

HONORING FORMER ARLINGTON MAYOR ELZIE ODOM

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

Mr. VEASEY. Mr. Speaker, I rise today to honor a legend in Arlington, Texas, who passed away, the former mayor of Arlington, Elzie Odom. He was 96 years old. Mayor Odom was a trailblazer in every sense of the word. Born in east Texas, he moved to Arlington and made his mark in the city very quickly.

His journey was a testament to a determination of dignity and faith. He was an elected official in Arlington for 14 years and very active in the Mount Olive Baptist Church in Arlington, Texas, where he and his wife, Ruby, of 78 years spent most of their time worshipping.

He was very instrumental in making sure that we kept General Motors in Arlington. We almost lost the plant back in the 1990s, and it was Elzie's leadership that helped us keep the plant. He kept the Texas Rangers baseball club there as well. He talked about bringing the Olympics to Arlington, and people didn't believe it would happen, but then it got serious consideration, and we were on the short list.

This was an incredible man.

His daughter, who is on the city council, Barbara Odom-Wesley, said that he taught others that "service is the price you pay for the space you occupy."

I have to tell you there are so many things that I can say great about Mayor Odom, but this man absolutely loved his family. His grandkids called him Grandee, and he and his wife of 78 years had one of the most beautiful relationships in all of the Dallas-Fort Worth-Arlington area.

REMEMBERING CHARLIE KIRK

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

Mr. GROTHMAN. Mr. Speaker, it is hard to believe that not even 7 weeks have gone by since Charlie Kirk was savagely murdered in Utah.

I am, quite frankly, a little bit disappointed at the degree to which I do not feel that this body is doing enough to memorialize this great man's short life. I, myself, am reading books by Charlie Kirk to familiarize myself with what drove him to be such an active force in American civil life.

Mr. Speaker, I hope that the rest of this body familiarize themselves with the books and familiarize themselves with why so many Members on the left could not contain themselves, apparently even horrifically with glee, that Charlie Kirk was shot.

I ask particularly my Republican colleagues to familiarize themselves with his writings and let his writings inspire us for the next 13½ months of this term

so that we can begin to accomplish all of the wonderful things he wanted us to accomplish, which he so eloquently pointed out where we were failing to accomplish them.

RURAL MENTAL HEALTHCARE

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

Ms. SALINAS. Mr. Speaker, I rise today to highlight the growing mental health care crisis in rural America.

Nearly one in five adults live with a mental illness, yet rural communities lack the providers, facilities, and resources to meet their needs. In my own district, an entire county has only one child and adolescent psychiatrist. For families seeking timely specialized care, that is not just an inconvenience. It is a barrier that can mean the difference between preventative help and a crisis.

Communities across the country face the same impossible math: too many needs and too few providers.

That is why I have introduced legislation to support clinicians who commit to practicing in rural areas and to expand telemental health services tailored to farmers, fishers, and foresters, the people who power our rural economies.

Access to quality care should not depend on your ZIP Code. I urge my colleagues to join me in ensuring rural Americans are no longer overlooked or underserved.

CELEBRATING NATIONAL RURAL HEALTH DAY

(Under the Speaker's announced policy of January 3, 2025, Ms. TOKUDA of Hawaii was recognized until 10 p.m. as the designee of the minority leader.)

GENERAL LEAVE

Ms. TOKUDA. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material in the RECORD.

The SPEAKER pro tempore (Mr. HURD of Colorado). Is there objection to the request of the gentlewoman from Hawaii?

There was no objection.

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

Mr. Speaker, today we celebrate National Rural Health Day here on the House floor, standing shoulder to shoulder with our colleagues in the Bipartisan Rural Health Caucus. I am very humbled and honored to be here with my friend and fellow co-chair, Representative DIANA HARSHBARGER.

A big mahalo, as we have just heard from Members on both sides of the aisle, who took to the floor to raise up the needs, the challenges, the hopes, and the dreams for healthcare in rural America.

Mr. Speaker, at this time I yield to the gentlewoman from Tennessee (Mrs. HARSHBARGER).

Mrs. HARSHBARGER. Mr. Speaker, I rise today to honor National Rural Health Month and to honor the men and women who keep healthcare alive in America's small towns and rural communities.

As co-chair of the Congressional Bipartisan Rural Health Caucus, I am proud to join my colleagues in leading an effort to ensure the millions of Americans who live in rural areas, including the hardworking people of Tennessee's First District, receive the same quality of care as anyone else in the Nation.

In northeast Tennessee, rural healthcare is a lifeline to people, especially those who live in remote areas and are limited or have no mode of transportation. They depend on a nurse to drive during the night and before dawn to check on a patient or the pharmacist who knows every family by name and stretches every dollar to keep medicine affordable. It is the doctor who stays late to see one more patient because there is no one else to take the next shift.

These are the people who form the backbone of our rural healthcare communities, and they deserve a system that works as hard for them as they do for us.

The truth is, rural healthcare has always faced an uphill battle. When a rural hospital shuts down, it just doesn't take away healthcare. It takes away jobs, stability, and peace of mind.

It means longer drives for emergency care, fewer options for expectant mothers, and limited access for seniors and veterans who depend on those services the most.

The systems that are supposed to support them is too often buried in bureaucracies.

Pharmacy benefit managers are manipulating drug prices, restricting choices, and squeezing out small-town pharmacies that are fighting just to survive.

These PBMs never see a patient, but they control what medicines people can get and at what cost.

That is wrong, and I have been proud to lead bipartisan legislation to bring transparency, accountability, and fairness to that system because patients and pharmacists alike deserve better.

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I have made it my mission to champion these policies that put people, not politics, first. Under President Trump's leadership, we signed the Working Families Tax Cuts Act into law this year. This critical legislation included the single largest investment in rural healthcare in history. That is \$50 billion for a Rural Health Transformation Fund to reinvest Federal savings directly into the communities that need it most, expanding telehealth, and recruiting and retaining rural healthcare workers.

We are committed to ensuring telehealth remains an option for those living in rural communities. Telehealth provides expanded access to specialists, closes the distance between patients and providers, and gives families faster, more reliable care.

I have legislation, the Rural Physician Workforce Production Act, that would help bring more doctors to rural communities by giving rural hospitals the resources they need to train and retain more physicians.

I have fought to strengthen our Nation's drug supply chain by supporting domestic pharmaceutical manufacturing, including facilities like USAntibiotics in Bristol, Tennessee, where we are proving that these life-saving antibiotics can and should be made right here in the United States and not halfway around the world.

Mr. Speaker, these aren't abstract policy debates. They are about real people and real places. They are about the mom who drives an hour to find a pediatric specialist. They are about the veteran who can't get his prescription filled because his local pharmacy closed. They are about the nurse who works back-to-back shifts because there aren't enough hands to go around.

Those stories are what drive my work every single day. That is why I have joined my co-chair, Representative TOKUDA, in introducing a resolution to recognize November 20, 2025, as National Rural Health Day. This resolution recognizes the challenges we face, but more importantly it affirms our commitment to solving them.

I thank Representative TOKUDA for her continued commitment on working together to address the pressing healthcare issues facing our rural communities. We must fight for a healthcare system that serves patients, not big insurance companies; that values rural providers, not red tape; and ensures no community, no matter how small or remote, is left behind.

We thank the doctors, nurses, pharmacists, and first responders who keep rural America healthy. Their work saves lives. Their compassion gives hope, and their dedication holds our communities together.

As long as I have the privilege to serve the people of Tennessee's First District, and as co-chair of the Rural Health Caucus, I will continue that fight. We are united in our shared mission to strengthen rural healthcare, protect patient access, and preserve the small-town values that make this Nation strong.

Ms. TOKUDA. Mr. Speaker, National Rural Health Day is a chance to honor the communities that keep this country moving: the farmers, teachers, "seniors," "kupuna," health workers, first responders, small business owners, and families who fuel our local economies and preserve our way of life. It is also a moment for Congress to recognize that rural communities face challenges that are different not because

they are less but because they are often asked to survive systems that were not built for them.

What some in Washington call innovation is really rural America being forced into a constant state of adaptation, forced to make do, to improvise, and stretch thin resources even thinner simply to maintain basic access to healthcare.

Every day in Hawaii, I see mobile clinics reaching isolated communities, school-based health centers stepping up for low-income children, and community health workers bridging cultural and geographic divides. Rural communities everywhere are pioneering models of behavioral health integration in telemedicine, not from a place of creativity or convenience but necessity and survival.

We have proven we can adapt to impossible situations, but extraordinary flexibility cannot and must not replace true investment. Ingenuity cannot replace Federal partnership, and resilience cannot continue to be a substitute for resources.

We have unfinished business here before us in Congress, but what gives me hope is that we have allies and advocates on both sides of the aisle ready to lead.

Across the country, from the volcano-lined communities in my district of Ka'u to the farming slopes of Upcountry Maui, to the taro patches that I see on Kauai, one truth is crystal clear: Rural America is tired of being resilient.

When people call us resilient, what they are really saying is we have been forced to survive hardship. Resilience means we are struggling. Resilience means we are being asked to endure what no community should ever be asked to endure.

Our people cannot survive on resiliency alone. Rural America is tired of being tired. Rural America is tired of jumping from one difficult situation to another. Rural America is tired of learning to bend without breaking due to a lack of resources, investment, and support.

What rural America needs is an immediate, revolutionary, transformational investment, a historic top-to-bottom overhaul that rebuilds the healthcare system from the inside out. Rural America needs a profound change on a scale that we have not yet seen before and, most importantly, rural America, where we all live, needs a chance to be known as more than just resilient. It deserves a chance to thrive.

We cannot rely on Band-Aids, small steps forward, and short-term pilot projects, especially when we know families are driving hours or having to even get on a plane for care. Hospitals are closing, behavioral health crises are going untreated. When the difference between life and death is the difference between one rural town and the nearest city, this is unacceptable. Our people will literally die without

bold, immediate, systemic action on rural health.

Today, we still lack long-term stability for community health centers, teaching health centers, and the National Health Service Corps. Critical workforce and training programs remain stuck in reauthorization limbo, and bipartisan bills to strengthen EMS capacity, expand telehealth, and improve behavioral health access still await action.

We said these issues were urgent last year when we were on the floor. They are even more urgent today. Rural communities cannot afford another year of waiting. That is why we are pushing forward with real, bipartisan solutions that simply cannot wait another Congress to be enacted into law.

My rural health clinic modernization package, including the Rural Behavioral Health Improvement Act, cuts red tape and strengthens reimbursements so rural clinics can stay open.

The HEALTH Act protects telehealth access, including audio-only visits for families who lack broadband or live hours away from their care.

The Community TEAMS Act and Strengthening Pathways to Health Professions Act rebuild the rural workforce pipeline, supporting students and providers and keeping scholarships and loan repayment programs accessible and tax free.

The Rural Health Care Technical Assistance Act gives rural facilities the tools they need to prevent closures and stay financially stable.

These are practical, bipartisan solutions built for lasting impact, not another short-term fix to grab a headline. That is why caucuses like ours, the Bipartisan Rural Health Caucus, and Special Order hours like the ones that you have seen tonight matter. They remind America and this Congress that despite everything going on in our politics, there is still a path forward. There is still work we can only accomplish together.

In closing, I thank all of my colleagues who joined us tonight to give their speeches and to the over 70 Members, Republicans and Democrats, who make up our caucus. Their presence sends a clear message: Rural communities matter.

The voices of my constituents in Hawaii and rural Americans across this great country keep us grounded. Every nurse, doctor, EMT, pharmacist, community health worker, and small clinic team show us both the urgency and the solutions every single day. This work is not just policy. It is people. It is families. It is the future of rural America.

Let's continue to listen, to act, and deliver together because when rural communities thrive, all of America thrives.

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

RESIGNATION FROM THE HOUSE OF REPRESENTATIVES

The SPEAKER pro tempore laid before the House the following resignation from the House of Representatives:

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, DC, November 18, 2025.

Hon. MIKE JOHNSON,
Speaker, U.S. House of Representatives,
Washington, DC.

DEAR MR. SPEAKER: Enclosed is my resignation letter to New Jersey Governor Philip D. Murphy, effective November 20, 2025, at 11:59 p.m. It has been an honor to serve the residents of New Jersey's 11th Congressional District. I look forward to serving them, and all residents of New Jersey, as Governor over the next four years.

Sincerely,

MIKIE SHERRILL,
Member of Congress.

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, DC, November 18, 2025.

Hon. PHILIP D. MURPHY,
Governor, State of New Jersey,
Trenton, New Jersey.

DEAR GOVERNOR MURPHY: Kindly accept this letter as formal notice, pursuant to N.J.S.A. 19:3-25, of the relinquishment of my elected position as Member of the United States House of Representatives for the 11th Congressional District of New Jersey, effective as of November 20, 2025, at 11:59 p.m.

It has been an honor to serve the residents of the 11th Congressional District since 2019. I've been proud to fight for our communities, getting shovels in the ground for the Gateway Tunnel project, slashing through red tape on critical flood mitigation projects, protecting Picatinny Arsenal's mission, and funding community projects that support our students, infrastructure, and public safety. Importantly, I am proud of our office's reputation for constituent services, assisting our veterans, seniors, and residents who are having trouble navigating the federal government.

Public service is a public trust. I look forward to continuing to serve the residents of the 11th District and all New Jerseyans as Governor next year.

Sincerely,

MIKIE SHERRILL,
Member of Congress.

ADJOURNMENT

Ms. TOKUDA. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 59 minutes p.m.), under its previous order, the House adjourned until tomorrow, Wednesday, November 19, 2025, at 10 a.m. for morning-hour debate.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

EC-2235. A letter from the Assistant General Counsel for Regulatory Affairs, Pension Benefit Guaranty Corporation, transmitting the Corporation's final rule — Allocation of Assets in Single-Employer Plans; Interest Assumptions for Valuing Benefits received November 14, 2025, pursuant to 5 U.S.C.

801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Education and Workforce.

EC-2236. A letter from the Associate Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Oxirane, Methyl-, Polymer With Oxirane, Monobutyl Ether and Oxirane, 2-Methyl-, Polymer With Oxirane, Monomethyl Ether in Pesticide Formulations; Exemption From the Requirement for a Tolerance [EPA-HQ-OPP-2023-0003; FRL-12980-01-OCSP] received November 13, 2025, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-2237. A letter from the Associate Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Chlorantraniliprole; Pesticide Tolerance for Emergency Exemption [EPA-HQ-OPP-2025-0284; FRL-12973-01] received November 13, 2025, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-2238. A letter from the Associate Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Various Fragrance Components in Pesticide Formulations; Exemption From the Requirement for a Tolerance [EPA-HQ-OPP-2021-0311; FRL-12962-01-OCSP] received November 13, 2025, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-2239. A letter from the Associate Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Fluazinam; Pesticide Tolerances [EPA-HQ-OPP-2023-0319; FRL-12959-01-OCSP] received November 13, 2025, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-2240. A letter from the Associate Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Castor Oil, Polymer With 2-Ethylhexanol, Maleic Anhydride and Soybean Oil, Sodium Salt in Pesticide Formulations: Tolerance Exemption [EPA-HQ-OPP-2025-0079; FRL-12955-01-OCSP] received November 13, 2025, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-2241. A letter from the Associate Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Technical Amendments to the EPCRA Hazardous Chemical Inventory Reporting Requirements To Conform to the 2024 OSHA Hazard Communication Standard [EPA-HQ-OLEM-2025-0299; FRL-12698-04-OLEM] (RIN: 2050-AH40) received November 13, 2025, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-2242. A letter from the Associate Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Texas Underground Injection Control (UIC) Program; Class VI Primacy Application [EPA-HQ-OW-2025-0157; FRL-12672-02-OW] received November 13, 2025, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-2243. A letter from the Associate Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Methylene Chloride; Regulation Under the Toxic Substances Control Act (TSCA); Compliance Date Extension [EPA-HQ-OPPT-2020-0465; FRL-8155.1-02-

OCSP] (RIN: 2070-AL28) received November 13, 2025, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-2244. A letter from the Associate Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — National Oil and Hazardous Substances Pollution Contingency Plan: Extension of Transition Period for New Product Schedule Listing [EPA-HQ-OPA-2006-0090; FRL-4526.2-01-OLEM] (RIN: 2050-AH43) received November 13, 2025, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

EC-2245. A letter from the Agency Representative, United States Patent and Trademark Office, Department of Commerce, transmitting the Department's final rule — International Trademark Classification Changes [Docket No.: PTO-T-2025-0013] (RIN: 0651-AD87) received November 14, 2025, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on the Judiciary.

EC-2246. A letter from the Acting Legal Counsel, Office of Legal Counsel, Equal Employment Opportunity Commission, transmitting the Commission's final rule — 2025 Adjustment of the Penalty for Violation of Notice Posting Requirements (RIN: 3046-AB34) received November 14, 2025, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on the Judiciary.

EC-2247. A letter from the Regulations Coordinator, Centers for Medicare and Medicaid Services, Department of Health and Human Services, transmitting the Department's Major notice — Medicare Program; CY 2026 Inpatient Hospital Deductible and Hospital and Extended Care Services Coinsurance Amounts [CMS-8089-N] (RIN: 0938-AV54) received November 17, 2025, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

EC-2248. A letter from the Regulations Coordinator, Centers for Medicare and Medicaid Services, Department of Health and Human Services, transmitting the Department's Major notice — Medicare Program; CY 2026 Part A Premiums for the Uninsured Aged and for Certain Disabled Individuals Who Have Exhausted Other Entitlement [CMS-8090-N] (RIN: 0938-AV55) received November 15, 2025, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

EC-2249. A letter from the Chief, Publications and Regulations Section, Internal Revenue Service, transmitting the Service's final rule — Interest Capitalization Requirements for Improvements That Constitute Designated Property [TD 10034] (RIN: 1545-BN93) November 14, 2025, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

EC-2250. A letter from the Section Chief, Internal Revenue Service, transmitting the Service's revenue procedure — Update to Section 355 PLR Procedures (Rev. Proc. 2025-30) received November 14, 2025, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

EC-2251. A letter from the Section Chief, Internal Revenue Service, transmitting the Service's notice — Relief from Penalty for Failure to Deposit Remittance Excise Tax [Notice 2025-55] received November 14, 2025, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

EC-2252. A letter from the Section Chief, Internal Revenue Service, transmitting the