemetery," another employee said. "If we're not here, these people don't have time. They'll die along with this hospital."

Like I said, there are similar stories in other hospitals that have played out six times across Oklahoma, and in many other places. According to some estimates, there are 102 hospitals that have closed nationwide, and we, as Americans, can't let our neighbors die simply because they live in small towns. We must solve this rural health crisis.

Navigators are a part of this solution. This amendment makes sure that we help people living in small towns across Oklahoma and the country stay healthy and understand their options so that they can take care of themselves and their families.

I reserve the balance of my time.

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

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

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

Ms. KENDRA S. HORN of Oklahoma. Mr. Chair, adding on to this, the inclusion of rural communities with navigators serving them is critical, because from 2016 to 2018, Oklahoma lost 78 percent of its navigator funding. The very communities that are in the most need, where people have the least access to services and understanding, including broadband, so that they can access the services they need, are the very ones that are suffering most.

These closures and the lack of access not only have an effect in the communities that directly impact them, but ripple across my State and this Nation.

The Acting CHAIR. The time of the gentlewoman has expired.

Mr. WALDEN. Mr. Chairman, I am outraged to find out that these navigators are not reaching out to people in rural areas. What we have learned today on the House floor is that apparently this program doesn't reach people in rural areas. That is why the gentlewoman from Oklahoma has this amendment, apparently. These navigators, what the heck do they do?

We have had amendments to say you have got to have navigators reach out to people on Medicaid. You have got to have navigators reach out to people on the Children's Health Insurance Program. We have to tell them that? What have they been doing?

We are going to have an amendment coming up saying, Navigators, we are going to put into Federal law that you have to reach out to the veterans' community. They don't do that today? Are you serious?

And we are going to have navigators that have to be educated. When you are reaching out, you better talk about mental health services and substance abuse. Have they been ignoring that all along? I guess so.

Because my friends on the other side of the aisle have been bringing amendment after amendment to correct these obvious omissions and problems with the navigator program. What has been going on in the navigator program?

This is outrageous to learn that rural areas—and I represent an area that would stretch from the Atlantic Ocean to Ohio, 69,000 square miles—and you are talking about rural. I am going to find out why the heck those navigators aren't talking to people in my district, and why we have to put in law that they have to now.

How many years has this been going on under ObamaCare, and at what cost to taxpayers? And you are going to give them another \$25 million. Who are they talking to? Are they talking to people in suburban areas only, or urban areas only?

But if they are not talking about Medicaid and CHIP, and apparently not to veterans, who are they counseling and what are they telling them? What

a disaster of a program. We ought to halt right now and figure out who are these people and what are they getting paid to do.

We know they cost \$767 for every enrollee, compared to \$2.40 in the private sector. So we are paying them a lot. We know that investigations have shown that one grantee took \$200,000 and enrolled one person, and, apparently, that person was not a veteran, not on Medicaid, not in a rural area, and not on CHIP. Who knows. Right?

I appreciate the gentlewoman's amendment, but I am astonished to learn of the fact that we have to put it in law that they have to talk to people in rural areas. This demands investigation to figure out what in the heck is going on.

Now, let's talk about what else is facing us. What really takes care of people in rural areas are our community health centers, 27 million people, 1 in 12 in every State. The District of Columbia and the territories rely on community health centers for their care, and of the patients treated at these centers, one in three are living in poverty; one in five are rural residents; and one in nine are children.

If you want to put the taxpayer money to good purpose, it would be to fund our community health centers, like Republicans led the way on last time at record levels because we know they deliver for people in rural areas. They deliver for people in urban areas. They deliver quality care.

That is where our money should go, not into a program like this, apparently, that we have to have these amendments from Democrat Members. I think we had 25 amendments from Democrat Members telling navigators we are going to go to rural areas, we are going to go to veterans. Who are they serving today? It is a mess.

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

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from Oklahoma (Ms. KENDRA S. HORN).

The amendment was agreed to.

AMENDMENT NO. 27 OFFERED BY MR. CUNNINGHAM

The Acting CHAIR. It is now in order to consider amendment No. 27 printed in House Report 116-61.

Mr. CUNNINGHAM. Mr. Chairman, 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 48, line 20, after "populations," insert "veterans".

The Acting CHAIR. Pursuant to House Resolution 377, the gentleman from South Carolina (Mr. CUNNINGHAM) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from South Carolina.

Mr. CUNNINGHAM. Mr. Chair, I rise today in support of my straightforward, commonsense amendment

which will ensure that our Nation's veterans have access to quality, affordable health insurance coverage.

While people often think that everyone who has served in the military immediately has access to VA healthcare, this is not the case. In fact, only three out of five veterans under the age of 65 are eligible for healthcare through the VA, and only a quarter of those who are eligible for VA healthcare rely on the VA as their sole source of insurance.

Younger veterans who served for 24 consecutive months are eligible for VA coverage for 5 years after their discharge, and veterans over the age of 65 qualify for Medicare. This leaves a potential gap in coverage for many veterans who have recently served after their 5-year period and before they become eligible for Medicare.

That is why it is imperative that the healthcare exchange outreach and educational strategies be designed in a way to reach our Nation's veterans.

As a Member of the House Committee on Veterans' Affairs, I am committed to ensuring every veteran has access to high-quality healthcare regardless of where they receive that care.

Studies show that when Americans are informed about the correct time to sign up for healthcare, and the options to make that coverage affordable, they choose to get insured.

My amendment is simply asking that we make our Nation's veterans aware of the healthcare options available to them. This is particularly important to the Lowcountry, because my district has one of the highest concentrations of veterans in the entire country.

It has the highest concentrations in the entire State of South Carolina, and I want to make sure that each of them are aware of their coverage options so that they can make the best choice for themselves and for their families.

Mr. Chair, I want to ask my colleagues on both sides of the aisle to join me in supporting my amendment as well as the underlying legislation.

I reserve the balance of my time.

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

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

Mr. WALDEN. Mr. Chairman, as I said in the last amendment debate, it is astonishing to me that apparently these navigators aren't serving people in rural areas, and now I find out that they are apparently not serving our veteran population effectively as well.

I am going to reserve the balance of my time.

Mr. CUNNINGHAM. Mr. Chairman, in closing, I would like to thank Chairman PALLONE and Chairman SCOTT for their work in constructing this important legislation which will lower drug prices, stabilize the insurance market, and decrease premiums for hard-working families across this country.

I also want to thank Chairman McGOVERN and my colleagues on the

Rules Committee for allowing my amendment to come to the floor. I urge all of my colleagues on both sides of the aisle to vote in favor of this commonsense amendment as well as the underlying legislation.

I yield back the balance of my time.

Mr. WALDEN. Mr. Chairman, I thank the gentleman for his service to the country and all of our veterans, men and women, who wear our uniform and deserve our undying appreciation and thanks.

But it is astonishing, once again, it is appalling that these navigators apparently aren't serving our veterans. We have to come to the floor with amendments to Federal law to order them to take care of our veterans. What kind of program is this?

We know it is expensive. We know some in the news media, some of the editorial writers in our country said it is open to fraud and—let me read it.

An editorial paper out West said, “In reality, the navigator scheme is a make-work government jobs program rife with corruption and highly susceptible to scam artists. It's a slush fund for progressive constituent groups.”

That is how one editorial came out. I am sure there are good people in there somewhere doing good work, but we know that according to CMS, 17 navigators enrolled less than 100 people at an average cost of \$5,000 per enrollee. What kind of program is this? We know it is expensive.

One grantee took in \$200,000 and enrolled one person. The top ten most expensive collected \$2.77 million and signed up 314 people. So it is inefficient, but at least it is really expensive. What a waste.

I am sure they enroll people, but only 1 percent of those enrolled in the exchange are helped by navigators. And then today, we find out that we have to tell them what to do, which makes you wonder, what have they been doing? Because we have had amendments to say, you have got to have them educate people about Medicaid, or CHIP, or veterans, rural areas, mental health, substance abuse—one thing after another. I think we ought to investigate them and the whole program stem to stern.

If there is waste and fraud, we ought to go after it. If there is all of this expense, we ought to knock it down. And if they are not serving people—I am glad we had the rural amendment. Do we need one for urban, and suburban, and semi-frontier counties? It makes me wonder who they do serve. We know it is expensive.

Obviously, we are going to tell them to serve the veterans. You know that makes sense.

I am glad your amendment got made in order. We had 16 Republican amendments. They only made one in order. There were 25 Democratic amendments made in order. Two of those we had to edit on the floor, and one technical amendment.

It seems an odd way to run the House. We were promised in the open-

ing days by the chairman of the Rules Committee that it was all going to be different. Boy, he was right. It is just a different way.

I think that our Member on the Rules Committee could probably tell us 92 percent of the amendments that have been allowed on the House floor have been from Democrats. When Republicans were in the majority, 45 percent of the amendments came from Democrats. We tried to have an open process. Now we are being shut out, and that is unfortunate.

So, Mr. Chairman, we have had a long day here. I think we all care deeply about making sure people have access to affordable healthcare. Republicans believe we need to reform how our systems work. We need to drive down the cost of drugs, and nobody has led more on this in my history around here than the President of the United States, Donald Trump.

From day one, he has told the drug companies: You need to get your prices down. I was with him in the White House when he said that in about February of 2017, and he has never relented. And he is a partner in this progress to go after surprise billing, to go after high drug costs. He is leading through his administration, and he will sign the drug bills that we worked out in committee.

The travesty is the pothole created by the Democrat politicos that said we have got to link the drug bills we all have agreement on that the President would sign, to bills that we know are bailing out ObamaCare. And worse, we are now funding huge money, and even more authorized today, into a program that apparently wasn't taking care of veterans, nor people in rural areas.

#### □ 1830

It is astonishing. So, Mr. Chairman, this amendment is fine. It makes sense. It is just outrageous we have to put in Federal law that these navigators have to actually help veterans because they ought to be doing that day in and day out. Veterans are the ones who give us our freedom. We need to investigate the navigators.

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

The Acting CHAIR. The question is on the amendment offered by the gentleman from South Carolina (Mr. CUNNINGHAM).

The amendment was agreed to.

#### ANNOUNCEMENT BY THE ACTING CHAIR

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, proceedings will now resume on those amendments printed in House Report 116-61 on which further proceedings were postponed, in the following order:

Amendment No. 2 by Mr. MCKINLEY of West Virginia.

Amendment No. 6 by Mr. HARDER of California.

Amendment No. 21 by Ms. WEXTON of Virginia.

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. MCKINLEY

The Acting CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentleman from West Virginia (Mr. MCKINLEY) 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 vote was taken by electronic device, and there were—ayes 189, noes 230, not voting 18, as follows:

[Roll No. 210]	
AYES—189	
Aderholt	Gooden
Allen	Gosar
Amash	Granger
Amodei	Graves (GA)
Armstrong	Graves (LA)
Arrington	Graves (MO)
Babin	Green (TN)
Bacon	Griffith
Baird	Grothman
Balderson	Guest
Banks	Guthrie
Barr	Hagedorn
Bergman	Harris
Biggs	Hartzler
Bilirakis	Hern, Kevin
Bishop (UT)	Herrera Beutler
Bost	Hice (GA)
Brady	Higgins (LA)
Brooks (AL)	Hill (AR)
Brooks (IN)	Holding
Buchanan	Hollingsworth
Buck	Hudson
Budd	Huizenga
Burchett	Hunter
Burgess	Hurd (TX)
Calvert	Johnson (SD)
Carter (GA)	Jordan
Carter (TX)	Joyce (OH)
Chabot	Joyce (PA)
Cheney	Katko
Cline	Kelly (MS)
Cloud	Kelly (PA)
Cole	King (IA)
Collins (NY)	King (NY)
Comer	Kinzinger
Conaway	Kustoff (TN)
Cook	LaHood
Crawford	LaMalfa
Crenshaw	Lamb
Curtis	Lamborn
Davidson (OH)	Latta
Davis, Rodney	Lesko
DesJarlais	Long
Diaz-Balart	Loudermilk
Duffy	Lucas
Duncan	Luetkemeyer
Dunn	Marchant
Emmer	Marshall
Estes	Mast
Ferguson	McCarthy
Fleischmann	McCaull
Flores	McClintock
Fortenberry	McHenry
Foxx (NC)	McKinley
Fulcher	Meadows
Gaetz	Meuser
Gallagher	Miller
Gianforte	Mitchell
Gibbs	Moolenaar
Gohmert	Mooney (WV)
Golden	Mullin
Gonzalez (OH)	Newhouse
González-Colón (PR)	Norman
	Nunes

#### NOES—230

Adams	Bass	Blumenauer
Aguilar	Beatty	Blunt Rochester
Allred	Bera	Bonamici
Axne	Beyer	Boyle, Brendon
Barragán	Bishop (GA)	F.

Brindisi	Heck	Perlmutter
Brown (MD)	Higgins (NY)	Peters
Brownley (CA)	Hill (CA)	Peterson
Bustos	Himes	Phillips
Butterfield	Horn, Kendra S.	Pingree
Carbajal	Horsford	Pocan
Cárdenas	Houlahan	Porter
Carson (IN)	Hoyer	Pressley
Cartwright	Huffman	Price (NC)
Case	Jackson Lee	Quigley
Casten (IL)	Jayapal	Raskin
Castor (FL)	Jeffries	Rice (NY)
Castro (TX)	Johnson (GA)	Richmond
Chu, Judy	Johnson (TX)	Rouda
Cicilline	Kaptur	Royal-Allard
Cisneros	Keating	Ruiz
Clark (MA)	Kelly (IL)	Ruppersberger
Clarke (NY)	Kennedy	Rush
Clay	Khanna	Sablan
Cleaver	Kildee	San Nicolas
Cohen	Kilmer	Sánchez
Connolly	Kim	Scanlon
Cooper	Kind	Sarbanes
Correa	Kirkpatrick	Scanlon
Costa	Krishnamoorthi	Schakowsky
Courtney	Kuster (NH)	Schiff
Cox (CA)	Langevin	Schneider
Craig	Larsen (WA)	Schrader
Crist	Larson (CT)	Schrader
Crow	Lawrence	Scott (VA)
Cuellar	Lawson (FL)	Scott, David
Cummings	Lee (CA)	Serrano
Cunningham	Lee (NV)	Sewell (AL)
Davids (KS)	Levin (CA)	Shalala
Davis (CA)	Levin (MI)	Sherman
Davis, Danny K.	Lewis	Sherrill
Dean	Lieu, Ted	Sires
DeFazio	Lipinski	Slotkin
DeGette	Loebssack	Smith (NJ)
DeLauro	Lofgren	Smith (WA)
DelBene	Lowenthal	Soto
Delgado	Lowey	Spanberger
Demings	Luján	Speier
DeSaulnier	Luria	Stanton
Deutch	Lynch	Sires
Dingell	Malinowski	Slotkin
Doggett	Maloney,	Smith (WA)
Doyle, Michael F.	Carolyn B.	Serrano
Engel	Matsui	Thompson (CA)
Escobar	McAdams	Thompson (MS)
Eshoo	McBath	Titus
Espalliat	McCollum	Tlaib
Evans	McEachin	Tonko
Finkenauer	McGovern	Torres (CA)
Fitzpatrick	McNerney	Torres Small
Fletcher	Meng	(NM)
Foster	Moore	Trahan
Frankel	Morelle	Trone
Fudge	Mucarsel-Powell	Underwood
Gabbard	Murphy	Van Drew
Gallego	Nadal	Vargas
Garamendi	Napolitano	Velázquez
García (IL)	Neal	Visclosky
García (TX)	Neguse	Norcross
Gomez	Norton	Wasserman
Gonzalez (TX)	O'Halleran	Schultz
Gottheimer	Ocasio-Cortez	Waters
Green (TX)	Omar	Watson Coleman
Grijalva	Pallone	Clay
Haaland	Panetta	Cleaver
Harder (CA)	Pappas	Cohen
Hastings	Pascrill	Connolly
Hayes	Payne	Cooper

## NOT VOTING—18

Abraham	Johnson (OH)	Radewagen
Bucshon	Maloney, Sean	Rose (NY)
Byrne	Massie	Ryan
Clyburn	Meeks	Smucker
Collins (GA)	Moulton	Swalwell (CA)
Johnson (LA)	Plaskett	Weber (TX)

□ 1855

Ms. PORTER, Messrs. BRINDISI, GREEN of Texas, MCADAMS, MCEACHIN, Mses. JAYAPAL, BASS, and SCHAKOWSKY changed their vote from “aye” to “no.”

Messrs. YOHO, BABIN, KING of Iowa, NORMAN, STEWART, ROGERS of Alabama, GROTHMAN, WALBERG, RUTHERFORD, and KATKO changed their vote from “no” to “aye.”

So the amendment was rejected.

The result of the vote was announced as above recorded.

AMENDMENT NO. 6 OFFERED BY MR. HARDER OF CALIFORNIA

The Acting CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentleman from California (Mr. HARDER) 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 Acting CHAIR. This will be a 2-minute vote.

The vote was taken by electronic device, and there were—ayes 243, noes 174, not voting 20, as follows:

[Roll No. 211]

AYES—243

Adams	Engel	Lee (NV)	Sarbanes	Smith (WA)	Trone
Aguilar	Escobar	Levin (CA)	Scanlon	Soto	Underwood
Allred	Eshoo	Levin (MI)	Schakowsky	Spanberger	Upton
Axne	Espailat	Lewis	Schiff	Speier	Van Drew
Bacon	Evans	Lieu, Ted	Schneider	Stanton	Vargas
Barragán	Finkenauer	Lipinski	Schrader	Steil	Veasey
Bass	Fitzpatrick	Loebssack	Schrader	Stevens	Vela
Beatty	Fletcher	Lofgren	Scott (VA)	Suozzi	Velázquez
Bera	Fortenberry	Lowenthal	Scott, David	Takano	Visclosky
Beyer	Foster	Lowenthal	Sensenbrenner	Thompson (CA)	Wasserman
Brindisi	Frankel	Luján	Serrano	Thompson (MS)	Schultz
Brown (MD)	Golden	Luria	Sewell (AL)	Titus	Waters
Brownley (CA)	Gomez	Maloney	Shalala	Tlaib	Watson Coleman
Bustos	Gonzalez (TX)	Malinowski	Sherman	Tonko	Welch
Butterfield	González-Colón	Maloney	Sherrill	Torres (CA)	Wexton
Carbajal	(PR)	Maloney, Sean	Sires	Torres Small	Wild
Cárdenas	McArdle	Malinowski	Slotkin	(NM)	Wilson (FL)
Carson (IN)	McGovern	Malone, Carolyn B.	Smith (NJ)	Smith (NJ)	Yarmuth
Carter (TX)	McNerney	Malone, Carolyn B.	Smith (NJ)	Granger	
Castañeda	McNerney	Malone, Carolyn B.	Stewart	Palazzo	
Castro (FL)	McNerney	Malone, Carolyn B.	Stevens	Palmer	
Castañeda	McNerney	Malone, Carolyn B.	Speier	Pence	
Castañeda	McNerney	Malone, Carolyn B.	Stewart	Perry	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Posey	
Castañeda	McNerney	Malone, Carolyn B.	Stewart	Ratcliffe	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Reschenthaler	
Castañeda	McNerney	Malone, Carolyn B.	Stewart	Rice (SC)	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Riggleman	
Castañeda	McNerney	Malone, Carolyn B.	Stewart	Roby	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Rodgers (WA)	
Castañeda	McNerney	Malone, Carolyn B.	Stewart	Roe, David P.	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Rogers (AL)	
Castañeda	McNerney	Malone, Carolyn B.	Stewart	Rouzer	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Shimkus	
Castañeda	McNerney	Malone, Carolyn B.	Stewart	Simpson	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Smith (MO)	
Castañeda	McNerney	Malone, Carolyn B.	Stewart	Smith (NE)	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Spano	
Castañeda	McNerney	Malone, Carolyn B.	Stewart	Stauber	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Stefanik	
Castañeda	McNerney	Malone, Carolyn B.	Stewart	Steube	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Stewart	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Stivers	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Taylor	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Thompson (PA)	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Thornberry	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Timmons	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Turner	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Wagner	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Walorski	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Walberg	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Warden	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Walker	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Walsh	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Waltrip	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Watkins	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Webster (FL)	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Wenstrup	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Westerman	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Williams	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Wilson (SC)	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Wittman	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Womack	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Woodall	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Wright	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Yoho	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Young	
Castañeda	McNerney	Malone, Carolyn B.	Stevens	Zeldin	

## NOT VOTING—20

Abraham	Gohmert	Radewagen
Bucshon	Arrington	Rose (NY)
Byrne	Johnson (LA)	Ryan
Clyburn	Johnson (OH)	Ryan
Harder (CA)	Byrne	Smucker
Hastings	Clyburn	Swalwell (CA)
Hayes	Collins (GA)	Moulton
	Duffy	Weber (TX)

## ANNOUNCEMENT BY THE ACTING CHAIR

The Acting CHAIR (during the vote). There is 1 minute remaining.

□ 1900

So the amendment was agreed to.

The result of the vote was announced as above recorded.

## AMENDMENT NO. 21 OFFERED BY MS. WEXTON

The Acting CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentlewoman from Virginia (Ms. WEXTON) 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 Acting CHAIR. This will be a 2-minute vote.

The vote was taken by electronic device, and there were—ayes 232, noes 185, not voting 20, as follows:

[Roll No. 212]

AYES—232

Adams	Finkenauer	Maloney, Carolyn B.	Speier	Torres Small (NM)	Wasserman	state of the Union, reported that that
Aguilar	Fitzpatrick	Maloney, Sean	Stanton	Trahan	Schultz	Committee, having had under consider-
Allred	Fletcher	Matsui	Stevens	Trone	Waters	ation the bill (H.R. 987) to amend the
Axne	Foster	McAdams	Suozzi	Underwood	Watson Coleman	Patient Protection and Affordable Care
Barragán	Frankel	McBath	Thompson (CA)	Van Drew	Welch	Act to provide for Federal Exchange
Bass	Fudge	Burgess	Thompson (MS)	Vargas	Wexton	outreach and educational activities,
Beatty	Gabbard	Calvert	Titus	Veasey	Wild	and, pursuant to House Resolution 377,
Bera	Gallego	McCullum	Tlaib	Vela	Wilson (FL)	he reported the bill, as amended by
Beyer	Garamendi	McEachin	Tonko	Velázquez	Yarmuth	that resolution back to the House with
Bishop (GA)	García (IL)	McGovern	Torres (CA)	Viscosky		sundry further amendments adopted in
Blumenauer	García (TX)	McNerney				the Committee of the Whole.
Blunt Rochester	Golden	Meng				The SPEAKER pro tempore. Under
Bonamici	Gomez	Moore				the rule, the previous question is or-
Boyle, Brendan F.	Gonzalez (TX)	Morelle				dered.
Brindisi	Gottheimer	Murphy				Is a separate vote demanded on any
Brown (MD)	Green (TX)	Nadler				amendment reported from the Com-
Brownley (CA)	Grijalva	Napolitano				mittee of the Whole? If not, the Chair
Bustos	Haaland	Neal				will put them en gros.
Butterfield	Harder (CA)	Neguse				The amendments were agreed to.
Carbajal	Hastings	Norton				The SPEAKER pro tempore. The
Cárdenas	Hayes	Ortiz				question is on the engrossment and
Carson (IN)	Heck	O'Halleran				third reading of the bill.
Cartwright	Higgins (NY)	Ocasio-Cortez				The bill was ordered to be engrossed
Case	Hill (CA)	Omar				and read a third time, and was read the
Casten (IL)	Himes	Pallone				third time.
Castor (FL)	Horn, Kendra S.	Panetta				MOTION TO RECOMMIT
Castro (TX)	Horsford	Pappas				Mr. WALDEN. Mr. Speaker, I have a
Chu, Judy	Houlahan	Pascrill				motion to recommit at the desk.
Cicilline	Hoyer	Payne				The SPEAKER pro tempore. Is the
Cisneros	Huffman	Perlmutter				gentleman opposed to the bill?
Clark (MA)	Jackson Lee	Peters				Mr. WALDEN. Oh, my gosh, Mr.
Clarke (NY)	Jayapal	Peterson				Speaker, in its current form, abso-
Clay	Jeffries	Phillips				lutely, yes, sir.
Cleaver	Johnson (GA)	Pingree				The SPEAKER pro tempore. The
Cohen	Johnson (TX)	Pocan				Clerk will report the motion to recom-
Connolly	Kaptur	Porter				mit.
Cooper	Keating	Pressley				The Clerk read as follows:
Correa	Kelly (IL)	Price (NC)				Mr. Walden of Oregon moves to recommit
Costa	Kennedy	Quigley				the bill H.R. 987 to the Committee on Energy
Courtney	Khanna	Raskin				and Commerce with instructions to report
Cox (CA)	Kildee	Rice (NY)				the same back to the House forthwith with
Craig	Kilmer	Richmond				the following amendment:
Crist	Kim	Rouda				Strike title I and insert the following:
Crow	Kind	Royal-Allard				<b>TITLE I—LOWERING PRESCRIPTION DRUG COSTS</b>
Cuellar	Kirkpatrick	Ruiz				<b>SEC. 100. SHORT TITLE.</b>
Cummings	Krishnamoorthi	Ruppersberger				This title may be cited as the “CREATES
Cunningham	Kuster (NH)	Rush				Act”.
Davids (KS)	Lamb	Sablan	Abraham	González-Colón (PR)	Plaskett	<b>Subtitle A—Bringing Low-cost Options and</b>
Davis (CA)	Langevin	San Nicolas	Brady	Johnson (LA)	Radewagen	<b>Competition While Keeping Incentives for</b>
Davis, Danny K.	Larsen (WA)	Sánchez	Bucshon	Johnson (OH)	Rose (NY)	<b>New Generics</b>
Dean	Larson (CT)	Sarbanes	Byrne	Clyburn	Ryan	<b>SEC. 101. CHANGE CONDITIONS OF FIRST GE-</b>
DeFazio	Lawrence	Scanlon	Collins (GA)	Goodling	Smucker	<b>NERIC EXCLUSIVITY TO SPUR AC-</b>
DeGette	Lawson (FL)	Schakowsky	Gohmert	Moulton	Swalwell (CA)	<b>CESS AND COMPETITION.</b>
DeLauro	Lee (CA)	Schiff			Weber (TX)	Section 505(j)(5)(B)(iv) of the Federal Food,
DelBene	Lee (NV)	Schneider				Drug, and Cosmetic Act (21 U.S.C.
Delgado	Levin (CA)	Schrader				355(j)(5)(B)(iv)) is amended—
Demings	Levin (MI)	Schrirer				(1) in subclause (I), by striking ‘‘180 days
DeSaulnier	Lewis	Scott (VA)				after’’ and all that follows through the pe-
Deutch	Lieu, Ted	Scott, David				riod at the end and inserting the following:
Dingell	Lipinski	Serrano				‘‘180 days after the earlier of—
Doggett	Loebssack	Sewell (AL)				“(aa) the date of the first commercial mar-
Doyle, Michael F.	Lofgren	Shalala				eting of the drug (including the commercial
Engel	Lowenthal	Sherman				marketing of the listed drug) by any first ap-
Escobar	Lowey	Sherrell				plicant; or
Eshoo	Luján	Sires				“(bb) the applicable date specified in sub-
Espaiñolat	Luria	Slotkin				clause (III).’’; and
Evans	Lynch	Smith (WA)				(2) by adding at the end the following new
	Soto	Soto				subclause:
	Malinowski	Spanberger				“(III) APPLICABLE DATE.—The applicable

□ 1908

So the amendment was agreed to.

The result of the vote was announced as above recorded.

The Acting CHAIR (Mr. HASTINGS). There being no further amendments, under the rule, the Committee rises.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. AGUILAR) having assumed the chair, Mr. HASTINGS, Acting Chair of the Committee of the Whole House on the

Committee, having had under consideration the bill (H.R. 987) to amend the Patient Protection and Affordable Care Act to provide for Federal Exchange outreach and educational activities, and, pursuant to House Resolution 377, he reported the bill, as amended by that resolution back to the House with sundry further amendments adopted in the Committee of the Whole.

The SPEAKER pro tempore. Under the rule, the previous question is ordered.

Is a separate vote demanded on any amendment reported from the Committee of the Whole? If not, the Chair will put them en gros.

The amendments were agreed to.

The SPEAKER pro tempore. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

## MOTION TO RECOMMIT

Mr. WALDEN. Mr. Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. WALDEN. Oh, my gosh, Mr. Speaker, in its current form, absolutely, yes, sir.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Walden of Oregon moves to recommit the bill H.R. 987 to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith with the following amendment:

Strike title I and insert the following:

**TITLE I—LOWERING PRESCRIPTION DRUG COSTS****SEC. 100. SHORT TITLE.**

This title may be cited as the “CREATES Act”.

**Subtitle A—Bringing Low-cost Options and Competition While Keeping Incentives for New Generics****SEC. 101. CHANGE CONDITIONS OF FIRST GENERIC EXCLUSIVITY TO SPUR ACCESS AND COMPETITION.**

Section 505(j)(5)(B)(iv) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)(5)(B)(iv)) is amended—

(1) in subclause (I), by striking ‘‘180 days after’’ and all that follows through the period at the end and inserting the following: ‘‘180 days after the earlier of—

“(aa) the date of the first commercial marketing of the drug (including the commercial marketing of the listed drug) by any first applicant; or

“(bb) the applicable date specified in subclause (III).’’; and

(2) by adding at the end the following new subclause:

“(III) APPLICABLE DATE.—The applicable date specified in this subclause, with respect to an application for a drug described in subclause (I), is the date on which each of the following conditions is first met:

“(aa) The approval of such an application could be made effective, but for the eligibility of a first applicant for 180-day exclusivity under this clause.

“(bb) At least 30 months have passed since the date of submission of an application for the drug by at least one first applicant.

“(cc) Approval of an application for the drug submitted by at least one first applicant is not precluded under clause (iii).

“(dd) No application for the drug submitted by any first applicant is approved at the time the conditions under items (aa), (bb), and (cc) are all met, regardless of whether such an application is subsequently approved.”.

**Subtitle B—Protecting Consumer Access to Generic Drugs**

**SEC. 111. UNLAWFUL AGREEMENTS.**

(a) **AGREEMENTS PROHIBITED.**—Subject to subsections (b) and (c), it shall be unlawful for an NDA or BLA holder and a subsequent filer (or for two subsequent filers) to enter into, or carry out, an agreement resolving or settling a covered patent infringement claim on a final or interim basis if under such agreement—

(1) a subsequent filer directly or indirectly receives from such holder (or in the case of such an agreement between two subsequent filers, the other subsequent filer) anything of value, including a license; and

(2) the subsequent filer agrees to limit or forego research on, or development, manufacturing, marketing, or sales, for any period of time, of the covered product that is the subject of the application described in subparagraph (A) or (B) of subsection (g)(8).

(b) **EXCLUSION.**—It shall not be unlawful under subsection (a) if a party to an agreement described in such subsection demonstrates by clear and convincing evidence that the value described in subsection (a)(1) is compensation solely for other goods or services that the subsequent filer has promised to provide.

(c) **LIMITATION.**—Nothing in this section shall prohibit an agreement resolving or settling a covered patent infringement claim in which the consideration granted by the NDA or BLA holder to the subsequent filer (or from one subsequent filer to another) as part of the resolution or settlement includes only one or more of the following:

(1) The right to market the covered product that is the subject of the application described in subparagraph (A) or (B) of subsection (g)(8) in the United States before the expiration of—

(A) any patent that is the basis of the covered patent infringement claim; or

(B) any patent right or other statutory exclusivity that would prevent the marketing of such covered product.

(2) A payment for reasonable litigation expenses not to exceed \$7,500,000 in the aggregate.

(3) A covenant not to sue on any claim that such covered product infringes a patent.

(d) **ENFORCEMENT BY FEDERAL TRADE COMMISSION.**—

(1) **GENERAL APPLICATION.**—The requirements of this section apply, according to their terms, to an NDA or BLA holder or subsequent filer that is—

(A) a person, partnership, or corporation over which the Commission has authority pursuant to section 5(a)(2) of the Federal Trade Commission Act (15 U.S.C. 45(a)(2)); or

(B) a person, partnership, or corporation over which the Commission would have authority pursuant to such section but for the fact that such person, partnership, or corporation is not organized to carry on business for its own profit or that of its members.

(2) **UNFAIR OR DECEPTIVE ACTS OR PRACTICES ENFORCEMENT AUTHORITY.**—

(A) **IN GENERAL.**—A violation of this section shall be treated as an unfair or deceptive act or practice in violation of section 5(a)(1) of the Federal Trade Commission Act (15 U.S.C. 45(a)(1)).

(B) **POWERS OF COMMISSION.**—Except as provided in subparagraph (C) and paragraphs (1)(B) and (3)—

(i) the Commission shall enforce this section in the same manner, by the same

means, and with the same jurisdiction, powers, and duties as though all applicable terms and provisions of the Federal Trade Commission Act (15 U.S.C. 41 et seq.) were incorporated into and made a part of this section; and

(ii) any NDA or BLA holder or subsequent filer that violates this section shall be subject to the penalties and entitled to the privileges and immunities provided in the Federal Trade Commission Act.

(C) **JUDICIAL REVIEW.**—In the case of a cease and desist order issued by the Commission under section 5 of the Federal Trade Commission Act (15 U.S.C. 45) for violation of this section, a party to such order may obtain judicial review of such order as provided in such section 5, except that—

(i) such review may only be obtained in—

(I) the United States Court of Appeals for the District of Columbia Circuit;

(II) the United States Court of Appeals for the circuit in which the ultimate parent entity, as defined in section 801.1(a)(3) of title 16, Code of Federal Regulations, or any successor thereto, of the NDA or BLA holder (if any such holder is a party to such order) is incorporated as of the date that the application described in subparagraph (A) or (B) of subsection (g)(8) or an approved application that is deemed to be a license for a biological product under section 351(k) of the Public Health Service Act (42 U.S.C. 262(k)) pursuant to section 7002(e)(4) of the Biologics Price Competition and Innovation Act of 2009 (Public Law 111-148; 124 Stat. 817) is submitted to the Commissioner of Food and Drugs; or

(III) the United States Court of Appeals for the circuit in which the ultimate parent entity, as so defined, of any subsequent filer that is a party to such order is incorporated as of the date that the application described in subparagraph (A) or (B) of subsection (g)(8) is submitted to the Commissioner of Food and Drugs; and

(ii) the petition for review shall be filed in the court not later than 30 days after such order is served on the party seeking review.

(3) **ADDITIONAL ENFORCEMENT AUTHORITY.**—

(A) **CIVIL PENALTY.**—The Commission may commence a civil action to recover a civil penalty in a district court of the United States against any NDA or BLA holder or subsequent filer that violates this section.

(B) **SPECIAL RULE FOR RECOVERY OF PENALTY IF CEASE AND DESIST ORDER ISSUED.**—

(i) **IN GENERAL.**—If the Commission has issued a cease and desist order in a proceeding under section 5 of the Federal Trade Commission Act (15 U.S.C. 45) for violation of this section—

(I) the Commission may commence a civil action under subparagraph (A) to recover a civil penalty against any party to such order at any time before the expiration of the 1-year period beginning on the date on which such order becomes final under section 5(g) of such Act (15 U.S.C. 45(g)); and

(II) in such civil action, the findings of the Commission as to the material facts in such proceeding shall be conclusive, unless—

(aa) the terms of such order expressly provide that the Commission's findings shall not be conclusive; or

(bb) such order became final by reason of section 5(g)(1) of such Act (15 U.S.C. 45(g)(1)), in which case such findings shall be conclusive if supported by evidence.

(ii) **RELATIONSHIP TO PENALTY FOR VIOLATION OF AN ORDER.**—The penalty provided in clause (i) for violation of this section is separate from and in addition to any penalty that may be incurred for violation of an order of the Commission under section 5(l) of the Federal Trade Commission Act (15 U.S.C. 45(l)).

(C) **AMOUNT OF PENALTY.**—

(i) **IN GENERAL.**—The amount of a civil penalty imposed in a civil action under subparagraph (A) on a party to an agreement described in subsection (a) shall be sufficient to deter violations of this section, but in no event greater than—

(I) if such party is the NDA or BLA holder (or, in the case of an agreement between two subsequent filers, the subsequent filer who gave the value described in subsection (a)(1)), the greater of—

(aa) 3 times the value received by such NDA or BLA holder (or by such subsequent filer) that is reasonably attributable to the violation of this section; or

(bb) 3 times the value given to the subsequent filer (or to the other subsequent filer) reasonably attributable to the violation of this section.

(II) if such party is the subsequent filer (or, in the case of an agreement between two subsequent filers, the subsequent filer who received the value described in subsection (a)(1)), 3 times the value received by such subsequent filer that is reasonably attributable to the violation of this section.

(ii) **FACTORS FOR CONSIDERATION.**—In determining such amount, the court shall take into account—

(I) the nature, circumstances, extent, and gravity of the violation;

(II) with respect to the violator, the degree of culpability, any history of violations, the ability to pay, any effect on the ability to continue doing business, profits earned by the NDA or BLA holder (or, in the case of an agreement between two subsequent filers, the subsequent filer who gave the value described in subsection (a)(1)), compensation received by the subsequent filer (or, in the case of an agreement between two subsequent filers, the subsequent filer who received the value described in subsection (a)(1)), and the amount of commerce affected; and

(III) other matters that justice requires.

(D) **INJUNCTIONS AND OTHER EQUITABLE RELIEF.**—In a civil action under subparagraph (A), the United States district courts are empowered to grant mandatory injunctions and such other and further equitable relief as they deem appropriate.

(4) **REMEDIES IN ADDITION.**—Remedies provided in this subsection are in addition to, and not in lieu of, any other remedy provided by Federal law.

(5) **PRESERVATION OF AUTHORITY OF COMMISSION.**—Nothing in this section shall be construed to affect any authority of the Commission under any other provision of law.

(e) **FEDERAL TRADE COMMISSION RULE-MAKING.**—The Commission may, in its discretion, by rule promulgated under section 553 of title 5, United States Code, exempt from this section certain agreements described in subsection (a) if the Commission finds such agreements to be in furtherance of market competition and for the benefit of consumers.

(f) **ANTITRUST LAWS.**—Nothing in this section shall modify, impair, limit, or supersede the applicability of the antitrust laws as defined in subsection (a) of the first section of the Clayton Act (15 U.S.C. 12(a)), and of section 5 of the Federal Trade Commission Act (15 U.S.C. 45) to the extent that such section 5 applies to unfair methods of competition. Nothing in this section shall modify, impair, limit, or supersede the right of a subsequent filer to assert claims or counterclaims against any person, under the antitrust laws or other laws relating to unfair competition.

(g) **DEFINITIONS.**—In this section:

(1) **AGREEMENT RESOLVING OR SETTLING A COVERED PATENT INFRINGEMENT CLAIM.**—The term “agreement resolving or settling a covered patent infringement claim” means any agreement that—

(A) resolves or settles a covered patent infringement claim; or

(B) is contingent upon, provides for a contingent condition for, or is otherwise related to the resolution or settlement of a covered patent infringement claim.

(2) COMMISSION.—The term “Commission” means the Federal Trade Commission.

(3) COVERED PATENT INFRINGEMENT CLAIM.—The term “covered patent infringement claim” means an allegation made by the NDA or BLA holder to a subsequent filer (or, in the case of an agreement between two subsequent filers, by one subsequent filer to another), whether or not included in a complaint filed with a court of law, that—

(A) the submission of the application described in subparagraph (A) or (B) of paragraph (9), or the manufacture, use, offering for sale, sale, or importation into the United States of a covered product that is the subject of such an application—

(i) in the case of an agreement between an NDA or BLA holder and a subsequent filer, infringes any patent owned by, or exclusively licensed to, the NDA or BLA holder of the covered product; or

(ii) in the case of an agreement between two subsequent filers, infringes any patent owned by the subsequent filer; or

(B) in the case of an agreement between an NDA or BLA holder and a subsequent filer, the covered product to be manufactured under such application uses a covered product as claimed in a published patent application.

(4) COVERED PRODUCT.—The term “covered product” means a drug (as defined in section 201(g) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(g))), including a biological product (as defined in section 351(i) of the Public Health Service Act (42 U.S.C. 262(i))).

(5) NDA OR BLA HOLDER.—The term “NDA or BLA holder” means—

(A) the holder of—

(i) an approved new drug application filed under section 505(b)(1) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(b)(1)) for a covered product; or

(ii) a biologics license application filed under section 351(a) of the Public Health Service Act (42 U.S.C. 262(a)) with respect to a biological product;

(B) a person owning or controlling enforcement of the patent on—

(i) the list published under section 505(j)(7) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)(7)) in connection with the application described in subparagraph (A)(i); or

(ii) any list published under section 351 of the Public Health Service Act (42 U.S.C. 262) comprised of patents associated with biologics license applications filed under section 351(a) of such Act (42 U.S.C. 262(a)); or

(C) the predecessors, subsidiaries, divisions, groups, and affiliates controlled by, controlling, or under common control with any entity described in subparagraph (A) or (B) (such control to be presumed by direct or indirect share ownership of 50 percent or greater), as well as the licensees, licensors, successors, and assigns of each of the entities.

(6) PATENT.—The term “patent” means a patent issued by the United States Patent and Trademark Office.

(7) STATUTORY EXCLUSIVITY.—The term “statutory exclusivity” means those prohibitions on the submission or approval of drug applications under clauses (ii) through (iv) of section 505(c)(3)(E) (5- and 3-year exclusivity), clauses (ii) through (iv) of section 505(j)(5)(F) (5-year and 3-year exclusivity), section 505(j)(5)(B)(iv) (180-day exclusivity), section 527 (orphan drug exclusivity), section 505A (pediatric exclusivity), or section 505E (qualified infectious disease product exclu-

sivity) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(c)(3)(E), 355(j)(5)(B)(iv), 355(j)(5)(F), 360cc, 355a, 355f), or prohibitions on the submission or licensing of biologics license applications under section 351(k)(6) (interchangeable biological product exclusivity) or section 351(k)(7) (biological product reference product exclusivity) of the Public Health Service Act (42 U.S.C. 262(k)(6), (7)).

(8) SUBSEQUENT FILER.—The term “subsequent filer” means—

(A) in the case of a drug, a party that owns or controls an abbreviated new drug application submitted pursuant to section 505(j) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)) or a new drug application submitted pursuant to section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(b)(2)) and filed under section 505(b)(1) of such Act (21 U.S.C. 355(b)(1)) or has the exclusive rights to distribute the covered product that is the subject of such application; or

(B) in the case of a biological product, a party that owns or controls an application filed with the Food and Drug Administration under section 351(k) of the Public Health Service Act (42 U.S.C. 262(k)) or has the exclusive rights to distribute the biological product that is the subject of such application.

(h) EFFECTIVE DATE.—This section applies with respect to agreements described in subsection (a) entered into on or after the date of the enactment of this Act.

#### SEC. 112. NOTICE AND CERTIFICATION OF AGREEMENTS.

(a) NOTICE OF ALL AGREEMENTS.—Section 1111(7) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (21 U.S.C. 355 note) is amended by inserting “or the owner of a patent for which a claim of infringement could reasonably be asserted against any person for making, using, offering to sell, selling, or importing into the United States a biological product that is the subject of a biosimilar biological product application” before the period at the end.

(b) CERTIFICATION OF AGREEMENTS.—Section 1112 of such Act (21 U.S.C. 355 note) is amended by adding at the end the following:

“(d) CERTIFICATION.—The Chief Executive Officer or the company official responsible for negotiating any agreement under subsection (a) or (b) that is required to be filed under subsection (c) shall, within 30 days of such filing, execute and file with the Assistant Attorney General and the Commission a certification as follows: ‘I declare that the following is true, correct, and complete to the best of my knowledge: The materials filed with the Federal Trade Commission and the Department of Justice under section 1112 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, with respect to the agreement referenced in this certification—

“(1) represent the complete, final, and exclusive agreement between the parties;

“(2) include any ancillary agreements that are contingent upon, provide a contingent condition for, were entered into within 30 days of, or are otherwise related to, the referenced agreement; and

“(3) include written descriptions of any oral agreements, representations, commitments, or promises between the parties that are responsive to subsection (a) or (b) of such section 1112 and have not been reduced to writing.’.”

#### SEC. 113. FORFEITURE OF 180-DAY EXCLUSIVITY PERIOD.

Section 505(j)(5)(D)(i)(V) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)(5)(D)(i)(V)) is amended by inserting “section 111 of the Lowering Prescription

Drug Costs and Extending Community Health Centers and Other Public Health Priorities Act or” after “that the agreement has violated”.

#### SEC. 114. COMMISSION LITIGATION AUTHORITY.

Section 16(a)(2) of the Federal Trade Commission Act (15 U.S.C. 56(a)(2)) is amended—

(1) in subparagraph (D), by striking “or” after the semicolon;

(2) in subparagraph (E), by inserting “or” after the semicolon; and

(3) by inserting after subparagraph (E) the following:

“(F) under section 111(d)(3)(A) of the Lowering Prescription Drug Costs and Extending Community Health Centers and Other Public Health Priorities Act;”.

#### SEC. 115. STATUTE OF LIMITATIONS.

(a) IN GENERAL.—Except as provided in subsection (b), the Commission shall commence any administrative proceeding or civil action to enforce section 111 of this Act not later than 6 years after the date on which the parties to the agreement file the Notice of Agreement as provided by section 1112(c)(2) and (d) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (21 U.S.C. 355 note).

(b) CIVIL ACTION AFTER ISSUANCE OF CEASE AND DESIST ORDER.—If the Commission has issued a cease and desist order under section 5 of the Federal Trade Commission Act (15 U.S.C. 45) for violation of section 111 of this Act and the proceeding for the issuance of such order was commenced within the period required by subsection (a) of this section, such subsection does not prohibit the commencement, after such period, of a civil action under section 111(d)(3)(A) against a party to such order or a civil action under subsection (l) of such section 5 for violation of such order.

#### Subtitle C—Creating and Restoring Equal Access to Equivalent Samples

##### SEC. 121. ACTIONS FOR DELAYS OF GENERIC DRUGS AND BIOSIMILAR BIOLOGICAL PRODUCTS.

(a) DEFINITIONS.—In this section—

(1) the term “commercially reasonable, market-based terms” means—

(A) a nondiscriminatory price for the sale of the covered product at or below, but not greater than, the most recent wholesale acquisition cost for the drug, as defined in section 1847(A)(c)(6)(B) of the Social Security Act (42 U.S.C. 1395w-3a(c)(6)(B));

(B) a schedule for delivery that results in the transfer of the covered product to the eligible product developer consistent with the timing under subsection (b)(2)(A)(iv); and

(C) no additional conditions are imposed on the sale of the covered product;

(2) the term “covered product”—

(A) means—

(i) any drug approved under subsection (c) or (j) of section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) or biological product licensed under subsection (a) or (k) of section 351 of the Public Health Service Act (42 U.S.C. 262);

(ii) any combination of a drug or biological product described in clause (i); or

(iii) when reasonably necessary to support approval of an application under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), or section 351 of the Public Health Service Act (42 U.S.C. 262), as applicable, or otherwise meet the requirements for approval under either such section, any product, including any device, that is marketed or intended for use with such a drug or biological product; and

(B) does not include any drug or biological product that appears on the drug shortage list in effect under section 506E of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356e), unless—

(i) the drug or biological product has been on the drug shortage list in effect under such section 506E continuously for more than 6 months; or

(ii) the Secretary determines that inclusion of the drug or biological product as a covered product is likely to contribute to alleviating or preventing a shortage.

(3) the term “device” has the meaning given the term in section 201 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321);

(4) the term “eligible product developer” means a person that seeks to develop a product for approval pursuant to an application for approval under subsection (b)(2) or (j) of section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) or for licensing pursuant to an application under section 351(k) of the Public Health Service Act (42 U.S.C. 262(k));

(5) the term “license holder” means the holder of an application approved under subsection (c) or (j) of section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) or the holder of a license under subsection (a) or (k) of section 351 of the Public Health Service Act (42 U.S.C. 262) for a covered product;

(6) the term “REMS” means a risk evaluation and mitigation strategy under section 505-1 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355-1);

(7) the term “REMS with ETASU” means a REMS that contains elements to assure safe use under section 505-1(f) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355-1(f));

(8) the term “Secretary” means the Secretary of Health and Human Services;

(9) the term “single, shared system of elements to assure safe use” means a single, shared system of elements to assure safe use under section 505-1(f) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355-1(f)); and

(10) the term “sufficient quantities” means an amount of a covered product that the eligible product developer determines allows it to—

(A) conduct testing to support an application under—

(i) subsection (b)(2) or (j) of section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355); or

(ii) section 351(k) of the Public Health Service Act (42 U.S.C. 262(k)); and

(B) fulfill any regulatory requirements relating to approval of such an application.

(b) CIVIL ACTION FOR FAILURE TO PROVIDE SUFFICIENT QUANTITIES OF A COVERED PRODUCT.—

(1) IN GENERAL.—An eligible product developer may bring a civil action against the license holder for a covered product seeking relief under this subsection in an appropriate district court of the United States alleging that the license holder has declined to provide sufficient quantities of the covered product to the eligible product developer on commercially reasonable, market-based terms.

(2) ELEMENTS.—

(A) IN GENERAL.—To prevail in a civil action brought under paragraph (1), an eligible product developer shall prove, by a preponderance of the evidence—

(i) that—

(I) the covered product is not subject to a REMS with ETASU; or

(II) if the covered product is subject to a REMS with ETASU—

(aa) the eligible product developer has obtained a covered product authorization from the Secretary in accordance with subparagraph (B); and

(bb) the eligible product developer has provided a copy of the covered product authorization to the license holder;

(ii) that, as of the date on which the civil action is filed, the product developer has not obtained sufficient quantities of the covered product on commercially reasonable, market-based terms;

(iii) that the eligible product developer has submitted a written request to purchase sufficient quantities of the covered product to the license holder and such request—

(I) was sent to a named corporate officer of the license holder;

(II) was made by certified or registered mail with return receipt requested;

(III) specified an individual as the point of contact for the license holder to direct communications related to the sale of the covered product to the eligible product developer and a means for electronic and written communications with that individual; and

(IV) specified an address to which the covered product was to be shipped upon reaching an agreement to transfer the covered product; and

(iv) that the license holder has not delivered to the eligible product developer sufficient quantities of the covered product on commercially reasonable, market-based terms—

(I) for a covered product that is not subject to a REMS with ETASU, by the date that is 31 days after the date on which the license holder received the request for the covered product; and

(II) for a covered product that is subject to a REMS with ETASU, by 31 days after the later of—

(aa) the date on which the license holder received the request for the covered product; or

(bb) the date on which the license holder received a copy of the covered product authorization issued by the Secretary in accordance with subparagraph (B).

(B) AUTHORIZATION FOR COVERED PRODUCT SUBJECT TO A REMS WITH ETASU.—

(i) REQUEST.—An eligible product developer may submit to the Secretary a written request for the eligible product developer to be authorized to obtain sufficient quantities of an individual covered product subject to a REMS with ETASU.

(ii) AUTHORIZATION.—Not later than 120 days after the date on which a request under clause (i) is received, the Secretary shall, by written notice, authorize the eligible product developer to obtain sufficient quantities of an individual covered product subject to a REMS with ETASU for purposes of—

(I) development and testing that does not involve human clinical trials, if the eligible product developer has agreed to comply with any conditions the Secretary determines necessary; or

(II) development and testing that involves human clinical trials, if the eligible product developer has—

(aa)(AA) submitted protocols, informed consent documents, and informational materials for testing that include protections that provide safety protections comparable to those provided by the REMS for the covered product; or

(BB) otherwise satisfied the Secretary that such protections will be provided; and

(bb) met any other requirements the Secretary may establish.

(iii) NOTICE.—A covered product authorization issued under this subparagraph shall state that the provision of the covered product by the license holder under the terms of the authorization will not be a violation of the REMS for the covered product.

(3) AFFIRMATIVE DEFENSE.—In a civil action brought under paragraph (1), it shall be an affirmative defense, on which the defendant has the burden of persuasion by a preponderance of the evidence—

(A) that, on the date on which the eligible product developer requested to purchase sufficient quantities of the covered product from the license holder—

(i) neither the license holder nor any of its agents, wholesalers, or distributors was engaged in the manufacturing or commercial marketing of the covered product; and

(ii) neither the license holder nor any of its agents, wholesalers, or distributors otherwise had access to inventory of the covered product to supply to the eligible product developer on commercially reasonable, market-based terms;

(B) that—

(i) the license holder sells the covered product through agents, distributors, or wholesalers;

(ii) the license holder has placed no restrictions, explicit or implicit, on its agents, distributors, or wholesalers to sell covered products to eligible product developers; and

(iii) the covered product can be purchased by the eligible product developer in sufficient quantities on commercially reasonable, market-based terms from the agents, distributors, or wholesalers of the license holder; or

(C) that the license holder made an offer to the individual specified pursuant to paragraph (2)(A)(iii)(III), by a means of communication (electronic, written, or both) specified pursuant to such paragraph, to sell sufficient quantities of the covered product to the eligible product developer at commercially reasonable market-based terms—

(i) for a covered product that is not subject to a REMS with ETASU, by the date that is 14 days after the date on which the license holder received the request for the covered product, and the eligible product developer did not accept such offer by the date that is 7 days after the date on which the eligible product developer received such offer from the license holder; or

(ii) for a covered product that is subject to a REMS with ETASU, by the date that is 20 days after the date on which the license holder received the request for the covered product, and the eligible product developer did not accept such offer by the date that is 10 days after the date on which the eligible product developer received such offer from the license holder.

(4) REMEDIES.—

(A) IN GENERAL.—If an eligible product developer prevails in a civil action brought under paragraph (1), the court shall—

(i) order the license holder to provide to the eligible product developer without delay sufficient quantities of the covered product on commercially reasonable, market-based terms;

(ii) award to the eligible product developer reasonable attorney's fees and costs of the civil action; and

(iii) award to the eligible product developer a monetary amount sufficient to deter the license holder from failing to provide eligible product developers with sufficient quantities of a covered product on commercially reasonable, market-based terms, if the court finds, by a preponderance of the evidence—

(I) that the license holder delayed providing sufficient quantities of the covered product to the eligible product developer without a legitimate business justification; or

(II) that the license holder failed to comply with an order issued under clause (i).

(B) MAXIMUM MONETARY AMOUNT.—A monetary amount awarded under subparagraph (A)(iii) shall not be greater than the revenue that the license holder earned on the covered product during the period—

(i) beginning on—

(I) for a covered product that is not subject to a REMS with ETASU, the date that is 31 days after the date on which the license holder received the request; or

(II) for a covered product that is subject to a REMS with ETASU, the date that is 31 days after the later of—

(aa) the date on which the license holder received the request; or

(bb) the date on which the license holder received a copy of the covered product authorization issued by the Secretary in accordance with paragraph (2)(B); and

(ii) ending on the date on which the eligible product developer received sufficient quantities of the covered product.

(C) AVOIDANCE OF DELAY.—The court may issue an order under subparagraph (A)(i) before conducting further proceedings that may be necessary to determine whether the eligible product developer is entitled to an award under clause (ii) or (iii) of subparagraph (A), or the amount of any such award.

(c) LIMITATION OF LIABILITY.—A license holder for a covered product shall not be liable for any claim under Federal, State, or local law arising out of the failure of an eligible product developer to follow adequate safeguards to assure safe use of the covered product during development or testing activities described in this section, including transportation, handling, use, or disposal of the covered product by the eligible product developer.

(d) NO VIOLATION OF REMS.—Section 505-1 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355-1) is amended by adding at the end the following new subsection:

“(I) PROVISION OF SAMPLES NOT A VIOLATION OF STRATEGY.—The provision of samples of a covered product to an eligible product developer (as those terms are defined in section 121(a) of the Lowering Prescription Drug Costs and Extending Community Health Centers and Other Public Health Priorities Act) shall not be considered a violation of the requirements of any risk evaluation and mitigation strategy that may be in place under this section for such drug.”.

(e) RULE OF CONSTRUCTION.—

(1) DEFINITION.—In this subsection, the term “antitrust laws”—

(A) has the meaning given the term in subsection (a) of the first section of the Clayton Act (15 U.S.C. 12); and

(B) includes section 5 of the Federal Trade Commission Act (15 U.S.C. 45) to the extent that such section applies to unfair methods of competition.

(2) ANTITRUST LAWS.—Nothing in this section shall be construed to limit the operation of any provision of the antitrust laws.

**SEC. 122. REMS APPROVAL PROCESS FOR SUBSEQUENT FILERS.**

Section 505-1 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355-1), as amended by section 121, is further amended—

(1) in subsection (g)(4)(B)—

(A) in clause (i) by striking “or” after the semicolon;

(B) in clause (ii) by striking the period at the end and inserting “; or”; and

(C) by adding at the end the following:

“(iii) accommodate different, comparable aspects of the elements to assure safe use for a drug that is the subject of an application under section 505(j), and the applicable listed drug.”;

(2) in subsection (i)(1), by striking subparagraph (C) and inserting the following:

“(C)(i) Elements to assure safe use, if required under subsection (f) for the listed drug, which, subject to clause (ii), for a drug that is the subject of an application under section 505(j) may use—

“(I) a single, shared system with the listed drug under subsection (f); or

“(II) a different, comparable aspect of the elements to assure safe use under subsection (f).

“(ii) The Secretary may require a drug that is the subject of an application under section 505(j) and the listed drug to use a single, shared system under subsection (f), if the Secretary determines that no different, comparable aspect of the elements to assure safe use could satisfy the requirements of subsection (f).”;

(3) in subsection (i), by adding at the end the following:

“(3) SHARED REMS.—If the Secretary approves, in accordance with paragraph (1)(C)(i)(II), a different, comparable aspect of the elements to assure safe use under subsection (f) for a drug that is the subject of an abbreviated new drug application under section 505(j), the Secretary may require that such different comparable aspect of the elements to assure safe use can be used with respect to any other drug that is the subject of an application under section 505(j) or 505(b) that references the same listed drug.”; and

(4) by adding at the end the following:

“(m) SEPARATE REMS.—When used in this section, the terms ‘different, comparable aspect of the elements to assure safe use’ or ‘different, comparable approved risk evaluation and mitigation strategies’ means a risk evaluation and mitigation strategy for a drug that is the subject of an application under section 505(j) that uses different methods or operational means than the strategy required under subsection (a) for the applicable listed drug, or other application under section 505(j) with the same such listed drug, but achieves the same level of safety as such strategy.”.

**SEC. 123. RULE OF CONSTRUCTION.**

(a) IN GENERAL.—Nothing in this subtitle, the amendments made by this subtitle, or in section 505-1 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355-1), shall be construed as—

(1) prohibiting a license holder from providing an eligible product developer access to a covered product in the absence of an authorization under this subtitle; or

(2) in any way negating the applicability of a REMS with ETASU, as otherwise required under such section 505-1, with respect to such covered product.

(b) DEFINITIONS.—In this section, the terms “covered product”, “eligible product developer”, “license holder”, and “REMS with ETASU” have the meanings given such terms in section 121(a).

Strike title II and insert the following:

**TITLE II—SUPPORTING PEDIATRIC CANCER RESEARCH**

**SEC. 201. FINDING; SENSE OF CONGRESS.**

According to the Congressional Budget Office, the bipartisan provisions of title I of this Act decrease Federal spending by over \$4,000,000,000. It is the sense of Congress that these savings should be redirected to the National Institutes of Health Innovation Account to be made available to support pediatric cancer research as provided by the amendments made by section 202.

**SEC. 202. PEDIATRIC CANCER RESEARCH.**

Section 1001(b) of the 21st Century Cures Act (Public Law 114-255) is amended—

(1) in paragraph (3), by amending subparagraph (A) to read as follows:

“(A) AUTHORIZATION OF APPROPRIATIONS.—For each of the fiscal years 2017 through 2026, there is authorized to be appropriated from the Account to the Director of NIH, for the purpose of carrying out the NIH Innovation Projects, an amount not to exceed the total amount transferred to the Account under paragraph (2)(A), plus \$4,963,000,000 for the period of fiscal years 2020 through 2024, to remain available until expended.”; and

(2) in paragraph (4), by adding at the end the following new subparagraph:

“(E) For pediatric cancer research, not to exceed a total of \$4,963,000,000 for the period of fiscal years 2020 through 2024.”.

Mr. WALDEN (during the reading). Mr. Speaker, I ask unanimous consent to dispense with the reading.

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

There was no objection.

The SPEAKER pro tempore. The gentleman from Oregon is recognized for 5 minutes.

Mr. WALDEN. Mr. Speaker, Republicans and Democrats worked together on provisions to bring generic drugs to market faster and to stop abusive practices. We did that on the Energy and Commerce Committee, and we brought this House multiple bills to achieve that goal, and we did it unanimously.

We believe our bipartisan work will increase competition and ultimately help lower the cost of prescription drugs.

These policies passed unanimously out of the Energy and Commerce Committee. They help consumers, and they have the added benefit of helping the Federal Government by producing \$4 billion in savings.

Unfortunately, our friends on the other side of the aisle, Democrats, decided to pair these bipartisan bills to lower drug costs with what they knew were very partisan bills that I, frankly, think waste taxpayer money in many cases.

We ought to be working together on this, not descending “into partisan politics on a seemingly bipartisan issue.” Those are the words of STAT News as reported today.

The fact is, when we do work together, we can achieve real results. In the last Congress, we reauthorized the Food and Drug Administration, and we gave that agency the tools and resources to get generic drugs into market faster.

It is already working. Our work produced, with the FDA’s efforts, a record number of generic drugs coming to market, driving competition, and giving consumers more choices.

We did the same thing in the prior Congress when FRED UPTON and DIANA DEGETTE led the effort on 21st Century Cures so we could invest in medical research. That was bipartisan.

Unfortunately, today you have partisan bills coupled with bipartisan bills, a poison pill, if you will. And the Democrats have decided to use the money, in part generated by our work on generic drugs, to fund more navigators.

Let me just talk briefly about navigators.

They cost you an average of \$767 every time they sign up an individual. In the private sector, it is \$2.40. And they just added another \$25 million to that.

The Wall Street Journal reported one grantee took in \$200,000 to enroll a grand total of one person.

The top 10 most expensive navigators collected \$2.77 million in contracts from the Federal Government. They signed up 314 people. That is how they spent the money.

One newspaper editorialized: “The navigator scheme is a make-work government jobs program rife with corruption and highly susceptible to scam artists.”

Today on the House floor, you will have a choice with this motion to recommit, and the choice is to spend it that way and add more money into that navigator program, that, by the way, we just approved a bunch of amendments to tell navigators to go work with people in rural areas, to work with people on CHIP, veterans. Apparently, they weren’t working with any of those folks.

So the motion to recommit says this: same drug bills that we passed out of committee, so you will be able to vote “yes” on those, and then the money that is generated, rather than going to this flawed navigator program will go to the NIH innovation fund to support childhood cancer research. That is your choice.

By using the savings from the drug pricing provisions to pay for childhood cancer research, this amendment makes clear the bipartisan drug pricing offsets should be used to pay for bipartisan healthcare priorities.

So, if you support lowering the cost of prescription drugs and you support the work of the NIH and its efforts to save countless lives of children with cancer, then you vote “yes” on the motion to recommit.

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

Mrs. McBATH. Mr. Speaker, I rise in opposition to the motion to recommit.

The SPEAKER pro tempore. The gentlewoman from Georgia is recognized for 5 minutes.

Mrs. McBATH. Mr. Speaker, healthcare is an issue that is deeply personal to me. I, myself, like millions of Americans, live with a preexisting condition.

As a two-time breast cancer survivor, I understand what it is like to have your life turned upside down by a diagnosis. Treatment was exhausting, both physically and emotionally. I did it all while raising my family and working full-time. I was terrified.

Despite being lucky in having health insurance through my job, I was still worried about my financial security. I was concerned about making it to my radiation treatments every single day, sometimes for weeks, and then back to work and then back home to raise my son, Jordan.

I had to do it, just like millions of Americans out there who share a similar story like mine. I truly don’t know what I would have done or what would have happened if I had lost that healthcare insurance.

Over 300,000 Georgians in my State, in my district have a preexisting condition. Over 45,000 of those people are children under the age of 17.

My colleagues here are worried about the health and well-being of their constituents, and we have heard countless heart-wrenching stories from Americans across the Nation—our neighbors, our friends, and our loved ones.

Americans are simply worried about their healthcare. I am worried about their healthcare. They are tired of these games.

Let’s stop playing politics with the health and well-being of the American people. It just needs to stop.

Last year, the Trump administration allowed the expanded sale of junk insurance plans, many of which do not cover maternity care, mental and behavioral health, or coverage to treat preexisting conditions.

Under these plans, women can be charged more than men; insurance companies can cancel coverage as soon as an enrollee gets sick. People enrolled in these plans might seek care for themselves or for a family member only to be left out in the cold without coverage.

No matter what the White House or my colleagues on the other side of the aisle cook it up to, the American people have said time and time again that they oppose plans that rip healthcare coverage away from those with preexisting conditions.

While the motion does attempt to fund vital public health services and programs that have long garnered bipartisan support, the funding levels fail to provide greater investments to these programs. I know that we can work together to fund these programs, but keeping the administration’s junk plan rule on the books would harm public health and not help it.

We don’t have to make these false choices. This underlying bill combines key pieces of legislation that lower drug costs, strengthen healthcare, reverse the sabotage, and rescind the administration’s junk plan rule.

We are making it easier for American families to assess and sign up for affordable healthcare.

We are making sure that plans cover essential health benefits, like maternity care and treatment for substance use disorder.

We are making sure that patients do not face annual or lifetime caps.

We are making sure that patients are not discriminated against based on their preexisting conditions, like myself.

This is what we are elected to do for the American people.

Republicans plan to support protections for preexisting conditions, but they have failed to condemn the administration’s decision asking the courts to invalidate the entire ACA. They have failed to call on the President to reverse course. They have refused to join us in condemning the administration’s refusal to defend the law of the land.

If our colleagues on the other side of the aisle are serious about protecting preexisting conditions, they will sup-

port the underlying bill and defeat this MTR.

Action, not words, is what the American people demand, and it is what they deserve. Democrats are committed to putting consumers first.

We will fight relentlessly to protect individuals with preexisting conditions and expand coverage to more Americans.

We will make sure no one—absolutely no one—has to choose between a prescription drug or their mortgage. That is unconscionable.

Mr. Speaker, I urge my colleagues to join us in standing for ensuring Americans have access to affordable healthcare and prescription drugs. I stand in opposition to this MTR. I urge my colleagues to join me in opposing the political ploy that would hurt American families, those with preexisting conditions, and those who are trying to afford their healthcare and prescription drugs.

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

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

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

#### RECORDED VOTE

Mr. WALDEN. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, the Chair will reduce to 5 minutes the minimum time for any electronic vote on the question of passage.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 188, noes 228, not voting 15, as follows:

#### [Roll No. 213]

#### AYES—188

Aderholt	Collins (NY)	Graves (LA)
Allen	Comer	Graves (MO)
Amash	Conaway	Green (TN)
Amodei	Cook	Griffith
Armstrong	Crawford	Grothman
Arrington	Crenshaw	Guest
Babin	Curtis	Guthrie
Bacon	Davidson (OH)	Hagedorn
Baird	Davis, Rodney	Harris
Balderson	DesJarlais	Hartzler
Banks	Diaz-Balart	Hern, Kevin
Barr	Duffy	Herrera Beutler
Bergman	Duncan	Hice (GA)
Biggs	Dunn	Higgins (LA)
Bilirakis	Emmer	Hill (AR)
Bishop (UT)	Estes	Holding
Bost	Ferguson	Hollingsworth
Brady	Fitzpatrick	Hudson
Brooks (AL)	Fleischmann	Huizenga
Brooks (IN)	Flores	Hunter
Buchanan	Fortenberry	Hurd (TX)
Buck	Foxx (NC)	Johnson (SD)
Budd	Fulcher	Jordan
Burchett	Gaetz	Joyce (OH)
Burgess	Gallagher	Joyce (PA)
Calvert	Gianforte	Katko
Carter (GA)	Gibbs	Kelly (MS)
Carter (TX)	Gohmert	Kelly (PA)
Chabot	Gonzalez (OH)	King (IA)
Cheney	Gooden	King (NY)
Cline	Gosar	Kinzinger
Cloud	Granger	Kustoff (TN)
Cole	Graves (GA)	LaHood

NOES—228

Adams	Espaillat	Lynch	RECORDED VOTE	Allen	Gosar	Palazzo
Aguilar	Evans	Malinowski	Mr. WALDEN. Mr. Speaker, I demand	Amash	Granger	Palmer
Allred	Finkenauer	Maloney	a recorded vote.	Amodei	Graves (GA)	Pence
Axne	Fletcher	Carolyn B.	A recorded vote was ordered.	Armstrong	Graves (LA)	Perry
Barragán	Foster	Maloney, Sean	The SPEAKER pro tempore. This is a	Arrington	Graves (MO)	Posey
Bass	Frankel	Matsui	5-minute vote.	Babin	Green (TN)	Ratcliffe
Beatty	Fudge	McAdams	The vote was taken by electronic de-	Bacon	Griffith	Reed
Bera	Gabbard	McBath	vice, and there were—ayes 234, noes 183,	Baird	Grothman	Reschenthaler
Beyer	Gallego	McCollum	not voting 15, as follows:	Balderson	Guest	Rice (SC)
Bishop (GA)	Garamendi	McEachin	[Roll No. 214]	Banks	Guthrie	Riggleman
Blumenauer	Garcia (IL)	McGovern	AYES—234	Barr	Hagedorn	Roby
Blunt Rochester	Garcia (TX)	McNerney		Bergman	Harris	Rodgers (WA)
Bonamici	Golden	Meng		Biggs	Hartzler	Roe, David P.
Boyle, Brendan F.	Gomez	Moore		Bilirakis	Hern, Kevin	Rogers (AL)
	Gonzalez (TX)	Morelle		Bishop (UT)	Hice (GA)	Rogers (KY)
Brindisi	Gottheimer	Mucarsel-Powell		Bost	Higgins (LA)	Rooney (FL)
Brown (MD)	Green (TX)	Murphy		Brady	Hill (AR)	Rose, John W.
Brownley (CA)	Grijalva	Nader		Brooks (AL)	Holding	Rouzer
Bustos	Haaland	Napolitano		Brooks (IN)	Hollingsworth	Roy
Butterfield	Harder (CA)	Neal		Katko	Hudson	Rutherford
Carbajal	Hastings	Neguse		Keating	Huijenga	Scalise
Cárdenas	Hayes	Norcross		Kelly (IL)	Buck	Schweikert
Carson (IN)	Heck	O'Halleran		Kennedy	Budd	Scott, Austin
Cartwright	Higgins (NY)	Ocasio-Cortez		DeSaulnier	Khanna	Sensenbrenner
Case	Hill (CA)	Omar		Deutch	Kildee	Johnson (SD)
Casten (IL)	Himes	Pallone		Dingell	Burgess	Jordan
Castor (FL)	Horn, Kendra S.	Panetta		Doyle, Michael	Kilmer	Shimkus
Castro (TX)	Horsford	Pappas		F.	Calvert	Simpson
Chu, Judy	Houlahan	Pascrall		DeFazio	Kind	Smith (MO)
Cicilline	Hoyer	Payne		Engel	Kirkpatrick	Smith (NE)
Cisneros	Huffman	Perlmutter		Bonamici	Chabot	Stewart
Clark (MA)	Jackson Lee	Peters		Boyle, Brendan	Kuster (NH)	Spino
Clarke (NY)	Jayapal	Peterson		F.	Cheney	Stivers
Clay	Jeffries	Phillips		Escobar	Cline	Lamborn
Cleaver	Johnson (GA)	Pingree		F.	King (IA)	Taylor
Cohen	Johnson (TX)	Pocan		Eshoo	Lamb	Thompson (PA)
Connolly	Kaptur	Carbajal		Brindisi	Cloud	King (NY)
Cooper	Keating	Foster		Espaillat	Langevin	Stefanik
Correa	Kelly (IL)	Porter		Brown (MD)	Evans	Steil
Costa	Kennedy	Pressley		Brownley (CA)	Larsen (WA)	Kinzinger
Courtney	Khanna	Quigley		Finkenauer	Larson (CT)	Kustoff (TN)
Cox (CA)	Kildee	Raskin		Bustos	Fitzpatrick	LaHood
Craig	Rice (NY)	Casten (IL)		Butterfield	Lawrence	Stewart
Crist	Kilmer	Rice (NY)		Fletcher	Lawson (FL)	LaMalfa
Crow	Kind	Castor (FL)		Lee (CA)	Conaway	Stivers
Cuellar	Royal-Allard	Castro (TX)		Lee (CA)	Cook	Lamborn
Cummings	Kirkpatrick	Cicilline		Carbajal	Crawford	Taylor
Cunningham	Krishnamoorthi	Ruiz		Foster	Crenshaw	Latta
Davids (KS)	Kuster (NH)	Rush		Cárdenas	Collins (NY)	Thompsonberry
Davis (CA)	Lamb	Clarke (NY)		Frankel	Kole	Lesko
Davis, Danny K.	Langevin	Sanchez		Fudge	Comer	Steube
Dean	Larsen (WA)	Sarbanes		Gabbard	LaHood	LaMalfa
DeFazio	Larson (CT)	Cleaver		Case	Stewart	Stivers
DeGette	Lawrence	Haaland		Gallego	Conaway	Lamborn
DeLauro	Lee (CA)	Harder (CA)		Lee (CA)	Cline	Taylor
DelBene	Lee (NV)	Hoyer		Malone, Ted	King (IA)	Thompson (PA)
Delgado	Levin (CA)	Scott (VA)		Lipinski	Crawford	King (NY)
Demings	Levin (MI)	Cox (CA)		Loebssack	Crenshaw	Stefanik
DeSaulnier	Lewis	Hill (CA)		Lofgren	Collins (NY)	Steil
Deutch	Lieu, Ted	Clark (MA)		Lewis	Kole	Kinzinger
Dingell	Lipinski	Gottheimer		Lipinski	Comer	Steube
Doyle, Michael F.	Loebssack	Garcia (IL)		Lewis	LaHood	Stewart
Engel	Lowey	Garcia (TX)		Lipinski	Stewart	LaMalfa
Escobar	Luján	Gonzalez (TX)		Lofgren	Conaway	Stivers
Eshoo	Luria	Green (TX)		Luján	Cline	Lamborn
	Luria	Green (TX)		Lowenthal	King (IA)	Taylor
	Lowenthal	Green (TX)		Lowenthal	Crawford	Thompson (PA)
	Malone, Ted	Green (TX)		Lowenthal	Crenshaw	King (NY)
	Malone, Sean	Green (TX)		Lowenthal	Collins (NY)	Stefanik
	Matsui	Green (TX)		Lowenthal	Kole	Steil
	Gaetz	Green (TX)		Lowenthal	Comer	Kinzinger
	Moolenaar	Green (TX)		Lowenthal	LaHood	Steube
	Womack	Green (TX)		Lowenthal	Stewart	LaMalfa
	Woodall	Green (TX)		Lowenthal	Conaway	Stivers
	Wright	Green (TX)		Lowenthal	Cline	Lamborn
	Yoho	Green (TX)		Lowenthal	King (IA)	Taylor
	Young	Green (TX)		Lowenthal	Crawford	Thompson (PA)
	Zeldin	Green (TX)		Lowenthal	Crenshaw	King (NY)
					NOT VOTING—15	

□ 1938

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

**REQUIRING EACH MEMBER, OFFICER, AND EMPLOYEE OF THE HOUSE OF REPRESENTATIVES TO COMPLETE A PROGRAM OF TRAINING IN WORKPLACE RIGHTS AND RESPONSIBILITIES EACH SESSION OF EACH CONGRESS, AND FOR OTHER PURPOSES**

Ms. LOFGREN. Mr. Speaker, I ask unanimous consent that the Committee on House Administration be discharged from further consideration of House Resolution 30, and ask for its immediate consideration in the House.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

The text of the resolution is as follows:

H. RES. 30

*Resolved,*

**SECTION 1. MANDATORY COMPLETION OF PROGRAM OF TRAINING IN WORKPLACE RIGHTS AND RESPONSIBILITIES.**

(a) **REQUIRING TRAINING FOR ALL MEMBERS, OFFICERS, AND EMPLOYEES.**—

(1) **REQUIREMENT.**—Not later than 30 days after the date of the adoption of this resolution, the Committee on House Administration shall issue regulations to provide that, during each session of each Congress, each Member (including each Delegate or Resident Commissioner to the Congress), officer, and employee of the House of Representatives shall complete a program of training in the workplace rights and responsibilities applicable to offices and employees of the House under part A of title II of the Congressional Accountability Act of 1995 (2 U.S.C. 1301 et seq.), including anti-discrimination and anti-harassment training.

(2) **INCLUSION OF INTERNS, FELLOWS, AND DETAILEES.**—For purposes of this resolution, an individual serving in an office of the House of Representatives as an intern (including an unpaid intern), a participant in a fellowship program, or a detailee from another office of the Federal Government shall be considered an employee of the House.

(b) **DEADLINE.**—

(1) **IN GENERAL.**—Under the regulations issued by the Committee on House Administration under subsection (a), an individual shall complete the program of training required under subsection (a) and file a certificate of completion of such training not later than—

(A) in the case of an individual who is serving as a Member, officer, or employee of the House as of the first day of a session of Congress, not later than 90 days after the session begins; or

(B) in the case of any other individual, not later than 90 days after the individual first becomes a Member, officer, or employee of the House during the session.

(2) **SPECIAL RULE FOR FIRST SESSION OF ONE HUNDRED SIXTEENTH CONGRESS.**—In the case of the first session of the One Hundred Sixteenth Congress, an individual described in subparagraph (A) of paragraph (1) shall com-

plete the program required under subsection (a) not later than 90 days after the date of the adoption of this resolution.

(c) **ADDITIONAL MECHANISMS.**—The Committee on House Administration shall consider additional mechanisms to ensure compliance with the training requirement under subsection (a).

The resolution was agreed to.

A motion to reconsider was laid on the table.

**MAKING TECHNICAL CORRECTIONS TO THE COMPUTATION OF AVERAGE PAY UNDER PUBLIC LAW 110-279**

Ms. LOFGREN. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the bill (S. 1436) to make technical corrections to the computation of average pay under Public Law 110-279, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

The text of the bill is as follows:

S. 1436

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

**SECTION 1. TECHNICAL CORRECTIONS TO COMPUTATION OF AVERAGE PAY UNDER PUBLIC LAW 110-279.**

(a) **IN GENERAL.**—Section 1(c)(2)(A) of Public Law 110-279 (2 U.S.C. 2051(c)(2)(A)) is amended—

(1) by striking “For purposes of” and all that follows through “(i) any period” and inserting the following:

“(i) **TREATMENT OF SERVICE.**—For purposes of chapters 83, 84, and 87 of title 5, United States Code, any period”;

(2) in clause (i), by striking “; and” and inserting a period; and

(3) in clause (ii)—

(A) by inserting “**TREATMENT OF PAY.**—For purposes of chapter 87 of title 5, United States Code,” before “the rate of basic pay”; and

(B) by striking “the covered” and inserting “a covered”.

(b) **REGULATIONS.**—

(1) **IN GENERAL.**—The Director of the Office of Personnel Management shall promulgate regulations to carry out this section.

(2) **EFFECTIVE DATE.**—The regulations promulgated under paragraph (1) shall take effect not later than 180 days after the date of enactment of this Act.

(c) **APPLICABILITY OF AMENDMENTS.**—

(1) **DEFINITIONS.**—In this subsection, the terms “contractor”, “covered individual”, and “food services contract” have the meanings given those terms in section 1(a) of Public Law 110-279 (2 U.S.C. 2051(a)).

(2) **APPLICABILITY.**—The amendments made by this section shall apply with respect to—

(A) a covered individual who separates from service as an employee of a contractor performing services under the food services contract before, on, or after the date of enactment of this Act; and

(B) each payment to a covered individual under chapter 83 or 84 of title 5, United States Code, made on or after the effective date of the regulations promulgated under subsection (b).

The bill was ordered to be read a third time, was read the third time,

and passed, and a motion to reconsider was laid on the table.

**PERMISSION FOR COMMITTEE ON THE JUDICIARY TO FILE SUPPLEMENTAL REPORT ON H.R. 965, CREATING AND RESTORING EQUAL ACCESS TO EQUIVALENT SAMPLES ACT OF 2019**

Ms. LOFGREN. Mr. Speaker, I ask unanimous consent that the Committee on the Judiciary be authorized to file a supplemental report on the bill, H.R. 965.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

**AUTHORIZING THE CLERK TO MAKE CORRECTIONS IN ENGROSSMENT OF H.R. 987, STRENGTHENING HEALTH CARE AND LOWERING PRESCRIPTION DRUG COSTS ACT**

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that in the engrossment of the bill, H.R. 987, the Clerk be authorized to make technical corrections and conforming changes to the bill.

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

There was no objection.

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

Mr. LATTA. Mr. 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.

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. LATTA. Mr. Speaker, I urge the Speaker to immediately schedule this important bill.

The SPEAKER pro tempore. The gentleman is not recognized for debate.

**FIGHTING FOR ACCESS TO HIGH-QUALITY HEALTHCARE FOR ALL AMERICANS**

(Mrs. WATSON COLEMAN asked and was given permission to address the House for 1 minute.)

Mrs. WATSON COLEMAN. Mr. Speaker, Democrats continue to fight for access to healthcare in our work to deliver progress for the people because it is essential to daily life. You cannot work, you cannot care for your children, you cannot do anything without your health.