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

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

I thank Mr. ARMSTRONG for his help in moving this bill forward.

Mr. Speaker, this legislation is supported by a bipartisan coalition of groups, including, #cut50, the Campaign for Youth Justice, the Juvenile Law Center, the National Legal Aid and Defender Association, and R Street Institute. These organizations, as well as health and legal experts, acknowledge that simplifying the legal process and making it less complex is consistent with the developmental needs of adolescents.

Therefore, H.R. 5053 was developed as a bipartisan bill to protect young people from abuse in institutions by exempting them from the administrative grievance requirements that stand in the way of their getting relief from abusive practices.

Mr. Speaker, I ask my colleagues to join me in supporting this legislation today, and I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, as a senior member of the Committees on the Judiciary and on Homeland Security, and the Congressional Black Caucus, and as a cosponsor, I rise in strong support of H.R. 5053, the "Justice for Juveniles Act," introduced by Congresswoman SCANLON which I am proud to cosponsor.

I want to thank Chairman NADLER for his tremendous leadership during this Congress and the past several months of hardship, stress, and disruption not only of the regular normalized operations of this Committee but of the Congress and more importantly, the lives of the American people.

It has been said of Americans that we do the difficult immediately, and the impossible takes a little longer.

The legislative session today is a testament to the determination of this Committee that despite the coronavirus pandemic that has claimed the life of over 200,000 Americans, that legislation to improve the lives of the people we represent and the communities we serve will not be halted.

The problems facing ordinary Americans due to flaws and inequities in the criminal justice system, the immigration system, the health care system, the economy, the trademark system and others do not take a timeout because of the pandemic and neither does this Congress, and for that I commend Speaker PELOSI, the House Democratic leadership, and my colleagues on both sides of the aisle.

The bipartisan H.R. 5053, the Justice for Juveniles Act protects young people from abuse in institutions by exempting them from the administrative grievance provision of the Prison Litigation Reform Act (PLRA) by enabling them to file a lawsuit concerning physical injury, sexual assault or mental abuse without first having to file an administrative grievance.

The proposed legislation is supported by a bipartisan coalition of groups including cut5o, Campaign for Youth Justice, Juvenile Law Center, National Legal Aid & Defender Association, and R Street Institute.

The administrative grievance procedure, established by the Prison Litigation Reform Act (PLRA), requires inmates at federal, state, and local facilities to file administrative complaints through the prison in which they are detained.

Under the Justice For Juveniles Act, youth could initiate legal action to address prison conditions without first filing administrative complaints.

The PLRA was designed to address the problem of the large numbers of pro se prisoner lawsuits that were being filed and inundating the federal courts.

Before the enactment of the PLRA, the overwhelming majority of prisoner cases were civil rights cases filed by state prisoners in federal district courts and were filed prose.

The vast majority of the pre-PLRA pro se cases were filed under 42 U.S.C. § 1983; incarcerated juveniles filed very few lawsuits.

Generally, to establish a claim under 42 U.S.C. § 1983, a plaintiff must show that a person acting under color of state law deprived him of a right secured by the Constitution or the laws of the United States.

Pursuant to the changes brought on by the PLRA, before an incarcerated individual can file a lawsuit, he or she must take the complaint through all levels of a correctional facility's grievance system.

If a person fails to comply with these requirements, including missing a filing deadline that can be as short as a few days, he or she may no longer be able to bring a lawsuit.

This administrative remedy requirement is a high burden for a juvenile to meet, as it requires a sophisticated understanding of how to navigate technical procedures.

Held to an adult standard, minors are unduly prevented from litigating their abuses and thus deprived of a critical tool for improving their conditions of incarceration.

Moreover, the problem is made worse because grievance procedures tend to rely on written communication and juveniles in the justice system typically have serious education deficits.

Cases from around the country make clear that juveniles facing serious harm are deprived of legal protections because of the PLRA exhaustion requirements.

For example, in Hunter v. Corr. Corp., a 17-year-old was sexually assaulted in an adult facility but the case was dismissed because the court ruled he should have exhausted his administrative remedies first.

In another case, from Kentucky, a juvenile filed a lawsuit alleging that staff had hit him, shocked him with a stun gun, and then led him down the hall by his testicles to an isolation cell.

Although the juvenile's lawyer had discussed the incident with the jail administrator, the Federal Bureau of Investigation, the State Police, and the Kentucky Department of Juvenile Justice, the court ruled that this did not satisfy the PLRA and the suit was dismissed for failure to exhaust administrative remedies.

Mr. Speaker, exempting youth from administrative grievances acknowledges that children do not know how to protect themselves from practices or conduct that is unconstitutional.

The Justice For Children Act makes it easier for juveniles who are physically assaulted or abused to seek immediate redress in federal court.

In addition, simplifying the legal process and making it more readily available to these juveniles is also in keeping with the Supreme Court's conclusions regarding the developmental needs of adolescents.

I strongly support this legislation and urge all Members to join me in voting for its passage.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Pennsylvania (Ms. SCANLON) that the House suspend the rules and pass the bill, H.R. 5053.

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

A motion to reconsider was laid on the table.

COMPETITIVE HEALTH INSURANCE REFORM ACT OF 2020

Ms. SCANLON. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1418) to restore the application of the Federal antitrust laws to the business of health insurance to protect competition and consumers, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1418

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Competitive Health Insurance Reform Act of 2020".

SEC. 2. RESTORING THE APPLICATION OF ANTITRUST LAWS TO THE BUSINESS OF HEALTH INSURANCE.

(a) AMENDMENT TO MCCARRAN-FERGUSON ACT.—Section 3 of the Act of March 9, 1945 (15 U.S.C. 1013), commonly known as the McCarran-Ferguson Act, is amended by adding at the end the following:

"(c)(1) Nothing contained in this Act shall modify, impair, or supersede the operation of any of the antitrust laws with respect to the business of health insurance (including the business of dental insurance and limited-scope dental benefits).

"(2) Paragraph (1) shall not apply with respect to making a contract, or engaging in a combination or conspiracy—

"(A) to collect, compile, or disseminate historical loss data;

"(B) to determine a loss development factor applicable to historical loss data;

"(C) to perform actuarial services if such contract, combination, or conspiracy does not involve a restraint of trade; or

"(D) to develop or disseminate a standard insurance policy form (including a standard addendum to an insurance policy form and standard terminology in an insurance policy form) if such contract, combination, or conspiracy is not to adhere to such standard form or require adherence to such standard form.

"(3) For purposes of this subsection—

"(A) the term 'antitrust laws' has the meaning given it in subsection (a) of the first section of the Clayton Act (15 U.S.C. 12), except that such term includes 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;

"(B) the term 'business of health insurance (including the business of dental insurance and limited-scope dental benefits)' does not include—

"(i) the business of life insurance (including annuities); or

"(ii) the business of property or casualty insurance, including but not limited to—

"(I) any insurance or benefits defined as 'excepted benefits' under paragraph (1), subparagraph (B) or (C) of paragraph (2), or

paragraph (3) of section 9832(c) of the Internal Revenue Code of 1986 (26 U.S.C. 9832(c)) whether offered separately or in combination with insurance or benefits described in paragraph (2)(A) of such section; and

''(II) any other line of insurance that is classified as property or casualty insurance under State law;

''(C) the term 'historical loss data' means information respecting claims paid, or reserves held for claims reported, by any person engaged in the business of insurance; and

''(D) the term 'loss development factor' means an adjustment to be made to reserves held for losses incurred for claims reported by any person engaged in the business of insurance, for the purpose of bringing such reserves to an ultimate paid basis.''.

(b) RELATED PROVISION.—For purposes of section 5 of the Federal Trade Commission Act (15 U.S.C. 45) to the extent such section applies to unfair methods of competition, section 3(c) of the McCarran-Ferguson Act shall apply with respect to the business of health insurance without regard to whether such business is carried on for profit, notwithstanding the definition of ''Corporation'' contained in section 4 of the Federal Trade Commission Act.

SEC. 3. DETERMINATION OF BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled ''Budgetary Effects of PAYGO Legislation'' for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Pennsylvania (Ms. SCANLON) and the gentleman from North Dakota (Mr. ARMSTRONG) each will control 20 minutes.

The Chair recognizes the gentlewoman from Pennsylvania.

GENERAL LEAVE

Ms. SCANLON. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous materials on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Pennsylvania?

There was no objection.

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

Mr. Speaker, I rise in strong support of H.R. 1418, the Competitive Health Insurance Reform Act.

This commonsense legislation repeals a longstanding antitrust exemption for the health insurance industry under the McCarran-Ferguson Act. It does so for price-fixing, bid-rigging, and market allocation—the most egregious kinds of anticompetitive conduct. There is absolutely no justification for this broad antitrust exemption for the business of health insurance.

Congress passed the McCarran-Ferguson Act in response to a 1944 Supreme Court decision finding that the antitrust laws applied to the business of insurance. Both insurance companies and the States expressed concern about that decision. Insurance companies worried that it could jeopardize certain collective practices, like joint rate-setting and the pooling of historical data, and the States were concerned about losing their authority to regulate and tax the business of insurance.

To address these issues, McCarran-Ferguson provides that Federal antitrust laws apply to the business of insurance only to the extent that it is not regulated by State law. Unfortunately, this resulted in a broad antitrust exemption. Industry and State revenue concerns, rather than the vital goals of protecting competition and consumers, were the primary drivers of the act.

In passing McCarran-Ferguson, Congress initially intended to provide only a temporary exemption and, unfortunately, gave little consideration to competition concerns.

Not surprisingly, there is broad support for ending this safe harbor for antitrust violations that are criminally illegal. As the Antitrust Modernization Commission Report noted in 2007, the McCarran-Ferguson exemption should be repealed because it has outlived any utility it may have had and is among the most ill-conceived and egregious examples.

Furthermore, it is far from clear that the McCarran-Ferguson antitrust exemption was ever justified in the first place. Antitrust exemption should be exceedingly rare and should be enacted only where there are strong policy reasons for such exemption.

Carving out an entire part of a healthcare system from the antitrust laws should be unthinkable, particularly when healthcare costs are so high for many families. That is why it is time to repeal the special exemption for the insurance industry.

Mr. Speaker, I thank my colleague, Chairman DEFAZIO, for his leadership on this important legislation. I urge my colleagues to support this bill, which previously passed the House with an overwhelming bipartisan vote of 416–7, and I reserve the balance of my time.

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

Mr. Speaker, under current law, the health and dental insurance industries are exempt from some Federal competition laws and related enforcement actions.

Congress established this exemption in 1945 at a time when Federal antitrust law was less developed and more likely to disrupt procompetitive practices in the insurance industry under State laws.

H.R. 1418 would update antitrust law and apply it to the business of health insurance in ways designed to better protect consumers. At the same time, H.R. 1418 would still permit the health insurance industry to engage in procompetitive collaboration that benefits customers.

Mr. Speaker, this bill represents another small step designed to improve America's healthcare system. I encourage my colleagues to support this bill, and I reserve the balance of my time.

Ms. SCANLON. Mr. Speaker, I yield 5 minutes to the gentleman from Oregon (Mr. DEFAZIO).

Mr. DEFAZIO. Mr. Speaker, I thank the gentlewoman for yielding.

Mr. Speaker, this bill, H.R. 1418, has 51 cosponsors in the House: 26 Democrats, 25 Republicans. It is endorsed by 23 national organizations, including Consumer Reports, which estimates it will save consumers billions of dollars a year in health insurance costs, other consumer rights groups, the American Dental Association, Hospital Association, and more.

There are only two for-profit industries in America that have an exemption from antitrust law: One is professional baseball, dating from the 1920s, and the other is the vital area of health insurance, dating to the 1940s. This bill will take away that exemption.

What does that mean? Well, right now, insurance companies can and do get together and collude. Before COVID, they would go to some fancy resorts, get together, and say: How about you stay out of North Dakota; we will stay out of South Dakota? You stay out of Oregon; we will stay out of Washington. Let's divide up the pie here. You decide where you are selling, and we will decide where we are selling. Oh, and by the way, here are the things we don't want to cover. Here are the people we want to redline and exclude.

That is all legal. That is all legal.

What does it do? It drives up the cost and the availability is diminished for Americans. And now here we are in the midst of COVID and the estimates are that 5 million people have lost their health insurance during COVID—5 million people—yet, last year, the health insurance industry made an eye-popping $33 billion in profits. This year, the reports are they are doing even better, with more and more people uninsured.

How are they doing that? Well, they are jacking up copays. They are jacking up deductibles. They are excluding all sorts of treatments from coverage. And it is all legal, and they can all get together and say: Hey, if you won't cover this, we won't cover it. That way we won't lose customers; you won't lose customers.

What a sweet deal. What a sweet deal.

Well, one in four Americans hesitated to go to the doctor—people who were insured—or to fill a prescription, get needed treatment because of the extraordinary copays and high deductibles. So a lot of people are paying 2,000, 3,000, 4,000, 5,000 bucks before they get any coverage on these so-called policies.

What is this about? It is about greed. And it is time to end.

This is a vital service for the American people. This bill was part of the original Affordable Care Act in the House—my provision. It was stripped

out in the Senate at the behest of a former insurance executive—good old Senate—so it didn't get into the final version of ACA. They took out a lot of other good things, too. The House bill was way preferable with national exchanges, not-for-profit, et cetera. But, in any case, it was stripped out.

So the House held another vote after the passage of the Affordable Care Act in 2010. Tom Perriello, then-Representative for Virginia, offered my bill on the floor and it passed by 406–19.

What kind of bills pass 406–19?

And then my colead on the bill, Representative GOSAR, introduced the bill in 2017, and it passed 416–7 in the most bitterly partisan atmosphere in Congress since post-Civil War—416–7.

It is time to get this done.

Finally, we are seeing some action in the Senate. Senator LEAHY has introduced a bill, ranking member of the Committee on the Judiciary, and Senator DAINES. So there are three Democrats, three Republicans on the bill. Hopefully, the Senate will see the wisdom in helping Americans afford health insurance, lowering their deductibles, lowering their copays, lowering their exclusions on prescription drugs.

Mr. Speaker, even under Medicare part D, they are always jacking people around: Oh, sorry, you can't have that medication anymore. We just took it off the list last week.

They can do it any time they want. And they can talk to the other insurers, and say: Hey, we are taking that drug off our list. Will you take it off your list, because we don't want people to switch to your plan.

That is all legal now.

Mr. Speaker, after this bill passes, it will no longer be legal. This will be a tremendous service to the American people at any time in history, but particularly now in times of COVID and crisis.

Mr. Speaker, I urge my colleagues to support this legislation.

Mr. ARMSTRONG. Mr. Speaker, this is a good bill. I urge my colleagues to support it, and I yield back the balance of my time.

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

Healthy competition in health insurance markets is one of the most critical elements for ensuring that Americans have access to high-quality, affordable healthcare. When insurance companies are forced to compete, the American people win.

Unfortunately, too many families are still paying higher premiums and out-of-pocket costs, in part, because of anticompetitive practices that health insurance giants are allowed to engage in under existing law.

What is more, there is a statutory loophole for this conduct that allows insurers to engage in egregious actions like price-fixing, bid-rigging, and market allocation with total impunity so long as they are engaged in the business of insurance and it is regulated by a State.

There should be no safe harbor whatsoever for this conduct which allows insurers to increase the cost of health insurance and impose additional burdens on families across our Nation when they are already struggling to make ends meet.

Health insurance companies should be subject to antitrust liability to the extent that they collude or otherwise engage in anticompetitive behavior. H.R. 1418 would achieve this result.

Mr. Speaker, I thank Chairman DEFAZIO for his leadership on this bill, and I urge my colleagues to vote in favor of this legislation that is long overdue.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Pennsylvania (Ms. SCANLON) that the House suspend the rules and pass the bill, H.R. 1418, as amended.

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

A motion to reconsider was laid on the table.

SAVANNA'S ACT

Ms. SCANLON. Mr. Speaker, I move to suspend the rules and pass the bill (S. 227) to direct the Attorney General to review, revise, and develop law enforcement and justice protocols appropriate to address missing and murdered Indians, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 227

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

SECTION 1. SHORT TITLE.

This Act may be cited as ''Savanna's Act''.

SEC. 2. PURPOSES.

The purposes of this Act are—

(1) to clarify the responsibilities of Federal, State, Tribal, and local law enforcement agencies with respect to responding to cases of missing or murdered Indians;

(2) to increase coordination and communication among Federal, State, Tribal, and local law enforcement agencies, including medical examiner and coroner offices;

(3) to empower Tribal governments with the resources and information necessary to effectively respond to cases of missing or murdered Indians; and

(4) to increase the collection of data related to missing or murdered Indian men, women, and children, regardless of where they reside, and the sharing of information among Federal, State, and Tribal officials responsible for responding to and investigating cases of missing or murdered Indians.

SEC. 3. DEFINITIONS.

In this Act:

(1) CONFER.—The term ''confer'' has the meaning given the term in section 514 of the Indian Health Care Improvement Act (25 U.S.C. 1660d).

(2) DATABASES.—The term ''databases'' means—

(A) the National Crime Information Center database;

(B) the Combined DNA Index System;

(C) the Next Generation Identification System; and

(D) any other database relevant to responding to cases of missing or murdered Indians, including that under the Violent Criminal Apprehension Program and the National Missing and Unidentified Persons System.

(3) INDIAN.—The term ''Indian'' means a member of an Indian Tribe.

(4) INDIAN COUNTRY.—The term ''Indian country'' has the meaning given the term in section 1151 of title 18, United States Code.

(5) INDIAN LAND.—The term ''Indian land'' means Indian lands, as defined in section 3 of the Native American Business Development, Trade Promotion, and Tourism Act of 2000 (25 U.S.C. 4302).

(6) INDIAN TRIBE.—The term ''Indian Tribe'' has the meaning given the term ''Indian tribe'' in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

(7) LAW ENFORCEMENT AGENCY.—The term ''law enforcement agency'' means a Tribal, Federal, State, or local law enforcement agency.

SEC. 4. IMPROVING TRIBAL ACCESS TO DATABASES.

(a) TRIBAL ENROLLMENT INFORMATION.—The Attorney General shall provide training to law enforcement agencies regarding how to record the Tribal enrollment information or affiliation, as appropriate, of a victim in Federal databases.

(b) CONSULTATION.—

(1) CONSULTATION.—Not later than 180 days after the date of enactment of this Act, the Attorney General, in cooperation with the Secretary of the Interior, shall complete a formal consultation with Indian Tribes on how to further improve Tribal data relevance and access to databases.

(2) INITIAL CONFER.—Not later than 180 days after the date of enactment of this Act, the Attorney General, in coordination with the Secretary of the Interior, shall confer with Tribal organizations and urban Indian organizations on how to further improve American Indian and Alaska Native data relevance and access to databases.

(3) ANNUAL CONSULTATION.—Section 903(b) of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (34 U.S.C. 20126) is amended—

(A) by striking paragraph (2) and inserting the following:

''(2) enhancing the safety of Indian women from domestic violence, dating violence, sexual assault, homicide, stalking, and sex trafficking;'';

(B) in paragraph (3), by striking the period at the end and inserting ''; and''; and

(C) by adding at the end the following:

''(4) improving access to local, regional, State, and Federal crime information databases and criminal justice information systems.''.

(c) NOTIFICATION.—Not later than 180 days after the date of enactment of this Act, the Attorney General shall—

(1) develop and implement a dissemination strategy to educate the public of the National Missing and Unidentified Persons System; and

(2) conduct specific outreach to Indian Tribes, Tribal organizations, and urban Indian organizations regarding the ability to publicly enter information, through the National Missing and Unidentified Persons System or other non-law enforcement sensitive portal, regarding missing persons, which may include family members and other known acquaintances.