



at a location specified by the Architect, on or before July 4, 2026, at a time which would permit individuals attending this event to also attend the burial of a time capsule in Independence Mall in Philadelphia, Pennsylvania, under section 7(f)(1) of the United States Semiquincentennial Commission Act of 2016 (36 U.S.C. 101 note prec.); and

(2) install a plaque to provide such information about the Time Capsule as the Architect considers appropriate.

(d) UNSEALING.—The Time Capsule shall be sealed until July 4, 2276, on which date the Speaker of the House of Representatives shall present the Time Capsule to the 244th Congress, and such Congress shall determine how the contents within should be preserved or used.

(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary to carry out this title, and any amounts so appropriated shall remain available until expended.

## TITLE II—FIRE SUPPRESSION COST SHARE AGREEMENTS

### SEC. 201. REQUIREMENTS RELATING TO CERTAIN FIRE SUPPRESSION COST SHARE AGREEMENTS.

(a) ESTABLISHMENT OF STANDARD OPERATING PROCEDURES.—Not later than 1 year after the date of the enactment of this section, the Secretaries shall—

(1) establish standard operating procedures relating to payment timelines for fire suppression cost share agreements established under the Act of May 27, 1955 (42 U.S.C. 1856a) (commonly known as the “Reciprocal Fire Protection Act”); and

(2) with respect to each fire suppression cost share agreement in operation on such date—

(A) review each such agreement; and

(B) modify each agreement as necessary to comply with the standard operating procedures required under paragraph (1).

(b) ALIGNMENT OF FIRE SUPPRESSION COST SHARE AGREEMENTS WITH COOPERATIVE FIRE PROTECTION AGREEMENTS.—The standard operating procedures required under subsection (a)(1) shall include a requirement that each fire suppression cost share agreement be aligned with each of the cooperative fire protection agreements applicable to the entity subject to such fire suppression cost share agreement.

(c) PAYMENTS PURSUANT TO COST SHARE AGREEMENTS.—With respect to payments made pursuant to fire suppression cost share agreements, the standard operating procedures required under subsection (a)(1) shall require that the Federal paying entity reimburse a local fire department if such fire department submits an invoice in accordance with cost settlement procedures.

(d) SENSE OF CONGRESS.—It is the sense of Congress that the Secretaries should carry out reciprocal fire suppression cost share agreement repayments to local fire suppression organizations as soon as practicable after fire suppression occurs but not later than 1 year after fire suppression occurs.

(e) SECRETARIES DEFINED.—In this section, the term “Secretaries” means—

(1) the Secretary of Agriculture;

(2) the Secretary of the Interior;

(3) the Secretary of Homeland Security; and

(4) the Secretary of Defense.

## TITLE III—UDALL FOUNDATION FUNDING

### SEC. 301. FUNDING.

Section 13 of the Morris K. Udall and Stewart L. Udall Foundation Act (20 U.S.C. 5609) is amended—

(1) by striking “through 2023” each place it appears and inserting “through 2029”; and

(2) in subsection (b)(1), by striking “\$1,000” and inserting “\$5,000”; and

(3) in subsection (c), by striking “the fiscal year in which this subsection is enacted” and inserting “fiscal year 2026”.

## TITLE IV—STRATEGY ON BOKO HARAM

### SEC. 401. REGIONAL STRATEGY TO ADDRESS THE THREAT POSED BY BOKO HARAM.

#### (a) STRATEGY REQUIRED.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of State and the Secretary of Defense shall jointly develop and submit to the appropriate committees of Congress a five-year strategy to help enable the Government of Nigeria, members of the Multi-national Joint Task Force to Combat Boko Haram (MNJTF) authorized by the African Union, and relevant partners to counter the regional threat of Boko Haram and assist the Government of Nigeria and its neighbors to accept and address legitimate grievances of vulnerable populations in areas affected by Boko Haram.

(2) ELEMENTS.—At a minimum, the strategy must address the following elements:

(A) Enhance, pursuant to existing authorities and restrictions, the institutional capacity, including military capabilities, of the Government of Nigeria and partner nations in the region, as appropriate, to counter the threat posed by Boko Haram.

(B) Provide humanitarian support to civilian populations impacted by Boko Haram’s activity.

(C) Specific activities through which the United States Government intends to improve and enhance the capacity of Multi-national Joint Task Force to Combat Boko Haram partner nations to investigate and prosecute human rights abuses by security forces and promote respect for the rule of law within the military.

(D) A means for assisting Nigeria, and as appropriate, Multi-national Joint Task Force to Combat Boko Haram nations, to counter violent extremism, including efforts to address underlying societal factors shown to contribute to the ability of Boko Haram to radicalize and recruit individuals.

(E) A plan to strengthen and promote the rule of law, including by improving the capacity of the civilian police and judicial system in Nigeria, enhancing public safety, and responding to crime (including gender-based violence), while respecting human rights and strengthening accountability measures, including measures to prevent corruption.

(F) Strengthen the long-term capacity of the Government of Nigeria to enhance security for schools such that children are safer and girls seeking an education are better protected, and to combat gender-based violence and gender inequality.

(G) Identify and develop mechanisms for coordinating the implementation of the strategy across the inter-agency and with the Government of Nigeria, regional partners, and other relevant foreign partners.

(H) Identify the resources required to achieve the strategy’s objectives.

(b) ASSESSMENT.—The Director of National Intelligence shall submit, to the appropriate committees of Congress, an assessment regarding—

(1) the willingness and capability of the Government of Nigeria and regional partners to implement the strategy developed under subsection (a), including the capability gaps, if any, of the Government and military forces of Nigeria that would need to be addressed to enable the Government of Nigeria and the governments of its partner countries in the region—

(A) to counter the threat of Boko Haram; and

(B) to address the legitimate grievances of vulnerable populations in areas affected by Boko Haram; and

(2) significant United States intelligence gaps concerning Boko Haram or on the willingness and capacity of the Government of Nigeria and regional partners to implement the strategy developed under subsection (a).

(c) SENSE OF CONGRESS.—It is the sense of Congress that lack of economic opportunity and access to education, justice, and other social services contributes to the ability of Boko Haram to radicalize and recruit individuals.

(d) APPROPRIATE COMMITTEES OF CONGRESS DEFINED.—In this section, the term “appropriate committees of Congress” means—

(1) the Committee on Armed Services, the Committee on Foreign Relations, the Committee on Appropriations, and the Select Committee on Intelligence of the Senate; and

(2) the Committee on Armed Services, the Committee on Foreign Affairs, the Committee on Appropriations, and the Permanent Select Committee on Intelligence of the House of Representatives.

## TITLE V—VETERANS INTERAGENCY TASK FORCE

### SEC. 501. REPORTING REQUIREMENT FOR VETERANS INTERAGENCY TASK FORCE.

Section 32(c) of the Small Business Act (15 U.S.C. 657b(c)) is amended by adding at the end the following:

“(4) REPORT.—Along with the budget justification documents for the Small Business Administration submitted to Congress in connection with the budget for a fiscal year submitted under section 1105 of title 31, United States Code, the Administrator shall submit a report—

“(A) discussing the appointments made to and activities of the task force; and

“(B) identifying and outlining a plan for outreach and promotion of the programs and services for veterans, including Veteran Business Outreach Centers, Boots to Business, Boots to Business Reboot, Service-Disabled Entrepreneurship Development Training Program, Veteran Institute for Procurement, Women Veteran Entrepreneurship Training Program, and Veteran Women Igniting the Spirit of Entrepreneurship.”

## TITLE VI—VETERANS PILOT PROGRAM

### SEC. 601. VETERANS PILOT PROGRAM ON PROMISING RETENTION MODELS.

(a) ESTABLISHMENT.—The Attorney General, acting through the Director of the Bureau of Justice Assistance, shall carry out a pilot program to make grants to eligible units of local government to improve retention in veterans treatment court programs (as such term is defined in section 2991 of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10651)) and drug court programs.

(b) ELIGIBILITY.—In order to be eligible for a grant under subsection (a), a unit of local government shall operate a veterans treatment court program or a drug court.

(c) APPLICATION.—A unit of local government seeking a grant through the pilot program under subsection (a) shall submit to the Attorney General an application at such time, in such manner, and containing such information as the Attorney General may reasonably require, including—

(1) a description of the therapeutic or treatment modality that the unit of local government plans to implement and data to support the use of the therapeutic or treatment modality, including information showing how the therapeutic or treatment modality will promote retention in and completion of veterans treatment court programs and drug court programs; and

(2) detailed plans on how the applicant would test the efficacy of the therapeutic or treatment modality.

(d) REPORTING METRICS.—Not later than 180 days after receiving a grant under subsection

(a), a unit of local government shall submit to the Attorney General a report, which includes demographic information of participants in the veterans treatment court program, and completion rates of such participants. The Attorney General shall develop guidelines for the report required under this subsection.

#### TITLE VII—TSA COMMUTING BENEFITS

##### SEC. 701. FEASIBILITY STUDY ON TSA COMMUTING BENEFITS.

(a) IN GENERAL.—Not later than 270 days after the date of the enactment of this Act, the Administrator of the Transportation Security Administration shall submit to the Committee on Homeland Security of the House of Representatives and the Committee on Commerce, Science, and Transportation and the Committee on Homeland Security and Governmental Affairs of the Senate a study on the feasibility of treating as on-duty hours the time Transportation Security Administration employees working at airport locations spend traveling between regular duty locations and airport parking lots and bus and transit stops.

(b) CONSIDERATIONS.—In conducting the feasibility study required under subsection (a), the Administrator of the Transportation Security Administration shall consider the following with respect to Transportation Security Administration employees:

(1) The amount of time needed by such employees to travel between regular duty locations and airport parking lots and bus and transit stops at small hub airports, medium hub airports, and large hub airports (as such terms are defined in section 40102 of title 49, United States Code).

(2) The amount of time such employees spend commuting, on average, exclusive of the time described in paragraph (1).

(3) The potential benefits to such employees and the Administration of treating as on-duty hours the time described in such paragraph.

(4) The feasibility of using mobile phones, location data, and any other means to allow such employees to report their arrival to and departure from the airport parking lots and bus and transit stops concerned.

(5) The estimated costs of treating as on-duty hours the time described in such paragraph, including by considering such hours creditable as basic pay for retirement purposes.

(6) Other considerations determined appropriate by the Administrator.

#### TITLE VIII—CHINA FINANCIAL THREAT MITIGATION

##### SEC. 801. CHINA FINANCIAL THREAT MITIGATION.

(a) REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary of the Treasury, in consultation with the Chairman of the Board of Governors of the Federal Reserve System, the Chairman of the Securities and Exchange Commission, the Chairman of the Commodity Futures Trading Commission, and the Secretary of State, shall conduct a study and issue a report on the exposure of the United States to the financial sector of the People's Republic of China that includes—

(1) an assessment of the effects of reforms to the financial sector of the People's Republic of China on the United States and global financial systems;

(2) a description of the policies the United States Government is adopting to protect the interests of the United States while the financial sector of the People's Republic of China undergoes such reforms;

(3) a description and analysis of any risks to the financial stability of the United States and the global economy emanating from the People's Republic of China; and

(4) recommendations for additional actions the United States Government, including United States representatives at relevant international organizations, should take to strengthen international cooperation to monitor and mitigate such financial stability risks and protect United States interests.

(b) TRANSMISSION OF REPORT.—The Secretary of the Treasury shall transmit the report required under subsection (a) not later than one year after the date of enactment of this Act to the Committees on Financial Services and Foreign Affairs of the House of Representatives, the Committees on Banking, Housing, and Urban Affairs and Foreign Relations of the Senate, and to the United States representatives at relevant international organizations, as appropriate.

(c) CLASSIFICATION OF REPORT.—The report required under subsection (a) shall be unclassified, but may contain a classified annex.

(d) PUBLICATION OF REPORT.—The Secretary of the Treasury shall publish the report required under subsection (a) (other than any classified annex) on the website of the Department of the Treasury not later than one year after the date of enactment of this Act.

#### TITLE IX—SERVICEMEMBERS' AND VETERANS' GROUP LIFE INSURANCE

##### SEC. 901. PERIODIC REVIEW OF AUTOMATIC MAXIMUM COVERAGE UNDER SERVICEMEMBERS' GROUP LIFE INSURANCE AND VETERANS' GROUP LIFE INSURANCE.

(a) IN GENERAL.—Subchapter III of chapter 19 of title 38, United States Code, is amended by adding at the end the following new section:

##### § 1980B. Periodic review of automatic maximum coverage

(a) IN GENERAL.—On January 1, 2026, and every three years thereafter, the Secretary shall—

“(1) complete a review of how the amount specified in section 1967(a)(3)(A)(i) compares to the amount described in subsection (b); and

“(2) submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate the results of the review.

(b) AMOUNT DESCRIBED.—The amount described in this subsection is the amount equal to—

“(1) \$400,000; multiplied by

“(2) the percentage of the increase (if any) in the average of the Consumer Price Index for the fiscal year ending during the preceding calendar year compared to the average of the Consumer Price Index for fiscal year 2005.

(c) CONSUMER PRICE INDEX DEFINED.—In this section, the term ‘Consumer Price Index’ means the Consumer Price Index for All Urban Consumers published by the Bureau of Labor Statistics of the Department of Labor.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 19 of such title is amended by inserting after the item relating to section 1980A the following new item:

“1980B. Periodic review of automatic maximum coverage.”.

#### TITLE X—RESTORATION OF AMOUNTS TO VETERANS

##### SEC. 1001. RESTORATION OF AMOUNTS IMPROPERLY WITHHELD FOR TAX PURPOSES FROM SEVERANCE PAYMENTS TO VETERANS WITH COMBAT-RELATED INJURIES.

(a) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act, the Secretary of Defense shall—

(1) identify—

(A) the severance payments—

(i) that the Secretary paid after January 17, 1991;

(ii) that the Secretary computed under section 1212 of title 10, United States Code;

(iii) that were not considered gross income pursuant to section 104(a)(4) of the Internal Revenue Code of 1986; and

(iv) from which the Secretary withheld amounts for tax purposes; and

(B) the individuals to whom such severance payments were made; and

(2) with respect to each person identified under paragraph (1)(B), provide—

(A) notice of—

(i) the amount of severance payments in paragraph (1)(A) which were improperly withheld for tax purposes; and

(ii) such other information determined to be necessary by the Secretary of the Treasury to carry out the purposes of this section; and

(B) instructions for filing amended tax returns to recover the amounts improperly withheld for tax purposes.

##### (b) EXTENSION OF LIMITATION ON TIME FOR CREDIT OR REFUND.—

(1) PERIOD FOR FILING CLAIM.—If a claim for credit or refund under section 6511(a) of the Internal Revenue Code of 1986 relates to a specified overpayment, the 3-year period of limitation prescribed by such subsection shall not expire before the date which is 1 year after the date the information return described in subsection (a)(2) is provided. The allowable amount of credit or refund of a specified overpayment shall be determined without regard to the amount of tax paid within the period provided in section 6511(b)(2).

(2) SPECIFIED OVERPAYMENT.—For purposes of paragraph (1), the term “specified overpayment” means an overpayment attributable to a severance payment described in subsection (a)(1).

#### TITLE XI—HEARINGS BY HOUSE COMMITTEES

##### SEC. 1101. HEARINGS.

(a) IN GENERAL.—Each standing committee of the House of Representatives shall hold a hearing on the implementation of this Act within one year of enactment.

(b) EXERCISE OF RULEMAKING AUTHORITY.—Subsection (a) is enacted—

(1) as an exercise of rulemaking power of the House of Representatives, and, as such, shall be considered as part of the rules of the House, and such rules shall supersede any other rule of the House only to the extent that rule is inconsistent therewith; and

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

#### TITLE XII—CODE OF OFFICIAL CONDUCT

##### SEC. 1201. CODE OF OFFICIAL CONDUCT.

In rule XXIII of the Rules of the House of Representatives, strike clause 20 and insert the following:

“20. A Member, Delegate, Resident Commissioner, officer, or employee of the House may not, directly or indirectly, take any actions to prevent any individual from or retaliate against any individual for providing truthful information to the Committee on Ethics, the Office of Congressional Conduct, the Office of Congressional Workplace Rights, or any law enforcement official, provided that the disclosure of such information is not otherwise prohibited by law or House rules.”.

**TITLE XIII—PROHIBITING TRANSFER OF SENSITIVE DATA TO FOREIGN ADVERSARIES****SEC. 1301. PROHIBITION ON TRANSFER OF PERSONALLY IDENTIFIABLE SENSITIVE DATA OF UNITED STATES INDIVIDUALS TO FOREIGN ADVERSARIES.**

(a) PROHIBITION.—It shall be unlawful for a data broker to sell, license, rent, trade, transfer, release, disclose, provide access to, or otherwise make available personally identifiable sensitive data of a United States individual to—

- (1) any foreign adversary country; or
- (2) any entity that is controlled by a foreign adversary.

**(b) ENFORCEMENT BY FEDERAL TRADE COMMISSION.—**

(1) UNFAIR OR DECEPTIVE ACTS OR PRACTICES.—A violation of this section shall be treated as a violation of a rule defining an unfair or a deceptive act or practice under section 18(a)(1)(B) of the Federal Trade Commission Act (15 U.S.C. 57a(a)(1)(B)).

**(2) POWERS OF COMMISSION.—**

(A) IN GENERAL.—The Commission shall enforce this section in the same manner, by the same means, and with the same jurisdiction, powers, and duties as though all applicable terms and provisions of the Federal Trade Commission Act (15 U.S.C. 41 et seq.) were incorporated into and made a part of this section.

(B) PRIVILEGES AND IMMUNITIES.—Any person who violates this section shall be subject to the penalties and entitled to the privileges and immunities provided in the Federal Trade Commission Act.

(3) AUTHORITY PRESERVED.—Nothing in this section may be construed to limit the authority of the Commission under any other provision of law.

**(c) DEFINITIONS.—**In this section:

(1) COMMISSION.—The term “Commission” means the Federal Trade Commission.

(2) CONTROLLED BY A FOREIGN ADVERSARY.—The term “controlled by a foreign adversary” means, with respect to an individual or entity, that such individual or entity is—

(A) a foreign person that is domiciled in, is headquartered in, has its principal place of business in, or is organized under the laws of a foreign adversary country;

(B) an entity with respect to which a foreign person or combination of foreign persons described in subparagraph (A) directly or indirectly own at least a 20 percent stake; or

(C) a person subject to the direction or control of a foreign person or entity described in subparagraph (A) or (B).

**(3) DATA BROKER.—**

(A) IN GENERAL.—The term “data broker” means an entity that, for valuable consideration, sells, licenses, rents, trades, transfers, releases, discloses, provides access to, or otherwise makes available data of United States individuals that the entity did not collect directly from such individuals to another entity that is not acting as a service provider.

(B) EXCLUSION.—The term “data broker” does not include an entity to the extent such entity—

(i) is transmitting data of a United States individual, including communications of such an individual, at the request or direction of such individual;

(ii) is providing, maintaining, or offering a product or service with respect to which personally identifiable sensitive data, or access to such data, is not the product or service;

(iii) is reporting or publishing news or information that concerns local, national, or international events or other matters of public interest;

(iv) is reporting, publishing, or otherwise making available news or information that is available to the general public—

(I) including information from—

- (aa) a book, magazine, telephone book, or online directory;
- (bb) a motion picture;
- (cc) a television, internet, or radio program;
- (dd) the news media; or
- (ee) an internet site that is available to the general public on an unrestricted basis; and

(II) not including an obscene visual depiction (as such term is used in section 1460 of title 18, United States Code); or

(v) is acting as a service provider.

(4) FOREIGN ADVERSARY COUNTRY.—The term “foreign adversary country” means a country specified in section 4872(d)(2) of title 10, United States Code.

(5) PERSONALLY IDENTIFIABLE SENSITIVE DATA.—The term “personally identifiable sensitive data” means any sensitive data that identifies or is linked or reasonably linkable, alone or in combination with other data, to an individual or a device that identifies or is linked or reasonably linkable to an individual.

(6) PRECISE GEOLOCATION INFORMATION.—The term “precise geolocation information” means information that—

(A) is derived from a device or technology of an individual; and

(B) reveals the past or present physical location of an individual or device that identifies or is linked or reasonably linkable to 1 or more individuals, with sufficient precision to identify street level location information of an individual or device or the location of an individual or device within a range of 1,850 feet or less.

(7) SENSITIVE DATA.—The term “sensitive data” includes the following:

(A) A government-issued identifier, such as a Social Security number, passport number, or driver’s license number.

(B) Any information that describes or reveals the past, present, or future physical health, mental health, disability, diagnosis, or health care condition or treatment of an individual.

(C) A financial account number, debit card number, credit card number, or information that describes or reveals the income level or bank account balances of an individual.

(D) Biometric information.

(E) Genetic information.

(F) Precise geolocation information.

(G) An individual’s private communications such as voice mails, emails, texts, direct messages, mail, voice communications, and video communications, or information identifying the parties to such communications or pertaining to the transmission of such communications, including telephone numbers called, telephone numbers from which calls were placed, the time calls were made, call duration, and location information of the parties to the call.

(H) Account or device log-in credentials, or security or access codes for an account or device.

(I) Information identifying the sexual behavior of an individual.

(J) Calendar information, address book information, phone or text logs, photos, audio recordings, or videos, maintained for private use by an individual, regardless of whether such information is stored on the individual’s device or is accessible from that device and is backed up in a separate location.

(K) A photograph, film, video recording, or other similar medium that shows the naked or undergarment-clad private area of an individual.

(L) Information revealing the video content requested or selected by an individual.

(M) Information about an individual under the age of 17.

(N) An individual’s race, color, ethnicity, or religion.

(O) Information identifying an individual’s online activities over time and across websites or online services.

(P) Information that reveals the status of an individual as a member of the Armed Forces.

(Q) Any other data that a data broker sells, licenses, rents, trades, transfers, releases, discloses, provides access to, or otherwise makes available to a foreign adversary country, or entity that is controlled by a foreign adversary, for the purpose of identifying the types of data listed in subparagraphs (A) through (P).

(8) SERVICE PROVIDER.—The term “service provider” means an entity that—

(A) collects, processes, or transfers data on behalf of, and at the direction of—

(i) an individual or entity that is not a foreign adversary country or controlled by a foreign adversary; or

(ii) a Federal, State, Tribal, territorial, or local government entity; and

(B) receives data from or on behalf of an individual or entity described in subparagraph (A)(i) or a Federal, State, Tribal, territorial, or local government entity.

(9) UNITED STATES INDIVIDUAL.—The term “United States individual” means a natural person residing in the United States.

(d) EFFECTIVE DATE.—This section shall take effect on the date that is 60 days after the date of the enactment of this Act.

**TITLE XIV—DETERMINATION OF BUDGETARY EFFECTS****SEC. 1401. 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.

**TITLE XV—DOMESTICALLY MADE UNITED STATES FLAGS****SEC. 1501. REQUIREMENT FOR AGENCIES TO BUY DOMESTICALLY MADE UNITED STATES FLAGS.**

(a) REQUIREMENT FOR AGENCIES TO BUY DOMESTICALLY MADE UNITED STATES FLAGS.—

(1) IN GENERAL.—Chapter 63 of title 41, United States Code, is amended by adding at the end the following new section:

**“§ 6310. Requirement for agencies to buy domestically made United States flags**

“(a) REQUIREMENT.—Except as provided in subsections (b) through (d), funds appropriated or otherwise available to an agency may not be used for the procurement of any flag of the United States, unless such flag has been 100 percent manufactured in the United States from articles, materials, or supplies that have been grown or 100 percent produced or manufactured in the United States.

“(b) AVAILABILITY EXCEPTION.—Subsection (a) does not apply to the extent that the head of the agency concerned determines that satisfactory quality and sufficient quantity of a flag described in such subsection cannot be procured as and when needed at United States market prices.

“(c) EXCEPTION FOR CERTAIN PROCUREMENTS.—Subsection (a) does not apply to the following:

“(1) Procurements by vessels in foreign waters.

“(2) Procurements for resale purposes in any military commissary, military exchange, or nonappropriated fund instrumentality operated by an agency.

“(3) Procurements for amounts less than the simplified acquisition threshold.

## “(d) PRESIDENTIAL WAIVER.—

“(1) IN GENERAL.—The President may waive the requirement in subsection (a) if the President determines a waiver is necessary to comply with any trade agreement to which the United States is a party.

“(2) NOTICE OF WAIVER.—Not later than 30 days after granting a waiver under paragraph (1), the President shall publish a notice of the waiver in the Federal Register.

## “(e) DEFINITIONS.—In this section:

“(1) AGENCY.—The term ‘agency’ has the meaning given the term ‘executive agency’ in section 102 of title 40.

“(2) SIMPLIFIED ACQUISITION THRESHOLD.—The term ‘simplified acquisition threshold’ has the meaning given that term in section 134.”.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding at the end the following new item:

“6310. Requirement for agencies to buy domestically made United States flags.”.

(b) APPLICABILITY.—Section 6310 of title 41, United States Code, as added by subsection (a)(1), shall apply with respect to any contract entered into on or after the date that is 180 days after the date of the enactment of this Act.

**TITLE XVI—APPROPRIATIONS****SEC. 1601. APPROPRIATIONS.**

The following sums are hereby appropriated, out of any money in the Treasury not otherwise appropriated, for the fiscal year ending September 30, 2026, and for other purposes, namely:

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****HEALTH RESOURCES AND SERVICES ADMINISTRATION****RURAL HEALTH**

For an additional amount for the Telehealth Resource Center of the Federal Office of Rural Health Policy of the Office for the Advancement of Telehealth, to provide assistance with respect to technical, legal, regulatory service delivery or other related barriers to the development of telehealth technologies for skilled nursing facilities (as defined in section 1819 of the Social Security Act) and nursing facilities (as defined in section 1919 of such Act), \$1,000,000 to remain available through September 30, 2026.

**DEPARTMENT OF AGRICULTURE****EXECUTIVE OPERATIONS****OFFICE OF BUDGET AND PROGRAM ANALYSIS**

For an additional amount for necessary expenses of the Office of Budget and Program Analysis, \$1,000,000.

**DEPARTMENT OF STATE****CAPITAL INVESTMENT FUND**

For an additional amount for necessary expenses of the Capital Investment Fund, as authorized, \$1,000,000, to remain available until expended.

**DEPARTMENT OF DEFENSE****OPERATION AND MAINTENANCE****OPERATION AND MAINTENANCE, ARMY**

For an additional amount for expenses, not otherwise provided for, necessary for the operation and maintenance of the Army, as authorized by law, \$1,000,000.

**DEPARTMENT OF HOMELAND SECURITY****DEPARTMENTAL MANAGEMENT, INTELLIGENCE, SITUATIONAL AWARENESS, AND OVERSIGHT****MANAGEMENT DIRECTORATE****OPERATIONS AND SUPPORT**

For an additional amount for necessary expenses of the Management Directorate for operations and support, \$1,000,000.

**DEPARTMENT OF ENERGY****ENERGY PROGRAMS****ENERGY INFORMATION ADMINISTRATION**

For an additional amount for Department of Energy expenses necessary in carrying out the activities of the Energy Information Administration, \$1,000,000, to remain available until expended.

The SPEAKER pro tempore. The bill, as amended, shall be debatable for 1 hour, equally divided and controlled by the majority leader and the minority leader, or their respective designees.

The gentleman from Missouri (Mr. SMITH) and the gentleman from Massachusetts (Mr. NEAL) each will control 30 minutes.

The Chair recognizes the gentleman from Missouri (Mr. SMITH).

**GENERAL LEAVE**

Mr. SMITH of Missouri. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

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

There was no objection.

Mr. SMITH of Missouri. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in opposition to \$100 billion worth of bailouts for a broken system that is fueled by Democratic mandates.

Mr. Speaker, I rise in opposition to subsidizing insurance plans for wealthy people. Any support for the bill ensures that subsidies go to wealthy families making as much as \$600,000 a year.

Mr. Speaker, I rise in opposition to using hard-earned taxpayer dollars to bail Democrats out of their own decision—their own decision—to make this COVID-era spending temporary so that they could give Green New Deal tax breaks to the wealthy for electric vehicles and solar panels.

They had the option. They had the option to make it permanent twice, whether it was in the American Rescue Plan or the Inflation Reduction Act. Instead, they wanted to put their resources into their wealthy environmentalists.

Check the math. Nearly half of all Americans get their insurance from their employer, nearly a quarter from Medicaid, and a bit less than that from Medicare.

Mr. Speaker, only 7 percent of the population relies on ObamaCare marketplace plans. This Chamber should be about helping 100 percent of Americans, and lowering the cost of healthcare and premiums, not just 7 percent.

Mr. Speaker, it is shameful that Democrats are only focusing on 7 percent of the population while ignoring the millions of working families who are struggling to afford healthcare.

Since ObamaCare was enacted, premiums have increased by 80 percent. Since ObamaCare was enacted—let me say that again—the premiums have in-

creased by 80 percent. Deductibles and out-of-pocket costs have skyrocketed. Families worry about medical debt—that is, those who still have access to doctors. In fact, 150 rural hospitals have closed since passage of ObamaCare, and small businesses were crushed under the weight of the new mandates.

Not only did Democrats refuse to fix any of this, but they want to make it permanent at a cost of \$400 billion. No thanks, Mr. Speaker.

Mr. Speaker, reverting these tax credits back to the original structure that the Democrats designed means that 93 percent of enrollees will still retain very generous subsidies next year. Mr. Speaker, 60 percent of the enrollees will still have access to a plan at or below \$50 a month.

I represent one of the poorest congressional districts in the country, and still, 99.7 percent of my constituents in my district, one of the poorest congressional districts, will be unaffected by this expiration.

This is all about subsidizing the wealthy, so why are we even having this debate? It is because Democrats chose to make these giveaways temporary—not once, but twice, Mr. Speaker—as part of their partisan spending bills. The reason they did so was to shower the rich with Green New Deal subsidies, which they made permanent. We reversed those in the big, beautiful bill.

Mr. Speaker, here is a word you won't hear from Democrats: “fraud.” They forced taxpayers to pay up to \$27 billion for as many as 6.4 million individuals fraudulently enrolled in the ObamaCare plans. Nearly half of all enrollees—that is, 12 million people—didn't even file one single medical claim, not even a prescription, all year, last year. It sounds like they didn't even know that they had insurance through ObamaCare, but those insurance companies were subsidized, almost half of them, on the exchanges.

□ 1540

If Democrats think that is not a problem, that is pretty scary.

I called on the Government Accountability Office to investigate. They created fictitious ObamaCare applicants with fake documentation, and 100 percent—not some, but 100 percent; not half, but 100 percent—were approved in the first year, and 90 percent are still being subsidized, resulting in checks worth more than \$12,000 per month going to insurance companies.

One Social Security number was associated with more than 125 different ObamaCare policies. One Social Security number was tied to more than 125 policies—waste, fraud, abuse. Apparently, the other side doesn't see that. They don't see the truth. In fact, more than 58,000 dead people were being subsidized, according to the Government Accountability Office.

In response, Democrats only brag about higher health insurance enrollment. They are really celebrating.

What they are celebrating is subsidizing insurers for people without a pulse. For Democrats, fraud comes first.

Mr. Speaker, Republicans are putting real, living Americans first. Republicans blocked illegal immigrants' access to taxpayer-funded healthcare benefits, then eliminated over \$185 billion worth of fraud and waste in the ObamaCare marketplace. For Americans who are eligible, Republicans actually lowered ObamaCare premiums and expanded access to health savings accounts, direct primary care, and telehealth for millions, including ObamaCare enrollees, as part of the Working Families Tax Cuts.

There was \$50 billion invested in the healthcare needs of rural communities. The Lower Health Care Premiums for All Americans Act was passed, which also lowered premiums even further, as well as provided more freedom and flexibility for healthcare access and increased competition by negotiating better drug prices for workers.

Mr. Speaker, I will take greater access to affordable healthcare any day over shoveling more tax dollars into Democrats' healthcare fraud schemes. I oppose this legislation, and I reserve the balance of my time.

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

Mr. Speaker, this argument is about universal access. For years, the Republican leadership in this institution has attempted to avert this very moment. For us this is not to be about spiking the football. This is not to be about an end-zone dance. This is about to declare a major victory for the American people.

Despite what I have heard, they have used every maneuver and procedure to prevent the very debate that we are going to have for the next hour. All these years later, they never even had a plan or an alternative.

We can finally choose families, and they can join us today in extending the ACA tax credits and save healthcare for millions of members of the American family. How easily and quickly they did a massive tax cut for the wealthiest amongst us while subsequently arguing that they could deny average men and women an opportunity for health insurance.

So here we are all these years later, as one who helped to write the Affordable Care Act, the ACA is still standing. We will continue to improve it every single year. When I consider now the uninsured enrollment in America is down to 6 percent, it is thanks to the ACA.

If Congress did not do what we are about to do in the next hour, a family of four making \$130,000 would see their marketplace premium go from \$921 to \$1,992. That would be an 18.4 percent increase. Our enhanced credits make sure that nobody would pay more than 8.5 percent of their income for coverage.

Now, Republicans think that people can afford increased premiums by 37

percent, and that is what they are proposing today. They said 2 weeks ago that they had a healthcare plan that they wrote on Friday night. As I noted at the time, it was held together by bubble gum and Elmer's Glue. By the way, Democrats never even got to see it. If they had a healthcare plan alternative, they should have shown it to us.

Let me say this, Mr. Speaker. This is a good day for the American family. This is an important consideration for this institution. Despite repeated denials and efforts to thwart this very moment, in the next hour, my colleagues are going to do for the American family what they said they would do, and that is to extend these tax credits for the ACA.

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

Mr. SMITH of Missouri. Mr. Speaker, I yield 3 minutes to the gentleman from Texas (Mr. ARRINGTON).

Mr. ARRINGTON. Mr. Speaker, my friend from Massachusetts talked about not seeing the Republican bill. There was a bipartisan provision in there that would lower premiums by 11 percent per the Congressional Budget Office, the nonpartisan budget office. This is a provision that the Democrats all supported. They know we have to make the ObamaCare market work. It doesn't work today. The facts belie that: double premiums, double deductibles, one out of five claims rejected, limited choice. It has failed. That experiment has failed.

The only game in town that has actually lowered costs of healthcare, reduced premiums is what Republicans passed out of the House. There was not a single Democrat vote to join us.

Here is what I can't understand for the life of me, and I have some good friends over there, and I am not mad. I am miffed that Democrats would all talk about affordability in healthcare and bring to this Chamber the idea, the notion that Congress take a COVID-era program that Democrats all designed to expire when COVID was over, that every watchdog group has said is loaded with fraud and waste—as the chairman said, Social Security numbers from tens of thousands of dead people—it is siphoning money out of the taxpayers' pockets, away from the vulnerable, and enriching insurance companies.

There are millions of ineligible people, billions of dollars of fraud, and people are watching what is going on in the country, especially in Minnesota. How could my colleagues across the aisle, in good faith, call this affordable healthcare and stewardship of the sacred treasure of our fellow Americans?

Republicans have a plan. It works. It is not perfect. There are some things Congress could work together on. But for the love of God and country, please, it is intellectually dishonest to tell the American people that this COVID-era, fraud-ridden program is somehow going to make healthcare affordable any

more than the underlying bill itself, ObamaCare, which everyone knows hasn't.

I said it the last time, I will say it again: Ronald Reagan was spot on. Government isn't the solution. Government is the problem. This is a case study for that. America needs less mandates, less taxes, less regulations, and people need more freedom, more choices, more competition.

Republicans are willing to work with Democrats, but this is beyond the pale, and it is audacious to call it affordable healthcare. I am amazed. I am surprised. I encourage my colleagues to roundly, soundly stand firm and reject it, and no Republican should ever support this. They didn't support ObamaCare when it was designed. They shouldn't support doubling down on a failed policy, and I encourage them to not begin now.

Mr. NEAL. Mr. Speaker, I yield 2 minutes to the gentlewoman from Massachusetts (Ms. CLARK), the Democratic minority whip, who can stand at that microphone and say the following: Every child in Massachusetts has health insurance and 97 percent of the adults in Massachusetts are covered because of the ObamaCare plan.

Ms. CLARK of Massachusetts. Mr. Speaker, I thank the gentleman from the Commonwealth for yielding.

Mr. Speaker, today, thanks to the persistence of the American people, because millions of constituents have called their Members of Congress, shown up at townhalls, shown up and marched in the streets, because of parents who spoke out for their kids, for doctors who spoke out for their patients, neighbors who mobilized together, today, Congress has a chance to vote for Americans' healthcare.

Today, thanks to the strength and unity of our Democratic Caucus, the House will vote to restore the ACA tax credits, and I will vote to restore the affordable marketplace plans that working people depend on to stay healthy, to live, to survive.

Today, I will vote to prioritize the lives of regular people over the greed of billionaires and start bringing the Republican healthcare crisis to an end.

□ 1550

This vote won't solve every problem the GOP has created. We still have to reverse their cuts to Medicaid and Medicare. We still have to stop the closure of rural hospitals and deal with the maternity health crisis and work together—yes, work together—to create a healthcare system that is affordable and accessible to everyone.

Today, we can begin. Today, the people's House has a chance to stand with and for the people. I hope we have a strong bipartisan majority for this vote and that the Senate will immediately do the same.

Mr. SMITH of Missouri. Mr. Speaker, I yield 3 minutes to the gentleman from Florida (Mr. BEAN).

Mr. BEAN of Florida. Mr. Speaker, I thank the chairman for yielding time.

Mr. Speaker, when your old roof keeps leaking, you can keep adding shingles to it, but eventually you must admit the structure underneath isn't built to weather the storm. Rather than double down on a problem that keeps getting more expensive, it is time sometimes to rethink the foundation. Such is the case with ObamaCare.

Mr. Speaker, we all remember those promises made when Obama signed the Affordable Care Act into law. If you like your doctor, you can keep your doctor. It turns out that wasn't true. It is also not true the promise made that this ObamaCare will bend the cost curve for healthcare downward. That is not true at all. Premiums for the average ObamaCare plan have skyrocketed much higher than traditional inflation leaving patients with higher costs and fewer choices.

If Americans are just tuning in to C-SPAN, you might assume that Republicans are eliminating the Affordable Care Act or ObamaCare altogether. That is simply not the case.

The premium tax credits were developed during COVID to subsidize Americans making more than 400 percent of the Federal poverty level, including those making up to \$600,000. People making up to \$600,000 are getting subsidized by the American taxpayers. In northeast Florida, we call people making \$600,000 rich, and that is who we are subsidizing with these premium tax credits.

I have also got a news flash for you, Mr. Speaker: COVID is over. We made these premium tax credits during COVID. COVID is over, and these subsidies should be over with it.

ObamaCare will continue for those who need it. Americans making up to 400 percent of the poverty level are still eligible for the tax credits. At this very moment that is still happening. That means a family of four can make up to \$128,000 and still qualify for help.

To call this, and I have heard it said a couple of times already, a Republican healthcare crisis is fake news. There is new hope, Mr. Speaker. Instead of throwing more money away, we can have a new day for America to look at health savings accounts, to look at the Lower Healthcare Premiums for All Act that according to the CBO is going to lower premiums for everybody, all Americans across the Nation.

It is time to give more choice and more competition. Those are the only ingredients that are going to make costs lower. We can't keep patching the same roof. Everybody has sticker shock.

Mr. Speaker, I urge everybody, the right answer is to vote "no" on extending these horrible tax credits.

Mr. NEAL. Mr. Speaker, I yield 1 minute to the distinguished gentleman from New York (Mr. JEFFRIES), the Democratic leader, whose tactful leadership has brought us to this moment.

Mr. JEFFRIES. Mr. Speaker, I thank the distinguished gentleman from the great Commonwealth of Massachusetts

for yielding and for his tremendous leadership on behalf of protecting the healthcare of the American people.

I rise today, Mr. Speaker, in strong support of this bipartisan effort to protect the healthcare of the American people and ensure that we extend the Affordable Care Act tax credits, to make sure that tens of millions of Americans do not experience dramatically increased premiums, copays, and deductibles.

From the very beginning of this Congress, House Democrats have made it clear that we will find bipartisan common ground with any of our Republican colleagues in order to address the affordability issues that are making life more expensive for everyday Americans, working-class Americans, and middle-class Americans. That has been our commitment from the very beginning.

Today, we are able to take a substantial step forward to address the healthcare crisis that does exist in the United States of America and was made worse by the one big, ugly bill. Medicaid was cut by the largest amount in American history. As a result of the policies that were part of that legislation, hospitals, nursing homes, and community-based health clinics are closing all across America.

We have also seen an extraordinary assault on the Centers for Disease Control and the National Institutes of Health and the Food and Drug Administration, on vaccine availability, on public health, and on healthcare of everyday Americans here in the United States of America.

Today, we have an opportunity to push back against that assault and do it in a bipartisan way. That is what the American people have been calling for: Democrats and Republicans working together to address the affordability crisis in this country. It is not a hoax. It is very real.

Housing costs are out of control. Grocery costs are out of control. Electricity bills are out of control. Childcare costs are out of control. Healthcare costs are out of control.

What we do here today will not be the end of the effort that is necessary, but we can begin the effort that is necessary and extend the Affordable Care Act tax credits.

Several things that were mentioned earlier by some of my colleagues are completely and totally inaccurate. The Affordable Care Act tax credits benefit working-class Americans, middle-class Americans, and everyday Americans. That is why we are waging this fight.

We know that over 90 percent of the people who benefit from the tax credits that we are working to protect today make on average \$63,000 a year. That is working-class America. That is middle-class America. That is the heartland of America. That is rural America. That is urban America. That is small-town America. That is what we are protecting when we extend the Affordable Care Act tax credits.

This is not a partisan issue for us. This is an American issue.

In fact, we know that the 10 States that will be most adversely impacted by the lapse in the Affordable Care Act tax credits are all, Mr. Speaker, run by Republicans. We are standing up for the American people. We are talking about States like West Virginia, Wyoming, Alaska, Tennessee, Mississippi, South Carolina, Texas, Alabama, South Dakota, and North Dakota will be the States most impacted by the lapse in the Affordable Care Act tax credits.

This is not a partisan issue for us. It is a patriotic one, and we will always defend the healthcare of the American people. That is exactly why.

This is an important moment for everyday Americans. It is what they want to see out of this Congress, the people's House, the Article I branch of government, the House of Representatives, the first amongst equals coming together today, every single House Democrat and at least 10 House Republicans to extend the Affordable Care Act tax credits.

Now, we believe as House Democrats that in this great country of ours you work hard, you play by the rules, you should be able to live a comfortable life, an affordable life, live the good life. You should have a good-paying job, good housing, good education for your children, good healthcare, and a good retirement. That is not too much to ask for in the wealthiest country in the history of the world.

□ 1600

There is a lot of work that needs to be done to make that aspiration, the American Dream, the good life, a reality. Today, we take an important step forward in that regard by extending the Affordable Care Act tax credits.

When we get this done, we can send it over to the Senate, and, hopefully, get it out of that Chamber and to the President's desk. It will be part of our continuing commitment to lower the high cost-of-living, fix our broken healthcare system here in the United States of America, and ensure that in every single part of this country, for working-class America, urban America, rural America, suburban America, exurban America, the heartland of America, and small-town America, we can bring the American Dream to life.

We will protect the healthcare of the American people today, but our commitment doesn't end today. We will protect it tomorrow, this week, next week, this month, this year, and next year. We will protect the healthcare of the American people always and forever, and we will always fight to bring the great American Dream to life.

Vote "yes" on extending the Affordable Care Act tax credits.

Mr. SMITH of Missouri. Mr. Speaker, I yield 3 minutes to the gentleman from Texas (Mr. MORAN).

Mr. MORAN. Mr. Speaker, I want to point out before I get to my prepared remarks that Leader JEFFRIES just said

that we need to fix our broken healthcare system. It is a healthcare system put into place by the Democrats. It is a healthcare system extended by the Democrats. The proposal today will do nothing to extend anything but the failures of the past. It will not fix the broken system they put in place.

Mr. Speaker, that is why I rise today in opposition to this Democratic discharge petition. It is fiscally irresponsible and fails to address the waste, fraud, and abuse of ObamaCare while ignoring the real problems in our healthcare system and ignoring the fact that these temporary COVID-era enhanced subsidies have done nothing but pad the profits of big insurance companies and drive up the very premiums that they purport to reduce.

Mr. Speaker, let's look at the facts more closely. First, ObamaCare has yet to deliver on the promises made to Americans over a decade ago. Since the ACA was enacted, premiums have increased by roughly 80 percent. Guess what. Ninety percent of that increase has been paid for by the taxpayers.

It is important to note that these premium tax credits are sent directly to insurance companies, not the taxpayers, and it is no secret why. The ACA was written by insurance companies to benefit insurance companies, and it has served to drive up the stock price for those insurance companies by more than 1,000 percent since the ACA came into existence.

Meanwhile, families face out-of-pocket costs exceeding \$20,000 a year and a 95-percent increase in their premiums over that same time period. This is hardly a coincidence in a system designed to reward the insurers, not the patient.

Let's not forget that today's proposed extension of these pandemic-era tax credits only relates to the 7 percent of Americans who are actually enrolled in the ACA, not the other 93 percent of Americans who are not participants in the failed ACA exchange. Of those 7 percent, roughly one-half did not even use their coverage once last year. Yet, the Democrats want to pour more money into a failing ACA program at a cost of \$400 billion.

Far too often, Mr. Speaker, taxpayers have been left paying the bill for a broken system that lacks proper guardrails and has been grossly mismanaged. The ACA is just another example of this, and we should not spend more money to prop up a failing program, certainly not a COVID-era, temporary program that they put in place and they, the Democrats, set to expire this year.

Waste, fraud, and abuse in this program cannot be ignored. My fellow colleagues have gone over that today in large measure, but today, Congress is being asked to pass a clean 3-year extension and to continue to prop up this madness and to prop up the waste, fraud, and abuse. This cannot stand. The Democratic-backed Big Insurance

business model is clear: charge excessive premiums to get excessive profits, deny coverage to patients, and shift costs onto both patients and providers.

This has to end, and I urge my colleagues to oppose this measure.

Mr. NEAL. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Ms. PELOSI). There is no finer leader or person who was more determined to help bring us to this moment and whose fortitude helped to give us the ACA than Speaker Emerita PELOSI.

Ms. PELOSI. Mr. Speaker, I thank the gentleman for yielding, and I want to quote him when he said that this is a happy day. I thank Mr. Leader for making it so, and I thank the chairman for making it so and bringing it to the floor. My mouth will breathe an exclamation point to the gentleman's beautiful comments earlier and those of our distinguished leader, Mr. JEFFRIES.

Mr. Speaker, Reverend Martin Luther King, Jr., famously said: "Of all the forms of inequality, injustice in health is the most shocking and the most inhuman," he said, because people can die.

The Affordable Care Act, proudly also known as ObamaCare, is a pillar of health and financial security for America's working families. Today, we vote on Leader JEFFRIES' clear, common-sense, and urgent bill to extend the ACA tax credits signed into law by President Biden so healthcare remains affordable and accessible for the American people.

Every Democrat supports this bill because we believe healthcare is a right for all and not a privilege for the few. No family should be pushed out of coverage, and we welcome our Republican colleagues who will be voting with us today. This makes it a happy day.

As we vote today, let us remember the stories of Americans we have heard across the country. Parents saying: My baby was born with a heart condition costing millions of dollars before the Affordable Care Act. Husbands saying: My wife was diagnosed with breast cancer, and we couldn't afford it. Families saying: Dad had a stroke, and we couldn't handle the cost.

That will not happen anymore because we are protecting these families in this bill.

Mr. Speaker, I urge all of my colleagues to vote "yes" and support this bill to protect healthcare and the dignity of America's working families.

Mr. SMITH of Missouri. Mr. Speaker, I yield 3 minutes to the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Mr. Speaker, I thank my good friend for yielding.

Mr. Speaker, Hyde amendment protections need to be added to this bill. Taxpayer funds should not be forced to subsidize the killing of an unborn child by dismemberment or by baby poison pills.

The Hyde amendment was not—I will say it again, was not—included when the ACA was enacted in 2010, nor was it

included when President Biden significantly expanded subsidies during COVID.

It has gotten so bad, Mr. Speaker, that, according to a 2025 article by the Kaiser Family Foundation, 12 States, including my own State of New Jersey, absolutely require all plans on the ACA marketplace to cover abortion on demand. We permit abortion until birth in my State, as do many others. That is all covered by ObamaCare.

The House has passed my bill, the No Taxpayer Funding for Abortion Act, on four separate occasions beginning in 2011. It is pending again in this Congress, but every time it has gone over to the Senate, it got nowhere, sadly.

I remember the day, Mr. Speaker, when my friend and colleague, the author of the amendment, Henry Hyde, first learned that about 1 million children were alive because of his amendment. He was overcome with joy. He had a tear in his eye. I was there when it happened, when he found out that 1 million mothers were spared the agony of post-abortion pain, and 1 million children were alive and well, growing up, going to school, playing sports, dating, marrying, and having kids of their own.

Today, that number is estimated at over 2.6 million children not aborted, all because abortion subsidies have been prohibited by the Hyde amendment in Federal Medicaid programs and other HHS programs.

It is time to add the Hyde amendment to the ACA.

I believe it is time, as well, for all of us to face the harsh reality of what abortion does to children and look beyond the slogans and the surface appeal arguments.

The so-called abortion pill, mifepristone, is baby poison. It kills the unborn child by how? Starving the innocent child to death. That is its operation. They can't get food, so they die. Then, the body of that baby is often flushed down the toilet.

We know, however, now, that mifepristone is extremely dangerous to women. A big study, the biggest study ever done, found that 1 in 10 women experienced serious adverse events.

Mr. Speaker, that is not what you hear from the abortion lobby. You hear about how safe it is. It ain't safe. They suffer things like sepsis, infection, and hemorrhaging, all within about 45 days.

□ 1610

Let me also say to my colleagues, another method of aborting a baby is dismemberment. It tears the child's fragile body to pieces and includes decapitation. Until rendered unconscious or dead by this hideous procedure, the baby feels pain with every cut of the knife.

It is no wonder that the polling shows that the majority of Americans do not want public funding for abortion. Abortion is the polar opposite of healthcare.

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

Mr. SMITH of Missouri. Mr. Speaker, I yield an additional 30 seconds to the gentleman from New Jersey.

Mr. SMITH of New Jersey. Mr. Speaker, abortion is not healthcare unless one construes the life of an unborn child to be analogous to a tumor to be excised or a disease to be vanquished.

I appeal to my colleagues: Don't ignore or trivialize the battered victim in the womb. Unborn babies need Members of Congress to be their friends and advocates, not powerful adversaries.

Abortion violence must be replaced with compassion and empathy for women and respect for the weakest and most vulnerable.

Mr. NEAL. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Mr. Speaker, our vote today represents hope, the hope of millions to access their family physician, the hope for so many Americans who have wondered how they will be able to afford healthcare, hope that by using an extraordinary measure today in the House, we can address an extraordinary need.

After 70 Republican repeal efforts, after rejecting the amendment I offered last May to retain these credits, and after delaying for months to give us the opportunity to provide this care, we are here today with hope.

Now, the responsibility shifts to the Senate. They need to promptly approve this measure and not attach any weakening provisions such as junk insurance and health savings account tax shelters. Keep it focused on affordability, on providing enrollment periods for those who have already lost their coverage because of enormous premium hikes.

We have heard so much about fraud. The only fraud that has been identified relates to broker fraud that Trump has made worse and Republicans have ignored. The biggest fraud of all would be replacing ObamaCare with Republican nothing care.

Mr. SMITH of Missouri. Mr. Speaker, I yield 3 minutes to the gentleman from Utah (Mr. KENNEDY).

Mr. KENNEDY of Utah. Mr. Speaker, I thank my friend from Missouri for this time.

As a family practice doctor for more than 25 years, I hear directly from my patients about the skyrocketing cost of insurance and prescription drugs. Americans were promised lower costs, more choices, and better care. More than a decade later, too many families are asking what happened.

Since its passage, the unaffordable care act has created a subsidy-fueled illusion with spiraling costs hidden by taxpayer dollars and deficit spending.

Today, many Americans have insurance on paper but still cannot afford to use it. Plans often come with deductibles of several thousand dollars, meaning families pay out of pocket for most routine care. Insurance that can-

not be used when people are sick is not real security. It is an illusion.

Let's look at the facts. Healthcare costs have skyrocketed since ObamaCare went into effect. The ACA promised to lower healthcare premiums by up to \$2,500 per family per year, but since ObamaCare went into effect, premiums have nearly tripled and deductibles have nearly doubled. The cost of coverage for a family of 4 has increased by more than \$10,000.

The benchmark ACA silver plan cost \$346 a month in 2014. In 2026, the same exact plan costs \$625 a month. The benchmark ACA silver plan deductible was \$2,425 in 2014. In 2026, the average deductible will be \$5,304, a 119 percent increase. That means that before your health insurance even kicks in, you have to incur \$5,304 in out-of-pocket costs.

Such deductibles leave families effectively self-funding their care despite being insured. A policy that you can't afford when you are sick is not a real solution, only an illusion of coverage, leaving individuals functionally uninsured.

Compounding these design failures are serious fraud and enforcement breakdowns within the system itself. A 2024 GAO investigation found that fake identities were approved for ObamaCare subsidies at a 100 percent rate. Often remaining enrolled despite missing or falsified documentation, these ObamaCare subsidies continued for these fraudulent applications. Taxpayers are left footing the bill as reused Social Security numbers, subsidies paid on behalf of deceased individuals, and billions in unreconciled payments expose a system unable to protect public funds.

To be clear, expanding access to health insurance and protecting people with preexisting conditions are worthy goals, but good intentions do not excuse bad results.

Mr. Speaker, faced with these affordability problems, what have my Democratic colleagues proposed? Their answer has been more taxpayer subsidies to paper over ObamaCare's problems. Rather than address the root causes of high premiums, they want to pour ever-larger subsidies to insurance companies to mask the broken system.

Extending subsidies without reform is just paying more for a broken system. I am not going to vote to promote a broken ObamaCare system. If health insurance only looks affordable when Washington pumps in billions of temporary subsidies, the law itself is not affordable. That structure is the real problem that we need to fix. I urge my colleagues to vote "no."

Mr. NEAL. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. THOMPSON).

Mr. THOMPSON of California. Mr. Speaker, House Democrats have fought for months to save Americans' healthcare. That led to four Republicans working with us to bring this bill to the floor today. Yesterday, nine

Republicans voted with us to bring this tax credit extension up. Today, it is 11. They know that letting these tax credits expire will hurt the people that they represent as well.

Congressional Republicans set the stage to price 4 million Americans out of healthcare plans that they need. Democrats are fighting to bring your costs down. If you take away the credits that millions of Americans depend on to afford coverage, families will be forced into junk plans that don't cover their needs or will have no coverage at all. When they get sick or hurt, it will cost even more.

This is a good day for Americans. It is a great day for Americans. Vote "yes" on this bill to protect healthcare for the people that we represent.

Mr. SMITH of Missouri. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. KILEY).

Mr. KILEY of California. Mr. Speaker, I agree with points that are being made on both sides. The fundamental point of our side is undeniably true, which is that our healthcare system is broken and costs continue to spiral out of control.

However, it is also true that suddenly withdrawing premium support from 22 million Americans is going to force those folks into a terrible dilemma: either paying hundreds or thousands of dollars more, so they face hard trade-offs for their families, losing their insurance altogether in a way that will impact the employer-based market of 150 million Americans, or working less in order to remain eligible in a way that will reduce their discretionary income as well as be bad for our economy as a whole.

We need a solution to this, but this bill is obviously not a solution. Everyone knows that. It is a political exercise that has been engineered by the minority leader at the expense of pursuing an actual solution.

Now, once again, it is falling on the Senate to do the real policymaking, but I am heartened that they seem to be close to a deal that roughly mirrors the compromise bipartisan bill that I have offered with the gentleman from California (Mr. LICCARDO) that does a temporary extension with reforms and cost controls to provide runway, so then we can begin the real hard work of fixing our healthcare system in this country.

Mr. NEAL. Mr. Speaker, I yield 1 minute to the gentleman from Connecticut (Mr. LARSON).

Mr. LARSON of Connecticut. Mr. Speaker, I thank the leader of the Ways and Means Committee and rise in strong support of this legislation.

We have heard an awful lot of talk about subsidies over there. Let's cut right to the chase. It is about subsidies. You care about subsidies for billionaires, and you are willing to do it on the backs of the American people.

You would rather see them—thank God for the people who are standing up on your side. They deserve the Profile

in Courage award because they are able to stand up to a President who would rather see 15 million people lose insurance and another 20 million see their prices double. Thank the Republicans on that side for profiles in courage.

Vote your conscience. Vote your constituents. This is not about politics. It is about people.

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

Mr. SMITH of Missouri. Mr. Speaker, I reserve the balance of my time.

Mr. NEAL. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Illinois (Mr. DAVIS).

□ 1620

Mr. DAVIS of Illinois. Mr. Speaker, in Illinois, there are 465,000 people who depend on the Affordable Care Act to acquire health insurance. For the past several years, the majority of them have used enhanced Federal tax credits to lower the cost.

In my district alone, 19,000, or 57 percent, will see the cost of their policy go up \$696, without the Federal tax credits.

In Austin, Mary will pay an additional \$300 per month. On the North Side, Emily will pay an additional \$150 a month, raising her cost to \$600. Beginning January 1, Rebecca will pay \$796 a month.

This is totally unacceptable. All of these are too high. Let's make healthcare available to the American people. Let's pass today, not tomorrow, not the next day, the Federal tax credits.

Mr. SMITH of Missouri. Mr. Speaker, I reserve the balance of my time.

Mr. NEAL. Mr. Speaker, I yield 1 minute to the gentlewoman from California (Ms. SÁNCHEZ).

Ms. SÁNCHEZ. Mr. Speaker, I rise today in support of the many working families who rely on the ACA tax credits.

Speaker JOHNSON should have let us vote on this bill at the end of last year, but instead of bringing down the cost of healthcare, groceries, or housing, Republicans are focused on protecting President Trump while he invades foreign countries, builds golden ballrooms, and renames monuments to himself, all while families in my district watch their healthcare premiums double.

I will remind everyone: Republicans already kicked 15 million people off their healthcare to pay for tax cuts for billionaires.

I urge my Republican colleagues now to do the right thing and to vote on behalf of their constituents' interests. Vote to extend the ACA tax credits and lower costs for America's families.

Mr. SMITH of Missouri. Mr. Speaker, I remind this body that the reason why these COVID-era tax credits expired is because the Democrats focused all their resources on helping their wealthy environmentalists with permanent tax credits for electric vehicles and solar panels.

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

Mr. NEAL. Mr. Speaker, I yield 1 minute to the gentlewoman from Alabama (Ms. SEWELL).

Ms. SEWELL. Mr. Speaker, I rise today in strong support of restoring the Affordable Care Act tax credits and lowering healthcare costs for millions of Americans.

As of January 1, more than 400,000 Alabamians faced higher premiums because Republicans in this body let the ACA tax credits expire. That is on top of the nearly \$1 trillion in cuts that Republicans made to healthcare earlier this year.

Today's vote represents one more chance for Republicans to do the right thing, reverse their disastrous policies, and join Democrats in making healthcare more affordable.

Let's make no mistake: This vote would not have taken place had it not been for the relentless efforts of House Democrats and our leader, HAKEEM JEFFRIES. I urge my Republican colleagues to vote "yes" to restore the ACA credits and lower healthcare costs. In the words of Dr. King: "The time is always right to do what is right."

Mr. Speaker, let us restore the ACA tax credits.

Mr. SMITH of Missouri. Mr. Speaker, I include in the RECORD a bombshell GAO report documenting evidence of widespread fraud, with billions of dollars going to fraudulent enrollees, including as many as 58,000 dead people.

U.S. GOVERNMENT  
ACCOUNTABILITY OFFICE,  
Washington, DC, December 3, 2025.

Patient Protection and Affordable Care Act:  
Preliminary Results from Ongoing Review Suggest Fraud Risks in the Advance Premium Tax Credit Persist

Hon. BRETT GUTHRIE,  
Chairman, Committee on Energy and Commerce,  
House of Representatives.

Hon. JIM JORDAN,  
Chairman, Committee on the Judiciary,  
House of Representatives.

Hon. JASON SMITH,  
Chairman, Committee on Ways and Means,  
House of Representatives.

The Patient Protection and Affordable Care Act (PPACA) provides premium tax credits to those who purchase private health insurance plans and meet certain income and other requirements. Individuals may have the federal government pay this credit to their health insurance issuers in advance on their behalf, known as the advance premium tax credit (APTC), which lowers their monthly premium payments.

Millions of consumers have purchased health insurance plans through the marketplaces established under PPACA. The Centers for Medicare & Medicaid Services (CMS), within the Department of Health and Human Services (HHS), is responsible for maintaining the federal Marketplace and overseeing state-based marketplaces. Under PPACA, states may elect to operate their own state-based marketplace or to use the federal Marketplace. These marketplaces determine eligibility for APTC, based in part on income, and allow individuals to compare and choose among insurance plans offered by participating private health care coverage issuers. CMS estimated it paid nearly \$124 billion in APTC for about 19.5 million enrollees for plan year 2024.

Consumers can enroll in health insurance coverage through a marketplace independently or with assistance, such as from an insurance agent or broker. As discussed later in this report, agents and brokers can help a consumer apply for coverage, including for related financial assistance, and enroll in a plan. Assistance from an agent or broker is of no cost to a consumer. Rather, agents and brokers are allowed to receive compensation directly from health insurance issuers in accordance with agreements with those issuers and any applicable state requirements.

Indictments from December 2024 and February 2025 highlight concerns about agent and broker practices in the federal Marketplace. Specifically, the indictments allege that bad actors enrolled consumers in insurance through the federal Marketplace by falsifying information on their applications. Additionally, according to CMS, the agency received approximately 275,000 complaints between January and August 2024 that consumers were enrolled in a plan or had their plan changed without their consent. Such practices can result in wasteful federal spending on APTC for enrollees who are not eligible. Further, such practices can result in harm and unexpected costs for consumers. These can include loss of access to medical providers and medications, higher copayments and deductibles, or repayment of APTC if income or other eligibility was misrepresented.

We previously reported that APTC is at risk of fraud. For example, in September 2016, we found that federal and state marketplaces approved coverage for our fictitious applicants. Nearly all of these fictitious applicants remained covered after we sent fictitious documents or no documents to resolve issues with our applications. Further, in July 2017, we found that CMS did not design processes to verify eligibility for APTC, including preventing duplicate coverage.

You asked us to review issues related to fraud risk management in APTC. This report is based on preliminary results and analyses from that ongoing work. Specifically, this report addresses preliminary results from our

1. covert testing of federal Marketplace enrollment controls for plan years 2024 and 2025,

2. analyses of federal Marketplace enrollment data for plan years 2023 and 2024, and

3. evaluation of CMS's fraud risk assessment and antifraud strategy for APTC.

To perform covert testing of federal Marketplace enrollment controls, we created 20 fictitious identities and submitted applications for individual health care coverage in the federal Marketplace. We submitted applications for four of these fictitious identities in October 2024 for coverage through December 2024, which was the remainder of that plan year. We pursued coverage for plan year 2025 for all 20 fictitious identities, including the four identities for which we already submitted applications. Our covert testing for plan year 2025 is ongoing, since the plan year is not yet complete. As a result, we will describe additional details of the 2025 applications in a future report.

Our covert testing included applications submitted independently through HealthCare.gov, which is the federal Marketplace's website, and applications submitted with assistance from an insurance agent or broker. For all our applicant scenarios, we sought to act as an ordinary consumer would in attempting to make a successful application. For example, if, during online applications, we were directed to make phone calls to complete the process, we acted as instructed.

For applications for plan year 2024, our covert tests included fictitious applicants

who provided invalid (i.e., never issued) Social Security numbers (SSN). Additionally, we stated income at a level eligible to obtain APTC. As appropriate, we used publicly available information to construct our applications for coverage and subsidies. We also used publicly available hardware, software, and materials to produce counterfeit documents that we submitted, if appropriate for our testing, when instructed to do so. We then observed the outcomes of the document submissions, such as any approvals received or requests to provide additional supporting documentation. The results of our covert testing, while illustrative of potential enrollment control weaknesses, cannot be generalized to the overall enrollment population.

To examine federal Marketplace enrollment for plan years 2023 and 2024, we obtained and analyzed federal Marketplace enrollment and payment data, including APTC information, from CMS. We also matched enrolled SSNs in the data to two additional data sources: (1) Social Security Administration's (SSA) full death file, a database containing records of death that have been reported to SSA, as of November 2024 and (2) April 2025 data from the Internal Revenue Service (IRS) on APTC reconciliation from tax forms filed for tax year 2023. We assessed the reliability of all data sets by performing electronic tests to determine the completeness and accuracy of key fields. We also reviewed agency documentation and interviewed knowledgeable agency officials about the reliability of the data. Overall, we found that the data were reliable for our purposes.

To examine CMS's fraud risk assessment and antifraud strategy for APTC, we reviewed documentation of CMS's policies and fraud risk management activities related to APTC. This included CMS's 2018 fraud risk assessment for APTC. Additionally, we interviewed agency officials about CMS's fraud risk management activities in this program. We reviewed relevant reports from GAO and HHS's Office of the Inspector General. We evaluated information from relevant documentation and interviews of agency officials against relevant leading practices in GAO's *A Framework for Managing Fraud Risks in Federal Programs* (Fraud Risk Framework).

To support all three objectives, we interviewed CMS officials and representatives from seven stakeholder organizations that represent agents and brokers, state insurance regulators, researchers, and one of the entities that CMS approved to host a non-marketplace website where consumers can apply for and enroll in a plan offered through the federal Marketplace.

The ongoing work upon which this report is based is being conducted in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our preliminary findings and conclusions based on our audit objectives. Additionally, our related investigative work is being conducted in accordance with standards prescribed by the Council of the Inspectors General on Integrity and Efficiency.

#### Background

##### APTC ELIGIBILITY AND ENROLLMENT PROCESSES

###### APTC Eligibility

To qualify for a premium tax credit, individuals must be enrolled in a qualified health plan offered through a marketplace and meet certain criteria. These tax credits can be paid in advance through APTC.

The amount of the premium tax credit varies based on household income and the cost

of a benchmark plan. The credit limits what the consumer would pay for that plan to be no more than a certain percentage of their household income. The American Rescue Plan Act of 2021 made temporary changes to premium tax credits by expanding eligibility to higher-income individuals and increasing premium tax credits for lower-income individuals for tax years 2021 and 2022. For example, the law increased the premium tax credit amounts for eligible individuals and families, resulting in access to plans with no premium contributions for those earning 100 to 150 percent of the federal poverty level. It also expanded eligibility for premium tax credits to include certain individuals and families with incomes at or above 400 percent of the federal poverty level. Public Law 117-169—commonly known as the Inflation Reduction Act of 2022—extended these provisions through the end of tax year 2025.

In 2013, CMS developed the Data Services Hub (Hub) to help verify applicant eligibility in an automated manner. To do so, the Hub matches applicant information, such as SSN and estimated income, against trusted data sources. These sources include records from SSA and IRS. In the federal Marketplace, the system generates an inconsistency when data matching processes are not able to verify applicant information against the Hub's trusted sources. When an inconsistency is generated, applicants are instructed to provide documentation to support information on their applications that cannot be verified by the Hub's data matching.

#### Marketplaces and Enrollment Pathways

States, along with the District of Columbia, may elect to rely on the federal Marketplace or operate their own health insurance marketplace.

The federal Marketplace offers multiple pathways to enroll in health insurance coverage and receive APTC. Consumers in states that use the federal Marketplace may enroll in coverage through the pathway known as HealthCare.gov or an enhanced direct enrollment (EDE) pathway, among others.

#### Role of Agents and Brokers

Consumers seeking to obtain health insurance through the federal Marketplace may receive assistance from agents and brokers who help them apply for coverage, including related financial assistance, and enroll in a health plan. In return, agents and brokers receive payment (commissions or salaries) from the issuers of the health plans. Agents and brokers must be licensed in the state in which they sell plans and registered with CMS to sell plans through the federal Marketplace. According to CMS, most enrollments in the federal Marketplace are assisted by an agent or broker through the EDE and direct enrollment pathways.

CMS is responsible for oversight of agents and brokers in the federal Marketplace and ensuring that they comply with federal rules. Agents and brokers are required to, among other things, obtain and document consumers' consent before assisting them with applying for and enrolling in coverage through the federal Marketplace. For example, consumer consent is required before the agent or broker can

collect or use any personally identifiable information, such as name, date of birth, and SSN;

help a consumer apply for coverage or financial assistance by completing an eligibility application on their behalf; and

actively enroll a consumer in a plan offered through the federal Marketplace.

After a consumer has applied or is enrolled, the agent or broker can also update a consumer's eligibility application or plan selection on their behalf, if the initial consent authorized the agent or broker to do so, or if

they obtained subsequent consent for any new actions. Agents and brokers are required to make documentation of consumer consent available to CMS upon request in response to monitoring, audit, and enforcement actions. Fraud Risk Management

The objective of fraud risk management is to ensure program integrity by continuously and strategically mitigating both the likelihood and effects of fraud, while also facilitating a program's mission. The Fraud Risk Framework provides a comprehensive set of leading practices that serve as a guide for agency managers to use when developing efforts to combat fraud in a strategic, risk-based manner. As depicted in figure 2, the framework organizes the leading practices within four components: (1) Commit, (2) Assess, (3) Design and Implement, and (4) Evaluate and Adapt.

In June 2016, the Fraud Reduction and Data Analytics Act of 2015 (FRDAA) required the Office of Management and Budget (OMB) to establish guidelines for federal agencies to create controls to identify and assess fraud risks to design and implement antifraud control activities. The act further required OMB to incorporate the leading practices from the Fraud Risk Framework in the guidelines. The Payment Integrity Information Act of 2019 repealed FRDAA but maintained the requirement for OMB to provide guidelines to agencies in implementing the Fraud Risk Framework.

In its 2016 Circular No. A-123 guidelines, OMB directed agencies to adhere to the Fraud Risk Framework's leading practices. In October 2022, OMB issued a Controller Alert reminding agencies that they must establish financial and administrative controls to identify and assess fraud risks. In addition, the alert reminded agencies that they should adhere to the leading practices in the Fraud Risk Framework as part of their efforts to effectively design, implement, and operate an internal control system that addresses fraud risks.

#### The Federal Marketplace Approved Subsidized Coverage for Nearly All of Our Fictitious Applicants in Plan Years 2024 and 2025, Suggesting Weaknesses Persist

Our covert testing of enrollment controls in the federal Marketplace suggests weaknesses have persisted since our tests in plan years 2015 through 2016. All four of our fictitious applications received subsidized coverage through the federal Marketplace in late 2024. Additionally, although our work is ongoing, as of September 2025 18 of our 20 fictitious applications for plan year 2025 were receiving subsidized coverage. We will continue to monitor the status of these applications during plan year 2025.

#### ALL FOUR OF OUR FICTITIOUS APPLICANTS RECEIVED SUBSIDIZED COVERAGE IN LATE 2024

To test enrollment controls, we developed and submitted four fictitious applications to obtain insurance coverage with APTC through the federal Marketplace. We applied for coverage for these four applicants in October 2024. We submitted the applications outside of the open enrollment period, using a special enrollment period for low-income applicants. In two cases, we applied for coverage directly through HealthCare.gov. In the other two cases, we applied via telephone with assistance from an insurance broker. The brokers that assisted us used EDE systems to submit our applications.

The federal Marketplace approved fully subsidized insurance coverage for all four of our fictitious applicants for November through December 2024. The combined total amount of APTC paid to insurance companies for all four fictitious enrollees was about \$2,350 per month. While our fictitious

enrollees are not generalizable to the universe of enrollees, they suggest weaknesses in enrollment controls—such as identity proofing and income verification—in the federal Marketplace through both HealthCare.gov and EDE systems.

The results of our covert testing for plan year 2024 are generally consistent with results of similar testing we conducted for plan years 2014 through 2016.

Mr. SMITH of Missouri. Mr. Speaker, I reserve the balance of my time.

Mr. NEAL. Mr. Speaker, I yield 1 minute to the gentlewoman from Washington (Ms. DELBENE).

Ms. DELBENE. Mr. Speaker, I rise today to express my unwavering support for this extension of the enhanced ACA tax credits.

For the last year, my colleagues and I have fought to keep these enhanced tax credits. While this vote is later than it should have been, it is not too late to do what is right for the American people and for my constituents like Gerry, who has already seen a 60-percent increase in his premiums; Steve, whose plan went up by over 40 percent; and Mitch, who is looking at a 420-percent increase for him and his wife.

Republicans and the Trump administration promised to bring down prices. Instead, they have made healthcare a luxury that only some can afford.

I believe everyone should have affordable, quality, accessible healthcare. Because of that, I will be voting in favor of this legislation and supporting the extension of the enhanced ACA tax credits.

Mr. Speaker, I urge all of my colleagues to join me.

Mr. SMITH of Missouri. Mr. Speaker, I yield 3 minutes to the gentleman from Florida (Mr. HARIDOPOLOS).

Mr. HARIDOPOLOS. Mr. Speaker, I am honored to be here this afternoon to talk about what is so important to all of us, and that is healthcare, not just health insurance.

A clean, 3-year extension brought by the minority would send \$110 billion directly to insurance companies.

As the chairman just mentioned, a recent GAO report showed that 23 out of 24 fraudulent enrollees were approved and received taxpayer subsidies directly to insurance companies. The GAO even reported that they were not required to provide documentation, such as Social Security numbers or income verification. It was money sent directly to insurance companies from taxpayers.

Democrats said healthcare would be affordable, yet since the implementation of this bad idea, premiums are up 80 percent. At the same time, nearly 20 percent of the individual market claims are denied by insurance companies.

In 2024, 87 percent of the revenue made by insurance companies selling ACA exchange claims came from taxpayer dollars.

To quote an article from The Wall Street Journal, Democrats sold ObamaCare on the false pretenses that

it would make healthcare affordable. Let me say that again: false pretenses. Extending the subsidies would perpetuate that fraud.

We passed a bill before Christmas that would reduce costs by 11 percent, and that was from the CBO. The CBO said that, and we are not exactly the biggest fans of that unique organization. Our plan would actually fight fraud, which was highlighted in the GAO report.

Finally, we would actually give choice to individuals as opposed to this one-size-fits-all debacle. We want healthcare, not a plan to simply fund insurance companies.

Mr. NEAL. Mr. Speaker, I yield 1 minute to the gentlewoman from California (Ms. CHU).

Ms. CHU. Mr. Speaker, 1 week ago, Republicans skyrocketed healthcare costs for 22 million Americans. They chose to let the ACA tax credits expire, even though there was bipartisan support to extend them.

Now, families are seeing premiums jump by hundreds, even thousands, of dollars a month. That is utterly devastating and was entirely avoidable.

Middle-class families are being forced to cancel coverage. People with cancer are going uninsured. Small business owners are being told to pay 34 percent more, or \$40,000 a year, or go without care.

Republicans knew this would happen, and they did it anyway. Now, we have a chance to fix it. Democrats have a clean, 3-year extension of these tax credits on the floor today with bipartisan support.

Let's make sure families get the help they need. We must vote "yes" on this bill.

Mr. SMITH of Missouri. Mr. Speaker, I reserve the balance of my time.

Mr. NEAL. Mr. Speaker, I yield 1 minute to the gentleman from Virginia (Mr. BEYER).

Mr. BEYER. Mr. Speaker, every day, more Americans are being hurt by the Republican healthcare crisis. Tax credits that help working people afford healthcare are vanishing, and Americans are watching billionaires get huge tax cuts while the cost of living goes up.

My Republican friends knew that refusing to renew these tax credits would cause healthcare costs to skyrocket.

□ 1630

Mr. Speaker, they decided to cancel work for 2 months and simply ignored the affordability problem. President Trump even called it a hoax.

Democrats put forward this bill to help the American people. Thanks to a few sensible colleagues on the other side, we were able to force a vote on it.

While Trump continues his self-dealing corruption and growing fondness for attacking foreign countries, his administration is lawlessly killing and lying about the death of an unarmed woman in Minneapolis.

Republican leadership in Congress had to be forced to even allow a vote on

this bill. Democrats here are focused on a bill to lower costs for tens of millions of Americans and prevent many from losing healthcare.

Mr. Speaker, we speak about life, liberty, and the pursuit of happiness. We can't be free, it is hard to be happy, and lives are cut short with no healthcare.

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President.

Mr. NEAL. Mr. Speaker, I yield 1 minute to the gentleman from Illinois (Mr. SCHNEIDER).

Mr. SCHNEIDER. Mr. Speaker, I rise today to strongly and proudly support Leader JEFFRIES' discharge petition to extend the ACA premium subsidies.

Just 8 days ago, President Trump and the Republican Congress let the ACA subsidies expire. Consequently, rather than working on their new year's resolution, 22 million hardworking Americans are forced to decide what sacrifices they need to make to afford their insurance or whether they need to sacrifice their families' healthcare.

That is why today is a happy day. We are one step closer to helping millions of Americans afford healthcare. Getting to this day wasn't easy, but Democrats stayed united and stood firm. After fighting for months, we are joined by Republican colleagues who recognize that we have a responsibility to help ensure Americans can afford to provide healthcare for their families.

Mr. Speaker, it is our job to bring down the cost for Americans. It is our job to make life better for Americans. It is our job to ensure that every family has access to affordable and quality care. Let's do our job. Let's extend the ACA credits. I urge my colleagues to support the discharge petition.

Mr. NEAL. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. PANETTA).

Mr. PANETTA. Mr. Speaker, for the past year we have been talking about the damage done by not extending tax credits for the Affordable Care Act. Now this year, no longer is it theory. It is fact. It is no longer talk. It is pain.

The fact is 20 million people are feeling the pain with their healthcare costs going up. Millions more are losing health insurance. In my district, tens of thousands are going to be paying more for healthcare.

Today, the fact is that we can do our jobs and, rather than take healthcare away, we can actually help fix it. I commend all of my Democratic colleagues and, yes, even a few on the Republican side that signed the discharge petition and will vote for this bill today, a day in a week that has been absolutely hectic.

Rather than constantly responding to the craziness from this administration, by voting "yes," Congress can finally focus on the substance of fixing healthcare. The fact is this bill is a short-term fix for extending tax credits. It is also a vehicle for our Senate

colleagues to use so that we in Congress can provide a long-term fix to provide people with affordable and accessible healthcare.

Mr. NEAL. Mr. Speaker, I yield 1 minute to the gentleman from Nevada (Mr. HORSFORD).

Mr. HORSFORD. Mr. Speaker, I rise to speak about being on the right side of history. I have taken the time to listen directly to the people of Nevada's Fourth District and all across my great State. They have shared their stories, their concerns, and their fears about their healthcare.

I am talking about people like Richard and his wife who have worked to do everything right. They budgeted. They made sacrifices. Yet, today, they are paying \$1,200 a month for health insurance, up from \$280 a month just a month ago because vital healthcare lifelines were allowed to expire.

Richard told me that they can identify places to make cuts in their lives, but what worries him is what they will be forced to give up. That includes fewer groceries, fewer essentials, and fewer visits with family.

Mr. Speaker, I get it. Some in this Chamber want to make this about politics. The reality is this is life and death. It is life and death for the 15 million Americans who are at risk of losing healthcare, while Republicans found the time and the money to give tax cuts to billionaires but no time to give relief to middle-class families.

Mr. Speaker, I thank Leader JEFFRIES and Democrats. I call on my Republican colleagues to join us, and let's be on the right side of history.

Mr. NEAL. Mr. Speaker, may I inquire as to how much time is remaining.

The SPEAKER pro tempore. The gentleman from Massachusetts has 10½ minutes remaining.

Mr. NEAL. Mr. Speaker, I yield 1 minute to the distinguished gentleman from New York (Mr. SUOZZI).

Mr. SUOZZI. Mr. Speaker, everyone here knows that affordability and the affordability of healthcare is the top concern of Americans today. Failure to extend these tax credits will cause health insurance premiums to skyrocket all across our land.

In my district, Mr. Speaker, if you utilize the premium tax credits, a family of four making \$130,000 has to pay 8½ percent of their income for health insurance premiums, or about \$10,000 or \$11,000 a year. If we refuse to act, their bill will go to \$30,000 a year, or \$1,500 more per month. That is crazy. They won't even buy their insurance. As a result, it will reduce the risk pool, which will cause everyone's premiums in our country to go up.

That is why for months the Problem Solvers Caucus has been working across the aisle, both here in the House and the Senate, to find bipartisan solutions to this very real affordability crisis.

Mr. Speaker, let's deliver a huge victory for the American people. Let's

overcome the partisan toxicity of Washington, D.C. Let's get Democrats and Republicans, Members of the House and the Senate, to work together to serve the needs of the American people. I urge all of my colleagues to vote "yes."

Mr. NEAL. Mr. Speaker, I yield 1 minute to the gentlewoman from the Virgin Islands (Ms. PLASKETT).

Ms. PLASKETT. Mr. Speaker, I rise in defense of affordable healthcare for all Americans, even though my own constituents are not afforded the same benefits as Americans living in the 50 States. We are not part of the exchange. We have no SSI. We have caps on Medicaid in jurisdictions, unlike elsewhere.

If my colleagues need a clear illustration of what happens when Affordable Care Act benefits are taken away, look to the Virgin Islands and Puerto Rico, which are excluded from those. Our healthcare system is in crisis. Hospitals operate under Medicare formulas from the 1980s with chronic shortages of supplies, medication, equipment, and staff.

Patients bring sheets and diapers to the hospital. Doctors pool their money to pay vendors. Hospital funding gaps exceed \$34 million. More than 3,000 people have lost Medicaid. Puerto Rico's capped Medicaid funding forced reliance on borrowing and debt, which contributed to their 2017 bankruptcy.

The failure to extend enhanced premium tax credits has doubled healthcare costs for 20 million Americans. My colleagues don't want the healthcare system we have. Pass this legislation.

Mr. NEAL. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Virginia (Mr. SCOTT), the ranking member of the Committee on Education and Workforce.

Mr. SCOTT of Virginia. Mr. Speaker, I rise in support of the bill to extend the Affordable Care Act's enhanced premium tax credits through a clean, 3-year extension.

Last year, the Republicans blocked the extension of these credits in the big, ugly bill. With the expiration of the tax credits last month, the health premium costs have skyrocketed, causing millions to lose their coverage.

When more people lose coverage, costs go up for everyone. Uninsured patients often delay seeing a doctor and end up needing more costly care at the emergency room. When there are more uninsured, hospitals, especially in rural areas, face financial hardships and may be forced to close. In other words, those unpaid bills do not disappear. They are shifted onto everybody else, and everyone suffers.

Today, Congress can step in to address the sharp premium increases and provide stability for working families across the country. I urge my colleagues to support this bill and to support affordable healthcare.

Mr. NEAL. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. GOMEZ).

Mr. GOMEZ. Mr. Speaker, it is about damned time that this bill is actually going to get a vote. Here is why. The Republicans in the summer passed their One Big Beautiful Bill Act, which I am glad they are not trying to rebrand anymore. It cut Medicaid by almost \$1 trillion. It took away food stamps. Then they refused to extend the ACA subsidies that would help ACA tax credits, that would help people in their own States.

That is what the Democrat majority next year is going to do. We will continue fighting for our own people throughout the country. It doesn't matter if a constituent is in a red State or a blue State, if someone is hurting because of the Republican majority this year. Donald Trump has taken away healthcare. He has taken away food stamps. He has taken away opportunities. We are going to make sure that we reverse all that.

The first step is these ACA tax credits because it is going to help working families. The party in the majority now said they were going to lower the cost of living, but they failed. Now we are going to step up.

□ 1640

Mr. NEAL. Mr. Speaker, I yield 1 minute to the gentlewoman from Illinois (Ms. UNDERWOOD).

Ms. UNDERWOOD. Mr. Speaker, I rise today in support of my bill to extend the Affordable Care Act tax credits and to put an end to the Republican healthcare crisis.

This Republican majority wasted all of 2025 by refusing to extend the tax credits in time to prevent the premium hikes that families across the country are facing right now. Costs are outrageous. House Democrats had to use a discharge petition to force them to do the right thing and finally hold this vote.

We have heard a lot of confusing lies from the majority today. Mr. Speaker, the truth is that the ACA tax credits from my legislation work. They are incredibly popular, yet Republicans chose to let them expire on December 31.

Today, we have a chance to fix their mistake, lower costs, and protect care for millions of Americans. I urge a "yes" vote.

I thank Leader JEFFRIES, Mr. NEAL, Speaker PELOSI, and Brandon Casey for working with me on this.

Mr. SMITH of Missouri. Mr. Speaker, I reserve the balance of my time.

Mr. NEAL. Mr. Speaker, I yield 1 minute to the gentlewoman from Oregon (Ms. SALINAS).

Ms. SALINAS. Mr. Speaker, I rise today to urge my colleagues to pass this legislation to prevent families' healthcare costs from skyrocketing.

I will share just a few messages from my hardworking constituents who will be impacted.

Kelly from Salem wrote: "My policy is going to increase from \$40 to \$191. I will have no wiggle room in my budget, no room for emergencies."

Rachel from Amity says that her plan will increase from \$511 to \$1,328 per month. She wrote: "We will probably choose to only insure our child. We cannot afford 25 percent of our income going to health insurance."

Janice from Salem said that her monthly costs will go from \$465 to \$1,100. "I will go without health insurance if I can't bring it way down to no more than \$500 a month. I am 5 years away from retirement."

Mr. Speaker, these are just three stories from about 16,000 in my district, and there are millions just like these across our country. Our constituents are counting on this body to lower their costs and save their healthcare.

Mr. Speaker, I urge an "aye" vote.

Mr. SMITH of Missouri. Mr. Speaker, I reserve the balance of my time.

Mr. NEAL. Mr. Speaker, I yield 30 seconds to the gentleman from Illinois (Mr. KRISHNAMOORTHI).

Mr. KRISHNAMOORTHI. Mr. Speaker, I rise in support of extension of the ACA tax credits.

I met Shadene Butchart in Chicago. She has ALS. Since the ACA tax credits have expired, her health insurance premium consumes the entirety of her husband's Social Security check. She will not be able to afford any health insurance to cover this incredibly distressing disease.

I rise strongly in support, and I urge my colleagues to support it, as well.

Mr. NEAL. Mr. Speaker, I have no further speakers, and I am prepared to close.

May I inquire as to how much time is remaining.

The SPEAKER pro tempore. The gentleman from Massachusetts has 4 minutes remaining.

Mr. SMITH of Missouri. Mr. Speaker, I am prepared to close, and I reserve the balance of my time.

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

Mr. Speaker, it is too bad that we had to play this out to the anxiety and consternation of the American people. Think of what this might be like if you didn't know a month ago whether or not your children were going to have health insurance. Think of the anguish that you might feel proceeding into the holidays while not knowing whether or not that child would be able to complete the doctor's appointment that you had made for them because you didn't have health insurance.

I didn't hear the other side complaining about keeping 26-year-olds on their parents' health insurance. How about the idea that, in the ACA, we were able to abolish preexisting conditions being routinely used to deny the opportunity to access even primary care for millions and millions of Americans.

Mr. Speaker, I call attention to this because I have watched over these years how the ACA has not only become more popular, but the American people have come to expect the benefits of the ACA.

This argument for those of us who were here and participated at the time was not really complex at all. The argument was that we would proceed on the basis of the notion of universal access and that you wouldn't have to worry that if you went to the emergency room, you somehow might be turned away because you had not been able to pay another bill.

We don't get a chance on this Earth to predict when we are going to get sick. Those are the basic actuarial realities of what insurance is about. By way of example, we don't get to buy homeowners' insurance after the house has burned down. We don't get to buy life insurance after we die.

The idea of what we did here was to spread the notion of risk, an entirely reasonable consequence, authored by former President Obama and, by the way, the steadfast determination at the time of Speaker PELOSI.

This was negotiated across the board with all members of the healthcare system, and we came up with a reasonable solution that we continue to build upon.

Mr. Speaker, I will point out a couple of pretty important statistics: 4 years straight of record enrollment in the Affordable Care Act, and 24.3 million Americans have now signed up.

That is what we had in mind. When you look back at these enhanced premium tax credits, we keep hearing the other side say that there are billionaires and millionaires who are driving the benefit. JCT has said that nobody over \$500,000 is getting this benefit. We are open to these conversations as we go forward, as well. Yet, only 38 percent of their tax cuts inure to the benefit of people at the lower end of the economic spectrum.

By ending these enhanced tax credits, we will stop the Republican assault on the ACA. They have repeatedly said that they want to work with us, but there has been no effort on the Republican side to work with us on expanding and extending these tax credits.

There has been no concerted effort from our Republican colleagues to really put on a piece of legislation, a tax bill, that stands up under the magnifying glass of critical analysis. It is patchwork. It is announced every time we get near some cliff in the debate that somehow they have a healthcare plan. We haven't seen it yet.

Mr. Speaker, I am going to close by saying the same words that I opened with: This is a most significant day. This is a happy day for the American people.

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

Mr. SMITH of Missouri. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I will remind the body that the reason why these enhanced subsidies are expiring is because the Democrats are the only ones in this Chamber who voted for them to expire on December 31. Apparently, they regret that vote because they focused

most of their dollars on making permanent environmental tax policy in the Green New Deal.

Mr. Speaker, they are the only ones who have voted to take away these subsidies. It is laughable, Mr. Speaker, when you hear Members on the other side say that the Republicans created this healthcare crisis.

Guess what. It was the Democrats who wrote the Affordable Care Act that is being debated on the floor right now. They are upset because, as of December 31, it reverted back to the Affordable Care Act, which they have championed, what they passed, not Republicans, Democrats.

Mr. Speaker, the healthcare crisis is clearly created by the Democrats.

We have highlighted the fraud and waste within the exchanges. More than half of the people on the exchanges did not even file one medical claim last year, but those insurance companies were being subsidized.

□ 1650

I want to remind the American people that not \$1 goes to them. It all goes to the big health insurance companies that have been doing very well, while premiums for every single American have been rising for the last decade and a half.

Mr. Speaker, with that, I urge this body to vote "no."

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 780, the previous question is ordered on the bill.

The question is on the engrossment and third reading of the bill.

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

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

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

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

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 230, nays 196, not voting 5, as follows:

[Roll No. 11]

YEAS—230

Adams	Casar	Davis (IL)
Aguilar	Case	Davis (NC)
Amo	Casten	De La Cruz
Ansari	Castor (FL)	Dean (PA)
Auchincloss	Castro (TX)	DeGette
Balint	Cherilus-	DeLauro
Barragán	McCormick	DelBene
Beatty	Chu	Deluzio
Bell	Cisneros	DeSaulnier
Bera	Clark (MA)	Dexter
Beyer	Clarke (NY)	Dingell
Bishop	Cleaver	Doggett
Bonamici	Clyburn	Elfreth
Boyle (PA)	Cohen	Escobar
Bresnahan	Conaway	Espaillet
Brown	Correa	Evans (PA)
Brownley	Costa	Fields
Budzinski	Courtney	Figures
Bynum	Craig	Fitzpatrick
Carbajal	Crockett	Fletcher
Carey	Crow	Foster
Carson	Cuellar	Foushee
Carter (LA)	Davids (KS)	Frankel, Lois

Friedman Lynch Salazar McGuire Reschenthaler Strong  
 Frost Mackenzie Salinas Messmer Rogers (AL) Stutzman  
 Garamendi Magaziner Sánchez Meuser Rogers (KY) Taylor  
 Garbarino Mannion Scanlon Miller (IL) Rose Tenney  
 Garcia (CA) Matsui Schakowsky Miller (WV) Rouzer Thompson (PA)  
 Garcia (IL) McBath Schneider Miller-Meeks Roy Tiffany  
 Garcia (TX) McBride Scholten Mills Rulli Timmons  
 Gillen McClain Delaney Schrier Moolenaar Scalise Turner (OH)  
 Golden (ME) McClellan Scott (VA) Moore (AL) Schmidt Van Drew  
 Goldman (NY) McCollum Scott, David Moore (NC) Schweikert Van Duyn  
 Gomez McDonald Rivet Sewell Moore (UT) Scott, Austin Van Epps  
 Gonzalez, V. McGarvey Sherman Moore (WV) Self Wagner  
 Goodlander McGovern Simon Moran Sessions Walberg  
 Gottheimer McIver Smith (WA) Nehls Shreve Webster (FL)  
 Gray Meeks Sorensen Newhouse Simpson Weber (TX)  
 Green, Al (TX) Menendez Soto Obernolte Smith (MO) Webster (FL)  
 Grijalva Meng Stansbury Ogles Smith (NE) Westerman  
 Harder (CA) Mfume Morrison Suozzi Perry Steil Yakym  
 Hayes Miller (OH) Moskowitz Swallwell Pfluger Steube Zinke  
 Himes Min Strickland Patronis Titus  
 Horsford Moore (WI) Subramanyam Sykes  
 Houlahan Morelle  
 Hoyer Morrison  
 Hoyle (OR) Moskowitz  
 Huffman Moulton  
 Hurd (CO) Mrvan  
 Ivey Mullin Thanedar  
 Jackson (IL) Nadler Thompson (CA)  
 Jacobs Neal Thompson (MS)  
 Jayapal Neguse  
 Jeffries Norcross Tlaib  
 Johnson (GA) Nunn (IA) Tokuda  
 Johnson (TX) Ocasio-Cortez Tonko  
 Joyce (OH) Olszewski Omar Torres (CA)  
 Kamlager-Dove  
 Kaptur Pallone Torres (NY)  
 Kean Panetta Trahan  
 Keating Pappas Tran  
 Kelly (IL) Pelosi Underwood  
 Kennedy (NY) Perez Valadao  
 Khanna Peters Van Orden  
 Krishnamoorthi Pettersen Vargas  
 LaLota Pingree Vasquez  
 Landsman Pocan Veasey  
 Larsen (WA) Pou Velázquez  
 Larson (CT) Pressley Vindman  
 Latimer Quigley Walkinshaw  
 Lawler Ramirez Wasserman  
 Lee (NV) Randall Schultz  
 Lee (PA) Raskin Waters  
 Leger Fernandez Riley (NY) Watson Coleman  
 Levin Rivas Whitesides  
 Liccardo Ross Williams (GA)  
 Lieu Ruiz Wilson (FL)  
 Lofgren Ryan Wittman

## NAYS—196

Aderholt Diaz-Balart Hern (OK)  
 Alford Donalds Higgins (LA)  
 Allen Downing Hill (AR)  
 Amodei (NV) Dunn (FL) Hinson  
 Arrington Edwards Houchin  
 Babin Ellzey Hudson  
 Bacon Emmer Huizinga  
 Balderson Estes Issa  
 Barr Evans (CO) Jack  
 Barrett Ezell Jackson (TX)  
 Baumgartner Fallon James  
 Bean (FL) Fedorchak Johnson (LA)  
 Begich Feenstra Johnson (SD)  
 Bentz Fine Jordan  
 Bergman Finstad Joyce (PA)  
 Bice Fischbach Kelly (MS)  
 Biggs (AZ) Fitzgerald Kelly (PA)  
 Biggs (SC) Fleischmann Kennedy (UT)  
 Bilirakis Flood Kiggans (VA)  
 Boebert Fong Kiley (CA)  
 Bost Foxx Kim  
 Brecheen Franklin, Scott Knott  
 Buchanan Fry Kustoff  
 Burchett Fulcher LaHood  
 Burlison Gill (TX) Langworthy  
 Calvert Gimenez Latta  
 Cammack Goldman (TX) Lee (FL)  
 Carter (GA) Gonzales, Tony Letlow  
 Carter (TX) Gooden Loudermilk  
 Ciscomani Gosar Lucas  
 Cline Graves Luna  
 Cloud Griffith Luttrell  
 Clyde Grothman Mace  
 Cole Guest Malliotakis  
 Collins Guthrie Maloy  
 Comer Hageman Mann  
 Crane Hamadeh (AZ) Massie  
 Crank Haridopolos Mast  
 Crawford Harrigan McClain  
 Crenshaw Harris (MD) McClintock  
 Davidson Harris (NC) McCormick  
 DesJarlais Harshbarger McDowell

McGuire Reschenthaler Strong  
 Messmer Rogers (AL) Stutzman  
 Meuser Rogers (KY) Taylor  
 Scanlon Miller (IL) Rose Tenney  
 Schakowsky Miller (WV) Rouzer Thompson (PA)  
 Schneider Miller-Meeks Roy Tiffany  
 Scholten Mills Rulli Timmons  
 McClain Delaney Schrier Moolenaar Scalise Turner (OH)  
 McClellan Scott (VA) Moore (AL) Schmidt Van Drew  
 McCollum Scott, David Moore (NC) Schweikert Van Duyn  
 McDonald Rivet Sewell Moore (UT) Scott, Austin Van Epps  
 McGarvey Sherman Moore (WV) Self Wagner  
 McBride Simon Sessions Walberg  
 McGovern Nehls Shreve Webster (FL)  
 McIver Smith (WA) Newhouse Simpson Weber (TX)  
 Meeks Sorensen Norman Smith (MO) Webster (FL)  
 Meng Soto Obernolte Smith (NE) Westerman  
 Mfume Stansbury Ogles Smith (NJ) Wied  
 Morrison Suozzi Perry Steil Yakym  
 Moskowitz Swallwell Pfluger Steube Zinke  
 Moulton Sykes  
 Mrvan Takano  
 Mullin Thanedar  
 Nadler Thompson (CA)  
 Neal Thompson (MS)  
 Neguse  
 Norcross Tlaib  
 Nunn (IA) Tokuda  
 Ocasio-Cortez Tonko  
 Olszewski Omar Torres (CA)  
 Omer Torres (NY)  
 Pallone Trahan  
 Panetta Tran  
 Pappas Underwood  
 Pelosi Valadao  
 Perez Van Orden  
 Peters Vargas  
 Pettersen Vasquez  
 Pingree  
 Pocan Veasey  
 Pou Velázquez  
 Pressley Vindman  
 Quigley Walkinshaw  
 Ramirez Wasserman  
 Randall Schultz  
 Raskin Waters  
 Riley (NY) Watson Coleman  
 Rivas Whitesides  
 Ross Williams (GA)  
 Ruiz Wilson (FL)  
 Ryan Wittman

## NOT VOTING—5

Baird McCaul Rutherford  
 Hunt Murphy

□ 1713

Messrs. CRAWFORD and SCOTT FRANKLIN of Florida changed their vote from "yea" to "nay."  
 So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERMISSION FOR MEMBER TO BE  
CONSIDERED AS FIRST SPONSOR  
OF H.R. 1600, H.R. 1601, AND H.R.  
670

Mr. WALKINSHAW. Mr. Speaker, I ask unanimous consent that I may hereafter be considered as the first sponsor of H.R. 1600, the Crimea Annexation Non-Recognition Act; H.R. 1601, the Defending Ukraine's Territorial Integrity Act; and H.R. 670, the Lady Liberty Act, bills originally introduced by Representative Connolly of Virginia, for the purposes of adding cosponsors and requesting reprintings pursuant to clause 7 of rule XII.

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

There was no objection.

MOMENT OF SILENCE FOR CON-  
GRESSMAN RICHARD T. "DICK"  
SCHULZE

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

Mr. THOMPSON of Pennsylvania. Mr. Speaker, we rise today in memory of Congressman Richard T. "Dick" Schulze, who died on December 23 at the age of 96.

Congressman Schulze represented the Philadelphia suburbs from 1975 to 1993 in the people's House. He was the driving force behind designating historic Valley Forge, Pennsylvania, a national park.

Dick was the ranking member of the House Ways and Means Committee and twice chaired the Republican Study Committee. He also served as chairman of the National Prayer Breakfast.

President Ronald Reagan appointed Congressman Schulze to the Presidential Advisory Committee on Federalism, an honor that Dick deeply valued.

Dick's lifelong interest in conservation and wildlife issues led him to found the Congressional Sportsmen's Caucus and Foundation in 1989. President George H.W. Bush would later appoint him to serve on the National Fish and Wildlife Board.

Mr. Speaker, for 18 distinguished years, Congressman Schulze served in the House of Representatives. He was known for being a fair-minded, commonsense legislator who worked with Members on both sides of the aisle.

Funeral services will take place on Saturday in Malvern, Pennsylvania. Our thoughts are with his wife of 33 years, Nancy, his four children, and all of his family.

May God bless Congressman Dick Schulze.

The SPEAKER pro tempore. The Chair would ask all Members and those in the gallery to rise for a moment of silence.

## □ 1720

## NATIONAL BLOOD DONOR MONTH

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

Mr. THOMPSON of Pennsylvania. Mr. Speaker, I rise today to recognize January as National Blood Donor Month.

Since its inception in 1970, National Blood Donor Month recognizes the millions of Americans who help save lives by donating blood. Statistics show that every two seconds, someone in this country needs blood.

On average, one in seven hospital patients need blood, and approximately 29,000 units of red blood cells are needed every day in the United States.

Over the last 50 years, public awareness for blood donation has increased. Now approximately 13.6 million volunteers donate blood annually.

In the Commonwealth of Pennsylvania, more than 5,000 blood drives were held in 2025, according to the Red Cross. I am encouraged to see constituents ready to roll up their sleeves and help those in need. In fact, one of the most challenging times of the year to collect blood donations is in the winter months.

Mr. Speaker, I hope all Americans will take the time to consider donating blood this month. It is important to know that one blood donation can save lives.

SOCIAL SECURITY CUSTOMER  
SERVICE

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