

Fitzpatrick  
Fleischmann  
Fortenberry  
Foxy  
Franklin, C.  
Scott  
Fulcher  
Gaetz  
Gallagher  
Garbarino  
Garcia (CA)  
Gibbs  
Gimenez  
Gohmert  
Gonzales, Tony  
Gonzalez (OH)  
Good (VA)  
Gooden (TX)  
Gosar  
Granger  
Graves (LA)  
Graves (MO)  
Green (TN)  
Greene (GA)  
Griffith  
Grothman  
Guest  
Guthrie  
Hagedorn  
Harris  
Harshbarger  
Hartzler  
Hern  
Herrell  
Herrera Beutler  
Hice (GA)  
Higgins (LA)  
Hill  
Hinson  
Hollingsworth  
Hudson  
Huizenga  
Issa  
Jackson  
Jacobs (NY)  
Johnson (LA)  
Johnson (OH)  
Johnson (SD)  
Jordan  
Joyce (OH)  
Joyce (PA)  
Katko

Keller  
Kelly (MS)  
Kelly (PA)  
Kim (CA)  
Kustoff  
LaHood  
LaMalfa  
Lamborn  
Latta  
LaTurner  
Lesko  
Letlow  
Long  
Loudermilk  
Lucas  
Luetkemeyer  
Mace  
Malliotakis  
Mann  
Massie  
Mast  
McCarthy  
McCaul  
McClain  
McClintock  
McHenry  
McKinley  
Meijer  
Meuser  
Miller (IL)  
Miller (WV)  
Miller-Meeks  
Moolenaar  
Mooney  
Moore (AL)  
Moore (UT)  
Mullin  
Murphy (NC)  
Nehls  
Newhouse  
Norman  
Nunes  
Oberholte  
Owens  
Palazzo  
Palmer  
Pence  
Perry  
Pfluger  
Posey  
Reed  
Reschenthaler

Rice (SC)  
Rodgers (WA)  
Rogers (AL)  
Rogers (KY)  
Rose  
Rosendale  
Rouzer  
Roy  
Rutherford  
Salazar  
Scalise  
Schweikert  
Scott, Austin  
Sessions  
Simpson  
Smith (MO)  
Smith (NE)  
Smith (NJ)  
Smucker  
Spartz  
Staubert  
Steel  
Stefanik  
Steil  
Steube  
Stewart  
Taylor  
Tenney  
Thompson (PA)  
Tiffany  
Timmons  
Turner  
Upton  
Valadao  
Van Drew  
Van Duyn  
Wagner  
Walberg  
Walorski  
Castro (TX)  
Chu  
Cicilline  
Clarke (MA)  
Clarke (NY)  
Cleaver  
Cohen  
Connolly  
Cooper  
Correa  
Costa  
Courtney  
Craig  
Crist  
Crow  
Cuellar  
Davids (KS)  
Davis, Danny K.  
Dean  
DeFazio  
DeGette  
DeLauro  
DelBene  
Delgado  
Demings  
DeSaulnier  
Deutch  
Dingell  
Doggett  
Doyle, Michael  
F.  
Escobar  
Espaillat  
Evans  
Fletcher  
Foster  
Frankel, Lois  
Gallego  
Garamendi  
Garcia (IL)  
Garcia (TX)  
Golden

The vote was taken by electronic device, and there were—yeas 219, nays 213, not voting 1, as follows:

[Roll No. 403]

YEAS—219

Adams  
Aguilar  
Alfred  
Auchincloss  
Axne  
Barragan  
Bass  
Beatty  
Bera  
Beyer  
Bishop (GA)  
Blumenauer  
Blunt Rochester  
Bonamici  
Bourdeaux  
Bowman  
Boyle, Brendan  
F.  
Brown (MD)  
Brown (OH)  
Brownley  
Bush  
Bustos  
Kaptur  
Keating  
Carbajal  
Carbajal  
Cardenas  
Kildeer  
Carson  
Carter (LA)  
Cartwright  
Case  
Casten  
Castor (FL)  
Castro (TX)  
Chu  
Cicilline  
Clarke (MA)  
Clarke (NY)  
Cleaver  
Cohen  
Connolly  
Cooper  
Correa  
Costa  
Courtney  
Craig  
Crist  
Crow  
Cuellar  
Davids (KS)  
Davis, Danny K.  
Dean  
DeFazio  
DeGette  
DeLauro  
DelBene  
Delgado  
Demings  
DeSaulnier  
Deutch  
Dingell  
Doggett  
Doyle, Michael  
F.  
Escobar  
Espaillat  
Evans  
Fletcher  
Foster  
Frankel, Lois  
Gallego  
Garamendi  
Garcia (IL)  
Garcia (TX)  
Golden

Gomez  
Gonzalez,  
Vicente  
Gottheimer  
Green, Al (TX)  
Grijalva  
Harder (CA)  
Hayes  
Higgins (NY)  
Himes  
Horsford  
Houlahan  
Hoyer  
Huffman  
Jackson Lee  
Jacobs (CA)  
Jayapal  
Jeffries  
Johnson (GA)  
Johnson (TX)  
Jones  
Kahele  
Kaptur  
Keating  
Kelly (IL)  
Khanna  
Kilmer  
Kim (NJ)  
Kind  
Kirkpatrick  
Krishnamoorthi  
Kuster  
Lamb  
Langevin  
Larsen (WA)  
Larson (CT)  
Lawrence  
Lawson (FL)  
Lee (CA)  
Lee (NV)  
Leger Fernandez  
Levin (CA)  
Levin (MI)  
Lieu  
Lofgren  
Lowenthal  
Luria  
Lynch  
Malinowski  
Maloney,  
Carolyn B.  
Maloney, Sean  
Manning  
Matsui  
McBath  
McCollum  
McEachin  
McGovern  
McNerney  
Meeks  
Meng  
Mfume  
Moore (WI)  
Morelle  
Moulton  
Mrvan  
Murphy (FL)  
Nadler  
Napolitano  
Neal  
Neguse  
Newman  
Norcross  
O'Halleran

Davis, Rodney  
DesJarlais  
Diaz-Balart  
Donalds  
Duncan  
Dunn  
Ellzey  
Emmer  
Estes  
Fallon  
Feenstra  
Ferguson  
Fischbach  
Fitzgerald  
Fitzpatrick  
Fleischmann  
Fortenberry  
Foxy  
Franklin, C.  
Scott  
Fulcher  
Gaetz  
Gallagher  
Garbarino  
Garcia (CA)  
Gibbs  
Gimenez  
Gohmert  
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Gonzalez (OH)  
Gooden (TX)  
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Graves (LA)  
Graves (MO)  
Green (TN)  
Greene (GA)  
Griffith  
Grothman  
Guest  
Guthrie  
Hagedorn  
Harris  
Harshbarger  
Hartzler  
Hern  
Herrell  
Herrera Beutler  
Hice (GA)  
Higgins (LA)  
Hill  
Hinson  
Hollingsworth  
Hudson  
Huizenga  
Issa

Jackson  
Jacobs (NY)  
Johnson (LA)  
Johnson (OH)  
Johnson (SD)  
Jordan  
Joyce (OH)  
Joyce (PA)  
Katko  
Keller  
Kelly (MS)  
Kelly (PA)  
Kim (CA)  
Kinzinger  
Kustoff  
LaHood  
LaMalfa  
Lamborn  
Latta  
LaTurner  
Lesko  
Letlow  
Long  
Loudermilk  
Lucas  
Luetkemeyer  
Mace  
Malliotakis  
Mann  
Massie  
Mast  
McCarthy  
McCaul  
McClain  
McClintock  
McHenry  
McKinley  
Meijer  
Meuser  
Miller (IL)  
Miller (WV)  
Miller-Meeks  
Moolenaar  
Mooney  
Moore (AL)  
Moore (UT)  
Mullin  
Murphy (NC)  
Nehls  
Newhouse  
Norman  
Nunes  
Oberholte  
Owens  
Palazzo  
Palmer  
Pence

Perry  
Pfluger  
Posey  
Reed  
Reschenthaler  
Rice (SC)  
Rodgers (WA)  
Rogers (AL)  
Rogers (KY)  
Rose  
Rosendale  
Rouzer  
Roy  
Rutherford  
Kustoff  
Salazar  
Scalise  
Schweikert  
Scott, Austin  
Sessions  
Simpson  
Smith (MO)  
Smith (NE)  
Loudermilk  
Smucker  
Spartz  
Staubert  
Steel  
Stefanik  
Steil  
Steuwe  
Stewart  
Taylor  
Tenney  
Thompson (PA)  
Tiffany  
Timmons  
Turner  
Upton  
Valadao  
Van Drew  
Van Duyn  
Wagner  
Walberg  
Walorski  
Waltz  
Weber (TX)  
Webster (FL)  
Wenstrup  
Westerman  
Williams (TX)  
Wilson (SC)  
Wittman  
Womack  
Young  
Zeldin

NOT VOTING—5

Clyburn  
Donalds

Dunn  
Kinzinger

Slotkin

□ 1905

Mr. DOGGETT changed his vote from “nay” to yea.”  
So the previous question was ordered.  
The result of the vote was announced as above recorded.

MEMBERS RECORDED PURSUANT TO HOUSE RESOLUTION 8, 117TH CONGRESS

Baird (Walorski)	Hartzler	Posey
Crist	(Lamborn)	(Cammack)
(Wasserman)	Kahele (Jacobs)	Rice (NY)
Schultz)	(CA))	(Murphy (FL))
DeFazio (Brown)	Kind (Connolly)	Rush (Quigley)
(MD))	Lawrence	Sires (Pallone)
Demings (Soto)	(Stevens)	Torres (CA)
Frankel, Lois	Lawson (FL)	(Correa)
(Clark (MA))	(Evans)	Underwood
Fulcher (Johnson)	Lesko (Miller)	(Casten)
(OH))	(WV))	Vargas (Correa)
Green (TX)	Meng (Kuster)	Wenstrup
(Escobar)	Moore (UT)	(LaHood)
Grijalva	(Carl)	Wilson (FL)
(Stanton)	Payne (Pallone)	(Hayes)
Hagedorn (Carl)		

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

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

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

The yeas and nays were ordered.  
The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

NAYS—213

Aderholt  
Allen  
Amodei  
Armstrong  
Arrington  
Babin  
Bacon  
Baird  
Balderson  
Banks  
Barr  
Bentz  
Bergman  
Bice (OK)  
Biggs

Carl  
Carter (GA)  
Carter (TX)  
Cawthorn  
Chabot  
Cheney  
Cline  
Cloud  
Clyde  
Cole  
Comer  
Crawford  
Crenshaw  
Curtis  
Davidson

NOT VOTING—1

Clyburn

□ 1924

Mr. KINZINGER changed his vote from “yea” to “nay.”  
So the resolution was agreed to.  
The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

MEMBERS RECORDED PURSUANT TO HOUSE RESOLUTION 8, 117TH CONGRESS

Baird (Walorski)	Hartzler	Posey
Crist	(Lamborn)	(Cammack)
(Wasserman)	Kahele (Jacobs)	Rice (NY)
Schultz)	(CA))	(Murphy (FL))
DeFazio (Brown)	Kind (Connolly)	Rush (Quigley)
(MD))	Lawrence	Sires (Pallone)
Demings (Soto)	(Stevens)	Torres (CA)
Frankel, Lois	Lawson (FL)	(Correa)
(Clark (MA))	(Evans)	Underwood
Fulcher (Johnson)	Lesko (Miller)	(Casten)
(OH))	(WV))	Vargas (Correa)
Green (TX)	Meng (Kuster)	Wenstrup
(Escobar)	Moore (UT)	(LaHood)
Grijalva	(Carl)	Wilson (FL)
(Stanton)	Payne (Pallone)	(Hayes)
Hagedorn (Carl)		

DR. LORNA BREEN HEALTH CARE PROVIDER PROTECTION ACT

Mr. HORSFORD. Madam Speaker, pursuant to House Resolution 838, I call up the bill (S. 610) to address behavioral health and well-being among

health care professionals, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mrs. HAYES). Pursuant to House Resolution 838, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 117-22 is adopted and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

S. 610

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

**SECTION 1. SHORT TITLE.**

This Act may be cited as the “Protecting Medicare and American Farmers from Sequester Cuts Act”.

**SEC. 2. ADJUSTMENTS TO MEDICARE SEQUESTRATION REDUCTIONS.**

(a) EXTENSION OF TEMPORARY SUSPENSION THROUGH MARCH 2022—

(1) IN GENERAL.—Section 3709(a) of division a of the CARES Act (2 U.S.C. 901a note) is amended—

(A) in the subsection header by inserting “AND ADJUSTMENT” after “SUSPENSION”; and

(B) by striking “December 31, 2021” and inserting “March 31, 2022”.

(2) EFFECTIVE DATE.—The amendments made by paragraph (1) shall take effect as if enacted as part of the CARES Act (Public Law 116-136).

(b) ADJUSTMENTS TO MEDICARE PROGRAM SEQUESTRATION REDUCTION WITH RESPECT TO FISCAL YEARS 2022 AND 2030.—Section 251A(6) of the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 901a(6)) is amended—

(1) by redesignating subparagraph (C) as subparagraph (E); and

(2) by inserting after subparagraph (B) the following new subparagraphs:

“(C) Notwithstanding the 2 percent limit specified in subparagraph (A) for payments for the Medicare programs specified in section 256(d), the sequestration order of the President under such subparagraph for fiscal year 2022 shall be applied to such payments so that with respect to the period beginning April 1, 2022, and ending on June 30, 2022, the payment reduction shall be 1.0 percent.

“(D) Notwithstanding the 2 percent limit specified in subparagraph (A) for payments for the Medicare programs specified in section 256(d), the sequestration order of the President under such subparagraph for fiscal year 2030 shall be applied to such payments so that—

“(i) with respect to the first 6 months in which such order is effective for such fiscal year, the payment reduction shall be 2.25 percent; and

“(ii) with respect to the second 6 months in which such order is so effective for such fiscal year, the payment reduction shall be 3 percent.”.

**SEC. 3. EXTENSION OF SUPPORT FOR PHYSICIANS AND OTHER PROFESSIONALS IN ADJUSTING TO MEDICARE PAYMENT CHANGES.**

(a) IN GENERAL.—Section 1848 of the Social Security Act (42 U.S.C. 1395w-4) is amended—

(1) in subsection (c)(2)(B)(iv)(V), by striking “2021” and inserting “2021 or 2022”; and

(2) in subsection (t)—

(A) in the subsection header, by striking “2021” and inserting “2021 AND 2022”; and

(B) in paragraph (1)—

(i) by striking “during 2021” and inserting “during 2021 and 2022”; and

(ii) by striking “for such services furnished on or after January 1, 2021, and before January 1, 2022, by 3.75 percent.” and inserting “for—

“(A) such services furnished on or after January 1, 2021, and before January 1, 2022, by 3.75 percent, and

“(B) such services furnished on or after January 1, 2022, and before January 1, 2023, by 3.0 percent.”; and

(C) in paragraph (2)(C)—

(i) in the subparagraph header, by striking “2021” and inserting “2021 and 2022”

(ii) by inserting “for services furnished in 2021 or 2022” after “under this subsection”; and

(iii) by inserting “or 2022, respectively” before the period at the end.

(b) REPORT.—Section 101(c) of division N of the Consolidated Appropriations Act, 2021 (Public Law 116-260) is amended—

(1) in the first sentence—

(A) by striking “April 1, 2022” and inserting “each of April 1, 2022, and April 1, 2023”; and

(B) by striking “, as added by subsection (a)” and inserting “furnished during 2021 or 2022, respectively”; and

(2) in the second sentence—

(A) by striking “Such report” and inserting “Each such report”; and

(B) by inserting “with respect to 2021 or 2022, as applicable” after “under such section”.

**SEC. 4. PRESERVING PATIENT ACCESS TO CRITICAL CLINICAL LAB SERVICES.**

(a) REVISED PHASE-IN OF REDUCTION FROM PRIVATE PAYOR RATE IMPLEMENTATION.—Section 1834A(b)(3) of the Social Security Act (42 U.S.C. 1395m-1(b)(3)) is amended—

(1) in subparagraph (A), by striking “through 2024” and inserting “through 2025”; and

(2) in subparagraph (B)—

(A) in clause (ii), by striking “for 2021” and inserting “for each of 2021 and 2022”; and

(B) in clause (iii), by striking “2022 through 2024” and inserting “2023 through 2025”.

(b) REVISED REPORTING PERIOD FOR REPORTING OF PRIVATE SECTOR PAYMENT RATES FOR ESTABLISHMENT OF MEDICARE PAYMENT RATES.—Section 1834A(a)(1)(B) of the Social Security Act (42 U.S.C. 1395m-1(a)(1)(B)) is amended—

(1) in clause (i), by striking “December 31, 2021” and inserting “December 31, 2022”; and

(2) in clause (ii)—

(A) by striking “January 1, 2022” and inserting “January 1, 2023”; and

(B) by striking “March 31, 2022” and inserting “March 31, 2023”.

**SEC. 5. DELAY TO THE IMPLEMENTATION OF THE RADIATION ONCOLOGY MODEL UNDER THE MEDICARE PROGRAM.**

Section 133 of Division CC of the Consolidated Appropriations Act, 2021 (Public Law 116-260) is amended by striking “January 1, 2022” and inserting “January 1, 2023”.

**SEC. 6. MEDICARE IMPROVEMENT FUND.**

Section 1898(b)(1) of the Social Security Act (42 U.S.C. 1395iii(b)(1)) is amended by striking “fiscal year 2021” and all that follows through the period at the end and inserting “fiscal year 2021, \$101,000,000.”.

**SEC. 7. PAYGO ANNUAL REPORT.**

For the purposes of the annual report issued pursuant to section 5 of the Statutory Pay-As-You-Go Act of 2010 (2 U.S.C. 934) after adjournment of the first session of the 117th Congress, and for determining whether a sequestration order is necessary under such section, the debit for the budget year on the 5-year scorecard, if any, and the 10-year scorecard, if any, shall be deducted from such scorecard 2022 and added to such scorecard in 2023.

**SEC. 8. EXPEDITED PROCEDURES FOR CONSIDERING AN INCREASE IN THE DEBT LIMIT.**

(a) DEFINITION.—In this section, the term “joint resolution” means a joint resolution—

(1) that is introduced by the Majority Leader of the Senate, or a designee, during the period beginning on the date of enactment of this Act and ending December 31, 2021;

(2) which does not have a preamble;

(3) the title of which is as follows: “Joint resolution relating to increasing the debt limit.”; and

(4) the matter after the resolving clause of which is as follows: “That the limitation under section 3101(b) of title 31, U.S.C. Code, as most recently increased by Public Law 117-50 (31 U.S.C. 3101 note), is increased by \$\_\_\_\_\_”, the blank space being appropriately filled in with the dollar amount of the increase.

(b) EXPEDITED CONSIDERATION IN SENATE.—

(1) PLACEMENT ON CALENDAR.—Upon introduction in the Senate, the joint resolution shall be placed immediately on the calendar.

(2) PROCEEDING TO CONSIDERATION.—

(A) IN GENERAL.—Notwithstanding rule XXII of the Standing Rules of the Senate, it is in order, not later than January 15, 2022 (even though a previous motion to the same effect has been disagreed to) to move to proceed to the consideration of the joint resolution.

(B) PROCEDURE.—For a motion to proceed to the consideration of the joint resolution—

(i) all points of order against the motion are waived;

(ii) the motion is not debatable;

(iii) the motion is not subject to a motion to postpone;

(iv) a motion to reconsider the vote by which the motion is agreed to or disagreed to shall not be in order, and

(v) if the motion is agreed to, the joint resolution shall remain the unfinished business until disposed of.

(3) FLOOR CONSIDERATION.—

(A) IN GENERAL.—If the Senate proceeds to consideration of the joint resolution—

(i) all points of order against the joint resolution (and against consideration of the joint resolution) are waived;

(ii) debate on the joint resolution, and all debatable motions and appeals in connection therewith, shall be limited to not more than 10 hours, which shall be divided equally between the Chairman and Ranking Member of the Committee on Finance;

(iii) an amendment to the joint resolution is not in order;

(iv) a motion to postpone or a motion to commit the joint resolution is not in order; and

(v) a motion to proceed to the consideration of other business is not in order.

(B) VOTE ON PASSAGE.—The vote on passage shall occur immediately following the conclusion of the debate on the joint resolution and a single quorum call if requested in accordance with the rules of the Senate.

(C) RULINGS OF THE CHAIR ON PROCEDURE.—Appeals from the decisions of the Chair relating to the application of this paragraph or the rules of the Senate, as the case may be, to the procedure relating to the joint resolution shall be decided without debate.

(D) SINGLE MEASURE AUTHORIZED.—It shall not be in order to consider more than 1 joint resolution under the procedures under this paragraph.

(E) SUNSET.—It shall not be in order to consider a joint resolution under the procedures under this paragraph after January 16, 2022.

(4) RULES OF THE SENATE.—This subsection is enacted by Congress—

(A) as an exercise of the rulemaking power of the Senate, and as such is deemed a part

of the rules of the Senate, but applicable only with respect to the procedure to be followed in the Senate in the case of a joint resolution, and supersede other rules only to the extent that they are inconsistent with such rules; and

(B) with full recognition of the constitutional right of the Senate to change the rules (so far as relating to the procedure of the Senate) at any time, in the same manner, and to the same extent as in the case of any other rule of the Senate."

The SPEAKER pro tempore. The bill, as amended, shall be debatable for 60 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means or their respective designees.

The gentleman from Nevada (Mr. HORSFORD) and the gentleman from Texas (Mr. BRADY) each will control 30 minutes.

The Chair recognizes the gentleman from Nevada.

□ 1930

GENERAL LEAVE

Mr. HORSFORD. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to insert extraneous material on S. 610.

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

There was no objection.

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

Madam Speaker, I rise in support of S. 610, the Protecting Medicare and American Farmers from Sequester Cuts Act, which will, among other things, extend additional relief to Medicare providers in 2022 to support providers during the COVID-19 public health emergency.

In 2019, the Centers for Medicare and Medicaid Services made changes to how different physician services were valued relative to one another in the Medicare payment system. While physicians performing many primary care services saw an increase in payments as a result of these changes, other providers saw fairly substantial reductions which were not phased in.

That is why last year, Congress provided a 3.75 percent increase in the Medicare conversion factor, as a transition to the providers that were most affected.

This legislation continues that glidepath, with a 3 percent 1-year increase in the Medicare conversion factor, providing a bump in payments. With the new COVID variant emerging here in the United States, this will be important support for our frontline workers.

This legislation also eliminates the Medicare sequester, the 2 percent cut slated to take effect in January, and instead provides a glidepath by fully eliminating the cut in the first quarter and phasing it down to 1 percent in the second quarter.

Lastly, the legislation imposes a 1-year delay on clinical laboratory reductions and a radiation oncology pay-

ment model to provide additional time to adjust to these new policies. These commonsense provisions were also included in the legislation that I am proud to have introduced earlier today, along with my colleague, Congresswoman SCHRIER. These provisions have strong support from the medical community, physicians, and hospitals, because those in the healthcare field recognize that we must ensure providers have the support they need to care for patients as we continue to battle the COVID-19 pandemic. A letter from 20 surgical groups notes: "We urge Congress to pass the Protecting Medicare and American Farmers from Sequester Funds Act to mitigate the 2022 Medicare payment cuts."

This legislation will also provide a procedure for the Senate to raise the debt ceiling. This deal was struck by Senate Republican Leader MCCONNELL.

As much as my colleagues across the aisle may claim, this is not about new spending. Increasing the debt ceiling will prevent us from defaulting on debt we already owe.

It is about investments that Congress previously approved. In fact, 97 percent of the current debt was accumulated before President Biden assumed office. This vote is about protecting the full faith and credit of the United States of America.

A default would spell disaster. Nearly 50 million seniors could stop receiving Social Security checks for a period of time. Troops could go unpaid. Millions of families who rely on the monthly child tax credit, a tax cut, could see delays. Our current economic recovery could reverse into recession, with billions of dollars of growth and millions of jobs lost. According to an analysis by Moody's Analytics chief economist, Mark Zandi, the recession could wipe out as many as 6 million jobs and erase \$15 trillion in household wealth.

I am proud to stand in strong support of this bipartisan agreement that will end the specter of default looming over the American economy and the American people.

Madam Speaker, I urge my colleagues to support this responsible measure, and I reserve the balance of my time.

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

Madam Speaker, today ought to be a rare day for bipartisanship on behalf of patients and healthcare providers across America. Sadly, it is another day for Democrats' partisanship.

Providing needed funding for Medicare providers, our local doctors and hospitals, especially as we recover from the pandemic, is just common sense. We should be on the same page. In fact, we were, as early as a few hours ago, when Republicans also introduced legislation to help our healthcare providers.

Instead, Democrats have decided to push a very partisan agenda that has led to crisis after crisis, including the one we addressed today.

Our border communities are overwhelmed. Bidenflation is robbing American paychecks. The President has mishandled the economy so badly, he is already nearly a million jobs short of his promises from his last \$2 trillion spending binge.

Now, patients and doctors are being held hostage to pave the way for trillions of more reckless spending that most Americans don't even want.

Regrettably, Democrats are politicizing needed funding for Americans' healthcare with a poison pill that provides a process for lifting the debt ceiling, absolutely unrelated, and using patients and access to local doctors as leverage to increase the national debt on our children and grandchildren.

Last month, knowing this was coming, Republicans on the Ways and Means Committee called for a hearing, a bipartisan hearing, to address the issues around our doctors and our healthcare providers and reimbursement.

In a letter, we wrote to our Democrat colleagues, who we believed shared the same concerns, and said: "If the stability of healthcare providers is, in fact, still a priority for you," let's hold a hearing so that we can discuss a legislative solution going forward to maintain patient access to our local providers.

Instead, once again, my Democrat colleagues are choosing to go it alone because seemingly they are obsessed with spending taxpayer dollars wastefully.

We know there is bipartisan support for doctors. We should do a standalone bill. But the truth is, House Republicans can't support using patients and access to local doctors as leverage to increase the national debt on our children.

We know there is bipartisan support for providers, and we know this could stand alone as a bill. Unfortunately, this is not the path the Democrats have chosen.

Make no mistake: This debt ceiling is being lifted to pay for trillions of wasteful socialist spending. This debt ceiling limit is increased until 2023, all to accommodate trillions of wasteful spending, and Americans know it.

The Committee for a Responsible Federal Budget has noted that President Biden's Build Back Better bill would cost nearly \$5 trillion, while the President and others continue to claim falsely that this costs zero dollars.

Unfortunately for the President and the taxpayers who will have to foot the bill, The Washington Post fact checker found this claim false and misleading. They said it "would take some dubious gimmicks that help disguise the true cost of President Biden's agenda," and these gimmicks are just to justify paying for absolute waste.

Democrats give away hundreds of billions of dollars to special interests and the wealthy, literally sending government checks to the top 1 percent and the biggest corporations.

Democrats protect so-called green companies from their new minimum tax. Wealthy individuals with up to \$500,000 in income every year enjoy their own green welfare, including a \$12,500 check from single moms and working Americans so they can buy the wealthy a luxury electric vehicle.

Democrats force the 90 percent of Americans who don't join a union to subsidize the few who do. Democrats provide loopholes and tax cuts for special interests like trial lawyers.

Democrats would increase the \$10,000 SALT cap, providing wealthy taxpayers with a windfall of a quarter of a trillion dollars to help the wealthy.

Two out of three millionaires get a tax cut. One out of three middle-class families get a tax hike. Where are their priorities?

Democrats' tax and spending spree will more than double Americans' chances of being audited as it targets lower- and middle-income earners to make sure they pay their "fair share."

This proposal and that proposal will lead to an additional 1.2 million IRS audits each year focused on the middle class, and we will see \$200 billion of new taxes on our Main Street small businesses.

What does it mean for Americans? More than double the chance of being audited, and not just for the rich.

Americans ought to take a step back and see what we are doing tonight as shameful. That is exactly what it is.

Democrats are threatening to hold up payments for our local doctors and healthcare providers, as they fight out of the pandemic, so Democrats can pay for measures they claim we need because of the pandemic.

We have gone from never letting a crisis go to waste to never letting a crisis get in the way of waste.

This debt ceiling crisis didn't have to happen this way. House Democrats have known this day was coming for 2 years, but they never bothered to pass a budget, never passed appropriations bills, and failed to have any bipartisan discussion. Here we are at the last minute.

Madam Speaker, commonsense Americans will not let their doctors and healthcare providers be held hostage to this debt ceiling crisis. We strongly urge a "no" vote on this bill.

Madam Speaker, I reserve the balance of my time.

Mr. HORSFORD. Madam Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. PALLONE), the distinguished chair of the Energy and Commerce Committee.

Mr. PALLONE. Madam Speaker, I rise in strong support of this bipartisan legislation that will continue to guarantee access to healthcare providers as we confront the COVID-19 pandemic.

Nothing could be more important to our seniors than making sure that they have access to doctors during this time.

I heard what my colleague on the Republican side said, but I just want to

assure everyone that what we are really talking about here is making sure that our seniors can access a doctor, that there are doctors available to help them during the COVID-19 pandemic.

Since the beginning of the pandemic, Congress has provided relief to Medicare providers by waiving a 2 percent cut in payments that was created as part of sequestration. This legislation will continue waiving those cuts. It also protects Medicare and other Federal programs by preventing any cuts from occurring as a result of paygo rules.

The legislation provides additional relief to healthcare providers by increasing payments under Medicare's physician fee schedule next year and preventing cuts to Medicare payments for lab and oncology services.

We have to understand that providers have to keep their doors open. Labs have to be open. During these difficult times, when providers are being stretched to the limit, and labs, oncology services, and everything is being stretched to the limit, if Congress does not take action now and pass this bill, then some healthcare providers will face significant reductions in payments, and that has an impact on our seniors and their ability to get services.

This legislation is important for the seniors, and it is important for our constituents. It has bipartisan and bicameral support, and I urge my colleagues to join me in supporting it tonight.

Mr. BRADY. Madam Speaker, I yield 1 minute to the gentleman from Nebraska (Mr. SMITH), the Republican leader of the Select Revenue Measures Subcommittee.

Mr. SMITH of Nebraska. Madam Speaker, here we are again, late at night, debating last-minute legislation to fix problems the current majority created.

When considered alongside the ongoing COVID pandemic, widespread workforce concerns, and the cloud of uncertainty created by unnecessary vaccine mandates, it is clear the combined effects of upcoming Medicare reimbursement cuts represent a critical threat to our healthcare system.

While I commend the efforts that have been made over the last few days to draft solutions which address the concerns of our healthcare providers, instead of coming together to pass a bipartisan compromise, we again find the majority attaching controversial, unrelated material to this bill.

Tonight, the majority has chosen to jeopardize urgent relief for healthcare providers with political gimmicks relating to the debt ceiling and paygo issues we saw coming from miles away.

I am disappointed to see yet another erosion of the rules and precedents of Congress. I urge all members to oppose this bill.

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

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Mr. BRADY. Madam Speaker, I yield 4 minutes to the gentleman from Missouri (Mr. SMITH), the Republican leader of the Budget Committee and a member of the Ways and Means Committee.

Mr. SMITH of Missouri. Madam Speaker, what a mess. Truly, what a mess.

Just about 9 months ago, I stood on this floor when we were debating the Biden bailout bill, and I warned the gentleman from Nevada how much the seniors in his State were going to lose in Medicare cuts. I said it State by State for everyone who spoke. You know what? Everyone on that side of the aisle, Madam Speaker, acted like it wouldn't happen. They still wanted to spend \$2 trillion.

But guess what? Reality has set in, and we are here. Unless you try to wipe away the scorecard for your reckless spending, seniors are going to have cuts. Why? Because of a law that Democrats passed in 2010, the Pay-As-You-Go Act.

NANCY PELOSI loved the act then. President Obama signed that act into law, Madam Speaker. You guys just want to wipe the slate clean.

Madam Speaker, we are here today for two reasons. First, because Democrats blew up a bipartisan agreement this afternoon—this afternoon—and second is because there are looming cuts to seniors and farmers and to programs that millions of Americans rely on because of reckless Democrat spending.

Republicans have warned since March that these cuts would happen. In fact, the \$2 trillion Biden bailout bill that Democrats rammed through Congress is what triggered a sizable portion of these cuts in the first place under the Pay-As-You-Go Act.

Their bailout bill is the largest tranche of spending ever added to a paygo scorecard in the history of Congress—in the history of Congress—the \$2 trillion expenditure back in March.

Speaker PELOSI said in 2009 that pay-as-you-go budgeting "will help return our Nation to sound fiscal health." It was President Obama who signed paygo into law, as I stated. But now the Democrat deficit spending is forcing cuts, and they are singing a much different tune.

In fact, just today—just today—the chairman of the House Budget Committee said about paygo: It "has never been an effective tool of fiscal policy."

The fact is, Democrats should be working in a bipartisan way to protect seniors from these cuts, including those stemming from the Budget Control Act sequester and the Medicare physician fee schedule. But in typical fashion, Democrats have decided to abandon bipartisanship and just kick the can down the road over and over again.

We can stop these cuts, but we should do it in a responsible way, one that addresses wasteful spending and puts in place some commonsense reforms.

How about rescinding money from the Biden bailout bill that is fueling inflation? Maybe Congress could tighten up our laws so Federal benefits and payments aren't flowing to illegal immigrants instead of American citizens, or put commonsense work requirements in place for Federal programs so American businesses can reopen.

Legislation I have introduced today does just that, and I would hope my colleagues across the aisle would support this effort to save seniors and others from cuts.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. BRADY. Madam Speaker, I yield an additional 1 minute to the gentleman from Missouri (Mr. SMITH).

Mr. SMITH of Missouri. This includes those cuts Democrats have directly caused with their reckless spending this year. Since the beginning of this Congress, House Democrats have passed \$7 trillion—\$7 trillion—in new spending.

We have an inflation crisis, a border crisis, an energy crisis, and Democrats also chose to create a debt limit crisis that they want Republicans to help solve. One party, one rule, this is what you get.

We have been clear from the beginning: If Democrats are going to pursue a partisan agenda that adds trillions to the debt, they can find the votes to raise the debt limit themselves. Republicans will not cosign a loan to enact a radical socialist agenda.

The SPEAKER pro tempore. Members are reminded to address their remarks to the Chair.

Mr. HORSFORD. Madam Speaker, I just remind the gentleman, when we talk about bipartisanship, this side of the aisle worked in a bipartisan way to pass a bipartisan Infrastructure Investment and Jobs Act that only 13 Republicans voted in favor of and more than 200 Republicans voted against.

Tonight, we are providing a solution to protect the healthcare providers in my home State of Nevada, in States all across the country, including in the prior speaker's home State of Missouri. If he won't vote to fix that problem, I will, because this is about solving a problem, not creating another one.

Madam Speaker, I reserve the balance of my time.

Mr. BRADY. Madam Speaker, I yield 2 minutes to the gentleman from Texas (Mr. BURGESS), leader of the Republican Doctors Caucus who worked to put these solutions together.

Mr. BURGESS. Madam Speaker, I am on the Energy and Commerce Committee; I am on the Budget Committee; and I am on the Rules Committee. But I am also a co-chair of the House Republican Doctors Caucus, and last week, the Surgeon General of the United States, Vivek Murthy, asked if he could come talk to us. We made that a bipartisan meeting. We included Democrats who are physicians as well in that meeting.

Dr. Murthy was concerned primarily about physician burnout, and he has

encountered a lot of it since he has reassumed his role as the Surgeon General, the Nation's top doctor.

We shared with the Surgeon General one of the principal drivers. Yes, the pandemic has been a problem. Yes, cutting down elective surgeries early in the pandemic and clobbering the cash flow in offices was a problem. But one of the real drivers of physician burnout today is constant, constant haggling and no solution over these cuts.

A year ago, we were here on this floor talking about a 9.4 percent cut in Medicare reimbursement rates. Now, at the last minute, God came out of the machine and saved the Nation's doctors, but here we are again.

The thing is, we all knew this was coming. It wasn't a mystery. We could have had hearings, as Ranking Member BRADY has pointed out. We could have had hearings in our committee, but we chose not to.

We chose to squander that time, and now the Surgeon General is concerned about burnout in the Nation's physician corps. Here is the problem: They are burned out because we won't answer their calls. We won't solve their problems.

We had an opportunity to do it. I asked in the Rules Committee for an amendment to divide the question. We don't have to do the debt limit and the doc fix at the same blow. Let's divide the question. Let Members have the freedom to vote on this issue and vote their conscience, and let doctors all over this country know who stands with them and who is against them.

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

Mr. BRADY. Madam Speaker, may I ask, is the gentleman prepared to close?

Mr. HORSFORD. I have one additional speaker.

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

Mr. HORSFORD. Madam Speaker, I yield 1 minute to the gentlewoman from the great State of Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Madam Speaker, if there is one thing that we have heard so often, it is doctors who have sacrificed during this period of the pandemic, who have maintained their offices. We often hear in public settings and private settings about the cuts that they are expecting and how much it will undermine the work that they do, their offices' expenses.

I am very glad that, rather than talking, the Democrats are working together to ensure that the Medicare sequester payments will not occur and that we will protect against that, as we will do for the farmers.

But here is the point: The pandemic continues. Doctors in private practice are trying to survive. This is a crucial decision and relief that is long overdue.

I want to be able to say to my physicians that Democrats care. And I hope my colleagues on the other side of the aisle will do as much acting on doctors

and medicine and healthcare as they will talking.

Tonight, we need to act to provide the safety net for these physicians. I support this legislation, supporting the healthcare providers during this COVID-19 pandemic.

Mr. BRADY. Madam Speaker, I yield myself the balance of my time to close.

The claim we just heard, that only Democrats want to prevent these cuts to our local doctors and hospitals, is just nonsense. Democrats and Republicans have worked hard together to extend the moratorium on the sequester cuts on our providers, our doctors and hospitals; to provide a 3 percent payment increase for our physicians; to make sure, in the administration's proposals, to help increase reimbursement for primary care physicians. You don't cut the payment for specialty doctors, many of whom were hurt so hard during COVID.

We also worked with our Democrat colleagues to delay for a year the proposed cuts by this administration on our labs and our oncologists, and we worked together to make sure other cuts didn't occur.

All that bipartisanship was all on track up until a few hours ago when my Democrat colleagues decided they would hold this hostage, hold the healthcare reimbursements for doctors and hospitals hostage for their debt ceiling crisis that they created.

It really is, I think, in a day and age where we have seen this one-party rule for an entire year, the arrogance of this power going to their heads. It is unfortunate that they couldn't continue to work just a few hours longer together with Republicans to provide help to our physicians, hospitals, and providers.

This bill ought to be a stand-alone bill. We should never hold them hostage for our colleagues' spending spree and socialist agenda. Unfortunately, that is what our Democrat colleagues have done today.

We have introduced legislation as Republicans that mirrors our Democrat colleagues because we believe so strongly together. Unfortunately, one-party rule tore this apart.

That is why the American public is going to return the majority of this House to Republicans in the next election and why President Biden's approval ratings are at a terribly low rate, a disapproval rate of 57 percent. It is unfortunate. We ought to be working together on that.

Ms. JACKSON LEE. Will the gentleman yield?

Mr. BRADY. I would be glad to yield 15 seconds to the gentlewoman.

Ms. JACKSON LEE. I thank my good friend. I will take 15 seconds. You can't provide for the doctors if you don't provide an increase in the debt ceiling. You know that.

We have to pay our bills, and paying the doctors and making sure that they are protected includes doing the action that we are doing. Join us in doing that.

Mr. BRADY. Madam Speaker, reclaiming my time. Our colleagues have known for 2 years this debt ceiling was here, never passed a budget, never passed an appropriations bill. They let this crisis occur and built it time after time after time when we could easily have come together.

By the way, our Democrat colleagues hold the House; they hold the Senate; they hold the White House. They have the power to pass the debt ceiling, and they have had that for the entire year.

To my Democrat friends, you can try to sell this snake oil all you want, but the truth of the matter is, you wrecked a bipartisan agreement for your debt ceiling crisis. That is what we are voting on today.

Republicans support help for healthcare providers. We will not allow them to be held hostage to this debt ceiling crisis.

Madam Speaker, I urge strong opposition to this bill and urge my Democrat colleagues to someday work with us. Let's work together on these issues. I yield back the balance of my time.

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

I will close by stating that, yes, Democrats are delivering. We are delivering for the American people. We are delivering in the time of a pandemic. We are delivering to restore public confidence in our public institutions and to help our economy recover. This bill is about important and responsible measures to deliver for the American people.

When the Republicans had the majority in the House, the Senate, and the White House, they chose to spend their time giving tax cuts to the very wealthy, to big corporations that provided little benefit to average Americans and to small businesses.

Now with Democrats in charge, we are delivering for the American people.

I urge my colleagues to support this important and responsible measure, and I yield back the balance of my time.

The SPEAKER pro tempore (Ms. MCCOLLUM). All time for debate has expired.

Pursuant to House Resolution 838, the previous question is ordered on the bill, as amended.

The question is on the third reading of the bill.

The bill was ordered to be read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on passage of the bill.

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

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

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this question are postponed.

## SUBMISSION OF MATERIAL EXPLANATORY OF THE AMENDMENT OF THE HOUSE OF REPRESENTATIVES TO S. 1605, NATIONAL PULSE MEMORIAL

Pursuant to section 6 of House Resolution 838, the chair of the Committee on Armed Services submitted explanatory material relating to the amendment of the House of Representatives to S. 1605, National Pulse Memorial. The contents of this submission will be published in Book II of this RECORD.

### NATIONAL PULSE MEMORIAL

Mr. SMITH of Washington. Madam Speaker, pursuant to House Resolution 838, I call up the bill (S. 1605) to designate the National Pulse Memorial located at 1912 South Orange Avenue in Orlando, Florida, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 838, an amendment in the nature of a substitute consisting of the text of the Rules Committee Print 117-21 is adopted and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

#### S. 1605

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

#### SECTION 1. SHORT TITLE.

*This Act may be cited as the "National Defense Authorization Act for Fiscal Year 2022".*

#### SEC. 2. ORGANIZATION OF ACT INTO DIVISIONS; TABLE OF CONTENTS.

(a) DIVISIONS.—*This Act is organized into six divisions as follows:*

(1) Division A—*Department of Defense Authorizations.*

(2) Division B—*Military Construction Authorizations.*

(3) Division C—*Department of Energy National Security Authorizations and Other Authorizations.*

(4) Division D—*Funding Tables.*

(5) Division E—*Department of State Authorization*

(6) Division F—*Other Non-Department of Defense Matters.*

(b) TABLE OF CONTENTS.—*The table of contents for this Act is as follows:*

Sec. 1. Short title.

Sec. 2. Organization of Act into divisions; table of contents.

Sec. 3. Congressional defense committees.

Sec. 4. Budgetary effects of this Act.

Sec. 5. Explanatory statement.

#### DIVISION A—DEPARTMENT OF DEFENSE AUTHORIZATIONS

##### TITLE I—PROCUREMENT

###### Subtitle A—Authorization of Appropriations

Sec. 101. Authorization of appropriations.

###### Subtitle B—Army Programs

Sec. 111. Modification of deployment by the Army of interim cruise missile defense capability.

Sec. 112. Multiyear procurement authority for AH-64E Apache helicopters.

Sec. 113. Multiyear procurement authority for UH-60M and HH-60M Black Hawk helicopters.

Sec. 114. Continuation of Soldier Enhancement Program.

Sec. 115. Limitation on availability of funds pending report on the Integrated Visual Augmentation System.

Sec. 116. Strategy and authority for the procurement of components for the next generation squad weapon.

###### Subtitle C—Navy Programs

Sec. 121. Extension of procurement authority for certain amphibious shipbuilding programs.

Sec. 122. Extension of prohibition on availability of funds for Navy port waterborne security barriers.

Sec. 123. Extension of report on Littoral Combat Ship mission packages.

Sec. 124. Incorporation of advanced degaussing systems into Arleigh Burke class destroyers.

Sec. 125. Report on the potential benefits of a multiyear contract for the procurement of Flight III Arleigh Burke class destroyers.

Sec. 126. Acquisition, modernization, and sustainment plan for carrier air wings.

Sec. 127. Report on material readiness of Virginia class submarines of the Navy.

###### Subtitle D—Air Force Programs

Sec. 131. Extension of inventory requirement for Air Force fighter aircraft.

Sec. 132. Contract for logistics support for VC-25B aircraft.

Sec. 133. Prohibition on certain reductions to B-1 bomber aircraft squadrons.

Sec. 134. Prohibition on use of funds for retirement of A-10 aircraft.

Sec. 135. Limitation on availability of funds for the B-52 Commercial Engine Replacement Program.

Sec. 136. Limitation on availability of funds pending information on bridge tanker aircraft.

Sec. 137. Inventory requirements and limitations relating to certain air refueling tanker aircraft.

Sec. 138. Minimum inventory of tactical airlift aircraft.

Sec. 139. Report relating to reduction of total number of tactical airlift aircraft.

###### Subtitle E—Defense-wide, Joint, and Multiservice Matters

Sec. 141. Implementation of affordability, operational, and sustainment cost constraints for the F-35 aircraft program.

Sec. 142. Transfer of F-35 program responsibilities from the F-35 Joint Program Office to the Department of the Air Force and the Department of the Navy.

Sec. 143. Limitation on availability of funds for air-based and space-based ground moving target indicator capabilities.

Sec. 144. Limitation on availability of funds for procurement of aircraft systems for the armed overwatch program.

Sec. 145. Analysis of certain radar investment options.

Sec. 146. Review and briefing on fielded major weapon systems.

Sec. 147. Reports on exercise of waiver authority with respect to certain aircraft ejection seats.

#### TITLE II—RESEARCH, DEVELOPMENT, TEST, AND EVALUATION

##### Subtitle A—Authorization of Appropriations

Sec. 201. Authorization of appropriations.

##### Subtitle B—Program Requirements, Restrictions, and Limitations

Sec. 211. Codification of National Defense Science and Technology Strategy.

Sec. 212. Codification of direct hire authority at personnel demonstration laboratories for advanced degree holders.