

RPTR TELL

EDTR CRYSTAL

MARKUP OF:

THE HELPING ENSURE ACCESS FOR LITTLE ONES, TODDLERS,
AND HOPEFUL YOUTH BY KEEPING INSURANCE DELIVERY STABLE (HEALTHY KIDS)
ACT OF 2017;

H.R. __, THE CHAMPION ACT;

H.R. 849, THE PROTECTING SENIORS' ACCESS TO
MEDICARE ACT OF 2017;

H.R. 1148, THE FURTHERING ACCESS TO STROKE TELEMEDICINE ACT OF 2017;

H.R. 2465, THE STEVE GLEASON ENDURING VOICES ACT OF 2017;

H.R. 2557, THE PROSTATE CANCER MISDIAGNOSIS ELIMINATION ACT OF 2017;

H.R. 3120, TO REDUCE THE VOLUME OF FUTURE ELECTRONIC HEALTH
RECORD-RELATED SIGNIFICANT HARDSHIP REQUESTS;

H.R. 3245, THE MEDICARE CIVIL AND CRIMINAL PENALTIES ACT;

H.R. 3263, TO EXTEND THE MEDICARE INDEPENDENCE AT HOME MEDICAL PRACTICE
DEMONSTRATION PROGRAM; AND

H.R. 3271, THE PROTECTING ACCESS TO DIABETES SUPPLIES ACT OF 2017

WEDNESDAY, OCTOBER 4, 2017

House of Representatives,

Committee on Energy and Commerce,

Washington, D.C.

The committee met, pursuant to call, at 1:06 p.m., in Room 2123, Rayburn House Office Building, Hon. Greg Walden [chairman of the committee] presiding.

Present: Representatives Walden, Barton, Upton, Shimkus, Burgess, Blackburn, Scalise, Latta, McMorris Rodgers, Harper, Lance, Guthrie, Olson, McKinley, Kinzinger, Griffith, Bilirakis, Johnson, Bucshon, Flores, Brooks, Mullin, Hudson, Collins, Cramer, Walberg, Walters, Costello, Carter, Pallone, Rush, Eshoo, Engel, Green, DeGette, Schakowsky, Butterfield, Matsui, Castor, Sarbanes, McNerney, Welch, Lujan, Tonko, Clarke, Loeb sack, Schrader, Kennedy, Cardenas, Ruiz, Peter, and Dingell.

Staff Present: Ray Baum, Staff Director; Mike Bloomquist, Deputy Staff Director; Adam Buckalew, Professional Staff Member, Health; Allie Bury, Legislative Clerk, Energy/Environment; Karen Christian, General Counsel; Kelly Collins, Staff Assistant; Zachary Dareshori, Staff Assistant; Jordan Davis, Director of Policy and External Affairs; Paul Eddatel, Chief Counsel, Health; Adam Fromm, Director of Outreach and Coalitions; Ali Fulling, Legislative Clerk, Oversight and Investigations, Digital Commerce and Consumer Protection; Theresa Gambo, Human Resources/Office Administrator; Caleb Graff, Professional Staff Member, Health; Jay Gulshen,

Legislative Clerk, Health; Brighton Haslett, Counsel, Oversight and Investigations; Elena, Hernandez, Press Secretary; Zach Hunter, Director of Communications; Peter Kielty, Deputy General Counsel; Drew McDowell, Executive Assistant; Katie McKeogh, Press Assistant; Alex Miller, Video Production Aide and Press Assistant; James Paluskiewicz, Professional Staff, Health; Mark Ratner, Policy Coordinator; Dan Schneider, Press Secretary; Kristen Shatynski, Professional Staff Member, Health; Jennifer Sherman, Press Secretary; Evan Viau, Legislative Clerk, Communications and Technology; Hamlin Wade, Special Advisor, External Affairs; Jacquelyn Bolen, Minority Professional Staff; Jeff Carroll, Minority Staff Director; Elizabeth Ertel, Minority Office Manager; Waverly Gordon, Minority Health Counsel; Tiffany Guarascio, Minority Deputy Staff Director and Chief Health Advisor; Una Lee, Minority Senior Health Counsel; Jessica Martinez, Minority Outreach and Member Services Coordinator; Dan Miller, Minority Policy Analyst; Rachel Pryor, Minority Senior Health Policy Advisor; Tim Robinson, Minority Chief Counsel; Samantha Satchell, Minority Policy Analyst; Andrew Souvall, Minority Director of Communications, Outreach and Member Services; and C.J. Young, Minority Press Secretary.

The Chairman. If our members and guests can take their seats. I will call to order the full committee, the Energy and Commerce Committee.

Today this committee is taking important steps to extend funding for the successful State Children's Health Insurance Program and some of our most critical public health safety net programs, like community health centers. These programs have helped improve health outcomes and deliver cost-effective care.

Unless Congress acts, health coverage for children in the CHIP program could lapse and critical funding streams for important public health programs, like community health centers, will lapse.

Committee Republicans and Democrats have been in intense bipartisan discussions to advance a bipartisan product. At the request of my friends on the other side of the aisle, we did delay the markups in the past, in September, so we could continue to have negotiations on how best to put together a spending package that is responsibly offset.

With September 30 coming on, I believe we cannot wait any longer. Care for kids and the important public health work that depends on this funding cannot be put at risk. So today our committee will be marking up bills that advance these important causes.

In an attempt to help resolve this issue in an expeditious manner we put forward an extension of CHIP that is nearly identical in structure to the one that was advanced by our friends at the Senate Finance Committee earlier today. While there are some concerns on my

side of the aisle about the details of this package, we believe bipartisanship requires give and take, and the compromise they struck is worthy of support, especially since we need to move quickly to get a bill to the President's desk.

However, how we pay for this package is of importance, as well. While some of have called these offsets partisan, we would call them reasonable.

Here are some ideas that we will discuss today, and I look forward to the debate at the committee.

If the government reduces subsidies for Americans who earn more than \$500,000 per year by requiring them to pay a little more for their Medicare part B and D premium, we can save almost \$6 billion. The legislation before us today dedicates this money to health coverage for low-income kids under the CHIP program.

Income-relating premiums, another way of saying richer Americans should receive a little lower subsidy from the Federal Government, has received strong Democrat support in the past. This idea was included in President Obama's budget and was even included in the Affordable Care Act.

Chairman Upton has authored a bill which says that States should not be forced to cover jackpot lottery winners who are eligible for Medicaid. That would save \$400 million.

Chairman Burgess has come forward with an idea that makes sure insurers and others pay bills when they are required to instead of leaving Medicaid and the taxpayers on the hook for those payments.

We can also use some money from the Prevention and Public Health Fund, like we did in the 21st Century Cures Act and twice before that to pay for other healthcare priorities. Programs such as the Community Health Center Fund and the Special Diabetes Program are critical components of our prevention and public health infrastructure.

Public health improvement and prevention are key to the Public Health and Prevention Fund. So we are using money from the fund to do what it is intended to be used for. In my district alone there are 12 federally qualified health center organizations, with 63 delivery sites, that leverage more than \$41 million in Federal money in order to serve more than 240,000 patients.

These health centers are prevention and public health in action. I visited the Winding Waters Center in Enterprise, Oregon, a few weeks ago. It is remarkable the good work they are doing there. They often serve as the main provider of care for many miles.

We are also reauthorizing important health workforce programs, like the Graduate Medical Education Program. We have included language, similar to that offered by Representative McMorris Rodgers, that expands and improves the Teaching Health Center Program, doubling the program's funding.

Our country is on the precipice of a health provider shortage, impairing our ability to meet the increasing demand for services, especially in primary care. Underserved areas, like many of the rural counties across America and certainly in my district, are acutely experiencing this shortage now. That is why it is so important the

Federal Government maintains its longstanding investment in the education and training of health professionals. These critical funding extensions are worthy of our support and are paid for in a responsible manner, and I urge all my colleagues to support their passage.

I also want to thank Elise Stefanik for her work on the program to reauthorize community health centers and CHIP. It is very important there.

And I want the committee to draw special attention to the Resident Delegate from Puerto Rico. Jennifer Gonzalez is with us in the front row.

I know we all have you and the people of Puerto Rico in our prayers and thoughts. We have included at your request and the many meetings we have had on this issue and others involving Puerto Rico the funding for Medicaid that is so important. And so, Jennifer, you are in our prayers and our thoughts, and the people of Puerto Rico are, as well. Thank you for being here.

And with that, I would yield back my time, which I am over on, and recognize my friend from New Jersey, Mr. Pallone, for opening comments.

Mr. Pallone. Thank you, Mr. Chairman.

I am sorry that we are convening today's markup. The opportunity existed for a bipartisan bill that would have moved this bill forward quickly. Instead, we are in for a contentious markup on three bills that will likely make it more difficult to move a bill that has a chance

of becoming law.

I reject the notion that partisanship means success. It never does. When bills are reported out of this committee that are partisan they almost never become law, and that is likely the case with this one again, unfortunately.

Let me quickly note the seven Medicare-related bills that passed out of subcommittee unanimously. They are bipartisan, and they make a number of different positive policy changes to our Medicare program. These include improving our meaningful use program, increasing our ability to timely treat stroke patients, removing barriers to speech-generating devices, providing coverage to critical prostate cancer testing, expanding home-based primary care, and strengthening our competitive bidding program for diabetes. We also will update civil and criminal penalties in the Medicare program, an important component to ensuring the integrity of the program.

Now let's get to the contentious legislation. First is IPAB. My feelings on this board are no secret. I have never supported ceding our congressional authority to the executive branch, and I am on record in opposition, but I am upset by the timing of its consideration by this committee and troubled by the hypocrisy of the GOP, who don't feel the need to offset the nearly \$18 billion cost of the bill. Yet somehow we have got to pay for the extension of children's healthcare, community health centers, and other health programs by undermining the ACA and Medicare, and therefore I will oppose the IPAB repeal today.

Mr. Chairman, I believe that things could have and should have

been different. You and I have spent the better part of the last week trying to negotiate what could have been a bipartisan package to extend critical health programs that expired on Saturday. These programs have broad bipartisan support. But the way they are put together today will likely mean more delay and possibly no action in Congress until the end of the year as part of an omnibus appropriations bill. I think that is unfortunate.

So today, instead of marking up a bipartisan package, Democrats are being asked to sacrifice the health of some for the sake of others, and Republicans on this committee continue their ongoing sabotage of the Affordable Care Act by cutting the ACA's Prevention Fund and limiting the grace period, which will strip healthcare away from hundreds of thousands of people, and it also undermines Medicare.

After failing to repeal and replace the Affordable Care Act, it is outrageous that the GOP leadership continues its efforts to sabotage the ACA at the same time we are looking to reauthorize CHIP, community health centers, and other important public health extenders.

Let's not forget that both CHIP and community health centers are linked to the ACA. And if the ACA continues to be sabotaged it will inevitably hurt CHIP and also community health centers. So my concern, again, is that this ongoing effort to sabotage the ACA and also Medicare is inevitably going to hurt our efforts to try to reach any kind of consensus on CHIP and community health centers and that we will again find that this bill is a failure and has very little possibility of moving forward.

But with that, Mr. Chairman, I will yield back.

The Chairman. The gentleman yields back.

The chair recognizes the former chairman of the committee, the vice chairman now, Mr. Barton of Texas.

Mr. Barton. I thank you, Mr. Chairman. And I want to commend you and the subcommittee chairman Dr. Burgess for working on the bill to reauthorize the SCHIP program and bringing it to the committee today to hopefully have an open markup, a successful markup, and send it to the floor.

I just heard the ranking member, Mr. Pallone, my good friend from New Jersey. Most of his comments were about the Affordable Care Act. We are not marking up the Affordable Care Act. We are not trying to replace the Affordable Care Act. We are reauthorizing SCHIP, which has historically been a bipartisan piece of legislation, established in 1997. It is a block grant program that is funded partially by the States, but primarily by the Federal Government. In Texas, 45 percent of the low-income children in Texas are covered under SCHIP.

I have heard some discussion about the pay-fors. I think these pay-fors are reasonable. They are not any rocket science thing. We are not cutting back any major program.

And I think it is a good thing that we do offset the spending. And I will admit that Mr. Pallone has a point that we are not offsetting some of these hurricane relief programs. I accept that as a valid criticism. Hopefully, in the future we can change the way we do that and create a fund so you don't have to have deficit financing for

hurricane relief.

But I support the markup, and I appreciate you all bringing it up today. With that, I yield back.

The Chairman. The gentleman yields back.

The chair recognizes the gentlelady from California for, what are we, 3 minutes on opening statements? One minute, sorry.

Ms. Eshoo. Thank you, Mr. Chairman.

You are my friend. I have loved working with you over the years. You are not going to be happy with what I say.

I am really disturbed about the Children's Health Insurance Program and the Federal healthcare centers and what is being done with them today.

I don't think the issue of these, quote, "pay-fors" are sensible. You know, none of these tax cuts that are being talked about are paid for. We are talking trillions of dollars. But we are going to out of this legislation, which I don't think is really going to go anywhere and I hope it doesn't, we are squeezing both of these programs.

You know, maybe all of our salaries should be subjected to see whether you qualify for it or not. Maybe if you are a multimillionaire you shouldn't get what the salary is.

But I think that this shows how out of touch the Congress is. These are poor children in our country. I know who goes to my Federal health clinics. These are not well-heeled people. And to do this to the funding of programs that have always been bipartisan I think is really introducing something that creates a real slippery slope.

So I don't support them, and I am sorry that the majority is doing this to two of the most popular bipartisan programs in the country.

The Chairman. The gentlelady's time has expired.

The chair recognizes the gentleman from Michigan, Mr. Upton, for 1 minute.

Mr. Upton. Thank you, Mr. Chairman. I am going to stick my full statement into the record.

I just want to say this is really important, that we reauthorize this bill and we get it done today so it can be on the floor soon. I have heard from my governor on SCHIP, and we call it MICHild in Michigan; 39,000 kids are currently enrolled.

Community health centers. All of us have been really involved in community health centers, back to the Rowland-Bilirakis days, a different Bilirakis than is on the committee today. And I know I visited a good number of my community health centers back in Michigan. And because of the doc fix when we passed Mike Burgess' bill that President Obama signed into law, we added hundreds of millions of dollars to the community health centers and they have utilized it well. So it is important that we finish that, too.

As relates to the pay-for, folks that earn half a million dollars a year and are over 65, they can pay a little bit more for Medicare. And you know what? If they don't want to pay, they don't have to enroll. That is a choice they will have. So it is a pretty significant pay-for that we can make, that we can target to pay for this, and so I don't see that as a bad thing.

And I yield back.

The Chairman. The gentleman yields back.

Are there other members seeking recognition on the Democratic side?

The gentleman from Texas, Mr. Green, is recognized. Remember we are on 1 minute.

Mr. Green. Thank you, Mr. Chairman.

Today we are marking up a number of bills, the most significant of which extends funding for the Children's Health Insurance Program and community health centers. We reauthorized these programs in the last Congress, and now, with a lack of bipartisan discussion, I feel like we are a mushroom in a dark cave with someone shoveling manure on us.

Funding for both expired last month, and, frankly, blowing past these deadlines is an act of legislative malpractice. The community health centers have been authorized since the 1960s, CHIP program since 1997, always on a very bipartisan basis. These programs have long enjoyed that support, and I have been a consistent champion of both of them. However, the bills today we are considering are inadequate.

Funding for community health centers should be extended for 5 years, not just 2, and the way we are paying for them is by charging Medicare beneficiaries more, kicking people off coverage, and gutting the Prevention and Public Health Program.

Children's health insurance and the access to care that community health centers provide is vital, but paying for it by taking away care

from other groups is unacceptable. We are acting like this is a zero-sum game.

I hope we go back to the negotiating table and find a way to shore up these programs and make sure they are available to the millions of Americans that depend on them on a bipartisan way as we have done in the past.

I strongly support helping Puerto Rico and the Virgin Islands, the Special Diabetes Program, National Health Service Corps, and all these other programs. But Congress needed an answer yesterday.

The Chairman. The gentleman's time has expired.

Mr. Green. I yield back my time.

The Chairman. Again, folks, we are on 1 minute.

The chair recognizes the gentleman from Texas, Dr. Burgess, chairman of the Subcommittee on Health.

Mr. Burgess. Thank you, Mr. Chairman. And I also want to submit my entire statement for the record because of the time constraints.

But I do want to point out, this completes some of the major work with which the subcommittee was tasked this year as we complete the reauthorization of the Children's Health Insurance. In 2015 we passed the Medicare Access and CHIP Reauthorization Act, which extended funding for many of the Nation's safety net programs, including Community Health Center Fund and the State Children's Health Insurance Program. With funding for both of these quickly expiring, our committee is building on the work that it did in 2015.

And then just a special note. Puerto Rico's Medicaid program,

the problems that were existent there were brought to my attention prior to the storm which hit. Those problems were going to need to be solved anyway. Now that solution becomes all that much more acute. So I am grateful that the chairman included that in the bill that we have under discussion today.

I will yield back the balance of my time.

The Chairman. I appreciate that.

And now other members.

The gentlelady from Colorado is recognized for 1 minute.

Ms. DeGette. Thank you, Mr. Chairman.

Like others on this side of the aisle, I am disappointed that we couldn't reach a bipartisan compromise on paying for the reauthorization of CHIP today. The September 30 deadline has already passed, and now 9 million children and families are anxiously waiting for us to act.

Colorado is likely to run out of CHIP funding in January with termination notices going out to families in the next couple weeks. But here we are with a partisan bill that asks us to pay for coverage for children on the backs of seniors and the most vulnerable among us.

I do want to say, as co-chair of the Diabetes Caucus and as mother to Francesca, who everybody here knows, who has Type 1 diabetes, I was really disappointed we didn't extend the Special Diabetes Program before the end of September. Then I was happy that that program was belatedly included in this bill, but, unfortunately, we pay for it by cutting the Affordable Care Act and the Prevention and Public Health

Fund.

Mr. Chairman, I stand ready to work with you. Mr. Upton and I did that on Cures. We can do it. And I suggest we do that before we get to the floor.

The Chairman. The gentlelady's time has expired.

Other members seeking recognition on the Republican side?

The gentleman from Florida, Mr. Bilirakis, is recognized for 1 minute.

Mr. Bilirakis. Thank you, Mr. Chairman. Thank you for holding this markup.

I am glad this committee is reauthorizing the CHIP program. I have been a longtime advocate for the CHIP program both in the Congress and the Florida State Legislature. I am also glad that the committee is including my bill, H.R. 3926, the Community Care Act, as part of your CHAMPION Act. I appreciate that so much.

Lastly, I want to highlight the Protecting Seniors' Access to Medicare Act. This bill will repeal the Independent Payment Advisory Board, or IPAB.

These unelected bureaucrats have the power to cut Medicare payments to hospitals and physicians. We can't have that. When I meet with providers in my district they discuss the importance of Medicare to my constituents and how IPAB could jeopardize their participation in Medicare and hurt seniors' access to care.

We need to repeal IPAB. I support the passage of this bill.

And I yield back. Thank you.

The Chairman. The gentleman's time is yielded back.

The chair recognizes the gentlelady from Illinois next, Ms. Schakowsky, for 1 minute.

Ms. Schakowsky. Thank you, Mr. Chairman.

For 2 years the majority has known about last week's deadline, and yet here we are with Children's Health Insurance Program and community health centers funding expired. Almost 9 million children rely on CHIP. Community health centers serve 1 in 15 Americans.

These critical programs have always been a bipartisan priority. And that is why I am so disappointed today. The bills we have today are not bipartisan. Paying for children's health insurance by cutting Medicare? Funding community health centers by stripping Prevention Health Fund dollars? Limiting women's reproductive choices? Neglecting Puerto Rico with inadequate Medicaid funding? And totally ignoring the Virgin Islands? All because you refuse to cut pharma profits.

These bills fail children, seniors, and women. They fail Americans who expect responsible leadership. It is time for a serious effort to reauthorize these programs. That is not what we are getting today.

And I yield back.

The Chairman. The gentlelady yields back.

Other members seeking recognition? I have got to go in order here.

The gentleman from -- which way are we going? The gentleman from

Kentucky, Mr. Guthrie, is next.

Mr. Guthrie. Thank you, Mr. Chairman. I appreciate that.

And I was chairman of the Medicaid Task Force, and I will tell from you, the very beginning of her time here, our Resident Commissioner from Puerto Rico, Ms. Gonzalez, is here today and has worked very hard to move forward.

But I want to read -- we are using the prevention funds -- but I want to read exactly from the Affordable Care Act that says, "The purpose for the prevention funds are to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector healthcare costs."

The community health centers is what is being funded with this program, and I said exactly what was intended -- appears to be exactly what was intended when the law was passed.

So thank you. And I yield back.

The Chairman. The gentleman yields back.

Other members seeking recognition?

The gentlelady from California, Ms. Matsui, you are recognized for 1 minute.

Ms. Matsui. Thank you, Mr. Chairman.

I must express my extreme disappointment that the majority has spent the last few weeks focusing on repealing the Affordable Care Act instead of funding these critical health programs. I read a letter back in September, along with my Democratic colleagues, urging House

leadership to work with us to immediately fund community health centers, CHIP, and other important public health programs. Instead, the leadership let those programs expire.

By playing politics with Federal resources for CHIP and community health centers, the majority has created uncertainty about their future, which is disruptive to the important work they are doing every day to help serve people in my district.

The bills before us today are not serious attempts to fund these programs. How can you ask us to fund programs for children on the backs of seniors and people with disabilities that rely on Medicare and Medicaid, on public health and prevention funding that supports community-based chronic disease management?

I hope that we can come together on a bipartisan basis to fund these programs without slashing funding for other critical programs.

Thank you. And I yield back.

The Chairman. The gentlelady yields back.

The chair recognizes the gentleman -- I guess the gentlelady from Indiana I am told is next.

Mrs. Brooks. Thank you, Mr. Chairman.

I am pleased we are working to reauthorize CHIP today. CHIP is a cost-effective program that meets States' needs by allowing flexibility to uniquely target child populations within each State and provide the specialists and the services that children need.

I am also pleased that the CHAMPION Act includes a 2-year reauthorization of the Special Diabetes Program. This language

mirrors a bipartisan bill I introduced with my colleagues Representatives DeGette and Reed. Since its inception the Special Diabetes Program has supported the research that has led to significant scientific breakthroughs and innovation in the artificial pancreas, stalling the progression of diabetic kidney disease, targeting treatments to improve vision in people with diabetic eye disease. And according to the CDC, approximately 696,000 Hoosiers, sadly, 13 percent of our population, have diabetes, and it costs the State approximately \$6.5 billion dollars each year for disease costs.

So it is important that Congress reauthorize this vital program, and I encourage support for the CHAMPION Act to ensure its passage.

And I yield back.

The Chairman. The gentlelady yields back.

Other members seeking recognition?

The gentlelady from Florida, Ms. Castor, is recognized for 1 minute.

Ms. Castor. Thank you, Mr. Chairman.

Kids and families across America are depending upon us to reauthorize the Children's Health Insurance Program and community health centers, and it should have been done by now. But Republicans spent the first 9 months of the year focused on ripping health coverage away from kids and families. So CHIP was an afterthought for them.

And it shouldn't be that way. Democrats have been urging action all year long. Now we are dealing with the Republican version of the bill that everyone saw for the first time maybe yesterday morning early.

It doesn't hammer out the bipartisan solutions that we need to. It contains poison pills the majority knows will simply cause further delays for kids and families across the country.

Democrats have offered numerous proposals. We agree strongly with a 5-year reauthorization keeping the enhanced match for 2 years, Special Diabetes Program, the National Health Service Corps, and others. But we don't agree that you have to fund this with cutting Medicare and going to the Affordable Care Act to do it.

It also falls woefully short for what is needed with Puerto Rico, and we will look forward to debating this a little bit more this afternoon.

I yield back.

The Chairman. The gentlelady's time has expired.

Just for the members, they have called votes on the House floor. My intention, if possible, is to get through opening statements before we go over to vote because the classified briefing at 2 o'clock on -- oh, all right. Well, then, we will come back after votes.

I recognize the gentleman from Texas, Mr. Flores, for a minute.

Mr. Flores. Thank you, Mr. Chairman Walden and Ranking Member Pallone, for holding today's markup and ensuring that over 8 million children from low-income families have access to a doctor, a dentist, prescription drugs, and more.

There are other important provisions that should be recognized today, particularly in the CHAMPION Act. This bill reauthorizes the

Youth Empowerment Program, and I want and Chairman Walden and Chairman Burgess for including this important provision. By ensuring that children are taught the importance of healthy decisionmaking in their relationships and life, the Youth Empowerment Program dramatically reduces the chance that these children will live in poverty as adults.

Additionally, the CHAMPION Act is also fiscally responsible and includes my provision that reduces the waste, fraud, and abuse that can stem from how CMS implemented the grace period requirements in the Affordable Care Act.

Thank you again, Mr. Chairman, for holding today's markup. And I yield back.

The Chairman. The gentleman yields back the balance of his time.

Other members seeking recognition on the Democrat side?

Mr. Rush is recognized for 1 minute.

Mr. Rush. We are marking up several bills today that are extremely important to this Nation, my State, and my community. Sincerely I would like to add my voice and my solid support for a robust reauthorization of the HEALTHY KIDS Act, also known as CHIP, and the CHAMPION Act, which addresses community health centers.

While I am pleased that we are here today to reauthorize these much needed programs, I am truly dismayed that we have gotten this close to their expiration. And in the case of CHIP, we have allowed this program to lapse. We should not be playing politics, Mr. Chairman, with the health and futures of 9 million children across this country.

CHIP is a program that I strongly support. I am also disappointed

that we are funding CHIP on the backs of our seniors. We should not be pitting seniors against children. We should not be taking money away from the ACA's Prevention Fund to pay for our community health centers. Both of these are important pieces of the puzzle and robbing Peter to pay Paul is a disservice to the Nation.

The Chairman. The gentleman's time has expired.

Mr. Rush. Mr. Chairman, I must say that I am pleased that Mr. Bucshon's bill is included in today's markup, and I am proud to support this bill. I look forward to its successful reporting to the floor.

And with that I yield back.

The Chairman. I thank the gentleman.

The chair recognizes the gentleman from Georgia, Mr. Carter, next for 1 minute.

Mr. Carter. Thank you, Mr. Chairman.

I want to start by thanking you, Mr. Chairman, the ranking member, and my colleagues on the committee for taking action to address the Children's Health Insurance Program and what it means for children in Georgia and across the country.

In addition, we are addressing important programs like community health centers, the Special Diabetes Program, teaching health center GMEs, and a host of other public health programs.

CHIP has proven to be a very effective program in providing critical support for children and at a very affordable rate for families. In my State alone nearly 1.7 million people are enrolled

in either Medicaid or CHIP.

We also take action to address the DSH cuts and what it means for rural hospitals. All around the country rural hospitals are struggling to keep the lights on, and the extension of existing rates will help them to plan for the future.

I want to thank the members and the staff for their hard work on these bills and for what this will mean for children, families, and communities everywhere across the U.S.

And I yield back.

The Chairman. The gentleman yields back.

Just a note for the committee. Because of the briefing, we will plan to resume the markup at 3:15.

The chair recognizes the gentleman from New York for 1 minute.

Mr. Engel. Thank you, Mr. Chairman.

I am glad the committee is taking action on CHIP, community health centers, Puerto Rico, and the other important programs on the agenda for today. But I must say I am disappointed by the way we are doing this, in a partisan way and after these programs' funding already expired. This should not have happened. CHIP and community health centers should not have been put on the back burner.

I am also concerned by the offsets being considered for these programs. Yes, CHIP and community health centers are critically important, but we should not be paying for them on the backs of seniors and other hardworking Americans. And we certainly shouldn't pay for them at the expense of preventive care that keeps people healthy for

the long-term.

And finally, while I am pleased this bill includes funding for Puerto Rico, it falls far short of what is needed to help the Americans impacted by Hurricanes Irma and Maria. Furthermore, this bill contains no assistance for the U.S. Virgin Islands that were also affected by these devastating storms.

Today's markup should have been bipartisan. These are good bipartisan initiatives. I only wish the majority had not cut off negotiations with us and played politics with the future of these lifelines.

I thank you. And I yield back.

The Chairman. The gentleman's time has expired.

The chair recognizes the gentlelady from Washington State, Mrs. McMorris Rodgers, for 1 minute.

Mrs. McMorris Rodgers. Thank you, Mr. Chairman.

And I want to thank the committee for their hard work, much in a bipartisan way, to consider important priorities, improve healthcare programs, such as Children's Health Insurance Program, community health centers, teaching health centers GME, and the Special Diabetes Program for Indians.

The HEALTHY KIDS Act provides long-term certainty to parents. More than a million kids in Washington State are on CHIP, ensuring their kids will have access to comprehensive, low-cost healthcare services.

The CHAMPION Act extends the teaching health center GME program for 2 more years, including a robust funding increase to support a

sustainable per resident student allotment.

And the Steve Gleason Enduring Voices Act ensures that those unable to speak have a permanent voice.

These bills will make a real difference in our communities and to the citizens we have the honor of representing, and I urge my colleagues to support these bills.

And I yield back.

The Chairman. The gentlelady yields back.

We are down to about 7 minutes in the vote, so at this point I will recess the committee. We will return at 3:15.

[Recess.]

RPTR ALLDRIDGE

EDTR ROSEN

[2:31 p.m.]

The Chairman. We will call the committee back to order.

And when we left, I believe Ms. Castor was the last one to speak.
So we go to the Republican side.

Are there any members on the Republican side of the aisle seeking recognition for an opening statement? Mrs. Blackburn is recognized for 1 minute.

Mrs. Blackburn. Thank you, Mr. Chairman. I want to say how much I appreciate that we are having this markup, and we are working through CHIP, the Teaching Health Centers, the Community Health Centers, the Diabetes Programs, so many other programs that need to be dealt with, the work that we are doing with IPAB, Dr. Roe's bill. I am so pleased to see that pull forward. Keeping the Medicare promise requires us to bring the program into the 21st century. It is something that is a fairness issue for our seniors. And I thank you all for the attention to these issues. And I yield back the balance of my time.

The Chairman. The gentlelady yields back the balance of her time.

Members on the Democratic side.

Mr. Lujan is recognized for 1 minute

Mr. Lujan. Thank you, Mr. Chairman.

Look, it is simple. Kids should have health insurance, and

community health centers should be able to keep their doors open. And Puerto Rico and the U.S. Virgin Islands should be supported with 100 percent FMAP in their time of need. We have to do better than this. How can we not come to agreement on kids? How can we not reach an agreement on Puerto Rico and the U.S. Virgin Islands when our people are dying.

And, now, look. My colleagues, they know that the money that they put in this bill would not make Puerto Rico whole before the hurricane, and it is certainly not going to make them whole after. So nobody should pretend that this is a fix. And I certainly hope that, as we continue to deliberate this bill, that we will do the right thing and get this done correctly.

I yield back.

The Chairman. The gentleman's time has expired. I now recognize the gentleman from Pennsylvania, Mr. Costello, for 1 minute.

Mr. Costello. Thank you, Mr. Chairman.

I had constituents calling my office concerned that children are no longer covered by CHIP. I just want to make clear that every child who is eligible and in the CHIP program as of a week ago is still in that program today. We are here, and I commend the chairman on his bipartisan efforts to make sure that we reauthorize the CHIP program, which will happen. There are many of us that are working very, very hard for that. I would also applaud the chairman. Many of us have also emphasized the need to fix the Medicaid cliff as it relates to Puerto Rico, and I believe even the Virgin Islands. So I am very proud

of the work that has been done. I want my constituents who deeply value the affordable, quality, and comprehensive insurance that is provided by way of medical, dental, and vision, and prescription coverage for children under 19. Thousands in my district, hundreds of thousands across Pennsylvania, millions in this country, this is something to be proud of, and I would encourage my colleagues on the other side of the aisle to work with us in a bipartisan fashion to get to the finish line and reauthorize this program.

I yield back.

The Chairman. The time is expired.

Members on the Democratic side seeking recognition?

Mr. Butterfield is recognized for 1 minute.

Mr. Butterfield. Thank you, Mr. Chairman.

Mr. Chairman, it is unconscionable to me that the Republican majority is playing a game of political deception with millions of -- with healthcare once again. Most of this session, Mr. Chairman, Democrats have defended healthcare for 23 million Americans who are at risk of losing health insurance. Yes, those same individuals who had insurance 10 days ago have it today. But what you must know is that the program has expired, and the pay-fors that you are putting on the table are unacceptable. 250,000 children in my home State will lose their health insurance if we do not reauthorize CHIP. We must reauthorize CHIP, and we must do it now, with adequate pay-fors.

Thank you. I yield back.

The Chairman. The gentleman yields back.

Other members seeking recognition on Republican side?

Seeing none at the moment. On the Democratic side, members seeking recognition? Down to Mr. Kennedy, I think, is next, right? The gentleman is recognized for 1 minute.

Mr. Kennedy. Thank you, Mr. Chairman.

Allowing funding for CHIP and community health centers to expire over the weekend was an inexcusable and -- was inexcusable, and an advocacy of our responsibilities. And ignoring the urgency we face today illustrates the deeply misplaced priorities of this Congress.

This funding deadline was not a surprise to anyone in this room, it wasn't a surprise for the families that rely on CHIP funding to care for their children, and it wasn't a surprise to the community health centers that care for our constituents. And I can tell that you despite the empty promises that funding will not run out immediately, people are scared. And they have every right to be. Because instead of reauthorizing these programs, our colleagues today were focused solely for months by taking away healthcare for millions of Americans.

Solely driven by a desire to turn a healthcare system into some zero-sum game where one person has to gain access and -- or lose access in order for somebody else to gain it. And even as we consider tax cuts for the wealthy, it would blow a \$1.5 trillion hole in our deficit. We can't scrape together a small fraction of that money to reauthorize programs that care for vulnerable children without robbing them from funding that improves our Nation's public health. Priorities.

I yield back.

The Chairman. The gentleman's time has expired. Other members seeking recognition on the Republican side?

Seeing none, we will go the gentleman from California, Mr. Ruiz, is recognized for 1 minute.

Mr. Ruiz. Thank you.

We can all agree that the programs we are working to reauthorize today are critical to the health and well-being of our constituents. That is the whole reason why we are here. But I am disappointed that we are doing it in such a partisan manner. And it doesn't have to be this way. We don't have to support programs that are vital to the health of our communities by paying for them on the backs of other important programs such as critical mental health, diabetes prevention and vaccination programs. That is just robbing Peter to pay Paul. Underserved communities must have access to the full spectrum of high-quality, affordable healthcare, because no one picks and chooses what healthcare needs they are going to have.

My district has eight federally funded community health centers, and they provide lifesaving medical care to over 350,000 patients a year. That is 350,000 people in my district who will now face cuts to mental health, diabetes, vaccination, and other needed programs.

So let's be clear. You have added a poison pill to an otherwise previous bipartisan bill and have inserted a partisan agenda. So let's just come together and work in a bipartisan manner to help ensure that all Americans --

The Chairman. The gentleman's --

Mr. Ruiz. -- regardless of where they live, can have access to healthcare.

Thank you. I yield back my time.

The Chairman. The gentleman's time has expired. Other members seeking recognition on the Republican side?

Seeing none, the gentlelady from Michigan is recognized for 1 minute.

Mrs. Dingell. Thank you, Mr. Chairman.

We have a responsibility to provide care for all Americans -- young, old, sick, healthy, rich, and poor -- as part of our fabric of who are as Americans. We should not be robbing Peter to pay Paul or, in this case, deal a devastating blow to Medicare and the Affordable Care Act in dealing devastating blows to Medicare in order to pay for other equally important priorities.

I am horrified that we would say let people out of Medicare and buy insurance. It would drive well-off seniors out of Medicare and undermine the entire program.

CHIP and community health centers have been bipartisan from day one, and there is no reason it shouldn't be today. This committee has an unparalleled track record of rolling up our sleeves, setting our differences aside, and coming up with good policies that improves the lives of our constituents. It is not what we are doing today, it doesn't meet the high standard, and I say let's take a deep breath and do it right.

Thank you, Mr. Chairman.

The Chairman. Well, you are welcome.

Anyone else seeking recognition?

The gentleman from California, Mr. McNerney, is recognized for 1 minute.

Mr. McNerney. Well, thank you, Mr. Chairman.

More than 2 million children and pregnant women are reserved by CHIP in California. And together with Medicaid, the State has cut the uninsured rate down to 3.8 percent from 10.3 percent in 2001. In my district, we have nearly 30,000 children enrolled in CHIP. So it is critical that we authorize this program. However, I am saddened to see that the legislation before us today is trying to do so by slashing essential public health funding. The massive cuts, Prevention and Public Health Fund that is included in the legislative proposals will be detrimental to my district. In California, my district has the largest number of TB cases for children under 5 years. And my district relies on Prevention and Public Health to address this outbreak. We must reauthorize CHIP, but these cuts are doing so the wrong way. Historically, CHIP was reauthorized on a bipartisan basis, and it should remain bipartisan. But, unfortunately, today we are walking down a very partisan path.

Mr. Chairman, I yield back.

The Chairman. The gentleman yields back.

Anyone else seeking recognition?

Okay. The chair calls up H.R. 1148 as forwarded by the

Subcommittee on Health, on September 13, 2017, and asks the clerk to report.

The Clerk. H.R. 1148, to amend title XVIII of the Social Security Act to expand access to telehealth eligible stroke services under the Medicare program.

[The bill follows:]

***** COMMITTEE INSERT *****

The Chairman. Without objection, the first reading of the bill is dispensed with. The bill will be open for amendment at any point.

Are there any bipartisan amendments to this bill?

Are there any amendments to this bill?

If not, the question now occurs on favorably reporting H.R. 1148 as amended to the House. All those in favor shall signify by saying aye. Those opposed, no. The ayes have it and the bill is favorably reported.

The chair calls up H.R. 2557 and asks the clerk to report.

The Clerk. H.R. 2557, to amend title XVIII of the Social Security Act to provide for coverage under the Medicare program of certain DNA specimen provenance assay clinical diagnostic laboratory tests.

[The bill follows:]

***** COMMITTEE INSERT *****

The Chairman. Without objection, the first reading of the bill is dispensed with. The bill will be open for amendment at any point.

The chair recognizes Dr. Bucshon for the purposes of offering an amendment in the nature of a substitute, and the clerk report the substitute

The Clerk. Amendment in the nature of a substitute to H.R. 2557 offered by Mr. Bucshon.

[The amendment of Mr. Bucshon follows:]

***** COMMITTEE INSERT *****

The Chairman. Without objection, the reading of the amendment is dispensed with, and Mr. Bucshon is recognized for 5 minutes in support of the amendment.

Mr. Bucshon. Thank you, Mr. Chairman.

Prostate cancer affects the lives of 1 in 7 American men. It is estimated that 1.3 percent of patients are erroneously told they have prostate cancer when they do not. The Prostate Cancer Misdiagnosis Elimination Act would eliminate these medical errors by requiring Medicare coverage for DNA specimen provenance assay testing for positive biopsies of prostate cancer. The amendment in the nature of a substitute that I offer with my colleague, Mr. Rush, updates the legislation to require CMS data collection and reporting and temporarily sets the test price.

CMS will be required to identify whether the DNA of the positive prostate biopsy matches with the DNA of an individual for whom the test was ordered.

After 3 years, CMS must review the claims and report the findings on their website. This legislation will give patients reassurance in the accuracy of their positive prostate biopsy results and will save taxpayers \$5 million.

With that, I ask support for the amendment, and I yield back.

The Chairman. The gentleman yields back the balance of his time.

The chair recognizes the gentleman from Illinois, Mr. Rush --

Mr. Rush. Thank you, Mr. Chairman.

The Chairman. -- to speak on the amendment.

Mr. Rush. Mr. Chairman, I am pleased to see this bill, H.R. 2557, to be brought for consideration today. This is an important bill that, with this markup, is one step closer to the finish line.

I am pleased to work with Mr. Bucshon on it. And as we all know, this bill makes an important change to prostate cancer and treatment by preventing misdiagnosis and unnecessary medical care, by requiring Medicare coverage for SPA testing for positive biopsies of prostate cancer.

The SPA testing is the highest standard of care for prostate biopsy procedures. At its core, it is a simple method that measures each patient's unique genetic profile to not only diagnostic tissue in order to rule out the presence of unintended foreign material prior to treatment.

While this bill focuses on procedures assay of prostate cancer screening, I would like to take a moment generally about how sensitive -- how important, especially since we are a few short days from the end of the National Prostate Health Month.

Mr. Chairman, it has been brought to my attention recently that after the U.S. Preventative Services Task Force removed prostate cancer screening from their list of recommended tests, the rate of men who were getting screened fell dramatically. This is very unfortunate, since a study that was released last month suggested that the test is a lifesaver. American communities are in strong support of seeing screening for prostate, and especially among African-American men where the cancer is predominant.

Mr. Chairman, statistics show black men are 1.6 times more likely to be diagnosed with prostate cancer, and 2.3 times more likely to die from the disease. That is why screening is important for all men, and is especially important for the men in the African-American community.

Mr. Chairman, I want to thank Mr. Bucshon for his work on this issue.

And with that, I yield back the balance of my time.

The Chairman. Thank you, gentlemen. The gentleman yielded back the balance of his time. Any further discussion on the amendment in the nature of a substitute? Seeing none. Are there any other amendments?

Seeing none. If there are no more amendments, the vote occurs on the amendment in the nature of a substitute. All those in favor shall say aye. Those opposed, no. The ayes have it, and the amendment is agreed to.

The question now occurs now on favorably reporting H.R. 2557 as amended to the House. All those in favor shall signify by saying aye. Those opposed, no. The ayes have it, and the bill as amended is favorably reported.

Now it is -- I am going to call up H.R. 2465 and ask the clerk to report.

The Clerk. H.R. 2465, to amend title XVIII of the Social Security Act to make permanent the removal of the rental cap for durable medical equipment under the Medicare program with respect to speech generating devices.

[The bill follows:]

***** COMMITTEE INSERT *****

The Chairman. Without objection, the first reading of the bill is dispensed with, and the bill will be open for amendment at any point.

Before I call on anyone, I just received a cup of coffee and a note that says: To Chairman Walden from former freshman Member Steve Scalise, please enjoy this cup of coffee. Ladies and gentlemen, let's welcome back to the Energy and Commerce Committee, the Whip of the House.

So for those who may not know the backstory there, when Steve first got here as a freshman, I would pester him from the terrace above here and say, You're a new Member. Go get me coffee, which he occasionally did. Then he became, like, Whip of the House, and that was really bad for me after that. So -- we have been dear friends, and I know everybody on the committee is -- hearts are warmed by the fact that you are back and in such great shape coming back. And we are delighted to have you here, sir.

So I believe this is your bill. The Steve Gleason Enduring Voices Act of 2017. And I would now recognize you for such time as you may consume.

Mr. Scalise. Thank you, Mr. Chairman. Luckily for you, I don't hold grudges. So it is tucked away in the back, and I have got a special cup of chicory coffee ready for you when you come visit in the Whip's office, which will be soon, for scheduling purposes only.

While it is great to be back, first, let me say -- and it is great to be back in the Energy and Commerce Committee. I love this committee. I love the work that we do.

And the Steve Gleason Act represents one of the great things that we did as a bipartisan group. And, you know, too often we don't hear about the things that Congress does when Congress comes together to do some things that really are important and help a lot of people around the country.

And the passage of the Steve Gleason Act 2 years ago really was something that we identified a problem in Medicare, where Medicare had made a decision administratively to stop authorizing these speech-generating devices which are used by so many people with diseases, like Lou Gehrig's disease and others that allow people that lost their voice, through some debilitating disease, to still be able to speak. And Congress came together through this committee through the work of our conference chair, Cathy McMorris Rodgers, who is the lead sponsor of this bill, and myself and others.

I got to know Steve Gleason over the years. He played for the New Orleans Saints and has been very high profile at promoting the need for legislation like this, not for himself -- he has a foundation that takes care of him -- but for other people like him that don't have the same ability, he spoke out using speech generating device and said this is something that Congress should do. And Congress did. But it has an expiration date.

What this bill does is say this is good policy. It is smart policy. It really does help millions of people who, through no fault of their own, ultimately lost their voice. And Medicare made a policy that we disagreed with as Congress, and let's keep that policy in place

and make it permanent and help more people like Steve Gleason down the road. He is an inspirational person to me, to millions of others.

When we saw the ice bucket challenge a few years ago, he was one of those people front and center helping to promote awareness for Lou Gehrig's disease and the importance of finding a cure. But in the meantime, this kind of legislation really has helped positively impact millions of people. It is a proud point for Congress when we came together through this committee's Republicans and Democrats to get this legislation across the finish line. Now we have an opportunity to make this good policy permanent, and I would encourage all of my colleagues to support it.

I yield back.

The Chairman. I thank the gentleman. And you are a bit of an inspiration for us, my friend.

Now recognize the gentleman from New Jersey, Mr. Pallone.

Mr. Pallone. I was going to say strike the last word.

Steve, I just want to say, you are an inspiration to us, and it is so good to have you back. If I could just say that, you know, when I heard what happened on the ball field, and I was so concerned, as all of us were, about you. And the fact that you are back and that you are able now to come into the committee and vote and participate is really wonderful to all of us.

And, you know, all I kept thinking of is that what happened to you could happen to any of us. But at the same time, you serve as an example of how you -- even after that, you can be back here, you can

keep smiling.

I always say -- I don't know if I have ever said this to you, but -- probably not, but I think there are a lot of similarities between Louisiana and New Jersey, in some respect. I won't get into the ethnic aspect as well, although that is significant, too. But the fact that you are always smiling and, you know, you can be aggressive but, at the same time, have a real heart, that is just another thing that makes you special. So I just wanted to add that.

I yield back.

The Chairman. The gentleman yields back.

Mr. Scalise. I thank the gentleman.

The Chairman. Other members seeking recognition on this bill or this member? Seeing none.

Mr. Scalise, we are delighted to have you back. And the question now occurs on favorably reporting H.R. 2465 to the House. All those in favor shall say aye. Those opposed, no. The ayes appear to have it, the ayes have it. And the bill is reported.

Now, H.R. 3120, to reduce volume of future electronic health record related significant hardship requests. The clerk calls up H.R. 3120, asks the clerk to report.

The Clerk. H.R. 3120, to amend title XVIII of the Social Security Act to reduce the volume of future electronic health record related significant hardship requests.

[The bill follows:]

***** COMMITTEE INSERT *****

The Chairman. Without objection, the first reading of the bill is dispensed with. The bill will be open for amendment at any point.

Are there any bipartisan amendments to this bill? Are there other amendments to this bill? If not, the question now occurs on favorably reporting H.R. 3120 to the House. All those in favor shall say aye. Those opposed, no. The ayes appear to have it, the ayes have it. The bill is reported.

The chair now calls up H.R. 3245 and asks the clerk to report.

The Clerk. H.R. 3245, to amend title XI of the Social Security Act to increase civil money penalties and criminal fines for Federal healthcare program fraud and abuse and for other purposes.

[The bill follows:]

***** COMMITTEE INSERT *****

The Chairman. And without objection, the first reading of the bill is dispensed with. The bill will be open for amendment at any point. Are there any bipartisan amendments to this bill? Are there any amendments to this bill?

Seeing none, the question now occurs on favorably reporting H.R. 3245 to the House. All those in favor will say aye. Those opposed, nay. The ayes appear to have it, the ayes have it, and the bill report is reported.

The chair now calls up H.R. 3263 and asks the clerk to report.

The Clerk. H.R. 3263, to amend title XVIII of the Social Security Act to extend the Medicare independence at home medical practice demonstration program.

[The bill follows:]

***** COMMITTEE INSERT *****

The Chairman. Without objection, the first reading of the bill is dispensed with, and the bill will be open for amendment at any point.

The chair now recognizes chairman of the chairman of the Subcommittee on Health. The good doctor from Texas, Dr. Burgess, for the purposes of offering an amendment, and the clerk will report that amendment

The Clerk. Amendment to H.R. 3263 offered by Mr. Burgess.

[The amendment of Mr. Burgess follows:]

***** COMMITTEE INSERT *****

The Chairman. Without objection, the reading of the amendment is dispensed with. And Dr. Burgess is recognized for 5 minutes on the amendment.

Mr. Burgess. I thank the chairman.

This is a technical amendment that was when the Center for Medicare and Medicaid Services was providing us technical advice, something that they requested would help them. The bill itself extends the Independence at Home Demonstration Program for an additional 2 years. We do lots of demonstration programs. That is one of the things that we do. We send them to the agency, and then sometimes question whether or not it was of value or not. This one has been. This program provides a home-based primary care benefit to high-need Medicare beneficiaries with multiple chronic conditions allowing them to avoid additional hospitalizations, ER visits, nursing home use. So the bill extends this for an additional 2 years.

Currently, the demonstration is in its 5th year. The Center for Medicare and Medicaid Services has evaluated the program's success and found it has saved money for the program in the first and second years. The data for year 3 is still being analyzed. But under statute, the demonstration in total must generate savings, and any practice that does not generate a savings of 5 percent faces removal from the demonstration. This extension will provide the Center for Medicare and Medicaid Services additional time to evaluate the program's effectiveness, and any changes that may be needed so that Congress can weigh the benefits of the demonstration program for beneficiaries and

whether the program should be changed, extended, or made permanent.

The amendment accommodates for technical assistance from the Center for Medicare and Medicaid Services. The amendment will ensure that the Centers for Medicare and Medicaid Services can continue to properly implement the program for those additional 2 years.

And I will yield back the time.

RPTR PETERS

EDTR CRYSTAL

[3:56 p.m.]

The Chairman. The gentleman yields back.

Are there other members seeking recognition?

The chair recognizes the gentlelady from Michigan for what purpose?

Mrs. Dingell. Strike the last word.

The Chairman. So recognized. Please proceed.

Mrs. Dingell. Thank you, Mr. Chairman.

I am pleased to be working with Dr. Burgess on this legislation and support his amendment to extend the Medicare Independence at Home demonstration project because it really is a win-win for seniors who need care in their home and for the American taxpayer. It has been extremely successful in allowing patients to receive care in their home, which really is the preferred site for so many. Keeping people in their home helps people with chronic conditions retain their independence while helping to avoid further hospitalizations.

It is required by law to generate savings that are shared with the practitioners, and the savings in years 1 and 2 have totaled \$32 million. In fact, in my home State of Michigan, we have seen firsthand it has served 2,000 patients and has saved CMS millions of dollars alone in the Lansing, Flint, Ann Arbor, and Detroit areas.

Extending this program for another 2 years is a commonsense step

and deserves our support. It is why AARP and the National Coalition on Health Care, among others, are endorsing it. And it is one which I hope the committee will look at many other ways to improve our long-term healthcare system that is broken and in need of reform. Thanks to you and Ranking Minority Member Pallone, too, for moving this bill forward today.

And I yield back.

The Chairman. The gentlelady yields back.

Is there any further discussion?

If not, the vote on the amendment occurs.

All those in favor of the amendment will vote aye.

Those opposed, no.

The ayes appear to have it. The ayes have it. The amendment is agreed to.

Are there other amendments?

Seeing none, the question now occurs on favorably reporting H.R. 3263, as amended, to the House.

All those in favor shall signify by saying aye.

Those opposed, nay.

The ayes appear to have it. The ayes have it. And the bill is reported.

The chair now calls up H.R. 3271, as forwarded by the Subcommittee on Health on September 13, 2017, and asks the clerk to report.

The Clerk. H.R. 3271, to amend Title XVIII of the Social Security Act in order to strengthen rules in case of competition for

diabetic testing strips, and for other purposes.

The Chairman. Without objection, the first reading of the bill is dispensed with. The bill will be open for amendment at any point.

[The bill follows:]

***** COMMITTEE INSERT *****

The Chairman. Are there any bipartisan amendments to this bill?

Ms. DeGette. No, no amendment.

The Chairman. Did you just want to strike the last -- for what purpose does the gentlelady from Colorado seek recognition?

Ms. DeGette. Move to strike the last word.

The Chairman. The gentlelady is recognized. Strike the last word.

Ms. DeGette. Thank you, Mr. Chairman. I want to thank you, and I also want to thank Ranking Member Pallone for including this bipartisan bill by me, Representative Brooks, and Representative Reed, the Protecting Access to Diabetes Act, in today's markup.

What this bill would do is resolve ongoing issues that hamper many Americans' access to quality diabetes test strips and supplies in Medicare's National Mail-Order Program.

Every day seniors and other people with diabetes use test trips in conjunction with glucose monitors to ensure appropriate insulin dosing. Insulin, of course, is lifesaving, but it must be used carefully. Overdoses or underdoses can lead to serious health consequences.

There are numerous types of test strips in the United States, but not every test strip can be used with every glucose monitor, and not all test strips are equal in terms of quality. Unfortunately, many seniors face barriers getting high-quality test strips that work well with their glucose monitors through Medicare's Mail-Order Program.

A recent study by the Diabetes Technology Society showed that an

alarming 60 percent of strips furnished to Medicare beneficiaries between October and December 2016 failed FDA's accuracy standards. In other words, Medicare is paying for numerous test strips that don't result in accurate or consistent glucose readings. This jeopardizes the health of seniors and others who count on those readings to know what to do to manage their diabetes.

This bipartisan bill helps resolve the issue by ensuring that the Mail-Order Program creates incentives for suppliers to furnish high-quality strips, not just a race to the bottom with the cheapest available options.

What this does is it strengthens the so-called 50 Percent Rule and codifies the Anti-Switching Rule. The 50 Percent Rule requires mail-order suppliers to make available at least 50 percent of all types of diabetes test supplies, and it also codifies the Anti-Switching Rule, which is in regulation. But what that does is it lets the choice of glucose monitors, it leaves it up to the patient.

So that is why this is a great bill. And I appreciate the committee helping us with this. I urge its support.

And I yield back.

The Chairman. The gentlelady yields back.

Are there other members seeking recognition?

If not, are there any amendments, bipartisan or otherwise?

Seeing none, the question now occurs on favorably reporting H.R. 3271, as amended, to the House.

All those in favor will say aye.

Those opposed, no.

The ayes appear to have it. The ayes have it. And H.R. 3271 is forwarded to the house.

Now the chair calls up H.R. 3921 and asks the clerk to report.

The Clerk. H.R. 3921, to extend funding for the Children's Health Insurance Program, and for other purposes.

The Chairman. Without objection, the first reading of the bill is dispensed with. The bill will be open for amendment at any point.

[The bill follows:]

***** COMMITTEE INSERT *****

The Chairman. The chair recognizes the gentleman from Texas, Dr. Burgess, to strike the last word.

Mr. Burgess. Thank you, Mr. Chairman.

The HEALTHY KIDS Act is an important bill that extends funding for the State Children's Health Insurance Program for an additional 5 years. The State Children's Health Insurance Program is a means-tested program that provides health coverage to targeted low-income children and pregnant women in families that have annual income above Medicaid eligibility levels but have no health insurance. In fiscal year 2015, 8.4 million children received SCHIP-funded coverage.

Under the program, the Federal Government sets basic requirements for the State, but States have the flexibility to design their own version of the State Children's Health Insurance Program within the Federal Government's basic framework. This has allowed States to innovate to tailor their SCHIP programs in ways that can best meet the needs of their populations.

Like Medicaid, the State Children's Health Insurance Program is jointly financed by the Federal Government and the States. But unlike Medicaid, which provides States with a match rate which ranges from 50 to 73 percent, the State Children's Health Insurance Program provides States with an enhanced match that has historically ranged from 65 percent to 81 percent.

Section 2101 of the Affordable Care Act increased the SCHIP enhanced match rate by 23 percent, and from October 1, 2016, through

September 30 of 2019. Under current law, for fiscal years through 2019, the SCHIP matching rates range from 88 to 100 percent. In fiscal year 2017, 12 States have enhanced match rates at 100 percent. However, the Affordable Care Act did not include additional or extended funding for the State Children's Health Insurance Program, so Congress extended that funding in the Medicare Access and CHIP Reauthorization Act, which we passed in 2015.

Today's HEALTHY KIDS Act provides 5 years of Federal appropriations for the State Children's Health Insurance Program for fiscal years 2018 through 2022. This bill restores the historically successful Federal-State partnership by not extending the 23 percent enhanced match rate in the Affordable Care Act beyond its current expiration at the end of fiscal year 2019. The bill then phases this enhanced match down to 11.5 percent of the increased match in fiscal year 2020 before returning to the regular CHIP matching rates in fiscal year 2021 and fiscal year 2022.

Additionally, the HEALTHY KIDS Act provides additional bipartisan funding initiatives by extending funding for Puerto Rico's capped Medicaid program so that the program will have enough funding to last through fiscal year 2018 and by delaying the Affordable Care Act's cuts to Disproportionate Share Hospitals for 1 year.

Finally, I do need to note that the HEALTHY KIDS Act is paid for with commonsense offsets. Unlike our colleagues in the Senate, our bill puts forward responsible offsets that reinforce, reinforce the integrity of Medicare and Medicaid, and allow us to meaningfully

continue the funding for the State Children's Health Insurance Program for 5 more years, thus providing States and beneficiaries with long-term certainty.

I want to thank Chairman Walden for his leadership in getting this bill across the finish line. I want to thank members of the Subcommittee on Health who collaborated with me on this piece of legislation.

And I will yield back the balance of my time.

The Chairman. The gentleman yields back the balance of his time.

The chair recognizes the gentleman from New Jersey for what purpose?

Mr. Pallone. Strike the last word in opposition to the underlying bill, Mr. Chairman.

The Chairman. And the gentleman is recognized for 5 minutes.

Mr. Pallone. Thank you, Mr. Chairman.

My concern is that the GOP leadership is still trying to repeal and sabotage the Affordable Care Act. In the spring, House Republicans voted to repeal the Affordable Care Act and gut the Medicaid program. In fact, they have spent months trying to prop up their terrible bill that passed through our committee and ultimately on the House floor. And Senate Republicans then supported numerous bills to repeal the law with even steeper cuts to Medicaid.

And let's not forget the CHIP program stands on the shoulders of Medicaid. Together, they insure one in three children in the United States. Yet, instead of extending the CHIP program back in March, well

before the deadline, Republicans decided instead to vote for a bill that would have gutted Medicaid by \$800 billion, ripping insurance away from an estimated 4 million kids alone.

Instead of building on the Affordable Care Act, which has brought the rate of uninsured children to its lowest in the history of this Nation, they have spent all year trying to tear it down.

And along the way, Republicans in Congress joined with President Trump and now-resigned HHS Secretary Price to sabotage our healthcare markets. As a result, we have now passed a critical deadline for extending health insurance for kids and our community health centers.

So what did Republicans do? They responded by insisting we rush into a partisan markup today to put on the show that they are able to govern.

These Republican failures have caused unnecessary harm and confusion. And today, months too late, we will mark up legislation on extenders that include partisan poison pills, putting Democrats in a position to have to sacrifice the healthcare of some for the sake of others.

The policies used as offsets in the separate community health center package further eviscerate the Affordable Care Act by gutting the Prevention Fund and making it harder for working Americans to get health insurance by limiting the grace period. This is the fundamental difference between us, I believe.

There are so many other policies that save money, some of which I have offered as alternatives, that don't take away from individuals.

There was no reason for Democrats to be given this false choice.

And let me highlight some of my problems with the CHIP package. First, while it includes the bipartisan, bicameral strong 5-year extension for the program, which I support, it pays for the policy by undermining the Medicare program, making wealthier seniors pay 100 percent of their premiums.

Now, some think that is reasonable. But it is not as simple as making the rich pay their fair share. In fact, wealthy seniors already pay much more than others for their premiums and an extra tax on Social Security because of the Medicare program.

My concern is, if you get to 100 percent, a lot of these people are going to drop out of the program, and they will self-insure, and that means that others have to pay more. And it also limits the support by wealthy people, who are often very influential, for the Medicare program. So the idea that it is not important I think makes no sense.

In addition, the Puerto Rico policy included is wholly inadequate and is a slap in the face of our colleagues who are working hard to ensure that our territories have the resources they need to rebuild after Hurricane Maria and Irma. First, the underlying bill fails to include the Virgin Islands. Both territories need funds to continue their regular Medicaid operations, not to mention the money provided to Puerto Rico in this legislation is not enough to address the territory's basic Medicaid needs for a single year, much less for 2 years in light of the catastrophic situation.

Moreover, it does nothing to ensure that Puerto Rico can actually

access the money included. The money comes with strings attached, for one. And worse, the island, unfortunately, is broke.

With the increased demand, combined with collapse of revenue, Puerto Rico will not be able to maintain its share of the cost of the Medicaid program, which will only exacerbate and lengthen challenges to recovery. And without the ability to produce the required matching rate of Medicaid dollars, they will never actually get their hands on the money.

And lastly, this bill fails to properly address needed relief for our Nation's safety net hospitals, the DSH payments. At the front lines of providing care in all our communities, hospitals are faced with arbitrary cuts that must be delayed for a reasonable amount of time so we can assess how to permanently reform these cuts. One year of this delay is just not enough, from our perspective, and it is critical the delay be at least 2 years. Our safety hospitals need certainty in their operations so they can continue to do good work.

So Democrats will offer alternatives to the CHIP and community health packages that I believe provide for a more robust package. Our proposals will invest in our children, our safety net providers, Puerto Rico and the Virgin Islands, and our Nation's public health. We pay for these important investments in our Nation's future with a reasonable offset that doesn't harm anyone.

And so I ask Republicans to stop their continued assault on the ACA and on Medicare and start the work of governing, and we stand ready to work.

And I yield back, Mr. Chairman.

The Chairman. The gentleman yields back the balance of his time.

The chair recognizes himself to strike the last word.

I am, frankly, pretty bewildered that our friends on the other side of the aisle are expressing such strong objection to reducing subsidies for Americans -- who earn, by the way, \$500,000 a year -- for their health coverage to help us pay for low income. We already have embraced the notion that wealthy seniors who are making more than a half a million dollars a year should receive less taxpayer subsidies. That is in the law today.

In fact, President Obama supported an even bigger version of this idea in his budget, and Washington Democrats did the same thing in the ACA. This is a pattern that has been there. And the President actually -- President Obama -- actually supported an even bigger version of this idea.

We merely say those very few individuals who are generating a half a million dollars a year and are on Medicare, they have that income, they could help out a little bit more. We are talking a grand total of about 135 bucks a month more that somebody making a half million dollars a year could pay into Medicare.

And that allows us to have the funds to pay for a 5-year extension of SCHIP at the bump-up rate of 23 percent next year, the year after, and, as the Senate proposed in a bipartisan way, 11.5 percent after that, going forward, the third year, and then down, as they do in the Senate.

Now, who does this impact? You want to talk about the top 1 percent. We are probably less than the top 1 percent. These beneficiaries would still have access to the full part B and D benefit.

According to feedback from CBO, of the less than 1 percent of impacted beneficiaries, 5 percent of these, less than those beneficiaries, might have a behavior change and opt out to self-insure. But, ironically -- if the committee could come to order, please. If the committee could come to order.

So what we are talking about here is people making a half a million dollars a year on Medicare. By the way, we have data that show that these would be equivalent to the gold tier plans. If they wanted to opt out, they would probably pay three times as much for equivalent private sector insurance. Three times. Two and a half, three times, depends upon where you are.

Second, when it comes to the Virgin Islands, the Resident Commissioner of the Virgin Islands, Stacey Plaskett, approached me on the floor this week and said, even though, basically, their Medicare issue isn't -- it matters a lot. She wanted help on it. We said, absolutely.

So our staffs have worked since that time to say, what is it the Virgin Islands needs to solve their Medicaid problem? And because we had to have the base bill filed earlier, we are adding that as an amendment. Mr. Bilirakis has that on his plate. He will be offering that soon.

When it comes to the DSH payments, it is kind of ironic that the

majority of the Democrats say we are trying to repeal ObamaCare when in -- and we are -- and replace it. However, this cut -- this cut that they want to turn off -- which we are with them on turning off -- is part of ObamaCare. That is part of the ACA, is to have this DSH cut, in law. We are turning off part of ObamaCare DSH cut to help our hospitals. And we do that in here.

Now, when it comes to the Prevention Fund, if you look at the statutory language -- and somebody has it here, and they will talk about it soon -- of what the Prevention Fund is supposed to be used for, it is to help with prevention and wellness. That is all it says. And 2 billion a year mandatory money goes into that fund.

We are just using that fund and the 2 billion a year to pay for our community health centers. Don't they do prevention? They do in my district. Don't they do wellness for people? They do in my district.

So we thought it was appropriate to use a fund that 2 billion a year just goes into, and HHS can figure out how to spend it or not, to actually put it toward something that is proven in every one of our districts and communities, and that is the community health centers.

So we pay for 2 years, full funding, for community health centers out of the Wellness and Prevention Fund. It seems like a logical place to go find the money to pay for this. We take care of the diabetes issue that we all care deeply about.

So we take care of health centers. We take care of CHIP fully and equally to where the Senate is. By the way, the Senate bipartisan

plan has no pay-fors. They agreed on the spend. But they don't have any pay-fors they voted on today that I am aware of.

We are actually doing the combined heavy lift here, finding how do you pay for something that is really important and try to make it as budget neutral as you can. And we do that in this proposal, the proposals we will have before us today.

We had an opportunity to be partisan. We had an opportunity to get this done ahead of the 30th. On two occasions we had markups scheduled, if you will, to deal with this before the end of the month, and both times, in a collaborative level, we agreed to postpone those while negotiations continued.

So it is a little frustrating to sit here today and get hammered at for missing the deadline when we could have moved forward, even though we didn't have an agreement then, we don't have it today, before the 30th. But out of courtesy and respect, out of my desire to try to come to a bipartisan deal, we put off at least two markups. There were other issues too. Things happen in this business.

We are trying to get our work done. We knew that the States had the money for their SCHIP. We knew they had it for their community health centers. And I was open to giving this more time. And, by the way, I still am. But we have to move forward at some point. If we can find something before we go to the floor that works, great. But we had to move forward.

So with that, my time has expired. I recognize, I guess, next up, the gentlelady gentlelady from California, my friend, Ms. Eshoo,

to strike the last word I assume?

Ms. Eshoo. Strikes the last word, Mr. Chairman. Thank you.

I am recalling, as I am sitting here, the longest markup, I believe, in the history of the Congress of the United States, 28 hours in this room to write up a bill that became one of the horrors of the United States of America. In fact, that bill brought out, I think, millions of people across the country. They were appalled at the Republicans' vision for healthcare.

So what I want to suggest today is there are objections. And I can't help but think of Shakespeare: Thou doth protest too much.

There is no credibility with this whole notion of twisting and turning the CHIP, the Children's Health Program, and the Community Health Center Program into some kind of fiscal pretzel. We have never done this before. You are right, Mr. Chairman. The Senate passed a bill on a bipartisan basis this morning.

Since when do we do pay-fors here? Since when? All of a sudden, we are doing pay-fors. Why don't we have a special meeting and you bring forward how the IPAB, that is going to cost \$18 billion, doesn't have any offsets? How about if we have a conversation about \$1.5 trillion in tax cuts and no offsets? And all of a sudden, oh, my God, we have to do an offset here. And guess what? This is what we are going to do to Medicare.

What I want to suggest is -- and I don't like saying this, but I think it is a truth in the country today -- the Republican Party is not trusted on healthcare. You are not trusted on healthcare because

of what you have done, what you have brought forward.

Let this bill go. Let's allow children to have their healthcare in this country. And let's allow our community health centers, that we all have respect and regard for, you have all talked about it, we have all talked about it, don't hold them hostage to this stuff.

What the heck is this business of offsets? We are not the Appropriations Committee. And if we can't find the money in this country for these two items, then we should all hang our hats up and go home.

This business of offsets is a bad word. You have turned it into a bad word. And then you turn around and blame us for what we love and have always protected and worked with, whether we were in the majority or in the minority, to have these programs move forward.

This is not a shining moment in this committee, and I am not falling for this stuff that you know what you are doing with it. I don't think do you.

We have never done this before. What is this new thing that you are just taken with? I am not taken with it. You are taking all of these people for a ride. They are a nervous wreck at home. And for what? For something we have never done before and that all of a sudden we have got some new notion.

So I am opposed to this darn thing for all the obvious reasons and all the reasons that I stated. We should just say, you know what, I will give it to you. You made the try. You made the try. It didn't fly. Let's go back to our regular order and allow these bills,

especially the Children's Health Program and the Federal health centers, to move forward.

And let's get it to the floor, let's approve it, and let these people have some peace of mind and not have to twist in the wind and go through hell all over again like we did as a result of that 28-hour markup and what came out of it. It wasn't worth it. It wasn't worth it for you. It wasn't worth it for any of our constituents. Let's not repeat that.

I yield back.

The Chairman. The gentlelady yields back.

Are there members on the Republican side seeking recognition?

The former chairman of the committee. Move to strike the last --

Mr. Upton. Will the gentleman -- strike the last word. Thank you.

I just want to say, you know, we have done pay-fors before. We had, as we debated 21st Century Cures, and credit to every member here, on both sides of the aisle, but we had a lot of meetings in this room that were in front of the mikes and a lot of meetings in closed rooms talking about how we were going to pay for it. Because that was the issue that we had to deal with under not only Speaker Boehner, but also under Speaker Ryan.

And we came with a lot of good ideas. And I have to say, looking back, I wish we maybe hadn't been fully as transparent as we were on the first round, because the Senate then stole those pay-fors. And one of the things they did with it was something that we all agreed

to, and that was to take care of our first responders on 9/11 to make sure that they had benefits for the rest of their life. And that was a debate that we had, should it be a 5-year, 10-year. As I recall, we did it for the rest of their life, and they took our pay-fors for it.

And then we had to be a little quiet on the next round of pay-fors, but we had a lot of discussions about that. And we came up, I thought, with in essence a unanimous agreement that we would come up, and we came up with things in our committee's jurisdiction. SPRO, that was one of them, things that were within the jurisdiction of this committee. And, you know, I have to say, we lost some members in the other body because we -- is my time up? No. Oh, I am sorry.

But we lost some members because they didn't want to take money from SPRO. And we lost some members that were grouching about it, particularly from the Gulf States. But, as I recall, I think we ended up with about \$4 billion for that in terms of the added money for the NIH funding, something, again, all of us were concerned about.

We worked with the administration on pay-fors with the Preventative Health Fund. And, again, that fund had been taken by the appropriators for other purposes. And at the end of the day, the President himself signed off on the language allowing us to use money for a number of years from the Preventative Health Fund.

The idea, and we debated it, though we didn't come to an agreement on it, and that was the means, in essence, means testing for seniors getting Medicare earning more than a half a million dollars. That was

on the table. We talked about it. That ended up not being part of the mix, but it certainly was debated.

And we have had this pay-for rule now on the House floor. When you come up with programs that spend money, you need to have an offset for it. That is, I think, in the rules of the House now. We have to identify savings for us to do.

So we think that we have accomplished this with what I think are fairly reasonable ideas. You know, as we begin the debate on the tax bill, we hear a lot of missiles coming over the side saying that we are going to be preserving tax cuts for the rich, all of this stuff. We are going to take it from those that are earning half a million bucks a year. If they want Medicare, they are going to pay more for it.

We hear about all these wealthy seniors that are getting all these great tax breaks. Well, guess what, it is going to be means tested. It already is. We are just going to change that standard a little bit more for us to make sure that we take care of those that are most vulnerable, particularly that we have targeted in this plan.

Ms. Eshoo. Would the gentleman yield?

The Chairman. Would the gentleman yield?

Mr. Upton. Let me yield to Chairman Walden first.

The Chairman. I just wanted to follow up, because I think you are exactly right. And as you may recall, Mr. Chairman, under your chairmanship, we also passed the spectrum auction bill, and that paid for some of the enhanced 911, FirstNet, and all of that.

And I think people can see why we had difficulty getting to a

bipartisan agreement on pay-fors given that, clearly, there is heartfelt passion among my friend from California, that we shouldn't pay for any of this out of the committee, that we shouldn't have to fight over pay-fors, and my friend from New Jersey and I trying to figure out what pay-fors could we find agreement on. I think people are seeing why this was hard to get done and couldn't get done. And now we are having to move forward.

Mr. Upton. Reclaiming my time.

I know that we spent hours, our staffs spent hours and hours, our members, particularly the big four, as I like to call them, my really good friend, DeGette and Frank and others, we spent hours talking about pay-fors, lists that were going back and forth, what we could agree to. And finally we had the list, and then we had to keep it private because we were fearful that the Senate was going to steal it again as they did on the first round.

So with that, my time has expired, so I yield back.

The Chairman. The chair recognizes the gentleman from Illinois, Mr. Rush. Strike the last word, sir?

Mr. Rush. Yes, strike the last word. I yield to the ranking member.

Mr. Pallone. Thank you. Thank you, Mr. Rush.

Let me just say, first of all, I want to thank Congresswoman Eshoo, because she articulated beautifully what we face here today.

So thank you, Anna.

As far as the pay-fors are concerned, I think Anna is absolutely

right. Look, the House rules require pay-fors, but they are waived all the time. Clearly, when we talk about the tax reform and the trillion dollars that is not going to be paid for, she is right. When we talk about IPAB, which is actually being considered today, \$17 billion loss, which has no pay-for.

It is almost the same as what we are paying for the CHIP and the community health center rules. So why does that not have to be paid for under the rules whereas the other two bills have to be paid for under the rules while we have this looming debate over the tax reform, none of which is paid for?

Republicans go back and forth on this pay-for all the time. She is absolutely right. I don't have the details in front of me, but I know for sure that there were many times when we did the CHIP authorization or redid the CHIP authorization and community health centers and it wasn't paid for. So this is something that is being insisted on that really doesn't make any sense today.

Secondly, I wanted to say, it is important to talk about the ACA for several reasons. First of all, there is nothing happening here, Mr. Chairman, as far as I know, in terms of trying to improve the ACA, the way it is being done in the Senate with our counterparts. We haven't had hearings to improve the ACA or solidify the ACA or deal with the cost sharing or deal with the insurance market.

Because I do believe that the House Republicans, at the leadership level, still want to repeal the ACA. And so they are not willing to make those improvements or even have hearings on those improvements.

And, instead, they want to use the ACA and change the ACA and sabotage the ACA, in my opinion, whether it is the Prevention Fund or it is the grace period, in order to pay for this bill today.

So what do you expect us to do? You spent all this time trying to repeal the ACA, 8 or 9 months. Now you are doing nothing to try to improve the ACA the way they are in the Senate on a bipartisan basis. And at the same time you are trying to use offsets that would cripple different parts of the ACA.

We estimate that the grace period alone -- I think I used a figure 500,000 people would lose their insurance. I am told it might be upwards of 400,000. Regardless, it is hundreds of thousands of people that will lose their health insurance. That is a sabotage. That is no different than the President when he decides not to pay the cost-sharing subsidies or does it on a month-to-month basis. It is undermining the ACA.

Now, in terms of the timing, I don't want to talk about process too much, but I have to say this. The chairman talks about the last 2 weeks. That is irrelevant. We could have done this in March. The reason that the deadline passed last Saturday is because the Republicans spent the whole time dealing with the ACA repeal and didn't want to address CHIP or the community health services until after that was done. And even when Graham and Cassidy started raising their ugly head again a couple of weeks ago, all the a sudden there were no negotiations either, because once again we are back to repealing the ACA.

Now, I am more than willing -- you suggested that you are still willing to work on this bill. Sure, more than willing to work on it. But, that doesn't mean that we are not going to decry the bill that is before us today. It is a bad bill. It sabotages the ACA. It does also impact the Medicare program.

You know, Mr. Upton said, oh, we are just taking a little more from high-income seniors. You are making it 100 percent. When I am at 100 percent, why should I go and buy Medicare when I can self-insure? I am a millionaire. Why would I buy Medicare? And that is going to undermine the program not only politically, but also in those people that don't buy it, because it will cost everyone else more.

So you are doing those things. And it is very consistent with what is happening today on the budget which cuts Medicare and cuts Medicare and assumes the repeal of the ACA.

You have to understand where we are coming from here. And that is, stop the repeal of the ACA, stop assuming the repeal. Stop trying to take money away from the ACA. Stop trying to make it more difficult for people to keep their health insurance. And stop fiddling around with Medicare.

Because I remember when Newt Gingrich became Speaker and he started these little steps that he said were going to make Medicare wither on the vine. Don't tell me that if you start eliminating the high-income seniors and you go down that slippery slope, that that is going to not impact the Medicare program politically and also financially. It will. And it is a very dangerous slope.

And, I don't know, maybe President Obama had some ideas in that regard. But that doesn't mean they were good. I mean, I don't always agree with everything that he said or did or even that Democrats necessarily did, you know, 20 or 30, 40 years ago.

The bottom line is we have got to stop this sabotage and come up with a good plan. More than willing to work with you on that. But this bill is not it, Mr. Chairman.

The Chairman. The gentleman's time has expired.

The chair recognizes the gentleman from Pennsylvania, Mr. Costello.

Mr. Costello. Thank you, Mr. Chairman. I would like to yield a little time to you.

The Chairman. Thank you.

So the irony of this argument that is being made by my friends on the other side is that we are repealing ACA. We are not really doing that today other than delaying the ACA legal cut, the called-for cut to hospitals on DSH. So I am trying to figure out -- you all want that to be repealed, pushed off, whatever. We are doing that. We had a lot of members on both sides of the aisle asking this, get in there and stop that ACA cut to DSH hospitals.

Now, I want to address the issue you have raised, because it is a serious one and people need to have the facts. And the facts are that when it comes to Medicare the only people we are talking about here are people making a half a million dollars a year, and we are asking them to pay a little bit more on their Medicare, probably an average

of 135 a month. And out of that, we are able to fund everything we want to do on both sides of the aisle. I don't think there is a disagreement on the SCHIP reauthorization levels and the bump up at 23 percent, 23, 11.5 and on out. So we are doing that and we are paying for it.

Now, we went to the healthcare.gov website to see what a 64-year-old living in Middlesex County, New Jersey -- maybe you are familiar with Middlesex County. I don't know how we picked that one. They would be on a gold plan. A gold plan would be equivalent to Medicare. The average monthly premium would be \$1,718 or \$20,000 a year. The \$1,600 annual difference a Medicare recipient would experience under this policy wouldn't even pay for 1 month equivalent under a private plan.

So when you say they are going to opt out, all these people are going to opt out, I think they are going to make the financial choice that Medicare is a far better thing to stay in if they have to pay 135 bucks a month more for.

Under ObamaCare, enrollees can get subsidies up to 400 percent of Federal poverty level. After that, they pay 100 percent of the premium cost.

To stick with the New Jersey Medicare recipient, pays 100 percent of their premium costs under this policy, make 4,209 percent of the Federal poverty level -- 4,209 percent of the poverty level.

So the long and the short of this is we don't see where somebody is going to make that economic choice to bail out of Medicare over 135

bucks a month so that they can pay \$1,718 a month for private insurance in your district.

And, again, I know there are all these other arguments being made. We had good faith -- and I say that, and I still believe that -- negotiations on trying to get to a consensus on the pay-fors here. This is hard work. There are differences of opinion clear to we shouldn't -- some say none of this should be offset. And I respect we disagree.

So we came a long way. We agreed on a lot of the offsets. We just couldn't agree on the final set. And I respect that. We have different views on some of these things.

But the long and the short of it is we are reauthorizing the SCHIP program for 5 years, community health centers for 2 years. We are taking care of the insulin issue. We are taking care of Puerto Rico's Medicaid cliff that we need to get to. And out of respect for what happened in the Virgin Islands and their Medicaid issues, we are agreeing, as Mr. Bilirakis will offer the amendment, to take care of the Medicaid issue in the Virgin Islands.

We have really put together, I think, a very fine policy package here. And we are using the ObamaCare Health Prevention and Wellness Fund, which is open-ended on what it can be used for, prevention and wellness. The Secretary of HHS decides who gets that money.

We are putting it toward a proven cause of community health centers. They are a very important part of the network out there. They provide prevention. They provide healthcare. They provide

wellness. It is not, as described, somehow ripping apart ObamaCare. I think it is actually investing the money that mandatorily will get spent in the right place, and that is our community health centers.

With that, I yield back to the gentleman from Pennsylvania. I appreciate --

Mr. Costello. I yield back the balance.

Would anyone?

The Chairman. Anyone else seeking recognition on the remainder? Yeah, Dr. Burgess.

Mr. Costello. I will yield back the balance of my time to Mr. Burgess.

Mr. Burgess. Thank you.

And, Chairman, as you so correctly pointed out, the dollars in this bill for Puerto Rico are to fix a problem that was existing in Puerto Rico before Hurricane Maria. The Delegate came to speak to me, I know she spoke with Chairman Walden, about a problem that existed with Medicare and Medicaid in Puerto Rico. And I agreed it needed to be fixed. And we needed to find a way to fix it.

This is not aid for Puerto Rico. This is fixing a problem that already existed in their Medicare and Medicaid systems.

And I just have to tell you, I got a phone call this morning from a big public hospital in my area -- not in my district, but in my area -- who thanked me -- thanked me -- for the only person who would listen to them on the problem they were going to have under existing law in the Affordable Care Act where they got the DSH cuts on Sunday.

And they are having to do their budget today based on the cuts that they are going to get under current law -- that is the Affordable Care Act -- to the Medicaid DSH. And they thanked me. They said, "We could not have done our budget except for the fact that you understood that this was a problem and addressed it."

Thank you Mr. Chairman. I will yield back.

The Chairman. The gentleman's time has expired.

The chair recognizes the gentleman from Texas, Mr. Green, for 5 minutes.

Mr. Green. Thank you, Mr. Chairman. Move to strike the last word.

I think we all agree that our committee is something that takes things very seriously, and this is what we are doing today. There could have been an agreement, as my ranking member said, months ago, but we didn't get there.

Let me relive what happened with Cures. We did work together on pay-fors. We were submitted pay-fors. We couldn't come to an agreement today like we did in Cures, but there was really an effort.

Let me talk about the DSH cuts that are so important. The reason that DSH cuts should be postponed or eliminated is because with the Affordable Care Act we thought every State would expand Medicaid. If we don't put off those DSH cuts, States like Texas and States that didn't expand Medicaid, our hospitals would be closed down, literally. They couldn't take many more people.

And that is the problem with Puerto Rico. Without the

assistance, you are saying the money for Puerto Rico now -- from our chair of the Health Subcommittee -- would take care of the problem Puerto Rico had. Let me tell you, that problem is exacerbated so much more now because of the disaster. The hospitals have been torn up. So there is this 880 million, plus another 120 --

Mr. Burgess. Will the gentleman yield?

Mr. Green. I am not finished.

But that is the problem we have. And that is why we need to put the DSH cuts off, because not only Puerto Rico but for the States.

Now, we have always done, since 1997, the CHIP program very bipartisan. And this year, because there couldn't be pay-fors, we delayed it until after the deadline. I don't think that shines very good on our committee.

The children's healthcare program is a lifeline for millions of families, insuring over 9 million kids in our country. Since its inception, we have always had CHIP with strong bipartisan support, no matter who was President, no matter what was in the majority.

Funding for CHIP ran out last month, and Congress, we sat on our hands for months and let nothing happen. Now we have a bill that extends funding for CHIP for 5 years but pay-fors by undermining Medicaid, charging seniors more for their Medicare.

The bill also inadequately deals with cuts in Medicaid disproportion share by delaying the cut for only 1 year, punishing safety net hospitals and the patient they treat. We need a longer delay in the DSH cuts, if not eliminating altogether. These cuts are simply

kicked down the road and the hospitals are set to face another bigger cliff later on.

Only dealing with DSH cuts for 1 year means we are right back dealing with this issue in a matter of months. There is no reason to think that States' failure to expand Medicaid will be changing anytime soon. We need a longer-term solution to these cuts.

It also doesn't help Puerto Rico or the Virgin Islands. When we had Hurricane Katrina, with 100 percent FMAP, are we paying -- does this bill include 100 percent for Puerto Rico? That is what we did for U.S. citizens in Louisiana. Why shouldn't we do it for U.S. citizens in the Virgin Islands and Puerto Rico? Because the Federal Government paid for both the local match, because there is not a whole lot of opportunity in Puerto Rico to come up with that, and you can't justify treating these U.S. citizens different than we do U.S. citizens in Texas or Louisiana.

Mr. Burgess. Will the gentleman yield on that?

Mr. Green. I will when I finish.

I strongly support CHIP delaying Medicaid DSH cuts to help for both Puerto Rico and the Virgin Islands, and this is the way it should be going.

I hope we could go back to the negotiating table and support these priorities in a way that is meaningful and is not on the back of seniors or Medicaid beneficiaries.

And I will be glad to yield to my -- I yield to my ranking member.

Mr. Pallone. Let me just say this. Thank you, first of all,

because everything you said is very much on the point. But I also wanted to mention the Prevention Fund, because the chairman mentioned it.

Look, if you take the money from the Prevention Fund, that is a program for kids and others that are not going to happen. The Prevention Fund right now, for example, pays for vaccine programs for kids. It pays for the lead poisoning program for kids.

So what is going on here is you are taking, again, money from the ACA that is currently being used for other things, and some of which is for children, and you are saying, "Oh, I am going to use that to pay for the community health centers." That doesn't solve the problem. That just borrows from Peter to pay Paul.

And the suggestion that somehow the Prevention Fund -- I don't know if he was suggesting it not be used, but it is being used for very good things right now, including for kids. So those are going to be eliminated if you use it for this.

I yield back, Mr. Chair.

Mr. Green. Let me, in my last 3 seconds, the vaccinations from the Prevention Fund, we have done for 20-plus years a vaccination program in our district in an urban area of Houston because we don't have the percentages that we have in other ZIP Codes in the area. That is where some of that money comes from. So we do increase our vaccinations for our children in lower-wealth areas.

And I yield back whatever time I have.

The Chairman. Yeah, you are a little over, but that is all right.

We are being flexible.

The chair recognizes Dr. Bucshon, the gentleman from Indiana, I thought was seeking recognition. No?

Mr. Bucshon. No. Yeah, okay.

The Chairman. I thought he was. Thank you. And you are yielding to --

Mr. Bucshon. I would like to yield some time to Dr. Burgess.

Mr. Burgess. Yes. Only to make the point that in the SCHIP bill that is before us, the money for Puerto Rico goes to fix a problem that existed in Puerto Rico before Hurricane Irma came ashore, before Hurricane Maria came ashore. This was the fix that was recommended by MACPAC, the dollar figures that were recommended by the Federal group that is designed to give us these recommendations. And we took their recommendations and we filled those holes that they had pointed out to us.

But this in no way completes the task of hurricane relief for the Virgin Islands, Puerto Rico, Florida, Texas, anywhere else that was affected. Those dollars, in those relief packages, are going to be coming at us, to us, for several months. No one even knows what the dollar figure is. We would be hard-pressed to come up with the dollar figure for Puerto Rico and put it on the floor this week. I don't think anyone can do that. I don't even know that we could do that for the damage sustained in Texas with Hurricane Harvey, and that has been over a month ago.

Those numbers will be coming to us, and the Congress will address

those numbers for every American citizen who was affected. So it is offensive to me to have it impugned that somehow I was not treating the citizens of Puerto Rico with the same sensitivity that we treated citizens after Katrina. This was to fix a problem that already existed, and we were fixing it according to MACPAC recommendations, and it made sense to attach it to the SCHIP bill. And I, for one, am glad that the chairman agreed that we could do that.

And I will yield back to the gentleman from Indiana.

Mr. Sarbanes. Will the gentleman yield to me? Gentleman yield?

The Chairman. Dr. Bucshon's time, and I think there -- are there other members?

Mr. Bucshon. Anyone else on the Republican side?

The Chairman. If the gentleman would yield to the chair?

Mr. Bucshon. I will yield to the chair.

The Chairman. I appreciate that, because I want to follow up on what Dr. Burgess said.

We have known for some time Puerto Rico had this problem, as you said, way before the hurricanes. We have been working on this for months to try and figure out the right way to solve this cliff.

If I recall right, Dr. Burgess, earlier in the year we did a short-term funding fix for Medicaid for Puerto Rico, and we knew we would have to come back and do this one. We worked closely with Jennifer Gonzalez and the Governor of Puerto Rico on this package. They are fully supportive of it. We all know there is going to be disaster help needed for Puerto Rico, for the Virgin Islands, elsewhere

around the U.S., and we are going to work on that and other committees will.

On the Prevention Fund, remember, every year, by law, \$2 billion goes into that Prevention Fund. There are billions of dollars left, and the appropriators decide how that money can get spent. So some of the prevention programs that are important and we support, still, the appropriators have the ability to fund those. But because 2 billion a year is being put into the fund every year in the budget window, we can use some of that to fund wellness and health through our health centers. And that is what we do here.

And so we are moving forward to use a fund that was set up and is funded by the taxpayers right now to pay for something that is essential. The debate you are seeing today, in my mind, is about how you make difficult choices on a limited budget to take care of priorities.

And it is sad that it has become partisan today. It was under Republican Houses and Senate, I believe, that CHIP was created in the first place, back in 1998, and with a Democrat President.

What I have heard today is there are members on the Democratic side who think none of this should be offset, and some who think some of it should be offset, and some had ideas about different offsets. This explains why, as good and hard of work we did trying to get there, Mr. Pallone and I, we had a lot of very good discussions, we just in the end had disagreements and couldn't get there because both sides had difficulties.

But we are doing the hard work of trying to move this bill forward. We know it has a journey over to the Senate, and we will get this done, because we need to reauthorize the CHIP program, we need to reauthorize community health centers, we need to take care of our citizens, and that is why we are moving now to do that.

So it is important we get our work done. I realize some of my colleagues on the other side of the aisle have differences in how we are paying for it. But we are doing good work for the people here and we are going to be responsible and pay for this work. And we are paying for it out of existing funds and choices that need to be made.

And so, with that, I yield back to my friend from Indiana.

Mr. Bucshon. I will yield back, Chairman.

The Chairman. The gentleman yields back.

Other members seeking recognition?

The gentleman from New York, Mr. Engel, is recognized.

Mr. Engel. Thank you.

The Chairman. Move to strike the last word, I assume?

Mr. Engel. Yes. Move to strike the last word.

The Chairman. Five minutes.

Mr. Engel. Thank you, Mr. Chairman.

I just want to correct the record on something. Yes, it is true that Medicaid DSH cuts were included in the ACA, and the logic was that as more people get covered hospitals will have to provide less uncompensated care. That makes sense. And while the ACA, in that regard, in my opinion, did a tremendous job, there are millions of

Americans who still are uncovered because their States refused to expand Medicaid. I mean, that is the reason.

So this is not an inherent ACA problem. This is a problem of States that refuse to expand Medicaid. And I think it is very important to state that.

And I yield the rest of my time to Mr. Pallone.

Mr. Pallone. Could you yield to Mr. Sarbanes?

Mr. Engel. I meant to say Mr. Sarbanes. He is a nice guy.

Mr. Sarbanes. I thank the gentleman for yielding.

With respect to the assistance to Puerto Rico, I just wanted to say that I get your point that this is trying to fix a problem that existed before. But that doesn't mean that we can't seize on this opportunity to rise to the occasion as a committee.

The island of Puerto Rico is in desperate straits right now. They are looking for any and all indications we can give them that we understand the situation and that we are trying to help.

This is well within the jurisdiction of our committee. We can do more than just fixing something that existed before this terrible hurricane hit that island. We can rise to the occasion here. We can send a powerful message.

Yes, there is going to be additional assistance coming to Puerto Rico as part of these relief packages, and I hope and I believe that we will all support that. But here is a chance for us to do something that is foursquare within the jurisdiction of this committee that on this day, on this day, can send a powerful message to the residents

of Puerto Rico that we feel their pain.

I don't know why we would want to miss that opportunity. And I think that what we are going to propose as a substitute is going to attempt to send that very powerful message.

So I view this, Congressman Burgess, as a lost opportunity. We shouldn't be thinking about doing the minimum with respect to Puerto Rico. We should be thinking about what we can do to send a powerful message that we care.

And I yield back.

Mr. Pallone. Would the gentleman yield time to me, Mr. Engel?

Mr. Engel. Yield to Mr. Pallone.

Mr. Pallone. Look, Dr. Burgess, I am not going to suggest in any way that both sides of the aisle have done the right thing with regard to Puerto Rico or the territories in general. I remember when Donna Christensen was a member of the committee, whether we were in the majority or you were in the majority, she would always point out -- and I think she was speaking for not just the Virgin Islands but for all the territories -- that we would always fall short in terms of Medicaid funding or healthcare funding in general.

So I just want to agree with what Congressman Sarbanes said. I mean, a lot of attention has been called to the problems of Puerto Rico that are not just from the hurricane but have been there for years. It is the grid. Ms. Castor, at the hearing the other day, pointed to the grid. I mean, I know that is not what we are discussing today.

But whether it was Nydia Velazquez or Jose or Donna Christensen

or Stacey, for years they have always been talking about how they have been neglected when it comes to infrastructure, when it comes to healthcare. So, as John said, why not take this opportunity when, because of this terrible disaster, these problems are highlighted and are even made worse? It is not necessarily partisan, but this 880 million, or whatever, is just not adequate. So why not take the opportunity to do what should be done?

I yield back.

RPTR TELL

EDTR ROSEN

[4:55 p.m.]

The Chairman. Mr. Engel, do you yield back?

Mr. Engel. Unless anybody wants 36 seconds, I yield back.

The Chairman. The gentleman yields back. For what purpose does the gentleman from Florida seek recognition?

Mr. Bilirakis. Yes, Mr. Chairman, to offer an amendment at the desk. I have an amendment at the desk.

The Chairman. Okay. Out of courtesy to our members if the gentleman would withdraw that, there are members who still want to strike the last word and have their say, which is fine.

Mr. Bilirakis. All right. But it is a really good amendment.

The Chairman. I know it is. I was hoping we could move on to it.

Mr. Bilirakis. I will be patient.

The Chairman. I think we go to Ms. Schakowsky.

Well, wait, wait. Sorry, sorry, it is still our side. Just kidding. Now we go to Mr. Griffith for 5 minutes to strike the last word.

Mr. Griffith. Thank you, Mr. Chairman. Striking the last word. You know, I sometimes get perplexed when I hear the arguments and we have had a lot today that have done that, and I tried to stay quiet, but to say that the problem that we are having with the DSH cuts isn't

an inherent ACA problem is to ignore the legal facts of the matter.

Let's go back and look at this because what the gentleman said previously was that States refused to expand the Medicaid. The problem is, ACA forced expansion on the states and said they had to do it or they would lose monies that they were already receiving. Everybody paid attention to all the rest of the Supreme Court findings that said that the ACA was constitutional, and nobody ever talks about the fact that the Supreme Court, in fact, found that the bill was unconstitutional as written, and only saved by the fact that you can sever the various parts if the rest of it can stand on its own.

Well, I would submit the Supreme Court was wrong. It couldn't stand on its own without that section that forced the States to expand Medicaid, but the Supreme Court thought it could and said that then the States had a choice. So the bottom-line problem that we are discussing in regard to the DSH cuts and the ACA was, in fact, an inherent, unconstitutional provision included within the ACA.

So the underlying problem is, in fact, the fact that the ACA was not written properly, it was not written constitutionally, and that always bothers me that people overlook the fact that it was, in fact, found to be unconstitutional by the United States Supreme Court, and that is one of the problems we are having to deal with here today.

Now that being said, Mr. Chairman, we have lots of other things, and it did kind of strike me as odd. If we haven't been providing pay-fors or trying to figure out how we are going to pay for all the programs in the United States when we come through the Committee of

Authorization, no wonder we have a \$20 trillion debt. No wonder we have that kind of a debt. It is something if we haven't been doing it, and we heard testimony that we have, but we certainly ought to be doing it. That is called fiscal responsibility, and I think it is high time Congress started living up to that expectation by our taxpayers, and by our constituents that we be fiscally responsible. And with that, I would like to yield to the gentleman from New York, Mr. Collins.

Mr. Collins. I thank the gentleman, and as a fellow New Yorker, I would like to also point out to my fellow representative, Representative Engel from New York, if I follow your logic on the ACA -- New York State did do the expansion, and I think your suggestion would be, then, since they did do the expansion, they should be able to weather the DSH cuts, that the problem was in the States that didn't expand. Well, New York did, and I can tell you the hospitals in New York have been screaming bloody murder. They still need this DSH money even though they expanded.

So I am not sure if you are suggesting we should put an amendment forward that would suggest that New York and the other States that expanded will, in fact, suffer the DSH cuts because they did expand. So I think there is a little faulty reasoning here. New York does not want the DSH cuts, but they did expand. So I guess -- I am trying to connect A and B and not getting there.

Mr. Engel. Well, would the gentleman yield?

Mr. Collins. Certainly.

Mr. Engel. Well, certainly the DSH cuts were less drastic in

States that expanded. I didn't hear States complaining about monies that they were getting. I just don't understand why people would refuse to expand Medicaid when it is clear that there were people in their States, in their communities that needed the help.

Mr. Griffith. Reclaiming my time.

Mr. Pallone. Okay.

Mr. Griffith. Reclaiming my time, I would just have to say to the gentleman, Mr. Chairman, that the reason some States didn't expand is they didn't trust the Federal Government would actually fulfill its commitment under the ACA, and it was -- it would be fiscally hard for the Federal Government to do. So they could see that coming forward. They looked at the history of the Federal Government changing the details of how they fund various programs, and inevitably the State legislatures that didn't expand came to the conclusion, rightly or wrongly, that they couldn't trust the Federal Government to live up to its obligations on money, and to act responsibly when it came to money, and when we hear questions here today such as why are we doing this? Why are we worrying about pay-fors? No wonder they don't trust us when it comes to being fiscally responsible, and, Mr. Chairman, I yield back.

The Chairman. The gentleman yields back the balance of his time. The chair recognizes the gentlelady, I think was next, from Illinois for 5 minutes striking the last word.

Ms. Schakowsky. Thank you, Mr. Chairman. I just struck the last word.

You know, I heard the chairman refer to, you know, we ought to take care of our priorities, that is what we are doing, and with all due respect, we knew for 2 years the date when the Children's Health Insurance Program and the others would expire, and yet that date has now passed. And now we are dealing, we are dealing with it, but not in a way that Democrats and Republicans were able to sit down together and work out a plan.

I want to say something about Medicare and why this idea of people over a certain income paying 100 percent. There is something called social insurance, where everyone participates, where people pay into programs like Social Security and Medicare, and then it is a guarantee that we make to Americans. You start taking out, or at least saying that certain people have to pay everything, they have to pay the total freight on their own, it is no longer that kind of social insurance program that everybody wants to pay into. The next thing you know is people will be saying, Look, you know what, I am going to opt out, and quite frankly, why should I have to spend any money out of my payroll taxes to fund this program that isn't for me at all? That is the first step in eroding a social insurance program Medicare that has always been, for many, many, many years, in the crosshairs of the Republican Party anyway.

This program, we have no reason to make that cut, and it is pretty ironic, I would say, that these are the very same people that the Republicans were trying to help by cutting the amount of money that they had to pay to fund the Affordable Care Act through a modest Medicare

tax. So, you know, I think there is some hypocrisy here.

And I also just want to make the point that I think that we need to pass the bill, as my colleague, Anna Eshoo, said, and we need to authorize these programs to continue as we have done in many times in the past. I don't know that we need to pass it like the Senate did with the pay-fors, but I also want to suggest, if we are going to do pay-fors, there are plenty of ways to save money in our healthcare system.

I look forward to supporting Mr. Welch's amendment on Medicare price negotiations. There are lots of ways that we don't have to raise premiums on individuals, but we could go to what the President of the United States has called the price-gouging pharmaceutical companies and get money there in order to fund these necessary programs.

And so, yes, we do want to set the priorities of making sure that our community health centers are funded, that our 9 million children get the healthcare that they are on pins and needles right now, these families, on whether the money is going to be there. We can do this together. There is no reason that we can't. But I think we have to respect each other for saying that, Look, some of these pay-fors that you are mentioning are just not acceptable to us, so why don't we go back and say that let's pass the bill, we will work on the pay-fors, we will do it together, and we will take the -- we will restore the peace of mind that the American people are looking for.

You know, at the same time that we didn't have an opportunity in a timely way to do the CHIP program, the Republicans were working as

hard as they could to undo the Affordable Care Act, much of which went to help our children, to help our working families. And so, you know, let's not be sanctimonious about this, and let's just roll up our sleeves and get to work, get this thing done, and then we can work on the pay-fors. And I yield back.

The Chairman. Are there other members on the Republican side seeking recognition? Members on the Democratic side? The gentlelady from California, Ms. Matsui, is recognized to strike the last word.

Ms. Matsui. Thank you, Mr. Chairman. I move to strike the last word. Mr. Chairman, I believe everyone here on both sides of the aisle here strongly support funding for the Children's Health Insurance Program. But I can tell you that the people on this side of the aisle oppose doing it on the backs of seniors, people with disabilities, families, and, in fact, children enrolled in Medicare and Medicaid. It is really a false choice here.

This Congress, we are seeing a great deal of focus by the majority on cuts on both Medicare and Medicaid. Gutting these programs by limiting who is eligible or what services are covered will not do anything to reduce the costs of healthcare in this country. The only way that we can reduce costs is by focusing on prevention, addressing things like high prescription drug costs, and more efficiently, using the resources and providing services. We don't reduce costs in the long run by not covering people. We will do it by bringing people into the healthcare system, preventing diseases, and treating them earlier and supporting public health programs. Seniors and people with

disabilities rely on the Medicare program. It is, as my colleague said, an earned benefit, a social insurance program. People pay into this, and it ensures that everyone has access to medical care as they age or become disabled.

Medicaid ensures that mothers have access to prenatal care and well baby visits, which this legislation would jeopardize. Medicaid is essential in our fight against the opioid epidemic, providing substance use and addiction treatment.

Mr. Chairman, the urgency of funding the Children's Health Insurance Program cannot be understated. Our States cannot do it on their own, and the instability and uncertainty we have created by not funding the program ahead of its expiration is unacceptable. I believe, as others here said, there is way to do this. We should be able to fund CHIP. It is something we have agreed upon. I remember when it was passed. We had a Democratic administration, Republicans and the Congress, and we got together to do this for the children.

But certainly we have to look at the other end of the spectrum, too, the seniors. We cannot gut the seniors on Medicare in order to pay for the children. That is not the way we do things in this country. And I hope that we would think about this. We should be able to come together to find some bipartisan solution immediately, without jeopardizing these wonderful programs like Medicare and Medicaid. And thank you. And I yield to anyone who may want my --

The Chairman. Would the gentlelady yield just --

Ms. Matsui. Would anyone on my side like my time?

The Chairman. All right. That is fine.

Ms. Matsui. Would you like -- okay. Mr. Sarbanes? Either way. Okay.

Mr. Sarbanes. I thank the gentleman for yielding. I just wanted to speak on the offset issue again. The problem I have with this is the package of bills that we are looking at today, it is a package. Let's not pretend it is not a package. We are doing it on the same day for a reason. So this idea of slicing it up into different bills and sticking offsets some place and not other places, I mean, that is sort of a subterfuge here. If you address it as a package, the problem is this package doesn't have any internal consistency or integrity. You cannot, with a straight face, I don't think -- I mean, people here are trying to do it, but I don't know how you say, Oh, we have got to come up with a pay-for for CHIP, and for the community health centers, and then 5 minutes later, but we don't have to come up with a pay-for for the IPAB repeal. I mean, that just doesn't make any sense. And I think that is what is grating on our side of the aisle.

You know, we can debate whether you need pay-fors or you don't need pay-fors. That is a legitimate discussion you can have. But the idea that you say, Oh, my goodness we just got to get a pay-for for this CHIP program, and by the way, we are going to go get it from other health programs that are important to the American people, oh, but when it comes to this other thing that we are going to be talking about in 10 minutes, we don't need a pay-for there. That doesn't make any sense. I think that is why you are getting the reaction from us you

are, because there is no internal integrity or consistency to the way this package is being presented today. I yield back.

Mr. Upton. [Presiding.] The gentleman's time is expired. Other members wishing to speak? The gentlelady from Florida, strike the last word, recognized for 5 minutes.

Ms. Castor. Thank you, Mr. Chairman. I just urge my Republican colleagues to please put themselves in the shoes of mothers and fathers and families across the country that are really relying on the Congress to act swiftly. They are scared. They are uncertain. You missed the deadline. The Senate now has passed down a bipartisan bill quickly this morning by a voice vote, and they look over here at the House, and what they see is a bill that intentionally includes poison pills that are known to cause -- it is just going to cause a further delay, and it is completely unnecessary.

Put yourself in the shoes of the pediatricians out there and the providers. In fact, the American Academy of Pediatrics did send a letter to the committee, and they said, Of course reauthorize CHIP, everyone agrees on that, but any extension to the bipartisan CHIP program should be accompanied by offsets that do not harm providers, patients, and access to care. And unfortunately, that is what the Republican offsets do.

In fact, the American Lung Association also sent a letter to the committee and they say, "We oppose the current pay-fors for the legislation, including the use of both current and future money from the Public Health and Prevention Fund to pay for CHIP. Raiding funding

for public health will negatively impact children's health. Losing public health investments aimed at preventing illness and injury is likely to cause children to be sicker and our Nation's healthcare costs to skyrocket. Our Nation will never get costs under control if we don't invest in keeping children and families healthy in the first place."

And the Children's Hospital Association, they echoed this, too. "We urge the Congress to work in a bipartisan manner to ensure that legislative efforts to extend CHIP do not simultaneously weaken other important safety net programs."

And, boy, you sure got the attention of the AARP. They said, "Not only is it wrong to continue to ask Medicare beneficiaries to shoulder the burden for nonMedicare expenditures, but it will be harder to finance actual improvements and address long-term challenges in Medicare."

And they are right. We shouldn't -- what Mr. Sarbanes said about integrity and consistency applies as well for this whole argument. This is the Children's Health Insurance Program, and yet, you are going to raid the Medicare Trust Fund to pay for a CHIP extension? That doesn't make sense. It was simply slapped together at the last minute to pay for CHIP because the first 9 months of the year, the Republican Party was consumed with ripping coverage away and taking away from families that needed, under Medicaid, people with disabilities. Because means testing Medicare, we could have a debate about that.

But it is very -- the consequences would be very serious, and it is simply not fair to make such a fundamental change, go to means testing

Medicare, without a hearing? Without discussion from experts and a financial analysis and all that? That is not the way you craft a bill that is going to be important public policy for the country. And it is completely wrong to divert money from the Prevention Fund for this, as well.

It is not logical to go to the Prevention Fund. Remember SCHIP has been around since 1997. The Prevention Fund came decades after that. If we wanted the Prevention Fund to fund SCHIP, we would have done that in law, right? So it is not logical. Just as it is not logical right now to be having this debate, at the same time, Republicans have a budget on the floor that completely pulls the rug out from under families and their health. I mean, in that budget that is being debated right now just across the street, they propose pulling the rug out from under children and families, people with disabilities, our older neighbors that rely on skilled nursing care to the tune of about \$1 trillion. And also, change Medicare as we know it.

So I just urge my colleagues, put yourself in the shoes of these families. Let's move on from these political fights and return to some bipartisan negotiations that will move the CHIP and community health center reauthorization quickly. They need it. Thank you, and I yield back.

Mr. Upton. The gentlelady's time is expired. The gentleman from New Mexico. Strike the last word?

Mr. Lujan. Strike the last word, Mr. Chairman.

Mr. Burgess, if you might be able to help me out, Mr. Chairman,

I had a question for Mr. Walden or Mr. Burgess just trying to understand again on Puerto Rico and, again, appreciate the attention that the committee is giving to this, because we have to get this right, and would associate myself with the words of Mr. Sarbanes that we have a chance to get this done. And so, Mr. Burgess, does this bill require Puerto Rico to match the extra emergency Medicaid funds at 55 percent? And I would yield.

Mr. Burgess. So this is data that was provided to the Congressional Task Force on Economic Growth in Puerto Rico 2016, and this was information that was provided to the chairman and myself prior to the storms hitting the island. So based on their projections, Puerto Rico was going to exhaust remaining Federal funds in the ACA, and was going to have a gap in their spending of \$877 million, and their request to us was that we help with that, and that is what we did.

Mr. Lujan. Can general counsel help me address that question, whoever is appropriate? Does this bill require Puerto Rico to match the extra emergency Medicaid fund at 55 percent? I think we all know the answer to it.

Voice. This does not change the current FMAP.

Mr. Lujan. So the answer to the question is, no, it does not change the current FMAP, which is at 55 percent. And so looking at the MACPAC recommendations, again, at \$877 million shortfall in funding, again, Mr. Burgess, I appreciate that it is pre-hurricane. But why would we not take action, absent the \$880 million that is included on page 17 of the bill, that is up front, the 120 additional

million that would get it to \$1 billion is conditioned on actions by the Financial Oversight and Management Board for Puerto Rico.

But I guess the question that I have is, why would we treat Puerto Rico different with Hurricane Maria in this case with the money than we treated Katrina? And I would yield to anyone that might be able to help me understand that?

Mr. Burgess. Will the gentleman yield?

Mr. Lujan. Yes, absolutely, Dr. Burgess.

Mr. Burgess. Again, this was a request that came to Chairman Walden and myself the week before Hurricane Maria. This was to fix a problem that was identified, and we agreed that it needed to be fixed, and that fix is included in the SCHIP bill. This is not -- and I just stress -- this is not as a result of any damage assessment; this is not as a result of any disaster assistance. We all know that that is going to happen. Since the President was in Puerto Rico yesterday, it may happen as soon as next week. I don't know the answer to that. That will occur. And I don't think there is anybody on either side of this dais that is not going to be supportive when those dollars are known.

But this was information that was brought to us, again, the week before Maria came ashore. This was the data, the facts on the ground as it existed pre-hurricane, and we agreed to help. And this is the help. And I yield back.

Mr. Lujan. And, Dr. Burgess, while I am looking at this document and trying to better understand the recommendation from MACPAC, the

legislation authorizes this 880 over 2 years. The way I understand the MACPAC recommendation as it is 877 over 1 year. So maybe that is, at least, something that can be corrected with the 880 amount looking at two versus one. But I still just -- I can't emphasize enough here through the words that Mr. Sarbanes shared with us that we have a chance with the committee to treat this in the same way that we treated the victims of Katrina, and understanding that there is a whole slew of questions yet to be asked.

Mr. Burgess. Will the gentleman yield?

Mr. Lujan. Yes, sir.

Mr. Burgess. I don't recall any request coming to this committee from the citizens of New Orleans the week before Katrina came ashore. That just did not happen. This did happen.

The delegate from the territory of Puerto Rico came and asked for help with a problem that existed. And the committee stepped up and said we will help. To the question of how the dollars are spent, they are available, and they can be spent during the first year. They can be spent over 2 years. I rather suspect there will be additional money coming to the territory of Puerto Rico following whatever disaster assessment occurs, and that information is brought to the United States Congress. I really have no doubt about that. But this was a question that was asked of us, a request that was made of us a week before Maria came to shore, and I yield back.

Mr. Lujan. And, Mr. Chairman, while the time is expired, if any of my colleagues have time that they might be able to yield to me there

is some follow-up questions associated with that, and I appreciate the response from Dr. Burgess. Thank you, Mr. Chairman.

Mr. Upton. The gentleman's time is expired. Mr. Sarbanes, did you not already have time?

Mr. Sarbanes. Yes.

Mr. Upton. Well, we are still on strike the last word, right? Did you strike the last word? Okay. So go ahead. The gentleman from Maryland.

Mr. Sarbanes. Mr. Chairman, I yield to my colleague.

Mr. Lujan. Thank you, Mr. Sarbanes.

So I guess my question to general counsel or to members, if you can help me these specific questions associated with Puerto Rico is, how many people does Puerto Rico's Medicaid program cover? Does 1.6 million sound right? I see some nods in the audience. I appreciate that. So let's -- until corrected, let's say 1.6 million. How -- do we expect Hurricane Maria to impact the number of people qualifying for and needing Medicaid? I think that answer is obvious. We are hearing the conditions on the ground. So I would say it is dramatic.

So the question is, how does Federal Medicaid funding for Puerto Rico compare to funding for the 50 States and D.C.? Does general counsel have an answer for that one? How does Federal Medicaid funding for Puerto Rico compare to funding for the 50 States and the District of Columbia?

Counsel. Puerto Rico has a 55 percent FMAP. They have a capped

program. They have several differences, but not being a State --

Mr. Lujan. But they are a territory. These are indeed Americans.

Counsel. Yes, sir. Yup.

Mr. Lujan. In order to draw down the limited Federal funding, Puerto Rico has to put up its share of the program costs, so I think the question that we should ask is how do we expect Puerto Rico to pay its share of the Medicaid costs given the financial situation there and the impact of Hurricane Maria? And if Puerto Rico is not able to put up its share, what would happen to the 1.6 million people covered? How would they get healthcare?

So I appreciate Chairman Walden's words that there is still time to work on this, there is an amendment that I have authored with several of my colleagues that addresses this. I think taking into consideration the immediate impact and concern that exists if there is not 100 percent FMAP with a plus up, understanding the constraints that came from MACPAC itself. I have the report here, as well.

And so, again, Mr. Chairman, I certainly hope that this is an area, well, there is a lot to be talked about. This is an area that we have a chance to get something that I hope will be immediate and get the relief, but also provide a way to use these funds to help the people that we are trying to reach out to, and I appreciate the time from Mr. Sarbanes.

Mr. Burgess. Will the gentleman yield?

Mr. Pallone. Will the gentleman yield? I was going ask for your

time if you are not using it.

Mr. Sarbanes. Well, I will give you my time momentarily. I just wanted to say a couple things.

Mr. Pallone. Thanks.

Mr. Sarbanes. I appreciate that Congressman Burgess suspects that this issue will come back to us. But I don't want to wait. I don't want to be suspicious. We can do it today. We have the jurisdiction to do it today. The idea that we would be using the phrase "pre-hurricane" is ridiculous. We are not in a pre-hurricane mode anymore, we are in a post-hurricane mode. How do you say to people on the island of Puerto Rico we are doing things up here for you that --

Mr. Burgess. Will the gentleman yield?

Mr. Sarbanes. -- relate to a pre-hurricane perspective, and they are sitting there saying, Well, this is post-hurricane. What can you do to help us now? We have the opportunity to stand up and show that this committee cares within our jurisdiction, we have something that we can do post-hurricane to help them, and I yield to my colleague from New Jersey.

Mr. Pallone. I mean, I just want to emphasize, which I guess is obvious, and I thank both Mr. Sarbanes and Mr. Lujan. They have no money, so it is irrelevant, right? There is no money. Zero. So, you know, whether you do 880 million or whether you base it on pre or after, unless you make it 100 percent and you don't require a match, they are getting nothing. I mean, that is the reality. Nothing. So, I mean, I appreciate the fact that Dr. Burgess is trying to do something here,

but it is really meaningless because there is no money. I yield back.

Mr. Sarbanes. I mean, Dr. Burgess, I don't fault you for the point you are making as far as it goes. I mean, I get that. But things have changed. The world changed in Puerto Rico as a result of the hurricane. We ought to acknowledge that. And we have the jurisdiction here to do something about this. Your world changed and we are going to step up and try to help you. That is all we are saying here. I yield back.

Mr. Upton. The gentleman's time is expired. The chair will recognize the gentleman from Florida, Mr. Bilirakis.

Mr. Bilirakis. I move to strike the last word and yield my time to Dr. Burgess.

Mr. Burgess. Again, I would make the further point, this was the request that came to us, and it was responded to by the chairman of your committee and the chairman of the subcommittee, and said we would help. I have no doubt that there is going to be a fulsome assessment of damages, and it will come to us. I don't know whether it will be this week, next week or the week after, but the Congress will respond. I don't know how, in going into the writing of the SCHIP extension, we were supposed to intuit how much damage would be incurred by a Category 4 hurricane going from stem to stern on that island. I don't know how we as a committee were supposed to come up with that information.

I will offer this: I have made overtures to people on the island to come and visit them on Monday, look at their hospitals, see for myself

exactly what they are encountering. I have no doubt, no doubt that the administration and the Congress will step up and help the people of Puerto Rico. I have no doubt about that. But this was a response to a request that was brought to us by the delegate of that territory, and we responded. And it is as simple as that.

Now, if you can't take yes for an answer, then I am sorry for you, but this was a response to their request. The chairman stepped up; the subcommittee chairman stepped up and said yes. Facts on the ground have changed. And when that assessment is better known, when those funds are requested from us, I have no doubt that, again, the administration and the Congress will step up and do the right thing. And I yield back to the gentleman from Florida.

Mr. Bilirakis. Does anyone else want my time? I yield back the balance of my time.

Mr. Upton. The gentleman yields back. The time expired. Other members wishing to speak? The gentleman from California.

Mr. McNerney. I thank the chairman. I am not going to take 5 minutes, so if any Democrat wants to take the time, get ready. This is frustrating. I think we all want CHIP. We all want community health centers funded. I mean, there is no doubt about that. But we get a roadblock when we get to the pay-fors.

Now, my colleague, John Sarbanes, put it very eloquently. When there are Democratic issues then they seem to have to have pay-fors; when there are Republican issues, they don't. So it is frustrating to us knowing that, but we see a tax plan that allowed an enormous amount

to the deficit not being paid for, so there does seem to be a little bit of a hypocrisy here.

But I will say a partisan thing here if you don't mind too much, the Republicans have wasted 9 months trying to overturn healthcare, trying to rip healthcare away from 20 million Americans while this thing was on the calendar all year. We knew it was going to expire. And so now, on the last minute, when it is already expired we are fighting over it. We should have done this a long time ago. I know that Frank Pallone, our ranking member, has offered compromises. Those compromises were not accepted. It seems like they were just ignored. And so we are stuck here in a big fight, and just if you look at the pay-fors, just the Prevention Fund alone is enough to make me vote against this. I have got an outbreak of TB in my district. We need that Prevention Fund. We need to help people before this becomes a crisis.

So I am going ask my Republican colleagues to work with us. I mean, we learned you can't do it on a strictly partisan basis. You learned with the repeal and replace if you try to do it on a strictly partisan basis, it is not going to work. This is strictly partisan. We need to work together. So I don't want to waste any more time. I want to actually get progress. And so I ask you to do that. So with that, I am finished. Anyone want to take up the remaining 3 minutes of my time? Mr. Chairman, I yield back.

Mr. Upton. The gentleman.

Voice. I would like to move the previous question, Mr. Chairman.

Mr. Upton. Move the previous question. I think we have we have amendments ready. All right. Does any other member wish to -- we may support that. Are there further members wishing to speak? Seeing none, we are ready for amendments. Are there any bipartisan amendments ready to roll? The gentleman from Florida, does he have a bipartisan amendment?

Mr. Bilirakis. I have an amendment.

Mr. Upton. No, but is it a bipartisan amendment?

Mr. Bilirakis. I think everyone would like, but it is not a bipartisan amendment.

Mr. Upton. All right. The gentleman has an amendment at the desk. The clerk will report the amendment offered by Mr. Bilirakis.

The Clerk. Amendment to H.R. 3921 offered by Mr. Bilirakis.

[The amendment of Mr. Bilirakis follows:]

***** COMMITTEE INSERT *****

Mr. Upton. And the amendment will be considered as read. The staff will distribute the amendment, and the gentleman is recognized for 5 minutes in support of his amendment.

Mr. Bilirakis. As advertised, Mr. Chairman, this is the Virgin Islands amendment that will provide Medicaid relief for Americans on the island territories to include the Virgin Islands, which, just like Puerto Rico, has experienced a massive devastation resulting from the two severe back-to-back hurricanes. The U.S. Virgin Islands endured two consecutive Category 5 hurricanes, so we must be mindful of their children and the families, as well. We must pray for them, as well.

Over one-third of the children of the Virgin Islands live below the poverty level, even prior to Hurricanes Irma and Maria, and so in the aftermath of these storms their social welfare programs needs will grow just like our neighbors in Puerto Rico. This amendment would extend the relief provisions for them on the same basis as Puerto Rico in the interest of parity and fairness to our fellow Americans residing in these territories.

This amount is what was requested by the Commissioner and the reason it is not in the underlying bill, Mr. Chairman, you know you negotiated -- you did not negotiate really because you gave them -- you met the request, so you did the responsible thing and waited for the amount of money that was needed, and the amount of money is in this particular amendment. It is less than \$30 million.

We also understand from conversations with CBO that this additional policy is paid for within the scope of the package, and I

urge my colleagues to approve this amendment? Thank you very much, and I yield back the balance of my time.

Mr. Upton. The gentleman yields back. Other members wishing to speak on the amendment? The gentleman from North Carolina is recognized.

Mr. Butterfield. Thank you, Mr. Chairman. I ask to strike the last word.

Mr. Upton. The gentleman is recognized for 5 minutes.

Mr. Butterfield. Thank you very much, Mr. Chairman.

Mr. Bilirakis, I want to thank you for, in your amendment, at least acknowledging the parity between the Virgin Islands and Puerto Rico. I think that is a good start, and I want to thank you for making that acknowledgment in your amendment. However, I want to take exception to the amendment because it does not get us where we need to go, with either the Virgin Islands or Puerto Rico.

From what I can understand, the FMAP for Puerto Rico and the Virgin Islands is the same percent. That is roughly 55 percent, which means that the local governments must contribute 45 percent in order to fund the Medicaid program. The fact of the matter is that these islands pre-hurricane were in dire economic conditions, and post-hurricane they are even worse. And so the local governments in both of these countries do not have the ability to pay their share of Medicaid reimbursement. And so, I would hope that -- I would have hoped that your amendment would not only acknowledge the parity between these two territories, but also, at least, temporarily increase the share to

perhaps 100 percent so that the people of these two territories will have the benefit of Medicaid.

But at the rate we are going now the rate, the FMAP rate stays the same at 57.2, and what that effectively means is that no money will get to the people who need this care. And so I want to ask you, at some point, if you would consider offering an amendment and amending your amendment to include an increase of the FMAP to 100 percent for these two territories. I think that is what it will take in order to get the money where it needs to go and increase the \$1 billion to perhaps 6- or \$7 billion to get the money out the door and get it where it needs to be.

And so I wanted to thank you at least for putting these two territories on par. Would anyone like to take any of my remaining time? Yes? I yield to Mr. Lujan.

Mr. Lujan. Thank you, Mr. Chairman, and again, I want to applaud Mr. Bilirakis for coming forward with this. This is important, and I appreciate the language that has been put forth. And again, just to associate myself with the words of Mr. Butterfield here as we look at what can be done here with a plus up to both the Virgin Islands and to Puerto Rico and make sure that the FMAP reflects what we would do in every other instance, and especially with the recognition of what was needed with Katrina as well, so just appreciate the committee's indulgence. I thank Mr. Bilirakis for his work, and I yield back to Mr. Butterfield.

Ms. Clarke. I, too, just wanted to add my voice. Thank you, Mr.

Bilirakis. It is heartening to know that here in this committee, we are finally acknowledging that the three islands nations that make up the U.S. Virgin Islands are in dire straits. Unfortunately, our good will is not built on practicality. The practical reality for the people of the U.S. Virgin Islands and Puerto Rico at this time is that there is no revenue being generated in these territories whatsoever. So for us to add an FMAP stipulation to the healthcare that we want to make sure we provide for these Americans is foolhardy, and is almost an insult at this stage. These Americans are vulnerable to health outbreaks that are unimaginable to mainland Americans because they live in a tropical climate.

They have no water. They have no electricity. There is no sanitation. And so what we are talking about is the ability for Americans to access healthcare in a crisis situation. And while perhaps we were imagining this prior to the hurricane, we are in post-hurricane, and it is an urgent request coming from these territories that life is at stake here. We are talking about the idea of airborne, mosquito-borne illness. There is a whole host of things that can visit our fellow Americans if we don't act swiftly, prudently, and if we don't act in a way in which they can access these funds. So unfortunately I cannot, under the current construct, support your bill, as well intended as it is.

Mr. Butterfield. Thank you, Ms. Clarke. Reclaiming my time. Mr. Chairman and colleagues, in conclusion, what we are simply saying to you is these territories do not have the money. They are without

the resources. They don't even have electricity in those territories. 90 percent of the Virgin Islands residents have no electricity. They need a hand up from the Federal Government. They are expecting it, and we have the ability to do it. I yield back.

Mr. Upton. The gentleman yields back. Other members wishing to speak on the Bilirakis amendment? Seeing none -- oh, I am sorry. The gentleman from Texas.

Mr. Burgess. Mr. Chairman, I want to thank the gentleman from Florida for bringing this amendment. The gentleman from Florida responded to a request from the delegate of the Virgin Islands, and if I understand correctly, performed as requested. Again, we are likely to see significant disaster relief for the island for the territory of Puerto Rico. I don't know when that is coming. Probably next week or the week after. Again, I would just reiterate that I have offered to go to the island of Puerto Rico and see for myself. I know they are concerned about having visitors down there when things are still in such disarray, but I think it is important that we look and understand and respond.

But in no way should Mr. Bilirakis be criticized for not responding adequately. He was responding as requested. And that is what is so frustrating to hear the type of discussion that we have heard for the last 3 hours because we were responding to requests from the people who represent the people in those territories and islands. Thank you, Mr. Chairman. I will yield back.

Mr. Upton. The gentleman yields back. Other members wishing to

Speak on the amendment?

Mr. Lujan. Just quickly, Mr. Chairman, strike the last word. Dr. Burgess, if this is a pre-hurricane bill, then why is this in it? You know, we are talking about pre- and post-hurricane here, so again, I appreciate again the work of Mr. Bilirakis. That is why we acknowledged him.

Mr. Burgess. The gentleman will yield. This was a request, but on the Puerto Rico aspect, it was a request that was made of me and Chairman Walden to fix a problem they had in their Medicaid that existed 3 weeks ago. Mr. Bilirakis had a request from the delegate of the Virgin Islands. I don't know when that request was received.

But, again, we were responding to requests from the people who represent the people of those islands and territories, and I don't see how that is being construed as something that is inelegant or inadequate. I have no doubt that we will be back here, perhaps not in this committee, perhaps in some other committee, but there will be a significant relief package that is made available, and I daresay that it will be supported by everyone who is on either side of the dais in this committee.

That is not what the gentleman was asked by the delegate from the Virgin Islands. He was asked to provide this relief, and I thank him for stepping up and doing what was the right thing. I hope any other member would do exactly as Mr. Bilirakis did when that request was made, and I will be happy to yield back.

Mr. Lujan. Thank you, Dr. Burgess. And again, I thank Mr.

Bilirakis for doing the right thing, but, Dr. Burgess, do you know when the request came in?

Mr. Burgess. To answer the gentleman, do I know when what request came in?

Mr. Lujan. The request for this funding.

Mr. Burgess. To Mr. Bilirakis? I think that would be a question that you should ask Mr. Bilirakis. I don't know when that request came in. The request for Puerto Rico was about 7 to 10 days before Hurricane Maria hit.

Mr. Lujan. Well, if I may, Mr. Chairman, Dr. Burgess, as a member of the Congressional Hispanic Caucus, please consider this a request for 100 percent FMAP equity treatment for Puerto Rico, for the Virgin Islands with a plus up, and as a matter of fact, not just a request, I have an amendment that would actually achieve that as a request on behalf of -- as a member of the U.S. House working with the members of Congressional Hispanic Caucus so we can do this, so I am hoping that that request will be supported, as well.

Mr. Butterfield. Would the gentleman yield?

Mr. Lujan. I would be happy to yield.

Mr. Butterfield. Congressman Lujan, would you be willing to work with Mr. Bilirakis in working out some type of bipartisan compromise between your two versions?

Mr. Lujan. Mr. Chairman, Mr. Butterfield, absolutely, sir.

Mr. Butterfield. I think fairness would require that. Thank you.

Mr. Lujan. And with that, I yield back the balance of my time. Thank you.

Mr. Upton. The gentleman yields back. Other members wishing to speak on the amendments? Mr. Rush, did you want time or not?

Mr. Rush. Yes. Mr. Chairman, I just want to clarify something. And first of all, let me tell Mr. Bilirakis I appreciate you bringing the USVI into the discussion, and I know that your efforts on the surface are noble. However, in my discussions with a representative from the U.S. Virgin Islands. She always indicated that she was most concerned because it seemed as though the U.S. Virgin Islands and its citizens were being ignored all the necessities and the remedies and that have been offered for the island of Puerto Rico and other places. And that, therefore, she was concerned that her citizens and those that she represent was not being even a part of the conversation.

And from what I can determine from my conversations that I have had with her and others who have had conversations with her, she was not, in any way, concerned about any pre-hurricane matters, because all her concerns came about as a result of the hurricanes. And I don't think that she never mentioned that she wanted to divide what is currently, in my opinion, a very paltry and inadequate familiar for Puerto Rico. She did not want to divide that. That doesn't make sense. I mean, she is a woman -- look, these islands, they are hurting in these islands, and we are not talking about the citizens who don't reside in the main location in the countryside of these islands, you know, FEMA hasn't even been there. We must, must, before we can

determine what their actual needs are.

So this policy is an insult. This amount of money that you have in this -- in your amendment is an insult, and I stand here or sit here, I am certain that Ms. Plaskett didn't ask you to insult her constituents and come up with monies that won't even get half of her constituents remedy and relief. She doesn't want that. She wants some help, some real help, and not some illusion of help.

And so again, I want to thank you for at least bringing the U.S. Virgin Islands into the mix, bringing it into the conversation, but that is all you have done. You have not provided any relief for the citizens of the U.S. Virgin Islands, nor have you really been fair to the citizens of Puerto Rico. This dog will not hunt in this particular crises these citizens of the U.S. are facing. This is a life and death situation that they are confronted with every day, all day. I yield back.

Mr. Lujan. Would the gentleman yield? Mr. Chairman, I don't know if this is even something that would be considered, but if there would be consideration to withdraw this amendment, the amendment that I would author with Mr. Butterfield that we can work out something before we get to the floor with all of the conversation so that we indeed understand we are in a post-hurricane environment. We have an opportunity to be able to recognize the cost constraints on Puerto Rico, Virgin Islands, and we can get something done correctly that would be whole, and would send the right signal to the people in both communities.

Mr. Upton. Let me just say that I know that the administration package is expected perhaps as early as tomorrow. I know that a number of members are going down there this weekend. This bill, it is going to take a little while before it gets scheduled. I don't know if it will be on the floor next week, but it will clearly goes to Rules. There will be time to offer amendments. We will see what the administration proposes, and obviously work with the Senate, but, again, this language came directly from the delegate.

The Chairman. Whoever has control of the time, is it Mr. Rush? I understand while I was out in another meeting, there was a question about when I spoke with the delegate. I believe it was during votes Monday night on the House floor, she came to me. I brought our chief counsel of the subcommittee over immediately. We worked with her office. This language came from her office, and what the Virgin Islands needed. I think it is pretty responsive that by Wednesday, we have got the amendment to put this in. This should not -- again, this is their, I will say, standard Medicaid set of issues like Puerto Rico standard set of Medicaid issues, and so we are moving forward. There will be disaster. It is your time.

Mr. Lujan. It is your time, Mr. Chairman.

The Chairman. No, it is Mr. Rush's time.

Mr. Lujan. Will the gentleman yield?

Mr. Rush. I yield.

Mr. Lujan. Mr. Chairman, the reason I asked the question on the timing was there is this back and forth on pre-hurricane versus

post-hurricane language in the bill, and so I appreciate you making me understand this as post-hurricane, and just so we know, the supplemental just came out, and there is no Puerto Rico funding in it.

I yield back.

Mr. Upton. The gentleman's time is expired.

Mr. Rush. I yield back.

Mr. Upton. Further members wishing to speak on the amendment? Seeing none, I would note that I did not say this. Without objection, the first reading of the bill is dispensed with, so the bill is open for amendment at any point. We have been debating the Bilirakis amendment, the vote now occurs on the Bilirakis amendment. All those in favor say "aye." Aye. Those opposed say, "no." No.

In the opinion of the chair the ayes have it. The ayes have it, and the amendment is agreed to.

Mr. Rush. Mr. Chairman --

Mr. Upton. I am sorry. The amendment is agreed to. The further amendments to the bill the chair would recognize the gentleman from New Jersey, who has an amendment at the desk. The clerk will report the title of the amendment.

Mr. Pallone. It is Medicare extension amendment 01 dealing with the Medicare extenders.

The Clerk. Amendment offered by Mr. Pallone. Amendment drafted to the HEALTHY KIDS Act.

[The amendment of Mr. Pallone follows:]

***** COMMITTEE INSERT *****

Mr. Upton. The amendment will be considered as read. The staff will distribute the amendment. And the gentleman from New Jersey is recognized for 5 minutes in support of his amendment.

Mr. Pallone. Mr. Chairman, I intend to offer and then withdraw this amendment. I would like to make a point that this amendment would add the many Medicare extenders within our jurisdiction to the bill. There are a number of extenders that we share jurisdiction over with the committee on Ways and Means that expire at the end of the year. These extenders include lifting the physical therapy cap on seniors, paying for ground ambulance, extending Medicare Advantage special need plans, the home health rural add on, geographic practice costs indices, the national quality forum, and providing funding for outreach and assistance for low income Medicare beneficiaries.

Without action by Congress, these will all expire on December 31st of this year. And these are important policies that have bipartisan support for members on both sides of the aisle. There is no reason, in my opinion, that these should not also be included in the markup today along with the other extenders.

Now, I understand that we have included the extenders that are totally -- well, we had bills that were already passed that dealt with extenders that expired on September 30th. But these extenders are ones that we share with Ways and Means, and they don't expire until the end of the year. But I am very concerned that we would not exercise the jurisdiction of this committee. It makes no sense that we would wait to act. Congress should not wait until we are up against yet

another deadline at the end of this year.

We talked a lot today about process and deadlines and missing deadlines. Well, here is an opportunity not to miss another deadline, which may seem that far away, it is only a couple months, but again, I don't want to miss it. The deadline for funding CHIP and CHCs has already lapsed. Every day that goes by that we don't get these reauthorizations done, we are failing the American people, and we are failing our children. So let's not fail our seniors, too. Let's get to work on these extenders, and for once, get things done ahead of schedule.

Again, I intend to withdraw this amendment, but I have mentioned to the chairman that I would have preferred that we exercise our jurisdiction and do these amendments. I don't know if he wants to comment on it or not, but the bottom line is I do worry that, again, we are going to miss a deadline, and we shouldn't be not doing them just because we share jurisdiction with Ways and Means.

Mr. Upton. Would the gentleman yield?

Mr. Pallone. Yes.

Mr. Upton. I know I speak for Chairman Walden when I say that, as you commented -- as you commented that they don't expire until December. We want to work with the Ways and Means Committee. We have a little more time to do exactly that. I note that you only included 2 years of the therapy caps. I know our staffs have been very productive in the six-party talks, and I think that we can agree -- I would hope that we can agree actually on a permanent therapy cap policy.

I think that would make a lot of sense. But let's use the time between now and, you know, maybe the end of next month to try and get ready and get this done and not come close to some type of cliff, but able to do it in a responsible way. I appreciate the gentleman offering to withdraw the amendment, and I just want to extend the hand to say that we intend to work together on this. It needs to happen, and we are not the only players.

Mr. Pallone. Let me just -- reclaiming my time, let me just say this: I don't know where we are going after today, but Chairman Walden certainly mentioned that there may be an opportunity before this bill goes to the floor to make some changes, and I would hope that rather than wait until, you know, December, that we could possibly add these things with the cooperation of Ways and Means with this bill, rather than wait a few months, and I will yield back and withdraw the amendment, Mr. Chairman.

Mr. Upton. The gentleman yields back. Are there further amendments to the bill? The gentleman from Indiana Mr. Bucshon.

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

Mr. Upton. The clerk will read the title, report the title of the bill or the amendment.

The Clerk. Amendment to H.R. 3921 offered by Mr. Bucshon.

[The amendment of Mr. Bucshon follows:]

***** COMMITTEE INSERT *****

Mr. Upton. And the amendment will be considered as read. The staff will distribute the amendment, and the gentleman from Indiana is recognized for 5 minutes in support of his amendment.

Mr. Bucshon. Thank you, Mr. Chairman. I am offering this amendment to the HEALTHY KIDS Act, which would repeal the moratorium on physician-owned hospital expansion and new construction. The reason we are here today reauthorizing the SCHIP program is ensure that kids have access to high quality health coverage and medical care.

As a physician, I believe that patients should be able to access the healthcare provider of their choice without the Federal Government arbitrarily picking winners and losers, yet, there is a provision in Federal law that limits not only patient choice, but also patient access, including for kids, simply because a hospital has physician ownership. My amendment will change that situation.

I want to debunk common criticisms of physician-owned hospitals. In 2015, a Harvard study published in the British Medical Journal found the following, and I quote, "We found no evidence that physician-owned hospitals systematically avoid poorer patients or those from ethnic or racial minority groups. Physician-owned hospitals also performed equally to nonphysician-owned hospital in a wide array of measures of quality of care, cost and payments for care. These findings indicate a need to reexamine existing public policies that target all hospitals with physician owners. And, Mr. Chairman, I would like unanimous consent to submit that study to the record.

Mr. Upton. Without objection.

[The information follows:]

***** COMMITTEE INSERT *****

Mr. Bucshon. I would also note that repealing the moratorium doesn't open the floodgates to new construction, expansion of existing facilities. It merely can take make it a decision for States to decide on their own. According to the National Conference of State Legislatures, 34 States currently maintain some form of certificate of need program. Only 14 States, including Indiana, have no certificate of need.

I raise this important issue today to bring attention to the fact that competition is being stifled and patients are being denied opportunity to choose the hospital of their choice. Furthermore, it seems interesting that it is okay for hospitals to employ physicians, but doctors are prevented from expanding or opening new hospitals especially since a recent Stanford study found that, in fact, it is hospital ownership of physicians that drastically increases the probability that a patient will go to that hospital for procedures. That sounds like self-referral to me, and ironically, that is another one of the debunked criticisms of physician-owned hospitals. I would like unanimous consent to submit that study to the record.

Mr. Upton. Without objection.

[The information follows:]

***** COMMITTEE INSERT *****

Mr. Bucshon. While I will be withdrawing my amendment, I want to reinforce that this is an important issue that I believe the committee and Congress needs to address. So with that, Mr. Chairman, I would like to withdraw my amendment.

Mr. Upton. If the gentleman will -- withdrawing the amendment --

Mr. Burgess. Will the gentleman? Will the gentleman yield?

Mr. Bucshon. I will yield to Dr. Burgess.

Mr. Burgess. I respect the fact that the gentleman has decided to withdraw the amendment, but I hope that we can resolve this issue, because as the gentleman pointed out, a lot of problems in the Affordable Care Act, but one of the most egregious was doctors can be owned by hospitals, but doctors can't own hospitals. I mean, what is up with that? Why am I prevented from entering into a normal business practice by virtue of the fact that I have a professional degree from a medical school? I mean, it is completely backward. Invoke the pride of ownership. When I owned a facility, when my dad owned a facility, we wanted it to be the very best that it could be. There is a fundamental problem with the way this is structured. I thank the gentleman from Indiana for bringing it up. I hope this is not the last we are going to hear of it because this is a problem that needs to be fixed, and I yield back to the gentleman from Indiana.

Mr. Bucshon. Anyone else on the Republican side?

Mr. Upton. The gentlelady from Illinois would like some of your time.

RPTR FORADORI

EDTR CRYSTAL

[6:00 p.m.]

Ms. Schakowsky. Thank you. I appreciate that the gentleman is withdrawing the amendment. I do want to speak to it, however, and why, I oppose this amendment that would weaken current regulations on physician-owned hospital expansion and repeal an important safeguard of Medicare in the Affordable Care Act.

Physician-owned hospitals are inherently self-interested and skew the market in the areas in which they operate. Throughout the years, Congress, including Republicans, as well as government bodies, such as MedPAC, GAO, HHS, and the OIG, have expressed numerous concerns about physician-owned hospitals and their impact on the market in which they operate.

These hospitals have been shown to increase utilization and costs, provide services to lower acuity, more profitable patients, provide little or no care to underserved populations, and rely on 911 for emergency services rather than on their own hospital capabilities.

Recent analyses have shown that physician-owned hospitals continue to cherry pick patients and avoid serving low-income individuals, do not offer full emergency services, and avoid complex patients. Additionally, new analysis has shown that these hospitals are --

Mr. Bucshon. Mr. Chairman, my time has expired, so I am going

to yield --

Mr. Upton. I might ask unanimous consent, the gentleman have an extra minute, since we yielded a couple, to allow the lady --

Ms. Schakowsky. Oh, I am sorry, I thought I was striking --

Mr. Upton. No, you are using his time.

Ms. Schakowsky. Okay. I will finish then.

The physician -- well, let me tell you, the new analysis shows that physician-owned hospitals are 10 times more likely to be penalized for having high rates of readmissions. The law enacted in 2010 is working exactly as planned to ensure a more level playing field, one that promotes fair competition. The dangers of self-referral remain, and the foundations for current law must be fortified, not weakened, and I urge, should this come up again, members to oppose this amendment.

I yield back.

Mr. Upton. The gentlelady yields back.

Mr. Bucshon. I withdraw my amendment.

Mr. Upton. The gentleman withdraws his amendment.

Are there further amendments to the bill?

The chair would recognize himself. I have amendment at the desk.

The clerk will report the title of the amendment.

The Clerk. Amendment to H.R. 3921 offered by Mr. Upton.

Mr. Upton. And the amendment will be considered as read. The staff will distribute the amendment. And I will recognize myself for 5 minutes.

[The amendment of Mr. Upton follows:]

***** COMMITTEE INSERT *****

Mr. Upton. I will say in advance, I am intending to withdraw this amendment, but it addresses a real problem that is posed by States who have not been able to get their act together on their budgets. This has been no more evident than in the State of Illinois, who is dealing with a backlog of unpaid bills adding up to over \$15 billion, that is "B" as in big.

As of this summer, they owed their Medicaid managed care organizations over \$3 billion. And Meridian Health, which is a small MCO based in Michigan, in fact, is owed some \$664 million.

So it is obviously a real problem. It is not right. This amendment would simply allow managed care organizations, if a State is more than 60 days in arrears, to enter into an agreement with a third party to assign their debt under a bona fide secure credit agreement in order for that party to then collect it from the State. Any other entity can do this already under current law, so this would allow MCOs to do that.

As I said, I am planning to withdraw this amendment. I am looking forward to working with the chairman to see if we can get language maybe before the bill is on the floor.

I yield momentarily to the gentleman -- I yield some of my time to the gentleman from Illinois, Mr. Shimkus.

Mr. Shimkus. Thank you.

Mr. Upton is correct, Illinois is as bad as it sounds. And there is an attempt to try to get some payments through this system. And I think the State's position is that as long as their -- I mean, the

percentage rate is still the same.

And I know, I think Mr. Rush probably wants to talk on this, too, and I am very open to this as we move forward.

And I will yield back to you.

Mr. Rush. Mr. Chairman.

Mr. Upton. The gentleman, my friend from Illinois, Mr. Rush.

Mr. Rush. I want to thank you, Mr. Chairman.

As you have indicated, this is a very serious matter in our State. And your amendment that you want to withdraw certainly speaks to some resolution of the problem. And your efforts will hopefully bring some remedies to the problem that exists. Mr. Chairman, I just look forward to working with you to solve this problem.

I yield back.

Mr. Upton. Thank you, Mr. Rush.

I would yield to the gentleman from Michigan, Mr. Walberg.

Mr. Walberg. Thank you, Mr. Chairman.

I want to lend my support to this amendment as well, understanding that it will be withdrawn. But I appreciate my friend from Michigan offering the amendment for consideration, and also for my friend from Illinois and Chicago, in fact, the district I was born in.

The problem is there, but it is impacting others as well. As some States have engaged in budget balance in recent years, they have also fallen behind in payments for services rendered. In Illinois, State officials face a backlog of over \$15 billion in unpaid bills. In particular, many Medicaid managed care plans have gone without payment,

even though they have continued to deliver health benefits to vulnerable low-income populations. And, for example, as our chairman mentioned, a small Michigan-based managed care organization is owed over \$650 million.

The Upton amendment addresses this issue by allowing managed care plans to enter into agreements with a third party to assign their debt at a reduced rate and allow the third party to collect it from the State. It only seems right. If a better plan can be developed, I am all for it, but we need to move forward.

And while I understand that my colleague intends to withdraw this amendment, I hope that the chairman will work to ensure this necessary update is made and that constituents will continue to be served by the Medicaid program.

I thank you, and I yield back.

Mr. Upton. The gentleman yields back.

Other members wishing to speak on the amendment on my time?

Seeing none, I just want to say, in conclusion, that this impacts not only beneficiaries, those that are looking for treatment, but obviously providers as well. So I am hoping that we can get this resolved in some fashion and look forward to working with both sides to get it done.

And with that, I ask unanimous consent to withdraw my amendment. So ordered.

And the chair would now recognize the gentleman from New Jersey to offer an amendment.

Mr. Pallone. Thank you, Mr. Chairman. This is Pallone amendment AINS-CHIP 01.

Mr. Upton. The clerk will report the title of the amendment.

The Clerk. Amendment in the nature of a substitute to H.R. 3921, offered by Mr. Pallone.

Mr. Upton. Without objection, the text of the amendment is considered as read. The staff will distribute the amendment. And the gentleman is recognized for 5 minutes in support of his amendment.

[The amendment of Mr. Pallone follows:]

***** COMMITTEE INSERT *****

Mr. Pallone. Thank you, Mr. Chairman.

Instead of undermining our Medicare program like the underlying Republican bill, the Democratic alternative is paid for by shifting the date the government pays out claims to Medicare Advantage and part D insurance plans. This is a commonsense savings provision that simply means we hold on to taxpayer dollars before the insurance companies actually need the money. A version of this is the policy was supported by many members of this committee last Congress.

With these savings, we pay to extend the Children's Health Insurance Program, provide robust support for Puerto Rico and the U.S. Virgin Islands, delay cuts to our Nation's hospitals, and prevent harm to our most vulnerable Medicaid beneficiaries.

The amendment provides a 5-year reauthorization of CHIP, offers continued maintenance of efforts protections so kids won't be kicked off of their health insurance, and importantly, includes the ACA 22 percentage point bump in payments, as in current law, with a phase-down for States.

It also strengthens the underlying CHIP program. The amendment would add mental health and substance abuse disorder treatments as a required benefit for children and pregnant women in CHIP. We all know too well how critical it is for access to mental health services, and this would ensure that no State could leave vulnerable families without this care.

It would require State CHIP programs to suspend rather than terminate a juvenile's enrollment to do entrance into a juvenile

detention facility. And this policy ensures that troubled youth do not go without heeded healthcare upon release.

The Democratic alternative will provide much more short-term assistance to Puerto Rico and the U.S. Virgin Islands so we can help them start to rebuild, but it does so by providing full, 100 percent matching of Medicaid dollars for 2 years and raising their Medicaid cap by \$6.5 billion to ensure immediate resources.

Both territories need these critical funds to continue their regular Medicaid operations, and now to rebuild and provide care for their citizens in light of the overwhelming devastation. The amendment would also delay scheduled cuts in Medicaid DSH payments to hospitals for 2 years. And, finally, it ensures Medicaid beneficiaries are not harmed by the complicated process of collecting back payments for medical care.

Mr. Chairman, we have known for the last 2 years this deadline would be approaching on CHIP, and instead of working together to make sure these bipartisan programs were reauthorized on time, the Republican leadership has spent the last 9 months on their futile efforts to repeal the Affordable Care Act. Democrats support reauthorizing CHIP in a timely manner, but we will not do so at the expense of other important health programs.

And I still believe we can reach a bipartisanship agreement and hope my colleagues remain committed to that goal rather than advancing partisan policies which I think ultimately will go nowhere. I urge my colleagues to support the amendment.

And I would yield back, unless someone wants my 2 minutes. I yield. Yes, the gentleman from California.

Mr. McNerney. Well, I thank the ranking member for proposing this.

This looks to me like a pretty bipartisan proposal. You have heard for months what we didn't like about your plan. What do you not like about our plan?

With that, I will yield back.

Mr. Pallone. I yield back, Mr. Chairman.

Mr. Upton. Others members wishing to speak on the amendment offered by the gentleman from New Jersey?

The chair would recognize the gentleman from North Carolina, Mr. Butterfield.

Mr. Butterfield. Thank you, Chairman Walden. I move to strike the last word.

Mr. Chairman, reauthorizing the Children's Health Insurance Program is one of the most important duties I think we have as Members of Congress. My home State of North Carolina is 1 of 10 States in the country that are projected to run out of CHIP funding by the end of the year.

And so I want to thank you, Mr. Pallone, for your amendment. It is very timely and very relevant and very important to my constituents.

More than 250,000 children in North Carolina depend on the North Carolina Health Choice for Children, which is my State's version of the CHIP program. Health Choice for Children provides benefits to

children, including sick visits and checkups and hospital care, prescriptions, dental care, eye exams and glasses, hearing exams, hearing aids, and other services. These are vital services, Mr. Chairman, that help keep children in school and grow to be healthy. In many cases, these services can mean the difference between life and death.

Republican leadership has known that this funding would expire on September 30. You have known it for a very long time. Democrats have long advocated to reauthorize this program for at least 5 years and have pushed Republicans to prevent this lapse in funding.

CHIP has traditionally been a bipartisan effort and originally was authorized for 10 years, giving families and children across this country certainty about health coverage. My hope is and has been to work on this bill in a bipartisan manner, since we have always done so in the past. And as the gentleman from California asked, what is the problem with it?

I am very disappointed that Republicans were so preoccupied with trying to take health insurance away from 20 million Americans that this funding was allowed to expire. Now we have been given a bill earlier this week that has not gone through regular order and takes health benefits from some, gives it to others. That sounds familiar. According to the Center for Budget and Policy Priorities, the bill we are considering today would, quote, "make it harder for children and pregnant women to get care," end of quote, by changing the Medicaid rules.

It is a shame, it is a shame that political games are being played with the healthcare of millions of children hanging in the balance. While we must reauthorize CHIP and ensure at least 5 years of funding are made available, I cannot support this partisan legislation for the stated reasons.

I strongly support the Democratic alternative offered by Mr. Pallone. I hope that Republicans will join us -- join us, please -- in a bipartisan effort to help ensure that all children have access to healthcare.

I yield to Mr. Lujan.

Mr. Lujan. Thank you, Mr. Butterfield. And I want to thank Ranking Member Pallone as well.

Democrats have offered a reasonable alternative, one that reauthorizes CHIP, one that provides our safety net hospitals the relief they need, and a proposal that provides our territories with the funding they need to recover from a disaster.

And on that note, the letter from Director Mulvaney just came out. I hope all of my colleagues get a chance to read the supplemental request coming out of the administration. There is no request for Medicaid relief for the Virgin Islands, nor for Puerto Rico, coming out from Mr. Mulvaney in this document.

Let's not play politics with children. We all agree on the importance of the use of this program. We should not, however, offset the costs on the backs of seniors. We can pay for CHIP and all our expiring programs without hurting others. And we stand ready to work.

So I join my colleagues to support this amendment.

I yield back to Mr. Butterfield.

Mr. Butterfield. Thank you, Mr. Lujan, for those remarks.

Mr. Chairman, in closing, as Mr. Lujan said, it appears that the supplemental that has now been made available does not include funding for Puerto Rico, nor does it provide funding for the Virgin Islands.

And the debate that we had a few moments ago about the funding for Medicaid, increased funding for Medicaid, I really hope that the delegate from Puerto Rico and the delegate from the Virgin Islands really can explain this to their constituents back home, that even though this amendment passed, no money will actually be delivered to any of their constituents because they are unable to raise the matching share.

Thank you. I yield back.

Mr. Upton. The gentleman yields back.

The chair would recognize the gentleman from Texas, the chairman of the Health Subcommittee, Dr. Burgess, for 5 minutes.

Mr. Burgess. Thank you, Mr. Chairman.

I am going to oppose the amendment offered by the gentleman from New Jersey. Really, the offset that is proposed is budgetary sleight of hand and timing and is not really a serious attempt at an offset. It advances Medicare Advantage spending and part D spending in 2019 forward by 1 month. This shifts payments to plans outside of the 10-year window. So it scores in a different budgetary cycle.

It is, again, it is budgetary sleight of hand, representing about

\$34 billion. And, again, I don't believe it is a serious attempt to provide the offset for the bill.

I also want to say, as far as the timing on the State Children's Health Insurance program --

Mr. Pallone. Would the gentleman --

Mr. Burgess. -- as far as the timing is concerned, we had our legislative hearing in July of this year. We had people in from the community health centers. We had the State Medicaid director from my State of Texas here at the witness table, and we heard from them. And we were ready to go. We were ready to go with a reauthorization.

My goal had been to provide the funding for 2 additional years, until the end of the authorization in the Affordable Care Act at the end of fiscal 2019. I didn't get what I wanted. We ended up with a 5-year authorization. We do provide the funding at the 23 percent increase for 2 years. My State had already passed a budget, which had -- the budget was based on the fact that that -- that they believed that money would be there. So I thought that was a reasonable approach.

The additional 11.5 percent for the third year of the 5-year funding was originally something I did not support, but in the interest of getting to a product that could be -- that could pass on the floor, I was willing to do that.

We had a markup scheduled for the middle part of September in subcommittee. And the ranking member knows full well that this was postponed, not because of something I requested, but by a request from committee Democrats who wanted additional time to work. Okay. Fair

enough. They generously said that we didn't have to do a subcommittee markup first, that we could go to full committee, and I respected that, because we were drawing close on the time available.

Then last week, for whatever reason, it got postponed further. Again, issues that were beyond my control. I would have preferred that we had had this discussion last week. I even recommended that we stay here in town on the get-out-of-town day, which was Thursday of last week, and do this markup well into Thursday evening and night last week, so that we would have it before the 30th. I did not have much support for doing the markup last week.

So we are where we are. Again, I don't think see this amendment as being a serious attempt other than some budgetary sleight of hand, moving things outside the 10-year window. I am going to encourage my colleagues to vote no on the amendment, vote yes on the bill, and let's get this done.

I yield back.

Mr. Pallone. Could I ask the gentleman to yield his time. I guess we can ask someone else if he --

Mr. Burgess. Yeah, I will yield to the gentleman.

Mr. Pallone. Look, I just want to say, the reason why this markup is occurring so late has mostly to do with the fact that the Republicans spent the last 9 months doing the repeal of the Affordable Care Act. That is really what it is about.

Mr. Burgess. Reclaiming my time. The task for the subcommittee -- the task for the subcommittee as we started into this

Congress, yes, we all knew something was going to happen on the Affordable Care Act because it wasn't working all that well. We knew we were going to have to reauthorize the Food and Drug Administration, we do every 5 years, just like the sun coming up in the east, and we did that, and we did that well in advance of the deadline.

We also knew we had a deadline coming with the State Children's Health Insurance Program, the 30th of September. We worked hard to make that happen on a schedule. For whatever reason, it didn't.

Again, my preference would have been for us to stay here last week until we got the reauthorization done, but I really didn't have any support for that. And as a consequence, we are here this week. We need to get it done and we will.

I yield back.

Mr. Upton. The gentleman's time has expired.

The gentlelady from California is recognized.

Ms. Matsui. Yes, Mr. Chairman, I move to strike the last word.

Mr. Upton. Strike the last word. You are recognized for 5 minutes.

Ms. Matsui. I would like to yield to Mr. Pallone.

Mr. Pallone. Thank you.

I am not going to get into more about, you know, why this is delayed. I still think it is primarily because of the Affordable Care Act repeal, but whatever.

But I do want to address the offset, Dr. Burgess, because, look, the fact of the matter is that we all voted for this offset with the

21st Century Cures. It was unanimous. It was included in that as a pay-for. So it is not a sleight of hand. It is not something new or unusual. I believe it was taken out on the floor after it passed out of committee.

But beyond that, this is, this offset, this delay, HHS, OIG, and the GAO recommendation, is in line with how other plans, like the Federal Employee Health Benefits Program, are paid. And, basically, the savings from the enactment of these policies in the Democratic alternative would be captured evenly in the Medicare and Medicaid Improvement Funds.

So, look, again, we can argue again whether you like the offset or not, but, I mean, we have used it before, and it has been done with other Federal programs. So there is nothing unusual or unique about it, to be perfectly honest.

I yield back.

Mr. Upton. The gentleman yields back.

Other members wishing to speak on the amendment?

The gentleman from Vermont.

Mr. Welch. I support the amendment. And I just want to address some of the concerns that Dr. Burgess raised and reinforce a point that Mr. Pallone made.

The offsets matter, and here is why they matter. We have got a healthcare system, whether you wanted to be in favor of repeal or resisted that, it is way, way, way too expensive. We are spending way more money on healthcare than we should be. We spend twice, on average,

what other countries spend, where they have outcomes that are as good or better than ours.

And there are a lot of reasons why there is excess spending. One of the topics that a number of us have addressed is the high cost of pharmaceuticals here. But it is broken on the spending side.

And the apprehension I have about the pay-fors here, including the Medicare one, where there can be some argument made about people at the higher income paying more, but that shouldn't be in the context of a pay-for for children's health care. That is a systemic issue that has, in my view, if we are going to have integrity about, with the goal of maintaining and preserving Medicare, that should be addressed on its own merits in relationship to the overall Medicare program.

So the offsets here, when they take away from existing programs to pay for the CHIP program, is ignoring the reality that there are lots of broken mechanisms in the healthcare system where prices are not market-based, where the prices are way higher than they should be.

And my view, the common ground that we potentially have is to focus on the cost side of healthcare, not to try to address the cost side of healthcare by picking apart existing programs or address it by throwing people who are getting healthcare off of the healthcare rolls.

So this is not an incidental debate, is the point here. So I do much prefer the offsets that are proposed in Mr. Pallone's amendment.

And I yield back.

Mr. Shimkus. Would the gentleman yield, Mr. Welch?

Mr. Welch. Yes, I will.

Mr. Shimkus. So the offsets were pulled off on the floor because it was one of those Upton gimmicks that got caught, and so it was viewed as not a real pay-for. So Upton got caught trying to do something slick.

Having said that, it just needed to be put in the record. And I yield back.

Mr. Upton. Yeah. Lucky I got this gavel here. All right. Are we about ready to vote on this amendment? I think we are. Yes.

All those in favor of the Pallone amendment will say aye.

A roll call is requested. The clerk will call the roll.

The Clerk. Mr. Barton.

Mr. Barton. No.

The Clerk. Mr. Barton votes no.

Mr. Shimkus?

Mr. Shimkus. No.

The Clerk. Mr. Shimkus votes no.

Mr. Murphy?

[No response.]

The Clerk. Mr. Burgess.

Mr. Burgess. No.

The Clerk. Mr. Burgess votes no.

Mrs. Blackburn?

Mrs. Blackburn. No.

The Clerk. Mrs. Blackburn votes no.

Mr. Scalise?

[No response.]

The Clerk. Mr. Latta?

Mr. Latta. No.

The Clerk. Mr. Latta votes no.

Mrs. McMorris Rodgers?

[No response.]

The Clerk. Mr. Harper.

[No response.]

The Clerk. Mr. Lance?

Mr. Lance. No.

The Clerk. Mr. Lance votes no.

Mr. Guthrie?

Mr. Guthrie. No.

The Clerk. Mr. Guthrie votes no.

Mr. Olson?

Mr. Olson. No.

The Clerk. Mr. Olson votes no.

Mr. McKinley?

Mr. McKinley. No.

The Clerk. Mr. McKinley votes no.

Mr. Kinzinger?

Mr. Kinzinger. No.

The Clerk. Mr. Kinzinger votes no.

Mr. Griffith?

Mr. Griffith. No.

The Clerk. Mr. Griffith votes no.

Mr. Bilirakis?

Mr. Bilirakis. No.

The Clerk. Mr. Bilirakis votes no.

Mr. Johnson?

Mr. Johnson. No.

The Clerk. Mr. Johnson votes no.

Mr. Long?

[No response.]

The Clerk. Mr. Bucshon?

Mr. Bucshon. No.

The Clerk. Mr. Bucshon votes no.

Mr. Flores?

Mr. Flores. No.

The Clerk. Mr. Flores votes no.

Mrs. Brooks?

Mrs. Brooks. No.

The Clerk. Mrs. Brooks votes no.

Mr. Mullin?

Mr. Mullin. No.

The Clerk. Mr. Mullin votes no.

Mr. Hudson?

Mr. Hudson. No.

The Clerk. Mr. Hudson votes no.

Mr. Collins?

Mr. Collins. No.

The Clerk. Mr. Collins votes no.

Mr. Cramer?

Mr. Cramer. No.

The Clerk. Mr. Cramer votes no.

Mr. Walberg?

Mr. Walberg. No.

The Clerk. Mr. Walberg votes no.

Mrs. Walters?

Mrs. Walters. No.

The Clerk. Mrs. Walters votes no.

Mr. Costello?

Mr. Costello. No.

The Clerk. Mr. Costello votes no.

Mr. Carter?

Mr. Carter. No.

The Clerk. Mr. Carter votes no.

Mr. Pallone?

Mr. Pallone. Aye.

The Clerk. Mr. Pallone votes aye.

Mr. Rush?

Mr. Rush. Aye.

The Clerk. Mr. Rush votes aye.

Ms. Eshoo?

Ms. Eshoo. Aye.

The Clerk. Ms. Eshoo votes aye.

Mr. Engel?

Mr. Engel. Aye.

The Clerk. Mr. Engel votes aye.

Mr. Green?

Mr. Green. Aye.

The Clerk. Mr. Green votes aye.

Ms. DeGette?

Ms. DeGette. Aye.

The Clerk. Ms. DeGette votes aye.

Mr. Doyle?

[No response.]

The Clerk. Ms. Schakowsky?

Ms. Schakowsky. Aye.

The Clerk. Ms. Schakowsky votes aye.

Mr. Butterfield?

[No response.]

The Clerk. Ms. Matsui?

Ms. Matsui. Aye.

The Clerk. Ms. Matsui votes aye.

Ms. Castor?

Ms. Castor. Aye.

The Clerk. Ms. Castor votes aye.

Mr. Sarbanes?

Mr. Sarbanes. Aye.

The Clerk. Mr. Sarbanes votes aye.

Mr. McNerney?

Mr. McNerney. Aye.

The Clerk. Mr. McNerney votes aye.

Mr. Welch?

Mr. Welch. Aye.

The Clerk. Mr. Welch votes aye.

Mr. Lujan?

Mr. Lujan. Aye.

The Clerk. Mr. Lujan votes aye.

Mr. Tonko?

Mr. Tonko. Aye.

The Clerk. Mr. Tonko votes aye.

Ms. Clarke?

Ms. Clarke. Aye.

The Clerk. Ms. Clarke votes aye.

Mr. Loeb sack?

Mr. Loeb sack. Aye.

The Clerk. Mr. Loeb sack votes aye.

Mr. Schrader?

Mr. Schrader. Aye.

The Clerk. Mr. Schrader votes aye.

Mr. Kennedy?

Mr. Kennedy. Aye.

The Clerk. Mr. Kennedy votes aye.

Mr. Cardenas?

Mr. Cardenas. Aye.

The Clerk. Mr. Cardenas votes aye.

Mr. Ruiz?

Mr. Ruiz. Aye.

The Clerk. Mr. Ruiz votes aye.

Mr. Peters?

Mr. Peters. Aye.

The Clerk. Mr. Peters votes aye.

Mrs. Dingell?

Mrs. Dingell. Aye.

The Clerk. Mrs. Dingell votes aye.

Chairman Walden?

The Chairman. No.

The Clerk. Chairman Walden votes no.

Mr. Upton?

Mr. Upton. Votes no. Other members wishing to cast votes?

Mrs. Cathy McMorris Rodgers?

Mrs. McMorris Rodgers. No.

The Clerk. Mrs. McMorris Rodgers votes no.

Mr. Upton. Mr. Harper?

Mr. Harper. No.

The Clerk. Mr. Harper votes no.

Mr. Upton. Other members wish to cast a vote or change a vote.

Seeing none. The clerk will report the tally.

The Clerk. Mr. Chairman, on the vote, the ayes were 28 and the nays were 22. Sorry. Sorry. The noes were 28 and the ayes were 21.

The Chairman. Twenty-eight-twenty-two no. Twenty-two ayes, 28 noes, right?

The Clerk. Yes.

The Chairman. The amendment is not agreed to.

So are there other amendments?

Mr. Lujan, for what purpose do you seek recognition?

Mr. Lujan. Mr. Chairman, I have an amendment at the desk, PRVI-D 01.

The Chairman. The clerk will report the amendment.

The Clerk. Amendment to H.R. 3921, offered by Mr. Lujan.

The Chairman. Without objection, the first reading of the amendment is dispensed with, and the gentleman is recognized to speak on his amendment for 5 minutes.

[The amendment of Mr. Lujan follows:]

***** COMMITTEE INSERT *****

Mr. Lujan. Thank you, Mr. Chairman.

Mr. Chairman, this was the amendment that I was referring to earlier when we were having a discussion about the concerns that clearly exist with adequate funding to make sure the people of Puerto Rico and on the Virgin Islands, that they are able to fully access care and the concerns that exist without 100 percent FMAP and plus-up that would allow for the care that we are concerned about that does not exist to be available to the people that have suffered the impact of Hurricane Maria.

Now, Dr. Burgess, I was encouraged earlier when there was a conversation that ensued that said, look, while this bill may move, there will be a conversation and a debate around a supplemental that will be coming from the administration and that will present an opportunity to look at the FMAP and a plus-up that is needed.

That hope quickly vanished when I put my eyes on a document that was recently received from Mick Mulvaney, the Director of Office Management and Budget. And if anyone would like to see this document that hasn't seen it, the encouragement that there may be a request for Medicaid funding in the supplemental is not the case.

So here is another chance, another amendment before us to right this wrong. And I certainly hope that we can heed this because no longer can we be told, well, don't worry, Mick Mulvaney, he has got the back of the people, he will send the request down, he will do the right thing.

Clearly, the President just visited the island. The magnitude

of the impact of the people clearly has to be understood with the assessments that have been going on for the last 2 weeks, awaiting the President's arrival. And I was surprised and a bit ashamed that Director Mulvaney didn't include that request in here.

So, Mr. Chairman, I hope that there is consideration for the amendment before us. This would be a plus-up based on the calculation of the minority staff. It would also provide 100 percent FMAP. And I am certainly hopeful that we will be able to get this done.

And I would be willing to yield any time to anyone.

The Chairman. Mr. Butterfield.

Mr. Butterfield. Thank you very much for yielding, and I won't be very long.

But, you know, more than 50 years ago, Dr. Martin Luther King, Jr., said longevity has its place. And I am going to say here today that partisanship has its place in a deliberative body such as the U.S. Congress, but not in a matter such as this.

You have got American citizens in the Virgin Islands and in Puerto Rico and those territories who have been devastated by a 500-year hurricane. They are literally under water. They are without shelter. They are without healthcare. They are going to have health needs in the months and years to come. The least we can do, as the Congress of the United States, is to provide funding to these territories so that these poor people, God forbid, these poor people can get healthcare that they deserve.

I ask you to please soften your position and work with us in trying

to reach some type of bipartisan legislation.

I yield back to you, Mr. Lujan.

Mr. Lujan. I yield to Mr. Cardenas.

Mr. Cardenas. Thank you, Congressman Lujan, for bringing this very important issue to light.

And I just want to remind everybody watching -- I know that everybody in this room knows that the people of the Virgin Islands and the people of Puerto Rico are American citizens. But as a poll just showed us recently, too many American citizens don't recognize or understand that they are in fact American citizens.

So I don't think we can repeat enough times as often as we can to remind our good fellow American citizens around this country that we are not talking about giving foreign aid. We are talking about giving what we do as Americans to and for other Americans in crisis and in need. The subject that Ben Ray Lujan is bringing up is about American citizens, about dignity and respect for American citizens.

I yield back.

The Chairman. The gentleman's time has expired.

Other members seeking recognition?

The gentleman from Illinois, Mr. Shimkus.

Mr. Shimkus. Just strike the last word.

And I understand the passion and concern of my colleagues. We are an authorizing committee that are moving a CHIP and community health center bill paid for, I think that is what the agenda is today.

Constitutionally, all appropriations begin where, by the

Constitution? In the House of Representatives. When we all say that, depending upon who is the President, he proposes, we dispose. So even when an OMB Director submits a letter and request, it goes -- the request will be created and formulated by our appropriators. They will bring the emergency supplemental bill to the floor, which will, I hope, then, you all will then engage, as I am sure you will, with the folks on your side, to help us provide the funds needed to address the emergency situation.

We are mixing apples and oranges. I know it is kind of a good thing to do, and I am going to be one that will always say it is important to remember those in the devastated areas. But, constitutionally, we appropriate, and that is why we have appropriators, I think they do a good job, and that is where the request will go.

And I would encourage my colleagues on both sides of the aisle, who have passionate feelings, to make sure they reach out to their appropriators to meet the needs of not only the folks in the continental United States, but our territories.

Mr. Lujan. Will the gentleman yield?

The Chairman. Will the gentleman yield?

Mr. Shimkus. I think I would like to yield to my chairman first.

The Chairman. I appreciate the gentleman yielding.

I think it is important to understand that in this legislation that is before us today we found a way to pay for close to a billion dollars in additional Medicaid spending for Puerto Rico, a billion dollars almost. This was what they needed to avoid the cliff. We

thought that was responsible to do here. When the Delegate from the Virgin Islands approached me about their issue, we took immediate action.

The administration has just proposed a \$12.77 billion additional fund for the recovery needs in the wake of the hurricanes for all Americans living in Puerto Rico, the Virgin Islands, Florida, and Texas. This money will pay out close to \$200 million a day to fund the activities that FEMA has to help the islands.

So I guess what I think we are all saying, this shouldn't be a partisan issue. To try and conflate these two is a little frustrating, because we are trying to do the responsible thing for Puerto Rico on their Medicaid, We are trying to do the responsible thing for the Virgin Islands on their Medicaid, we trying to reauthorize CHIP, we are trying to reauthorize community health centers, and fund them all here, in what is, I think, a responsible way. I know there is a difference of opinion.

There will be other funding requests I am sure that will come in the wake of these hurricanes. This was the immediate issue that we could put in this bill and take care of this initial problem, that reflected the requests that we had gotten from the Delegate from Puerto Rico and from the Commissioner from the Virgin Islands. And this committee stood up, and said, okay, we are good, let's go do that. I am sure there will be other requests, which in the course of due process we can take on.

To simply come tonight with a \$6 billion additional spend that

we haven't seen a request on necessarily or had time to really evaluate I think is a bit premature. And so what we are trying to do here is take care of the things that we have worked on, add in the things we know are there, avoid cliffs, and move forward in a bipartisan way.

So, unfortunately, I don't think we are going to get bipartisan much on anything, although I guess on Virgin Islands we did.

So with that, I would yield back.

Mr. Shimkus. And I know that my colleague wants time. But in our debate, we did have in the room the delegate from Puerto Rico has been listening in and had to go out in the hallway, and I went down to try to explain what was going on here. And so that is what drove me back just to a chance to address authorizations, pay-fors, and then emergency spending to make sure that we kind of at least cleared up the process.

Mr. Butterfield. Would the gentlemen yield, respectfully.

Mr. Shimkus. I know Mr. Lujan wanted to. I probably don't have enough time for him to respond.

Mr. Butterfield. I just wanted to put into the record, if you may, that the Delegate from the Virgin Islands, Ms. Plaskett, has been watching every minute of these proceedings by television, and I have been texting with her throughout these proceedings.

Mr. Shimkus. Good. And I didn't want to leave her out.

Mr. Butterfield. Thank you.

Mr. Shimkus. There was no intent to do that.

Mr. Butterfield. Thank you.

The Chairman. She has been very good to work with, and as soon as she asked me on the floor, we responded to her request. We want to be helpful to all the victims of all these disasters.

Mr. Butterfield. At least we have acknowledged, Mr. Chairman, I think we have, that the Virgin Islands and Puerto Rico are on par as territories, that there should not be difference between --

The Chairman. I didn't know there was a question with that.

Mr. Butterfield. Well, there has been --

The Chairman. Not in my mind, never has been.

Mr. Butterfield. There has been neglect over the years.

The Chairman. But, I mean, in terms of --

Mr. Shimkus. I think that my time has expired.

Mr. Butterfield. -- American citizens to other American citizens, there is no question in my mind.

Mr. Shimkus. I don't want my time anymore. I really want to give it back.

Mr. Green. Mr. Chairman, can I strike the last word?

The Chairman. Regular order. Regular order. We are over time. We will stop that.

Who on the Democratic side seeks recognition and for what purpose?

Mr. Green, for what purpose do you seek --

Mr. Green. I will be very brief, Mr. Chairman.

The Chairman. You just want to strike the last word.

Mr. Green. I think the issue we have is that we treating the Virgin Islands and Puerto Rico, who are U.S. citizens, different than

we treated folks from Louisiana, or folks who came from Louisiana to Texas in 2005 after Katrina, because the Federal Government covered 100 percent of the cost of Medicaid for both those evacuees coming to Texas and those left in Louisiana.

We are not doing that for Puerto Rico or the Virgin Islands in this piece of legislation. And I think that is the thing that we ought to remember, U.S. citizens are U.S. citizens. And why are we not treating the folks there in the islands the same?

And I will yield to my ranking member.

Mr. Pallone. I am going to be brief. Thank you.

Look, the bottom line is, no money is going to go to Puerto Rico and Virgin Islands if we don't have 100 percent because they don't have the money. My understanding is they have zero dollars to pay for this. So if you don't have the match -- if you require the match, you are doing nothing. I mean, that is the bottom line.

As far as this cap, you know, this cap is like -- I understand it is like 30 years old. Again, people like Donna Christensen, Stacey, Nydia Valazquez have all been talking about the absurdity of this thing for years. It is based on some population numbers from 30 years ago. And the 6.5, my understanding, is based on the fact that that is what they would get over 2 years to make up for the 100 percent. In other words, if they are paying 55, this is like the 45 money that they would get to make up for 2 years of not having the 100 percent.

So these are very reasonable -- it is very reasonable to raise this cap. This cap was so arbitrary and so old it is ridiculous. And

the 6.5 is reasonable based on the last 2 years of funding that they haven't gotten because they had to match the funding.

But the bottom line is, if you don't give them the 100 percent and if you require any kind of a match right now, none of this money is going to go there. So why would we even suggest that somehow that is helping someone? It is not.

I yield back.

Mr. Green. Mr. Chairman, I yield the time he may consume to my colleague from New Mexico.

Mr. Lujan. Mr. Chairman, I don't think that you were in the room when we were talking about this earlier, but after Dr. Burgess helped us understand where the billion dollars came from, the \$880 million in the bill and the 120 that the board has to approve, that it came from MACPAC. And while the legislation in front of us has the money for 2 years, MACPAC's recommendation was 877 over 1 year. And so there is even a deficiency with what has been put in front of us with MACPAC versus the bill.

And then the other question that I don't believe that anyone has addressed is, did anyone even take the time to see if Puerto Rico can hit the match with the money that is going to be put on the table? That is what we are talking about here. You know, where I come from we have a lot of fights about water. Water rights with dry water and wet water. You can drink wet water. You can't drink dry water.

And what I want to make sure is that the relief that is being sent, that they can actually use it, as opposed to being promised: Here comes

help. And then this board and these other constraints and the bureaucracy kick back in again such that we know with the smart economists that you have, Mr. Chairman, on staff, Ph.d.'s, degreed up, actuaries, some of the smartest people in America, they know the answers to these questions.

And this isn't new. I understand the bill that is in front of us today, but this is 2 weeks in. As much as I would have liked to have seen this marked up without the deadline, I appreciate the words of Mr. Burgess, we are here today and we know the impact that is needed.

So I would be happy to share the MACPAC document. I would be happy to share the Mulvaney document. I appreciate the civics and parliamentary lesson I received from my friend, Mr. Shimkus. But we are here now, we are in committee now.

There was a cartoon when we were kids that was called "School of Rock," I believe, and it talked about how -- or "Schoolhouse Rock" was the name, right, that was another movie -- and "Schoolhouse Rock" talked about how a bill becomes a law. We are in the committee now. We don't have to wait for some other vehicle. We can address this now, Mr. Chairman. So let's find a way to do it.

I yield back.

The Chairman. The gentleman yields back.

Other members seeking recognition?

The gentlelady from Florida seeks recognition. Strike the last word. Is that correct?

Ms. Castor. Yes.

The Chairman. So recognized.

Ms. Castor. Thank you very much, Mr. Chairman.

I want to thank Mr. Lujan for offering this amendment and standing up for American citizens in Puerto Rico and the Virgin Islands. And I want to thank my colleague and good friend, Mr. Bilirakis, for fixing the omission of the Virgin Islands from the underlying bill, and Mr. Butterfield and Ms. Clarke and my other colleagues, who are really fighting a great inequity that has become more apparent with the devastation from Hurricane Maria.

I know many people did not really understand how the territories are treated so unequally when it comes to their healthcare needs and Medicaid. There is this flexible State-Federal partnership, the matching flexes over time. From Florida, when a hurricane hits, or tough economic times hit, Floridians aren't asked to pay more, it is flexible, and that is the way it should be.

But not so for Puerto Rico. And now they need our help more than ever. And I am completely floored that the White House now has sent over, as Mr. Lujan mentioned, from Mr. Mulvaney a request for the emergency bill next week that does not address the healthcare needs for Puerto Rico. And what they say, what Mr. Mulvaney says is, he says, okay, all departments by October 25, send us all of your requests.

We cannot wait that long. The folks in Puerto Rico cannot wait that long. They are out of money. And meanwhile people have healthcare needs and doctors want to help them and the hospitals want to help them.

So HHS says, okay, October 25, here is our request, and then the Congress doesn't come back until Halloween, so the help doesn't get to Puerto Rico until sometime in November maybe. Meanwhile, this is so inexplicable because the bipartisan conversations happening around the Congress this week about Puerto Rico have been, okay, what is going to go into the emergency package next week for Puerto Rico on health needs. And then the White House doesn't -- President Trump goes down there yesterday and the request that comes out, after talking with all the leaders there, is nothing for the healthcare needs, this grand inequity that has gotten worse after the hurricane. It is unbelievable. I am totally floored by it.

And I am calling on our Republican friends, again, here is a way directly where we can step up right now, knowing that it is not in the White House's priority, it is not in their priority list for the emergency package next week. So this committee really has a very serious responsibility now. This is all in our jurisdiction and we should take it. Send the message to the appropriators.

Some of them are working on this right now. And I hope they now -- we can't vote it down because what message would that send to the appropriators as they prepare the package next week? That is not going to -- that is just not going to fly, and we simply can't leave our fellow citizens hanging in Puerto Rico and the Virgin Islands.

So I urge a yes vote. Let's move this immediately. And I appreciate Mr. Lujan's leadership.

Mr. Rush. Would the gentlelady yield?

Ms. Castor. I yield to Mr. Rush.

Mr. Rush. Mr. Chairman and members of the committee, I just want to establish that until Monday of this week, by your own admission, Mr. Chairman, the U.S. Virgin Islands was not only suffering in silence, but the rest of the Nation, the media and everybody who had a voice, their voice was silent about the Virgin Islands, you know.

And I take my hat off to Mr. Lujan and others who are trying to deal with this most serious matter of what is going on in Puerto Rico. But in the Virgin Islands there is still a deafening silence that is occurring in relation to U.S. citizens in the Virgin Islands. At this point they have no Federal help at all. Puerto Rico has a modicum of help and support. The U.S. Virgin Islands has absolutely no help, nor support.

And too often --

The Chairman. The gentleman's time has expired. Go ahead.

Mr. Rush. Mr. Chairman, can I please finish?

Too often in the course of the last 2 weeks the mass media and the major media and the Members of this body, the U.S. Congress, have been woefully silent about the terrible conditions that the people in the U.S. Virgin Islands are suffering through day by day also. They are all citizens of the U.S. And if it affects one, it should affect us all.

And we are just today using this platform --

The Chairman. The gentleman's time is up.

Mr. Rush. I yield back.

The Chairman. Yeah. The gentleman's time has expired.

The chair recognizes the gentleman from Kentucky to strike the last word.

Mr. Guthrie. Move to strike the last word.

I just want to talk -- I know we are talking pre-storm and post-storm and what has been offered, and Dr. Burgess, who is the chairman of the subcommittee and I am vice chairman. And I want to tell you, because we are hearing a lot of people say citizens are citizens in America. We know that, we absolutely know that, and want to address this problem and move forward.

I know in the Affordable Care Act there was money put into Puerto Rico, but it didn't solve the underlying -- it didn't try to address the underlying to make it fair, as people said, between what is going on in the territories and here.

And I will tell you, as the chairman as the Medicaid Task Force that we have had on our side, meeting with Dr. Burgess, we met time and time and again. I met with hospital officials from Puerto Rico before the storm where has it brought attention to this. But just as saying, what is fair to the citizens of Puerto Rico who are American citizens, and we have been looking at this last year, the summer, moving forward.

When I have met with Dr. Burgess and our Resident Commissioner, and he says, we have to address something for these, what is going on there. Because part of the debt problem that is going on in Puerto Rico, prior to the storm, I grant that it is prior to the storm, as

you brought up, but a big part of the debt problem is the way they are treated unfair in Medicaid, in that a lot of the debt, if they weren't being able to pay their bills or accounts payable to hospitals in the medical infrastructure.

So if they just went bankrupt then it would really destroy the medical infrastructure that was there pre-storm. I am going to grant that I am talking about pre-storm, I know that seems to be a difference here. And I will tell you, Dr. Burgess has taken to his heart, I have seen it, I have seen it at meetings when he looked at me and said, we have really got to address this problem because this is a big part.

There are other things that went on pre-storm in Puerto Rico, but a big part of it is the way they were treated unfair -- or differently than the rest of the States. And so we had a -- we met with Resident Commission Gonzalez and said, "How can we move forward?" and came up with this package. We went through it. We found pay-fors. It was ready. And we said, "Let's move this forward."

And I am not saying this is the only package that we have to do. But when you are hearing people -- these are U.S. citizens, like we don't recognize that on this side. I will tell you, we have been looking at this and addressing it and I think people from the island who have been to Washington, D.C., have met with myself, met with Dr. Burgess, others, that we have had this on our forefront. With the ability to address in the last omnibus, we put -- there was ability to move some money that was already designated in one place for Puerto Rico to address this Medicaid problem with them. We are looking at

it now.

I have not seen the letter, and I will read it, and I won't have time to respond to it in the next few minutes. But we do have to deal with the Medicaid issue in Puerto Rico, not just one time, but I think we have to deal with it in the long term.

I know the Affordable Care Act, I think it was -- I am thinking \$2 billion, a substantial amount of money, but didn't fix the underlying problem. That is something hopefully we all, whatever -- I know we are talking tonight, but what all we need to sit down and make that work, not just for Puerto Rico. And Mr. Rush made it -- we have other territories that we have to make sure are treated fairly.

And I think -- believe me, I know our chairman believes that, I just wanted to say it, because I have been in those meetings and I have seen that happen. I know the full committee chairmen have had those meetings, too. They have been going on for a year.

The Chairman. Would the gentleman yield?

Mr. Guthrie. I will yield.

The Chairman. Since the day she has got here, I have been met with the Resident Commissioner, and we have talked about both -- there is another issue we are going to deal with at some point in the committee on Medicare and auto-enrollment. Puerto Rico is the only place that doesn't do auto-enrollment. And so they have all these people that don't know they are supposed to enroll, so then they miss the deadline and they get penalized because they didn't sign up. It is the only place that this happens. She brought that to my attention.

We have been working on this Medicaid piece all along. And we did the first tranche of funding earlier in the year in the omnibus to take care of it, and we knew we had this the second tranche to get done.

To say we have somehow been ignoring the people of Puerto Rico is garbage because we have been meeting with their elected representative. And I think she knows the situation there better than the rest of us who maybe have never been there. I have been to Puerto Rico. I worked with one of her predecessors on a wilderness bill in Puerto Rico.

Look, we are trying to do the right thing here with the information we have. We knew we had this problem, so we are going to solve this problem.

When the Delegate from the Virgin Islands approached me just this week and said, "By the way, our Medicaid issue is similar to Puerto Rico, it runs out later," I said, "How can we help?" And today we had the amendment to solve their problem for this year. So we are attendant to this.

Second, the emergency relief bills that have come before us have been available to the people of the Virgin Islands and Puerto Rico all along. The new one that just -- the supplemental request that just came to the Congress today, \$12.77 billion, FEMA money that can be used by Puerto Rico, used by the Virgin Islands residents, Florida, Texas, to deal with the storms. We all know we are going to be doing much more work here. It is just to open the checkbook right now and say,

"Here is another \$6 billion that we are going to add in," I don't think is the responsible way to go at this point.

And, yeah, you end up with FEMA trailers -- I am not saying that is going to happen here. But I am just saying, we need to be thoughtful about how this works, and we will be open.

Mr. Shimkus. [Inaudible.]

The Chairman. Regular order. Regular order. Regular order. Regular order.

And, by the way, so far I haven't found a single yes vote for the underlying bill. So they might vote for their amendment, but then they will vote against the underlying bill anyway.

RPTR ALLDRIDGE

EDTR SECKMAN

The Chairman. But that is not the point. The point is we need to resolve this problem today, work on the next problem. And if it means increased FMAP, let's have that discussion, and then how we pay for that and all that. We are not saying we won't. But right now we can fix this. And it made sense to put this on a bill we know we need to get done and pass. And then we will turn to the next thing. And that is my pledge.

Mr. Guthrie. I yield back.

The Chairman. Other members seeking recognition?

The gentleman from New York, Mr. Tonko, is recognized.

Mr. Tonko. Mr. Chair, I move to strike the last word.

The Chairman. And you are recognized for 5 minutes, sir.

Mr. Tonko. Thank you.

As we address this major bill, I think it is so important to recognize a sense of urgency. Within the district and region that I represent, we have seen 500-year storms. We have recognized that as communities what devastation comes and how difficult it is to come back from that loss of life and property.

But we are looking at a situation that goes beyond 500-year storms. We are talking about storm on top of storm in a given short period of time. We are talking about economies that have collapsed. We are talking about our territories, the Virgin Islands, Puerto Rico,

that, by their geographic base as islands have particular problems.

You know, it has been said here that Congress controls the purse strings. But I think our incumbent responsibilities here -- to be able to provide the sense of urgency, to instruct and guide appropriators, to establish those priorities, to create that established sense of urgency, to sort of serve as that moral compass -- is an awesome responsibility. And I would hope that we would not circumvent that responsibility.

What we have here is an opportunity to establish a tone, a tone that would be different than that in this letter from the Director of Management and Budget. We need to let the appropriators, the entire House know that there is a statement coming from this committee and that it recognizes the complexities of issues that are impacting the current moment and the healthcare of all peoples, including children, in these given regions. And we have a golden opportunity to express this sentiment as a committee in a bipartisan fashion. And I believe that would be Congress working at her best. And so I would just request that we pay attention to this amendment to make certain that we support what is fair and what is fundamentally compassionate, and do that in a way that exercises our deeply rooted responsibilities as a committee.

With that, I yield back.

Mr. Burgess. [Presiding.] The gentleman yields back.

Other members seeking recognition?

For what purpose does the gentlelady from New York seek recognition?

Ms. Clarke. Mr. Chairman, I would like to strike the last word.

Mr. Burgess. The gentlelady is recognized for 5 minutes.

Ms. Clarke. I rise in support of my colleague's amendment. I am particularly disappointed in the treatment our fellow American citizens in the U.S. Virgin Islands and Puerto Rico have received in this bill.

Fortunately, this amendment rectifies this situation. This amendment would, among other things, provide a much needed increase in Federal Medicaid match, a match that is more in line with the amount of funding needed to help rebuild their healthcare systems. The healthcare systems of both the United States Virgin Islands and Puerto Rico were struggling before the hurricanes. And now, after the hurricanes, these healthcare systems are on life support. I believe that affordable quality healthcare is a right, full stop.

The funding provided in this bill is not sufficient enough to provide the long-term financial support needed to establish and sustain the first-class healthcare systems that Virgin Islanders and Puerto Ricans and all Americans need and have a right to.

Despite what Donald Trump may think, the United States territories are a part of the United States, and their residents are U.S. citizens. We have a moral obligation to help our fellow citizens. We must work together to help strengthen the U.S. Virgin Islands' and Puerto Rico's healthcare systems and infrastructure. Hopefully, our working together in a bipartisan manner towards the goal -- this goal -- will be one thing that comes out -- one bipartisan thing that

comes out of this bill.

Voting in support of this amendment is the right thing to do, and I ask my colleagues to join me in supporting this amendment.

And I yield to Mr. Lujan at this time -- or I yield back, Mr. Chairman.

Mr. Burgess. The chair thanks the gentlelady. The gentlelady yields back.

Other members seeking to be heard on the amendment?

Seeing none. If there is no further discussion, the vote occurs on the amendment. The vote occurs on the amendment.

All those in favor shall signify by saying aye.

All those opposed, no.

The noes have it, and the amendment is not agreed to.

Mr. Pallone. We are having a roll call.

Mr. Burgess. The gentleman asked for a roll vote?

Mr. Pallone. Yes, I did.

Mr. Burgess. The clerk will call the roll.

The Clerk. Mr. Barton?

[No response.]

The Clerk. Mr. Upton?

[No response.]

The Clerk. Mr. Shimkus?

Mr. Shimkus. No.

The Clerk. Mr. Shimkus votes no.

Mr. Murphy?

[No response.]

The Clerk. Mr. Burgess?

Mr. Burgess. No.

The Clerk. Mrs. Blackburn?

Mrs. Blackburn. No.

The Clerk. Mrs. Blackburn votes no.

Mr. Scalise?

[No response.]

The Clerk. Mr. Latta?

Mr. Latta. No.

The Clerk. Mr. Latta votes no.

Mrs. McMorris Rodgers?

Mrs. McMorris Rodgers. No.

The Clerk. Mrs. McMorris Rodgers votes no.

Mr. Harper?

Mr. Harper. No.

The Clerk. Mr. Harper votes no.

Mr. Lance?

Mr. Lance. No.

The Clerk. Mr. Lance votes no.

Mr. Guthrie?

Mr. Guthrie. No.

The Clerk. Mr. Guthrie votes no.

Mr. Olson?

Mr. Olson. No.

The Clerk. Mr. Olson votes no.

Mr. McKinley?

Mr. McKinley. No.

The Clerk. Mr. McKinley votes no.

Mr. Kinzinger?

Mr. Kinzinger. No.

The Clerk. Mr. Kinzinger votes no.

Mr. Griffith?

Mr. Griffith. No.

The Clerk. Mr. Griffith votes no.

Mr. Bilirakis?

Mr. Bilirakis. No.

The Clerk. Mr. Bilirakis votes no.

Mr. Johnson?

Mr. Johnson. No.

The Clerk. Mr. Johnson votes no.

Mr. Long?

[No response.]

The Clerk. Mr. Bucshon?

Mr. Bucshon. No.

The Clerk. Mr. Bucshon votes no.

Mr. Flores?

Mr. Flores. No.

The Clerk. Mr. Flores votes no.

Mrs. Brooks?

Mrs. Brooks. No.

The Clerk. Mrs. Brooks votes no.

Mr. Mullin?

Mr. Mullin. No.

The Clerk. Mr. Mullin votes no.

Mr. Hudson?

Mr. Hudson. No.

The Clerk. Mr. Hudson votes no.

Mr. Collins?

Mr. Collins. No.

The Clerk. Mr. Collins votes no.

Mr. Cramer?

Mr. Cramer. No.

The Clerk. Mr. Cramer votes no.

Mr. Walberg?

Mr. Walberg. No.

The Clerk. Mr. Walberg votes no.

Mrs. Walters?

Mrs. Walters. No.

The Clerk. Mrs. Walters votes no.

Mr. Costello?

Mr. Costello. No.

The Clerk. Mr. Costello votes no.

Mr. Carter?

Mr. Carter. No.

The Clerk. Mr. Carter votes no.

Mr. Pallone?

Mr. Pallone. Yes.

The Clerk. Mr. Pallone votes aye.

Mr. Rush?

Mr. Rush. Aye.

The Clerk. Mr. Rush votes aye.

Ms. Eshoo?

Ms. Eshoo. Aye.

The Clerk. Ms. Eshoo votes aye.

Mr. Engel?

Mr. Engel. Aye.

The Clerk. Mr. Engel votes aye.

Mr. Green?

Mr. Green. Aye.

The Clerk. Mr. Green votes aye.

Ms. DeGette?

Ms. DeGette. Aye.

The Clerk. Ms. DeGette votes aye.

Mr. Doyle?

[No response.]

The Clerk. Ms. Schakowsky?

[No response.]

The Clerk. Mr. Butterfield?

Mr. Butterfield. Aye.

The Clerk. Mr. Butterfield votes aye.

Ms. Matsui?

Ms. Matsui. Aye.

The Clerk. Ms. Matsui votes aye.

Ms. Castor?

Ms. Castor. Aye.

The Clerk. Ms. Castor votes aye.

Mr. Sarbanes?

Mr. Sarbanes. Aye.

The Clerk. Mr. Sarbanes votes aye.

Mr. McNerney?

Mr. McNerney. Aye.

The Clerk. Mr. McNerney votes aye.

Mr. Welch?

Mr. Welch. Aye.

The Clerk. Mr. Welch votes aye.

Mr. Lujan?

Mr. Lujan. Aye.

The Clerk. Mr. Lujan votes aye.

Mr. Tonko?

Mr. Tonko. Aye.

The Clerk. Mr. Tonko votes aye.

Ms. Clarke?

Ms. Clarke. Aye.

The Clerk. Ms. Clarke votes aye.

Mr. Loeb sack?

Mr. Loeb sack. Aye.

The Clerk. Mr. Loeb sack votes aye.

Mr. Schrader?

[No response.]

The Clerk. Mr. Kennedy?

Mr. Kennedy. Aye.

The Clerk. Mr. Kennedy votes aye.

Mr. Cardenas?

Mr. Cardenas. Aye.

The Clerk. Mr. Cardenas votes aye.

Mr. Ruiz?

Mr. Ruiz. Aye.

The Clerk. Mr. Ruiz votes aye.

Mr. Peters?

Mr. Peters. Aye.

The Clerk. Mr. Peters votes aye.

Mrs. Dingell?

Mrs. Dingell. Aye.

The Clerk. Mrs. Dingell votes aye.

Chairman Walden?

The Chairman. No.

The Clerk. Chairman Walden votes no.

Mr. Barton?

Mr. Barton. No.

The Clerk. Mr. Barton votes no.

Mr. Upton?

Mr. Upton. No.

The Clerk. Mr. Upton votes no.

Mr. Schrader?

Mr. Schrader. Aye.

The Clerk. Mr. Schrader votes aye.

Mr. Burgess. Are there any other members seeking to be recorded on this vote?

Seeing none, the clerk will report.

The Clerk. Mr. Chairman, on that vote, the ayes are 22 and the nays are 28.

Mr. Burgess. Ayes are 22, and the nays are 28. And the amendment is not agreed to.

Are there further amendments?

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

Mr. Burgess. Yes. For what purpose does the gentlemen seek recognition?

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

Mr. Burgess. The clerk will report the amendment.

The Clerk. Amendment to H.R. 3921, offered by Mr. Engel.

[The amendment of Mr. Engel follows:]

***** COMMITTEE INSERT *****

Mr. Burgess. The gentleman is recognized for 5 minutes.

Mr. Engel. Thank you, Mr. Chairman.

My amendment would simply delay the schedule of cuts to Medicaid Disproportionate Share Hospital payments, or DSH payments, for 2 years, giving Congress more time to come to a responsible solution that won't jeopardize patient access to safety net hospitals. Medicaid DSH payments help sustain hospitals that serve a disproportionate number of low-income and uninsured patients. In doing so, these hospitals incur tremendous uncompensated costs. Hospitals might be underpaid for services or not paid at all.

Medicaid DSH payments help make up for those losses. These hospitals operate on extremely narrow, if not negative, margins. That means every cut has a major effect on their ability to serve our communities across our country.

If we fail to delay the Medicaid DSH cuts that were triggered on August 1st and force hospitals to roll back their services or close their doors, many Americans, especially the most vulnerable among us, will have nowhere to turn. We obviously cannot let that happen. Without my amendment, the underlying bill just creates a new SGR for Medicaid DSH with cuts that hospitals cannot possibly sustain. Hospitals would be facing a nearly 25-percent cut in their DSH payments in just a year. On top of that, the bill extends cuts for 2 additional years, widening the overall funding hole from \$43 billion to \$57 billion. And I want to underscore, and I hope everybody listens to this, that this is a bipartisan priority.

I would like to enter into the record a letter that I authored with Congresswoman Culberson of Texas and Congressman Palazzo of Mississippi.

[The information follows:]

***** COMMITTEE INSERT *****

Mr. Engel. Our letter asks House leadership to delay cuts to Medicaid DSH for 2 years or until a more sustainable permanent solution is reached. This letter was signed by 221 Members, more than half the House. And that list includes nearly 60 Republicans, 5 full committee chairs, every Democratic on this committee, and Republican members on this committee as well. That 221 also includes Representatives from 41 States.

This strong bipartisan showing illustrates that this is not a Democratic issue, not a Republican issue, not a blue State issue or a red State issue. It is about making sure that every one of our constituents can turn to safety net hospitals in times of need.

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

Mr. Burgess. The gentleman yields back.

Anyone -- for what purpose does the gentleman from Kentucky seek recognition?

Mr. Guthrie. To strike the last word.

Mr. Burgess. The gentleman is recognized for 5 minutes.

Mr. Guthrie. Yeah. I think we all agree -- as he said, it is bipartisan -- that the across-the-board reductions to DSH allotments made in the ACA was not good policy. But at the same time, it is important to be fiscally responsible in how we address the reductions in the DSH allotments. And it is a good goal to curb Medicaid spending over time.

In the Healthy Kids Act, we restore the 2 billion in DSH reductions

from the Affordable Care Act in 2018, and the cost of that policy is offset. Some may not prefer the manner in which the fiscal 2018 cuts are offset, and we understand that. But the hospital community -- but if the hospital community is able to come to consensus around an alternative approach for a responsible bipartisan offset, an offset that curbs Medicaid or hospital spending to replace the approach in this bill, the committee is open to having that conversation.

With that said, we must be fiscally responsible in addressing the DSH issue, and this amendment is not fiscally responsible. According to CBO, the amendment would increase the deficit by over 14 billion by shifting all of the cuts out 2 years. I cannot support this amendment, as it would increase the deficit.

And I yield back my time.

Mr. Burgess. Will the gentleman yield?

Mr. Guthrie. I will yield to the --

Mr. Burgess. I thank the gentleman for yielding.

I just want to point out the statement was made that this would become -- this would become the new SGR. I think it is intuitively obvious to the most casual of observers that the difficulty with the sustainable growth rate formula was the update adjustment factor, something we all grew to hate because the amount of indebtedness accrued and grew over time. This is simply a 1-year delay of the cut.

I also agree that the problem cries out for a long-term fix. I am optimistic that we will be able to get that done within this fiscal year and anticipate being able to solve that problem for our hospitals.

But in the meantime, I will just, again, reiterate that I heard from hospitals back in Texas today who are grateful that the committee was taking this up and the committee was taking this action because it is important, both for States that didn't expand their Medicaid program and those that did, as we have heard from the gentleman from New York.

So I thank the gentleman for yielding. And I urge an "aye" vote -- a "no" vote on the amendment. And I will -- the vice chairman yields to the ranking member, for reasons I don't understand.

Mr. Pallone. Thank you.

Thank you, Mr. Vice Chair.

I just want to speak in favor of Mr. Engel's amendment. As we know, Medicaid Disproportionate Share Hospitals serve the most vulnerable among us, low-income or uninsured patients that have nowhere else to go. And the DSH payments have long served as a safety net allowing these hospitals to keep their doors open to those most in need. However, as a result of inaction from Congress, these hospitals are facing catastrophic cuts that were scheduled to go into effect on October 1st. Without action by this committee, the Medicaid DSH cuts will grow to \$8 billion by 2024, a cut that will not be sustainable and could force many of these institutions to shut their doors.

Now, the 1-year delay included in the Republican bill today does not provide the longer term certainty that these hospitals need. Over 220 members have urged that we delay these cuts for at least 2 years, which is what the amendment offered by my colleague, Mr. Engel, would

do. Now, again, this is not the permanent solution our safety net hospitals need or deserve, but it will give them the peace of mind they need to continue to serve our Nation's most vulnerable. So I urge my colleagues to vote in favor of this amendment and provide the 2 years of relief until we can find a more permanent solution.

I yield back and thank my colleague.

Mr. Burgess. The gentleman yields back.

For what purpose does the gentlelady from New York --

Ms. Clarke. To strike the last word, Mr. Chairman.

Mr. Burgess. The gentlelady is recognized for 5 minutes.

Ms. Clarke. Thank you, Mr. Chairman.

I rise in support of my colleague's amendment. The Medicaid Disproportionate Share Hospital program, also known as DSH, provides payments to safety net hospitals that serve a high proportion of Medicaid beneficiaries and uninsured patients. The payments are essential for hospitals to offset their uncompensated care costs from treating low-income patients. Because DSH hospitals usually have a low percentage of commercially insured patients, they cannot cost-shift these losses to private payers. DSH payments allow hospitals in my district, such as Kings County Hospital and NYU Lutheran Medical Center, to keep their doors open and provide quality service to my constituents.

I would like the Republicans to explain their rationale concerning the DSH cuts. On one hand, you give children access to care by extending CHIP, yet, on the other hand, by decimating the DSH

payments, you deny them a place where they can go that can actually use their CHIP coverage. This absolutely makes no sense. Just look at these cuts absolutely -- just like these cuts absolutely make no sense. The only purpose of these cuts are to harm those who are most in need and most vulnerable in our society.

Therefore, I ask my colleagues to join me in supporting this amendment.

And if my colleague would like, I yield to Mr. Welch.

Mr. Welch. I thank the gentlelady.

I speak in support of this amendment. Rural hospitals will get hit hard on this. Vermont has 14 hospitals; 13 of them are in very rural areas. We have one big teaching hospital, the University of Vermont, in Burlington. And this is going to be an ax that falls next year. It won't hit us real hard right away. But in a year or so, it is going to hit us very hard. All of us have a real concern about the rural hospitals in our district.

So I strongly support the Engel amendment and urge that we support it as well. I yield back.

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

Mr. Burgess. Would the gentlelady -- would she yield to me for a moment?

Ms. Clarke. Yes, I will, Mr. Chairman.

Mr. Burgess. So I would just make the point that the DSH cuts actually occurred as a consequence of the Affordable Care Act.

I did not vote for Affordable Care Act. That is something that

you may not have known. I opposed the Affordable Care Act when it came through this Congress in 2009, 2010. But the DSH cuts, that sword of Damocles was always out there for our safety net hospitals, and they have been concerned about this for a number of years.

We are actually allowing them a stay of execution. I think that 1 year is long enough for us to figure this out and come to a more permanent solution. And I am optimistic that that will occur.

And I thank the gentlelady for yielding. And I will yield back to her. And she yields back the balance of the time.

So are there other member seeking recognition on the amendment?

Mr. Pallone. Roll call.

Mr. Burgess. Seeing none, if there is no further discussion, the vote will occur on the amendment.

Mr. Pallone. Roll call.

Mr. Burgess. And the gentleman asked for a roll call vote. So the clerk will call the roll.

The Clerk. Mr. Barton?

[No response.]

The Clerk. Mr. Upton?

Mr. Upton. No.

The Clerk. Mr. Upton votes no.

Mr. Shimkus?

Mr. Shimkus. No.

The Clerk. Mr. Shimkus votes no.

Mr. Murphy?

[No response.]

The Clerk. Mrs. Blackburn?

[No response.]

The Clerk. Mr. Scalise?

[No response.]

The Clerk. Mr. Latta?

Mr. Latta. No.

The Clerk. Mr. Latta votes no.

Mrs. McMorris Rodgers?

[No response.]

The Clerk. Mr. Harper?

Mr. Harper. No.

The Clerk. Mr. Harper votes no.

Mr. Lance?

Mr. Lance. No.

The Clerk. Mr. Lance votes no.

Mr. Guthrie?

Mr. Guthrie. No.

The Clerk. Mr. Guthrie votes no.

Mr. Olson?

Mr. Olson. No.

The Clerk. Mr. Olson votes no.

Mr. McKinley?

Mr. McKinley. No.

The Clerk. Mr. McKinley votes no.

Mr. Kinzinger?

[No response.]

The Clerk. Mr. Griffith?

Mr. Griffith. No.

The Clerk. Mr. Griffith votes no.

Mr. Bilirakis?

Mr. Bilirakis. No.

The Clerk. Mr. Bilirakis votes no.

Mr. Johnson?

Mr. Johnson. No.

The Clerk. Mr. Johnson votes no.

Mr. Long?

[No response.]

The Clerk. Mr. Bucshon?

Mr. Bucshon. No.

The Clerk. Mr. Bucshon votes no.

Mr. Flores?

Mr. Flores. No.

The Clerk. Mr. Flores votes no.

Mrs. Brooks?

Mrs. Brooks. No.

The Clerk. Mrs. Brooks votes no.

Mr. Mullin?

Mr. Mullin. No.

The Clerk. Mr. Mullin votes no.

Mr. Hudson?

[No response.]

The Clerk. Mr. Collins?

Mr. Collins. No.

The Clerk. Mr. Collins votes no.

Mr. Cramer?

[No response.]

The Clerk. Mr. Walberg?

Mr. Walberg. No.

The Clerk. Mr. Walberg votes no.

Mrs. Walters?

Mrs. Walters. No.

The Clerk. Mrs. Walters votes no.

Mr. Costello?

Mr. Costello. No.

The Clerk. Mr. Costello votes no.

Mr. Carter?

Mr. Carter. No.

The Clerk. Mr. Carter votes no.

Mr. Pallone?

Mr. Pallone. Aye.

The Clerk. Mr. Pallone votes aye.

Mr. Rush?

Mr. Rush. Aye.

The Clerk. Mr. Rush votes aye.

Ms. Eshoo?

[No response.]

The Clerk. Mr. Engel?

Mr. Engel. Aye.

The Clerk. Mr. Engel votes aye.

Mr. Green?

Mr. Green. Aye.

The Clerk. Mr. Green votes aye.

Ms. DeGette?

Ms. DeGette. Aye.

The Clerk. Ms. DeGette votes aye.

Mr. Doyle?

[No response.]

The Clerk. Ms. Schakowsky?

Ms. Schakowsky. Aye.

The Clerk. Ms. Schakowsky votes aye.

Mr. Butterfield?

Mr. Butterfield. Aye.

The Clerk. Mr. Butterfield votes aye.

Ms. Matsui?

Ms. Matsui. Aye.

The Clerk. Ms. Matsui votes aye.

Ms. Castor?

Ms. Castor. Aye.

The Clerk. Ms. Castor votes aye.

Mr. Sarbanes?

Mr. Sarbanes. Aye.

The Clerk. Mr. Sarbanes votes aye.

Mr. McNerney?

Mr. McNerney. Aye.

The Clerk. Mr. McNerney votes aye.

Mr. Welch?

Mr. Welch. Aye.

The Clerk. Mr. Welch votes aye.

Mr. Lujan?

Mr. Lujan. Aye.

The Clerk. Mr. Lujan votes aye.

Mr. Tonko?

Mr. Tonko. Aye.

The Clerk. Mr. Tonko votes aye.

Ms. Clarke?

Ms. Clarke. Aye.

The Clerk. Ms. Clarke votes aye.

Mr. Loeb sack?

Mr. Loeb sack. Aye.

The Clerk. Mr. Loeb sack votes aye.

Mr. Schrader?

Mr. Schrader. Aye.

The Clerk. Mr. Schrader votes aye.

Mr. Kennedy?

Mr. Kennedy. Aye.

The Clerk. Mr. Kennedy votes aye.

Mr. Cardenas?

Mr. Cardenas. Aye.

The Clerk. Mr. Cardenas votes aye.

Mr. Ruiz?

Mr. Ruiz. Aye.

The Clerk. Mr. Ruiz votes aye.

Mr. Peters?

Mr. Peters. Aye.

The Clerk. Mr. Peters votes aye.

Mrs. Dingell?

Mrs. Dingell. Aye.

The Clerk. Mrs. Dingell votes aye.

Mr. Burgess?

Mr. Burgess. No.

The Clerk. Mr. Burgess votes no.

Chairman Walden?

The Chairman. No.

The Clerk. Chairman Walden votes no.

Mrs. Blackburn?

Mrs. Blackburn. No.

The Clerk. Mrs. Blackburn votes no.

Mr. Barton?

Mr. Barton. No.

The Clerk. Mr. Barton votes no.

Mrs. McMorris Rodgers?

Mrs. McMorris Rodgers. No.

The Clerk. Mrs. McMorris Rodgers votes no.

Mr. Hudson?

Mr. Hudson. No.

The Clerk. Mr. Hudson votes no.

Mr. Cramer?

Mr. Cramer. No.

The Clerk. Mr. Cramer votes no.

Mr. Kinzinger?

Mr. Kinzinger. No.

The Clerk. Mr. Kinzinger votes no.

Ms. Eshoo?

Ms. Eshoo. Aye.

The Clerk. Ms. Eshoo votes aye.

Mr. Burgess. Are there any other members seeking to be recorded?

If not, the clerk will report the total.

The Clerk. Mr. Chairman, on that vote, the ayes were 23 and the nays were 28.

Mr. Burgess. The ayes are 23; the nays are 28. The amendment is not agreed to.

Are there further amendments to the bill?

I don't see anyone else.

For what purpose does the gentleman from Massachusetts seek

recognition?

Mr. Kennedy. I got some magic words of -- an amendment that I hope to offer and withdraw.

Mr. Burgess. The clerk will report.

The Clerk. Amendment to 3921, offered by Mr. Kennedy.

[The amendment of Mr. Kennedy follows:]

***** COMMITTEE INSERT *****

Mr. Burgess. The gentleman is recognized for 5 minutes on his amendment.

Mr. Kennedy. Thank you, Mr. Chairman.

Mr. Chairman, earlier this morning, I spoke to leaders of family-run organizations that are focused on children with mental health issues from all across this country. They are exhausted, not only by fighting against efforts to take away mental health care and reimpose stigmas but by caring for their own children. You cannot put a price on the relief that guaranteeing parity would bring them.

But even if you did, the CBO has indicated that it would cost nothing. With parity laws already covering 95 percent of CHIP beneficiaries, extending mental health care for these few children and expectant mothers should not be bipartisan and should not be hard, especially in the midst of an opioid epidemic that has left countless babies suffering from the impact of neonatal abstinence syndrome.

Less than a year ago, many of you here today publicly and proudly expressed your interest in strengthening parity laws. This is a chance that we have got, and I hope you will support this amendment.

Mr. Chairman, this is a bill that we have gotten back at least preliminary indication from CBO that would score 0. I have been in discussions with my friend Mr. Hudson. I think he might be interested in the bill as well. I would yield to him if he would like -- if you want the time.

Mr. Hudson. I appreciate that, Mr. Kennedy. Before I begin, I think it is important that I acknowledge that today is Mr. Kennedy's

birthday, and I would like to wish you a happy birthday.

Mr. Kennedy. And I am so thrilled to have spent the last 8 hours with all of you. Thank you.

The Chairman. Wait until you see the next 8 hours.

Mr. Hudson. But I appreciate the birthday boy yielding to me here.

Listen, assuring children and pregnant women enrolled in CHIP have access to needed mental health services is a policy goal that I support. CHIP enrollees should have access to the --

The Chairman. [Presiding.] The gentleman will suspend. If we could kind of hold things down so we can hear Mr. Hudson a bit.

Thank you.

Mr. Hudson. Thank you, Mr. Chairman.

It is certainly a policy goal I support. CHIP enrollees should have access to the care they need. It is important not only in North Carolina but across the country. It is my understanding that all CHIP programs provided some level of coverage for inpatient and outpatient mental health services. But after talking to my colleague, Mr. Kennedy, it appears there are gaps in the coverage. If there are gaps in services or access, I think it is fair to say that all of us on both sides of the aisle want to close those gaps. And while I like the goal this policy is looking to achieve, I believe more information is needed. I for one need to talk to North Carolina's CHIP program officials and see what the impact will be back home. I would also like to talk to CBO and determine whether this would indeed have no cost.

And I understand Mr. Kennedy is going to withdraw this amendment. I would be very happy to work with you to ensure we conduct the proper research on this issue, consult with CBO, and find a way to achieve this goal of removing coverage gaps in mental health coverage for children and pregnant women.

Mr. Kennedy. I appreciate that, Mr. Hudson. And with that --

Mr. Burgess. Will the gentleman yield?

Mr. Kennedy. Yes, Dr. Burgess. Happily.

Mr. Burgess. Access to these services is important. The information I received after learning of your amendment today, the information that I received from MACPAC was that the coverage was currently at 100 percent, which is maybe why it was a zero score on the cost. But agreeing with my friend from North Carolina, Mr. Hudson, if there are gaps, we want them addressed. And so I will commit to working with you going forward and getting more information and dealing with any problems that we might uncover.

I will be happy to yield back to the gentleman from Massachusetts.

Mr. Kennedy. Thank you, Mr. Chairman. I appreciate that.

And I will yield back, unless anybody else wants -- and withdraw the amendment.

The Chairman. The gentleman withdraws his amendment.

Mr. Kennedy. Thank you.

The Chairman. We appreciate the collegiality here, and we will continue the process.

Are there other amendments to this bill?

For what purpose does the gentleman from New Mexico seek recognition?

Mr. Lujan. Thank you, Mr. Chairman.

I have an amendment at the desk, Lujan 068.

The Chairman. The clerk will report the amendment.

The Clerk. Amendment to H.R. 3921, offered by Mr. Lujan.

The Chairman. Without objection, further reading of the amendment is dispensed with.

[The amendment of Mr. Lujan follows:]

***** COMMITTEE INSERT *****

The Chairman. The gentleman is recognized to speak on his amendment.

Mr. Lujan. Thank you, Mr. Chairman.

My amendment builds on a strong start that allows parent mentors to qualify for CHIP outreach and enrollment grants. This doesn't cost any additional money. It simply adds parent mentors to the outreach statute and allows them to apply to their States for funds that our Republican colleagues have already included in this package.

More than 4.8 million American children lack health insurance. Among uninsured kids, more than half of them are eligible for but not enrolled in Medicaid or CHIP. Most of the children who are eligible but not enrolled are minorities. This is unacceptable, and we must be doing more to cover these kids.

The concept of a parent mentor is simple. Mothers and fathers

with at least one CHIP covered child will receive approximately 20 hours of paid training and then assist families in their own communities with insurance applications, help them retain coverage, and work to address social determinants of health like food insufficiency and housing issues.

Let me say this again: We can make good paying jobs for moms and dads who might otherwise find themselves unemployed. And then those moms and dads go out into their own communities and save the government money by making sure their friends and neighbors enroll their kids in health insurance. The date on this is clear. The parent mentors offer multiple benefits, more children are insured faster, children's access to healthcare and parental satisfaction -- improved quality of well childcare is enhanced, and thousands of dollars are saved per child. Jobs are created and disparities are --

The Chairman. Will the gentlemen yield?

Mr. Lujan. Yes, sir.

The Chairman. We are prepared to accept this amendment. We concur with you on the policy.

Mr. Lujan. Thank you, Mr. Chairman.

With that, I would just ask unanimous consent to submit an article --

The Chairman. Yes.

[The information follows:]

***** COMMITTEE INSERT *****

Mr. Lujan. -- and submit my remarks in their entirety.

[The prepared statement of Mr. Lujan follows:]

***** COMMITTEE INSERT *****

The Chairman. Perfect. Thank you.

Is there further comment on this amendment?

If not, seeing none, all those in favor will say aye.

Those opposed, nay.

The ayes have it, and the amendment is agreed to.

And we appreciate you bringing that to our attention.

Now, are there any other amendments on this one?

What purpose does the gentleman from Vermont seek recognition?

Mr. Welch. Thank you, Mr. Chairman.

I have an amendment at the desk. It is to strike section 203 and assert a new section.

The Chairman. All right. The clerk will report the amendment for Welch.

The Clerk. Amendment to H.R. 3921, offered by Mr. Welch.

The Chairman. Further reading of the amendment is dispensed with, without objection.

[The amendment of Mr. Welch follows:]

***** COMMITTEE INSERT *****

The Chairman. The gentleman is recognized for 5 minutes to speak on his amendment.

Mr. Welch. Thank you, Mr. Chairman.

This amendment would delegate authority to the Secretary of Health and Human Services to negotiate all price discounts in the purchase of prescription drugs for the Medicare program. It has long been an astonishing fact that the biggest purchaser of pharmaceutical drugs on behalf of Medicare beneficiaries is, by law, prohibited from working out the best deal for the taxpayers by using basic market principles: A seller and a buyer negotiating for a fair price. A seller wants to sell high. A buyer wants to buy low. That is true in every commercial interaction. That is the way it is. And it was a unique and really unexplainable provision in the Medicare part B program -- or part D program where we handcuffed the Secretary of Human Services from being able to get the best deal.

Now, the argument that some folks make is that negotiation doesn't work. But what we have is a situation where we buy wholesale but have to pay retail. And it is resulting in enormously high prescription drug prices. There was a study that was done that showed that, in fact, the 20 top pharmaceutical products, we are paying in the Medicare program about 58 percent more than we pay in other programs. Medicaid oftentimes has negotiation. The VA program has price negotiation. And they get a much better price.

We are all struggling here right now about the pay-fors to extend the CHIP program that we all support. So what is the problem with -- it

is not imposing a price; it is negotiating a price.

And by the way, when Elijah Cummings and I had an opportunity to meet with President Trump about this, he made it quite clear: You know, if he was negotiating for something in one of his buildings, he is going to try to negotiate a good price. And if he is buying 1,000 mirrors, he is going to get a better price than if he is buying 10. And he totally gets it, that this makes sense to do.

And what he also gets -- and what I think every one of us can get -- is that the people we represent are really struggling at their kitchen table trying to figure out their budgets. And a lot of times they are having to make a decision about whether they can take the full prescription that has been provided by their physician or not because the price is too high. And it is hammering the taxpayer, putting enormous pricing pressure on people needlessly. This is not about restricting what the pharmaceutical companies do. It is just saying: Hey, there is going to be a price negotiation here because the government is buying in bulk.

Negotiation works. I will give an example. It involves Tommy Thompson, who was a Governor of Wisconsin but later become our Health and Human Services secretary. But in 2011, when we had to get a lot of Cipro, the price was the 4.67 per dose at the Federal supply schedule. The Federal supply schedule had it at \$1.77. During the anthrax scare, Secretary Thompson purchased a hundred million doses for 95 cents and had an option to purchase another 100 million at 85 cents, and a third round at 75 cents per dose as opposed to the 4.67.

I mean, it mystifies everybody I have ever talked to when they are told that we, this Congress, has passed a law saying we can't negotiate through the Medicare program to get a better deal for them and for the taxpayer. We have got an opportunity to do it. This is the time to do it. It is money that we can save for taxpayers and consumers.

So, Mr. Chairman, my hope here is that we can begin this process of focusing on the excessive cost in various components of our healthcare system, rationalize them, introduce market principles like negotiation and get a better deal for taxpayers, for employers who are paying for healthcare for their employees, and for consumers as well. And I yield back the balance of my time.

The Chairman. The gentleman yields back the balance of his time.

The chair recognizes the gentleman from New York to speak on the amendment, Mr. Collins, for 5 minutes.

Mr. Collins. Thank you, Mr. Chairman.

I am going to speak against this amendment. The debate that we are having here should not be about lowering cost through bureaucracy or government rate setting, which would not only increase long-term cost but limit access to those lifesaving treatments. Instead, we need to be steadfast in our commitment to spur investment and innovation.

The biopharmaceutical industry spends about \$51.2 billion in R&D each year. An immense boost to U.S. jobs and the economy. To lower costs in private prescription drug market, we need more of what works -- competition and market innovation -- and less of what doesn't

work -- more bureaucracy and Washington interference. We must continue to spur investment and innovation. The House-passed 21st Century Cures legislation included such provisions to speed up the process of drug approvals and design in the pipeline to continue to spur competition to keep costs in check. Instead of a one-size-fits-all government solution, we need to focus on solutions that push and encourage private sector innovation.

Part D plans already negotiate rebates paid by manufacturers. The Medicare trustees report that many brand-name prescription drugs carry substantial rebates, often as much as 20 to 30 percent, and that, on average, across all program spending, rebate levels have increased each year of the program. In fact, Medicare regulations state a part D sponsor is required to provide its part D enrollees with access to negotiated prices for covered part D drugs.

CBO has found that part D plans have secured rebates somewhat larger than the average rebates observed in commercial health plans. CBO has also found the idea of government negotiation, placing the Secretary in between plans and manufacturers, will not save the government any money because of the efficiency of the current market. The GAO has reported that part D plans do lower the cost for beneficiaries, lower premiums, deductibles, and copays through their ability to negotiate prices with drug manufacturers and pharmaceuticals. And the part -- the Medicare actuaries actually report that the average plan bid in part D, the amount the plans project an average enrollee will cost, is lower today than in the first year

of part D's operation.

So, with that, Mr. Chairman, I yield back and encourage my members to vote no on this amendment.

The Chairman. The gentleman yields back the balance of his time.

The chair recognizes the gentleman from New Jersey for 5 minutes to speak on the amendment.

Mr. Pallone. Thank you, Mr. Chairman.

I, too, as Mr. Collins, believe very much that we must invest in new drugs and new ways of doing things with both drugs and medical devices. And I represent a lot of the drug companies that actually do that kind of research and develop new product. But the fact of the matter is it is simply not fair, and it doesn't make sense to not have negotiated prices. I think that Mr. Welch's amendment is probably the -- would be the biggest boost to try and reduce prices, which is what I hear from my constituents. I hear more about rising drug prices and the concern about people's inability to pay them than almost any other issue. And the fact of the matter is this is a simple measure. It is not bureaucracy. It is not even anticompetitive, in my opinion. What it really says is, you know, if you are going to -- if you have the power through the government, through HHS or whatever, to actually negotiate because you are buying so much through the Medicare program, that you should use that to try to reduce prices and negotiate. We are not setting the prices, as some countries do. But the fact of the matter is that the United States and its -- and Americans are paying all the costs of innovation. Because in other countries, they either

set the prices and negotiate the prices and the drugs are a lot cheaper, and so we have to pay more in order to fund the innovation and the research, which just isn't fair to the average American, that they have to pay more.

So I think this is a very simple solution. The President has repeatedly supported it. He supported it during the campaign. He has repeated it several times. I am sure that if you placed a bill on his desk that had negotiated prices, he would sign it in a minute and probably have you in the Rose Garden to announce it. And so I think it makes absolutely no sense for us to suggest that this isn't a good thing to do. I don't think it is going to hinder research. I don't think it is going to hinder innovation by any means. But in any case, it is only fair. And we do it with other agencies, like the VA.

So I just want to urge support for Mr. Welch's amendment.

The Chairman. The gentleman yields back the balance of his time.

Other members seeking recognition on the Welch amendment -- on the Republican side.

Seeing none, the chair recognizes the gentleman from California, Mr. Peters, for 5 minutes.

Mr. Peters. Thank you, Mr. Chairman.

I want to take that, but I had a question for Mr. Welch. I just wanted -- if he would address it.

I am concerned about the possibility of the Secretary of HHS rationing drugs for seniors or picking or choosing among drugs. And I want to confirm your understanding, as I read it, that this amendment

would not require a particular formulary or authorize such a formulary.

Mr. Welch. That is correct.

Mr. Peters. All right. Thank you.

Mr. Chairman, I yield back.

The Chairman. The gentleman yields back. Are there other members?

The gentlelady from Illinois is seeking recognition to strike the last word, is recognized for 5 minutes.

Ms. Schakowsky. You know, of all the aspects of the healthcare industry the one that is really driving prices so high is related to pharmaceuticals and their costs. There was an interesting article last month on the -- in JAMA, the Journal of the American Medical Association, that talks about how drug companies have regularly overstated the cost of research and development. It is an academic study looking at these -- at this overcharging.

I think anybody looking objectively at the healthcare industry would say we have to get control of the cost of pharmaceuticals. And it is not as if we don't have experience with that. As Mr. Welch has, I think, really adequately pointed out, we know how to do that. Just look at the Veterans Administration and other aspects of our government where we do exactly that. And I was here that long night that we debated Medicare part D. And I remember very well the language that the pharmaceutical companies deliberately wrote into that bill saying that there will be no negotiations by Medicare for lower drug prices. I also remember that the chairman of that committee who then went on to

work for -- as head of PhRMA and their lobbying effort, I think he probably earned that position very well.

But, regardless, it seems to me that it is just smart business on the part of the government. You know, we are all familiar with negotiations. We know what those are. We do it all the time -- or maybe not often enough -- to try and come to agreement on things. And why we would not use the power of this group, the Medicare beneficiaries, to get a better deal seems to really be a -- you know, we are not doing our job. We are just not doing our job if we don't take advantage of that opportunity.

So, you know, I don't know who is being protected exactly. Clearly, the pharmaceutical companies benefit as long as we don't do negotiations. Our consumers pay the highest price in the world for drugs, for the same drugs that are a lot less money elsewhere in the world. Why is that? And why do we allow that to happen? Shame on us. You know, if consumers say, you know, "Why aren't you making a better deal for us," we don't have a good answer.

So I would say that this is something we could really, really help the cost of healthcare in this country if we were just to simply adopt this one amendment.

So I urge support for the Welch amendment and yield back.

The Chairman. The gentlelady yields back the balance of her time.

Other members seeking recognition?

The chair recognizes the gentleman from Illinois, Mr. Shimkus,

for 5 minutes --

Mr. Shimkus. Thank you, Mr. Chairman.

The Chairman. -- to strike the last word.

Mr. Shimkus. Thank you, Mr. Chairman.

So, when we moved Medicare D, there was no prescription drug benefit for seniors at that time. So there was two sides. There was the side of just roll it into Medicare and pay for it, which was about, I don't know, a trillion dollar CBO estimate. Republicans were in the majority. We believe in markets. We believe in competition. And we rolled out the Medicare D plan, which was not having the government pick and choose and negotiate but really have the consumers, because that is what really happens. Every year, seniors can go into the formulary, and they can look at their plans about the drugs that they are using, and they can decide on what Medicare D insurance plan they want for them. So that is where our competition arises, from the individual consumer. It is like the only Medicare program that is under cost, probably 90 percent favorable approval ratings, even today, maybe a decade after now. So it is one of the major success stories of Medicare expansion that happened under a Republican Congress.

So I am just saying it has been a success and a success because we believe in markets and competitions and individuals making those choices every year. And if their drugs needed by them change, then they have an opportunity to then go into the computer, put in the drugs, choose from multiple plans based upon copays, all the actions they want.

And I just don't have seniors complaining about Medicare D. I just don't.

So I reject the amendment, and I appreciate my colleague for bringing -- who I have great respect for. But I think Medicare D has been a great success, and I don't want to screw with it.

The Chairman. The gentleman yields back the balance of his time.
Other members seeking recognition?

The gentlelady from California, Ms. Eshoo --

Ms. Eshoo. Thank you, Mr. Chairman.

The Chairman. -- is recognized for 5 minutes.

Ms. Eshoo. I would like to pose a question to all my Republican colleagues: Since you have such a visceral reaction to this -- it is a bad idea, it is not competitive, it is bad because it is government, et cetera, et cetera, et cetera -- why have you not done away with the program that is in the Veterans Administration? Since you have just total antipathy for what is contained in the amendment, why haven't you just done away with that program?

Mr. Shimkus. Will the gentlelady yield?

Ms. Eshoo. Sure. I am asking a question actually.

Mr. Shimkus. It actually refers back to what Mr. Peters asked Congressman Welch. The VA is a formulary. The government picks and chooses what drug is on the plan. Medicare D, you choose what you need based upon competitive --

Ms. Eshoo. I am reclaiming my time.

Mr. Shimkus. It is a formulary.

Ms. Eshoo. I am reclaiming my time. I am reclaiming my time because I think it is important to state that all of the plans that we deal with, someone sets up the formulary on it. This is about buying -- do you go to Costco? Anybody here go to Costco? Yeah. All of us. All of us.

Mr. Shimkus. I am from southern Illinois.

Ms. Eshoo. Yeah. Well, we need help.

But, you know, I mean, I think that that is the main point here. I understand the debate about -- and the comments that are very important comments to make, that there is -- that we do not want to mess with innovation in our country. We are real leaders in the world. But, you know, costs are costs. And any way that we can help bring them down I think is room for -- there is room for bipartisanship.

So the reason I ask about the veterans program is that -- you know what? -- you are for one thing, and you are against another. You don't have consistency on your side about this. If, in fact, you are going to be against this, you should be against that and, since you are in the majority, try to unravel it. I don't think you would be successful because the veterans in the country would go crazy on you. But, nevertheless, I think it is a worthy question to put out there on the table because it is already working.

I don't know how many complaints you have gotten from any veterans. In 25 years of service in the country, I have never received one, not one -- not a one.

So I yield back.

The Chairman. The gentlelady yields back.

Anyone else seeking recognition, or can we move on to a vote?

This is on the Welch amendment.

I think a recorded vote will simplify things. So the clerk will call the roll.

Those in favor will vote aye.

Those opposed, no.

The clerk will call the roll.

The Clerk. Mr. Barton?

[No response.]

The Clerk. Mr. Upton?

Mr. Upton. No.

The Clerk. Mr. Upton votes no.

Mr. Shimkus?

Mr. Shimkus. No.

The Clerk. Mr. Shimkus votes no.

Mr. Murphy?

[No response.]

The Clerk. Mr. Burgess?

Mr. Burgess. No.

The Clerk. Mr. Burgess votes no.

Mrs. Blackburn?

[No response.]

The Clerk. Mr. Scalise?

[No response.]

The Clerk. Mr. Latta?

Mr. Latta. No.

The Clerk. Mr. Latta votes no.

Mrs. McMorris Rodgers?

Mrs. McMorris Rodgers. No.

The Clerk. Mrs. McMorris Rodgers votes no.

Mr. Harper?

Mr. Harper. No.

The Clerk. Mr. Harper votes no.

Mr. Lance?

Mr. Lance. No.

The Clerk. Mr. Lance votes no.

Mr. Guthrie?

Mr. Guthrie. No.

The Clerk. Mr. Guthrie votes no.

Mr. Olson?

Mr. Olson. No.

The Clerk. Mr. Olson votes no.

Mr. McKinley?

Mr. McKinley. No.

The Clerk. Mr. McKinley votes no.

Mr. Kinzinger?

[No response.]

The Clerk. Mr. Griffith?

Mr. Griffith. No.

The Clerk. Mr. Griffith votes no.

Mr. Bilirakis?

Mr. Bilirakis. No.

The Clerk. Mr. Bilirakis votes no.

Mr. Johnson?

Mr. Johnson. No.

The Clerk. Mr. Johnson votes no.

Mr. Long?

[No response.]

The Clerk. Mr. Bucshon?

Mr. Bucshon. No.

The Clerk. Mr. Bucshon votes no.

Mr. Flores?

Mr. Flores. No.

The Clerk. Mr. Flores votes no.

Mrs. Brooks?

Mrs. Brooks. No.

The Clerk. Mrs. Brooks votes no.

Mr. Mullin?

Mr. Mullin. No.

The Clerk. Mr. Mullin votes no.

Mr. Hudson?

Mr. Hudson. No.

The Clerk. Mr. Hudson votes no.

Mr. Collins?

Mr. Collins. No.

The Clerk. Mr. Collins votes no.

Mr. Cramer?

Mr. Cramer. No.

The Clerk. Mr. Cramer votes no.

Mr. Walberg?

Mr. Walberg. No.

The Clerk. Mr. Walberg votes no.

Mrs. Walters?

Mrs. Walters. No.

The Clerk. Mrs. Walters votes no.

Mr. Costello?

Mr. Costello. No.

The Clerk. Mr. Costello votes no.

Mr. Carter?

Mr. Carter. No.

The Clerk. Mr. Carter votes no.

Mr. Pallone?

Mr. Pallone. Aye.

The Clerk. Mr. Pallone votes aye.

Mr. Rush?

[No response.]

The Clerk. Ms. Eshoo?

Ms. Eshoo. Aye.

The Clerk. Ms. Eshoo votes aye.

Mr. Engel?

Mr. Engel. Aye.

The Clerk. Mr. Engel votes aye.

Mr. Green?

Mr. Green. Aye.

The Clerk. Mr. Green votes aye.

Ms. DeGette?

[No response.]

The Clerk. Mr. Doyle?

[No response.]

The Clerk. Ms. Schakowsky?

Ms. Schakowsky. Aye.

The Clerk. Ms. Schakowsky votes aye.

Mr. Butterfield?

Mr. Butterfield. Aye.

The Clerk. Mr. Butterfield votes aye.

Ms. Matsui?

Ms. Matsui. Aye.

The Clerk. Ms. Matsui votes aye.

Ms. Castor?

Ms. Castor. Aye.

The Clerk. Ms. Castor votes aye.

Mr. Sarbanes?

Mr. Sarbanes. Aye.

The Clerk. Mr. Sarbanes votes aye.

Mr. McNerney?

Mr. McNerney. Aye.

The Clerk. Mr. McNerney votes aye.

Mr. Welch?

Mr. Welch. Aye.

The Clerk. Mr. Welch votes aye.

Mr. Lujan?

Mr. Lujan. Aye.

The Clerk. Mr. Lujan votes aye.

Mr. Tonko?

Mr. Tonko. Aye.

The Clerk. Mr. Tonko votes aye.

Ms. Clarke?

[No response.]

The Clerk. Mr. Loeb sack?

Mr. Loeb sack. Aye.

The Clerk. Mr. Loeb sack votes aye.

Mr. Schrader?

[No response.]

The Clerk. Mr. Kennedy?

Mr. Kennedy. Aye.

The Clerk. Mr. Kennedy votes aye.

Mr. Cardenas?

Mr. Cardenas. Aye.

The Clerk. Mr. Cardenas votes aye.

Mr. Ruiz?

Mr. Ruiz. Aye.

The Clerk. Mr. Ruiz votes aye.

Mr. Peters?

Mr. Peters. Aye.

The Clerk. Mr. Peters votes aye.

Mrs. Dingell?

Mrs. Dingell. Aye.

The Clerk. Mrs. Dingell votes aye.

Chairman Walden?

The Chairman. No.

The Clerk. Chairman Walden votes no.

Mrs. Blackburn?

Mrs. Blackburn. No.

The Clerk. Mrs. Blackburn votes no.

Mr. Kinzinger? You are not recorded.

Mr. Kinzinger. No.

The Clerk. Mr. Kinzinger votes no.

The Chairman. Mr. Barton?

The Clerk. Mr. Barton?

Mr. Barton. No.

The Clerk. Mr. Barton votes no.

Ms. DeGette?

Ms. DeGette. Aye.

The Clerk. Ms. DeGette votes aye.

Mr. Rush?

Mr. Rush. Aye.

The Clerk. Mr. Rush votes aye.

RPTR PETERS

EDTR CRYSTAL

[7:57 p.m.]

The Chairman. Have other members not recorded? I don't want to close this out early if we have got other members. I know they were here.

Mr. Doyle, Ms. Clarke, Mr. Schrader. Oh, Clarke or Schrader. I just know at this hour some people are running errands or something, like food. I just want to make sure.

You know, we celebrated Mr. Kennedy's birthday in your absence, but we could do that again. But while we are -- there was not cake.

I would say, while we are waiting to see, for my colleagues, J.P., who worked in the Medicare part B bills, is getting married this Saturday. So congratulations. Now, that is provided we finish our markup. Well, you know, you can explain that one.

We are done. Okay. So those two.

So the clerk will report the tally.

The Clerk. Mr. Chairman, on that vote the ayes are 21 and the nays are 28.

The Chairman. The ayes are 21, the nays are 28. The amendment is not adopted.

I understand that is the last of the amendments on this bill.

The question now occurs on favorably reporting H.R. 3921, as amended, to the House floor.

Those in favor, vote aye.

Those no.

And the clerk will call the roll.

The Clerk. Mr. Barton?

Mr. Barton. Aye.

The Clerk. Mr. Barton votes aye.

Mr. Upton?

Mr. Upton. Aye.

The Clerk. Mr. Upton votes aye.

Mr. Shimkus?

Mr. Shimkus. Aye.

The Clerk. Mr. Shimkus votes aye.

Mr. Murphy?

[No response.]

The Clerk. Mr. Burgess?

Mr. Burgess. Aye.

The Clerk. Mr. Burgess votes aye.

Mrs. Blackburn?

[No response.]

The Clerk. Mr. Scalise?

[No response.]

The Clerk. Mr. Latta?

Mr. Latta. Aye.

The Clerk. Mr. Latta votes aye.

Mrs. McMorris Rodgers?

Mrs. McMorris Rodgers. Aye.

The Clerk. Mrs. McMorris Rodgers votes aye.

Mr. Harper?

Mr. Harper. Aye.

The Clerk. Mr. Harper votes aye.

Mr. Lance?

Mr. Lance. Aye.

The Clerk. Mr. Lance votes aye.

Mr. Guthrie?

Mr. Guthrie. Aye.

The Clerk. Mr. Guthrie votes aye.

Mr. Olson?

Mr. Olson. Aye.

The Clerk. Mr. Olson votes aye.

Mr. McKinley?

Mr. McKinley. Aye.

The Clerk. Mr. McKinley votes aye.

Mr. Kinzinger?

Mr. Kinzinger. Aye.

The Clerk. Mr. Kinzinger votes aye.

Mr. Griffith?

Mr. Griffith. Aye.

The Clerk. Mr. Griffith votes aye.

Mr. Bilirakis?

Mr. Bilirakis. Aye.

The Clerk. Mr. Bilirakis votes aye.

Mr. Johnson?

Mr. Johnson. Aye.

The Clerk. Mr. Johnson votes aye.

Mr. Long?

[No response.]

The Clerk. Mr. Bucshon?

Mr. Bucshon. Aye.

The Clerk. Mr. Bucshon votes aye.

Mr. Flores?

Mr. Flores. Aye.

The Clerk. Mr. Flores votes aye.

Mrs. Brooks?

Mrs. Brooks. Aye.

The Clerk. Mrs. Brooks votes aye.

Mr. Mullin?

Mr. Mullin. Aye.

The Clerk. Mr. Mullin votes aye.

Mr. Hudson?

Mr. Hudson. Aye.

The Clerk. Mr. Hudson votes aye.

Mr. Collins?

Mr. Collins. Aye.

The Clerk. Mr. Collins votes aye.

Mr. Cramer?

Mr. Cramer. Aye.

The Clerk. Mr. Cramer votes aye.

Mr. Walberg?

Mr. Walberg. Aye.

The Clerk. Mr. Walberg votes aye.

Mrs. Walters?

Mrs. Walters. Aye.

The Clerk. Mrs. Walters votes aye.

Mr. Costello?

Mr. Costello. Aye.

The Clerk. Mr. Costello votes aye.

Mr. Carter?

Mr. Carter. Aye.

The Clerk. Mr. Carter votes aye.

Mr. Pallone?

Mr. Pallone. No.

The Clerk. Mr. Pallone votes no.

Mr. Rush?

Mr. Rush. No.

The Clerk. Mr. Rush votes no.

Ms. Eshoo?

Ms. Eshoo. No.

The Clerk. Ms. Eshoo votes no.

Mr. Engel?

Mr. Engel. No.

The Clerk. Mr. Engel votes no.

Mr. Green?

Mr. Green. No.

The Clerk. Mr. Green votes no.

Ms. DeGette?

Ms. DeGette. No.

The Clerk. Ms. DeGette votes no.

Mr. Doyle?

[No response.]

The Clerk. Ms. Schakowsky?

Ms. Schakowsky. No.

The Clerk. Ms. Schakowsky votes no.

Mr. Butterfield?

Mr. Butterfield. No.

The Clerk. Mr. Butterfield votes no.

Ms. Matsui?

Ms. Matsui. No.

The Clerk. Ms. Matsui votes no.

Ms. Castor?

Ms. Castor. No.

The Clerk. Ms. Castor votes no.

Mr. Sarbanes?

Mr. Sarbanes. No.

The Clerk. Mr. Sarbanes votes no.

Mr. McNerney?

Mr. McNerney. No.

The Clerk. Mr. McNerney votes no.

Mr. Welch?

Mr. Welch. No.

The Clerk. Mr. Welch votes no.

Mr. Lujan?

Mr. Lujan. No.

The Clerk. Mr. Lujan votes no.

Mr. Tonko?

Mr. Tonko. No.

The Clerk. Mr. Tonko votes no.

Ms. Clarke?

Ms. Clarke. No.

The Clerk. Ms. Clarke votes no.

Mr. Loeb sack?

Mr. Loeb sack. No.

The Clerk. Mr. Loeb sack votes no.

Mr. Schrader?

Mr. Schrader. No.

The Clerk. Mr. Schrader votes no.

Mr. Kennedy?

Mr. Kennedy. No.

The Clerk. Mr. Kennedy votes no.

Mr. Cardenas?

Mr. Cardenas. No.

The Clerk. Mr. Cardenas votes no.

Mr. Ruiz?

Mr. Ruiz. No.

The Clerk. Mr. Ruiz votes no.

Mr. Peters?

Mr. Peters. No.

The Clerk. Mr. Peters votes no.

Mrs. Dingell?

Mrs. Dingell. No.

The Clerk. Mrs. Dingell votes no.

Chairman Walden?

The Chairman. Yes.

The Clerk. Chairman Walden votes aye.

Mrs. Blackburn?

Mrs. Blackburn. Aye.

The Clerk. Mrs. Blackburn votes aye.

The Chairman. Are there other members not recorded who wish to be recorded?

The clerk will report the tally.

The Clerk. Mr. Chairman, on that vote it was 28 ayes and 23 nays.

The Chairman. Twenty-eight ayes, 23 nays. The bill, as amended, is reported to the full House.

The chair now calls up H.R. 3922 and asks the clerk to report.

The Clerk. H.R. 3922, to extend funding for certain public health programs, and for other purposes.

The Chairman. Without objection, the first reading of the bill is dispensed with. The bill will be open for amendment at any point.

[The bill follows:]

***** COMMITTEE INSERT *****

The Chairman. Are there bipartisan amendments to this bill?
Are there amendments to this bill?

The chair recognizes, I believe -- Ms. Eshoo, are you seeking?

The chair recognizes the gentleman from Florida, Mr. Bilirakis.

Mr. Bilirakis. Thank you, Mr. Chairman. I appreciate it.

Currently, we are making awards. The Health Resources and Services Administration takes into consideration the rural and urban distribution of awards so that no more than 60 percent and no fewer than 40 percent of projected patients come from either rural or urban areas. Now, I am talking about reauthorizing the community health centers for 2 years at, I believe, is it \$3.7 billion?

This ratio applies to most health centers that identify general medically underserved population in their service area. However, some health centers are established to provide services to special populations, such as the homeless, residents of public housing, and migratory and seasonal agricultural workers.

My amendment makes a small technical change to the bill ensuring that the rural-to-urban ratio, which is 60-40, is not applied to delivery sites serving special populations, as this would be impractical to implement. And, again, the community health centers approve of this amendment, Mr. Chairman.

I yield back.

The Chairman. Mr. Bilirakis, we thought you were striking the last word.

Mr. Bilirakis. Well, you said amendments.

The Chairman. I am sorry.

Mr. Bilirakis. So I would love to strike the last word. I would love to strike the last word.

The Chairman. You were speaking on your amendment, right?

Mr. Bilirakis. I was speaking on my amendment.

The Chairman. Okay. We did not call it up.

Mr. Bilirakis. Okay. Then I would love to strike the last word on the bill, if you approve.

The Chairman. Okay. Yeah. Thank you. Thank you.

Are there -- okay. Now --

Mr. Bilirakis. You mind that?

The Chairman. We will hold, then, and we will go to Mr. Rush is recognized to strike the last word.

Okay. Just so everybody knows, we are not going to go into amendments right now because there are some members that want to just strike the last word, I am told. So before we get to amendments, we will allow members to strike the last word on the underlying bill.

So are there any members who want to speak on the underlying bill and strike the last word? If not, going once, going twice, we will go to the amendments.

All right. Okay. We will go to amendments. And I have got to go to this side. So who has the first --

Mr. Bilirakis. I just wanted to add a letter for the record at the appropriate moment.

The Chairman. So ordered.

[The information follows:]

***** COMMITTEE INSERT *****

Mr. Green. Mr. Chairman, I have an amendment in the nature --

The Chairman. All right. So Mr. Green is recognized to offer up an amendment in the nature of a substitute. The clerk will find that in due course. And then --

The Clerk. Amendment in the nature of a substitute to H.R. 3922, offered by Mr. Green.

Mr. Green. Mr. Chairman, I strike the last word.

The Chairman. Without objection, the first reading of the bill is dispensed with and the bill will be open for amendment at any point.

[The amendment of Mr. Green follows:]

***** COMMITTEE INSERT *****

The Chairman. And the -- sorry, the amendment has been read now. So, without objection, further reading of the amendment is dispensed with, and the gentleman is recognized for 5 minutes to speak on his amendment.

Mr. Green. Thank you, Mr. Chairman. This is an amendment in the nature of a substitute. The amendment represents a commonsense approach to providing long-term stability to the underlying public health programs while using an offset which does not place the health or health insurance of the public at risk.

It makes clear that we don't have to accept the harmful partisan approach put forth by Republicans today. We don't have to make the choice to rob some public health programs to pay for others.

Rather than extend the public health extenders for 2 years, as proposed in the underlying bill, our amendment would extend the funding for programs, such as community health centers, National Health Service Corps, for 5 years, and permanently extend the funding for the family-to-family health information centers.

Providing 5 years of funding gives these programs the certainty to implement long-term plans to maintain and improve their programs, as well as to help the beneficiaries of these programs avoid the preventable anguish that results from worrying whether the funding will be available such as the underlying programs can provide the services that they need.

Our amendment also makes clear that we will make this long-term investment in this program, putting the health of Americans at risk,

through the inclusion and offset implementing a commonsense HHS OIG recommendation to shift the timing of payments made to Medicaid Advantage and part D plans.

Conversely, the Republicans have offered to extend these programs for 2 years, but they are asking us to do so by rolling back our investment in public health programs, primary through the CDC, and to place consumers at risk for losing their health insurance.

The current proposal asks us to cut nearly half of the funding for the Prevention Fund over the next decade. Currently, the Prevention Fund provides 12 percent of the annual budget of the CDC.

If we didn't appreciate the CDC's work before, unfortunately, the past few years has provided example after example of the critical role the CDC plays in saving lives and protecting people while we are in the midst of a seemingly endless stream of public health crises, from the lead crisis in Flint, to the international Zika and Ebola outbreaks, to the opioid epidemic, and now to responding to a trio of hurricanes that have devastated my home State of Texas, as well as Florida, Puerto Rico, and the Virgin Islands.

Unlike the chairman mentioned earlier, it is not as simple as appropriators making up this cut in the appropriations process. We have seen what Republicans want to do with the CDC funding, and let me tell you, it is not increasing their appropriations.

Most recently, the House Republican appropriation bill for fiscal year 2018 actually cut CDC by \$198 million. When added to the cut Republicans are asking us to support in this legislation, the CDC will

lose \$600 million in less funding to support efforts that protect the public and ensure they have the capacity to respond to disasters.

This would be devastating and mean that CDC may not have the resources for public health infrastructure and surveillance that help us prevent and detect public health crises, as well as mount an initial response when those types of crises occur.

And while I hope that Congress will step up and provide the additional support needed to respond, the months delay in the Republican-held Congress providing Zika funding raises those doubts.

In addition to the proposal that would weaken our public health prevention, preparedness, and response capabilities, the Republicans have been asking us to place Americans' coverage at risk.

The Republican proposal we are considering will shorten the grace period for subsidized coverage in the marketplaces so that if an individual missed one monthly premium payment, or even a small portion of that payment, that individual and their family would lose their health insurance coverage. This would create harsh consequences for low- and moderate-income individuals and families enrolled in the marketplace coverage.

We also strain our safety net, including community health centers, by increasing the number of uninsured Americans who may seek care in emergency departments or using the sliding scale made available to low-income Americans at the community health centers.

The outcome seems in direct contradiction of the underlying public health programs this bill is extending, programs like the

community health centers, National Health Service Corps, Special Diabetes Program for Indians, that exist to help people to get the care they need. The proposal offered by the Republicans do the opposite by potentially causing individuals and families to lose the coverage that allows them to access care they need.

There is good news: We don't have to make these harmful cuts. I want it clear that there are other options that we should be able to support. Our amendment proves that by providing more funding for underlying health programs while using savings from a provision that won't result in people losing access to coverage or weaken our public health infrastructure.

The cuts proposed in the underlying bill are just unacceptable. While I strongly support reauthorizing community health centers and other public extenders, I cannot support the current proposal that requires us to pay for them on the backs of the low-income and middle-income Americans enrolled in the marketplaces or by decimating the Prevention Fund.

Mr. Chairman, I think we have been willing to work with you to reach a bipartisan agreement, and I hope that all of us remain committed to these longstanding public health priorities advanced in a way that we can all support.

The last bill we did on the CHIP program, since it was created in 1997, is the first time we had a partisan vote on reauthorizing the CHIP program in our committee. I think the community health centers is just as important.

And I would hope we can work together bipartisan, and I urge my colleagues to support this amendment.

The Chairman. The gentleman's time has expired.

Mr. Green. And I yield back my time.

The Chairman. The chair recognizes the gentleman from Ohio, Mr. Johnson, to strike the last word.

Mr. Johnson. Thank you, Mr. Chairman.

I do rise in opposition to this amendment. This amendment extends many public health priorities for 5 years, such as community health centers, the Special Diabetes Program, and teaching health centers, just to name a few. However, it is ultimately a wish list of Democratic spending policies that only appear to be paid for by using a budget gimmick for Medicare Advantage and part D payments that appears to offset the cost of spending.

This budget gimmick shifts a month of Medicare Advantage spending and part D spending in 2019 forward by 1 month. This approach is a gimmick that shifts payments to plans outside of the 10 years. This amendment appears to lower spending within the 10-year CBO scoring window but does not actually reduce spending. It just shifts the timing of spending.

This is a huge budget gimmick representing about \$34 billion based on the CBO baseline of Medicare projections. We may hear our friends on the other side say that this budget gimmick saves money by allowing CMS, rather than plans, to keep these payments longer and accrue interest. But, based on conversations with CBO, the bulk of

the savings are attributable to the timing shift.

We may also hear our friends on the other side of the aisle say that a similar timing shift policy was adopted in full committee last year for the 21st Century Cures Act, and I would note that the policy then was not included in the bill nor on the floor or in the bill that became law.

The amendment also fails, Mr. Chairman, to reauthorize one of the two Title V programs, and it does not include important protections that ensure Federal dollars are not supporting abortions.

We have got some important work to do here before us, Mr. Chairman, and we need to be serious about it. This amendment is not.

I yield back.

The Chairman. The gentleman yields back.

The chair recognizes the gentleman from New Jersey to speak against the amendment, I assume, for 5 minutes.

Mr. Pallone. Yes. I want to speak in support of the amendment.

Instead of reaching an agreement we can all support, we are forced to offer a Democratic substitute amendment because we remain concerned about a number of the proposals in the so-called CHAMPION Act. We can't support the reauthorization of these programs using the offsets Republicans have proposed. We also believe that these programs need greater certainty to plan for the future and a longer guarantee of funding.

We would offset this amendment by implementing a commonsense HHS OIG recommendation to shift the timing of the payments made to Medicare

Advantage and part D plans. This simple shift in timing allows us enough in savings to provide these critical programs with more funding, as well as ensure greater long-term stability, and we would do this without harming access to care or public health efforts.

Unfortunately, I can't say the same for the Republicans' proposed offsets. The Republican proposal we are considering today would shorten the grace period for subsidized coverage in the marketplaces so that if an individual misses just one monthly premium payment, or even a small portion of that payment, they would be kicked off their insurance, and they and their family member would not be able to gain coverage until the next open enrollment period.

Now, this creates harsh consequences for low- and moderate-income individuals and families enrolled in marketplace coverage. A single missed payment due to an unexpected expense, such as a home repair, could lock people out of coverage for the rest of the year.

This policy reportedly saves close to 5 billion over 10 years. But how does it achieve those savings? Simply by kicking folks off their health insurance. I don't find that acceptable.

This is a cut to the Affordable Care Act, pure and simple, another way of sabotaging the Affordable Care Act, which we have seen from the Republican side now for the last 9 months, including the President.

And the Republican proposal would also continue the Republicans' harmful effort to cut the Prevention and Public Health Fund created by the Affordable Care Act. The Republican proposal would cut 6.35 billion and nearly half the funding for the Prevention and Public

Health Fund over the next decade.

Currently, the Prevention Fund supplies the Centers for Disease Control and Prevention with 12 percent of its annual budget for core public health programs. To put this into context, the proposed \$400 million cut to the Prevention Fund next year means that the CDC will have to roll back their programs as well as the funding it provides to States, communities, and tribal and community organizations.

And this cut could not come at a worse time, as we are in the midst of a near endless series of public health crises, from the lead crisis in Flint, to the international Zika and Ebola outbreaks, to the opioid epidemic affecting communities across the Nation, and now to our response to the trio of hurricanes that have devastated Texas, Florida, Puerto Rico, and the Virgin Islands.

We have relied on the CDC to be on the front line to help protect the health of all Americans. Therefore, this legislation is forcing us to choose between cutting funding for important public health programs to pay for other important public health programs.

Our alternative makes clear we don't have to make that choice. In addition to including a different offset, our amendment makes clear the need for long-term funding for the critical programs included in the underlying bill, provides 5 years of guaranteed funding for programs like the community health centers, National Health Service Corps, Special Diabetes Program, and the staff and those that they serve will know that these programs will continue to have the resources necessary to continue these programs' important work.

This substitute provides 5 years of funding for teaching health centers. It takes more than 2 years to train a resident. So it only makes sense that we provide more than 2 years of funding.

And this amendment provides 5 years of funding for the Personal Responsibility Education Program, or PREP, a critical program that funds evidence-based, innovative strategies to prevent unintended teen pregnancy, HIV, as well as other STIs. We believe a comprehensive approach to reproductive health education that includes both information on abstinence as well as contraception ensures that youth have the tools they need to make informed decisions.

And this substitute provides increased funding for and makes the family-to-family health information centers permanent. This will ensure that families of children with special needs can continue to receive the services and support that they have come to rely on in helping to ensure their children receive the health services they need.

The amendment makes clear that we can provide the certainty of a long-term extension of the underlying programs without placing the health of Americans or their health insurance coverage at risk.

Democrats support reauthorizing community health centers and the other public health extenders in our jurisdiction, but we will not pay for them on the backs of low- and middle-income Americans enrolled in the marketplaces or by decimating the Prevention Fund.

And, Mr. Chairman, I still believe we can reach a bipartisan agreement, and I hope my colleagues remain committed to that goal rather than advancing partisan policies that are going to go nowhere. So I

urge my colleagues to support the Green amendment.

The Chairman. The gentleman yields back the balance of his time.

Are there other members seeking recognition on our side? If not, I will move to strike the last word in opposition to the Green amendment.

I appreciate the recommendations offered up by the minority, by the Democrats. Obviously, relying on a budget gimmick, although it has been tried before and not survived, is not the way to do this.

And when it comes to CDC funding and these other things that have been rolled out as kind of the parade of horrors, remember that there will still be billions of dollars available in the budget window for the appropriators to use to make choices in how this money is spent. We are not, like, eliminating this fund. We are actually saying, as the authorizing committee, here is what we think the best use of this money is in the Prevention and Wellness Fund, and the best use is to use it to fund our community health centers, because they do incredible work.

In my State, they have a complete wrap-around approach to patients. They bring in all the other services. They have been able to expand and grow and done remarkable work on opioids, on pain management, on psychiatric and psychological services, physical health. They are moving into dental health.

This is proven, and it works. And so we are not somehow gutting the Prevention Fund. We are using the Prevention Fund as the authorizers to say, here is what we think works best. And I am sorry that my friends on the other side of the aisle, the Democrats, don't

want to go along with that.

But a budget gimmick is not a pay-for. Obviously, you know we have to pay for this in the end. We think we struck a reasonable and balanced way forward. We wish you weren't making it partisan. We have had the door open on all these issues. We have done a lot of bipartisan work here, but we realize we have disagreements.

Maybe there is some solution to this between here and the floor. It would be great to work out. But I am not hopeful when I see some of these proposals.

So, with that, I yield back the balance of my time. And I would recognize the gentleman from New York to strike the last word.

Mr. Engel. I strike the last word.

Thank you, Mr. Chairman. I yield to Mr. Green of Texas.

Mr. Green. I thank my colleague from New York for yielding to me.

First of all, this amendment does not touch the Hyde amendment or abortion anywhere. I know that is a stick pin for everyone. But our Federally Qualified Health Centers do not do abortions. And this amendment extends them to give them stability for 5 years.

And if we want to talk about gimmicks, almost every pay-for coming from an authorizing committee has got to be a gimmick, because we don't have the ability to raise money or even spend it. That is the appropriators or the Ways and Means Committee. But we have a provision that will be paid for under the rules.

FQHCs are important to every one of our districts, whether it is

urban or rural. And I have to admit, in my area for years we didn't take advantage of the FQHCs, but we have over the last dozen years. In an urban area, the FQHCs are the place of choice for people to go to the physician.

Again, you can't say too much for having a 5-year authorization so we will know that they can plan for the expansion of those clinics. Because that is what we need if we are going to -- since we have problems with the Affordable Care Act, we need to have these Federally Qualified Health Centers which has been bipartisan since the 1960s.

And they don't just treat Republicans or Democrats. They treat everyone. And that is why it is so important. That is why they need something other than a 2-year extension. They need 5-year stability to get there. And that is why this amendment -- and it is paid for. And I would put my gimmick up against you-all's gimmick any day of the week.

So, with that, I thank my colleague for yielding to me.

Mr. Engel. Ms. Schakowsky, yield to her.

Ms. Schakowsky. Thank you.

So I just wanted to speak in favor. And I think it was pretty much explained why this amendment is preferable to the underlying bill. But I do want to say some things about how the cuts in this bill really hurt Americans, many of whom reside in vulnerable and underserved areas, the Prevention Fund being one of them. It invests in critical public health programs across the country for community-based prevention, immunization, outbreak preparedness and response, and much

more.

And Republicans in their appropriations bill have justified cuts to the CDC and HRSA based on the availability of the Prevention Fund to fund it. You should not make cuts in either place. But you can't get away with cutting the CDC and HRSA in the Appropriations Committee based on the existence of the Prevention Fund moneys and then cut the Prevention Fund moneys in this committee. The result of these combined cuts would be to devastate life-saving health investments in every single State.

And so I just want to say that, let's be honest. If you are suggesting that we are being dishonest with gimmicks, that is pretty much of a gimmick, to double use the Prevention Fund and cut it in both places. And I urge a vote for the Green amendment.

Thank you.

The Chairman. Okay. Other members seeking recognition? I know we have a number of amendments to go. We will get through all those tonight. They are expecting votes at 8:45, which means we will have to return after votes. So are there other members seeking recognition or would you like to move to a vote on the Green amendment?

Seeing no one else seeking recognition, with that understanding, the question now arises on passage of the Green substitute amendment.

All those in favor, vote aye.

Those no.

And the clerk will call the roll.

The Clerk. Mr. Barton?

Mr. Barton. No.

The Clerk. Mr. Barton votes no.

Mr. Upton?

Mr. Upton. No.

The Clerk. Mr. Upton votes no.

Mr. Shimkus?

Mr. Shimkus. No.

The Clerk. Mr. Shimkus votes no.

Mr. Murphy?

[No response.]

The Clerk. Mr. Burgess?

[No response.]

The Clerk. Mrs. Blackburn?

[No response.]

The Clerk. Mr. Scalise?

[No response.]

The Clerk. Mr. Latta?

Mr. Latta. No.

The Clerk. Mr. Latta votes no.

Mrs. McMorris Rodgers?

[No response.]

The Clerk. Mr. Harper?

Mr. Harper. No.

The Clerk. Mr. Harper votes no.

Mr. Lance?

Mr. Lance. No

The Clerk. Mr. Lance votes no.

Mr. Guthrie?

Mr. Guthrie. No.

The Clerk. Mr. Guthrie votes no.

Mr. Olson?

Mr. Olson. No.

The Clerk. Mr. Olson votes no.

Mr. McKinley?

Mr. McKinley. No.

The Clerk. Mr. McKinley votes no.

Mr. Kinzinger?

Mr. Kinzinger. No.

The Clerk. Mr. Kinzinger votes no.

Mr. Griffith?

Mr. Griffith. No.

The Clerk. Mr. Griffith votes no.

Mr. Bilirakis?

Mr. Bilirakis. No.

The Clerk. Mr. Bilirakis votes no.

Mr. Johnson?

Mr. Johnson. No.

The Clerk. Mr. Johnson votes no.

Mr. Long?

[No response.]

The Clerk. Mr. Bucshon?

Mr. Bucshon. No.

The Clerk. Mr. Bucshon votes no.

Mr. Flores?

Mr. Flores. No.

The Clerk. Mr. Flores votes no.

Mrs. Brooks?

Mrs. Brooks. No.

The Clerk. Mrs. Brooks votes no.

Mr. Mullin?

Mr. Mullin. No.

The Clerk. Mr. Mullin votes no.

Mr. Hudson?

Mr. Hudson. No.

The Clerk. Mr. Hudson votes no.

Mr. Collins?

Mr. Collins. No.

The Clerk. Mr. Collins votes no.

Mr. Cramer?

Mr. Cramer. No.

The Clerk. Mr. Cramer votes no.

Mr. Walberg?

Mr. Walberg. No.

The Clerk. Mr. Walberg votes no.

Mrs. Walters?

Mrs. Walters. No.

The Clerk. Mrs. Walters votes no.

Mr. Costello?

Mr. Costello. No.

The Clerk. Mr. Costello votes no.

Mr. Carter?

Mr. Carter. No.

The Clerk. Mr. Carter votes no.

Mr. Pallone?

Mr. Pallone. Aye.

The Clerk. Mr. Pallone votes aye.

Mr. Rush?

[No response.]

The Clerk. Ms. Eshoo?

Ms. Eshoo. Aye.

The Clerk. Ms. Eshoo votes aye.

Mr. Engel?

Mr. Engel. Aye.

The Clerk. Mr. Engel votes aye.

Mr. Green?

Mr. Green. Aye.

The Clerk. Mr. Green votes aye.

Ms. DeGette?

Ms. DeGette. Aye.

The Clerk. Ms. DeGette votes aye.

Mr. Doyle?

[No response.]

The Clerk. Ms. Schakowsky?

Ms. Schakowsky. Aye.

The Clerk. Ms. Schakowsky votes aye.

Mr. Butterfield?

Mr. Butterfield. Aye.

The Clerk. Mr. Butterfield votes aye.

Ms. Matsui?

Ms. Matsui. Aye.

The Clerk. Ms. Matsui votes aye.

Ms. Castor?

Ms. Castor. Aye.

The Clerk. Ms. Castor votes aye.

Mr. Sarbanes?

Mr. Sarbanes. Aye.

The Clerk. Mr. Sarbanes votes aye.

Mr. McNerney?

Mr. McNerney. Aye.

The Clerk. Mr. McNerney votes aye.

Mr. Welch?

Mr. Welch. Aye.

The Clerk. Mr. Welch votes aye.

Mr. Lujan?

Mr. Lujan. Aye.

The Clerk. Mr. Lujan votes aye.

Mr. Tonko?

Mr. Tonko. Aye.

The Clerk. Mr. Tonko votes aye.

Ms. Clarke?

Ms. Clarke. Aye.

The Clerk. Ms. Clarke votes aye.

Mr. Loeb sack?

Mr. Loeb sack. Aye.

The Clerk. Mr. Loeb sack votes aye.

Mr. Schrader?

Mr. Schrader. Aye.

The Clerk. Mr. Schrader votes aye.

Mr. Kennedy?

Mr. Kennedy. Aye.

The Clerk. Mr. Kennedy votes aye.

Mr. Cardenas?

Mr. Cardenas. Aye.

The Clerk. Mr. Cardenas votes aye.

Mr. Ruiz?

Mr. Ruiz. Aye.

The Clerk. Mr. Ruiz votes aye.

Mr. Peters?

Mr. Peters. Aye.

The Clerk. Mr. Peters votes aye.

Mrs. Dingell?

Mrs. Dingell. Aye.

The Clerk. Mrs. Dingell votes aye.

Chairman Walden?

The Chairman. No.

The Clerk. Chairman Walden votes no.

Mrs. Blackburn?

Mrs. Blackburn. No.

The Clerk. Mrs. Blackburn votes no.

Mrs. McMorris Rodgers?

Mrs. McMorris Rodgers. No.

The Clerk. Mrs. McMorris Rodgers votes no.

Mr. Burgess?

Mr. Burgess. No.

The Clerk. Mr. Burgess votes no.

Mr. Rush?

Mr. Rush. Aye.

The Clerk. Mr. Rush votes aye.

The Chairman. Are there other members not recorded who wish to be recorded?

The Clerk. Mr. Chairman, on that vote there were 23 ayes and 28 nays.

The Chairman. Twenty-three ayes, 28 noes. The amendment is not adopted.

Are there other amendments?

The chair recognizes the gentleman from Florida, Mr. Bilirakis, for purposes of offering an amendment.

Mr. Bilirakis. Thank you. I have an amendment at the desk, Mr. Chairman.

The Chairman. The clerk will report the amendment when she finds it there in the pile.

The Clerk. Amendment to H.R. 3922, offered by Mr. Bilirakis.

The Chairman. Without objection, further reading of the amendment is dispensed with. And the gentleman from Florida is recognized for 5 minutes to speak on his amendment.

[The amendment of Mr. Bilirakis follows:]

***** COMMITTEE INSERT *****

Mr. Bilirakis. Mr. Chairman, this is an amendment to the community health center bill that I offered that is in the underlying bill, the CHAMPION Act.

So, again, I didn't want to speak on the community health centers, but everybody knows how great they are. And it is just a wonderful piece of the puzzle. And we have to extend this program.

It is just everyone likes this. It is a bipartisan program that helps a lot of people. And, again, they can come, it accepts Medicare, Medicaid, insurance, the underinsured, sliding scale. But, again, we don't turn anyone down. It is just an outstanding program. And this reauthorizes the program for 2 years at \$3.6 billion.

I do have an amendment to the bill. And currently, when making awards, the Health Resources and Services Administration takes into consideration the rural and urban distribution of awards so that no more than 60 percent and no fewer than 40 percent of projected patients come from either rural or urban areas. Again, this is current law.

This ratio applies to most health centers that identify general medically underserved populations and their service area. However, some health centers are established to provide services to special populations, such as the homeless, residents of public housing, migratory and seasonal agricultural workers.

So my amendment makes a small technical change to the bill. And, again, the community health centers are in favor of this amendment. It ensures that the rural to urban ratio is not applied to delivery sites serving special populations as this would be impractical to

implement. And, again, we need these special centers that service these special populations.

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

The Chairman. The gentleman yields back the balance of his time.

Is the minority open to accepting this technical amendment?

Anyone else need to speak on it?

If not, all those in favor will say aye.

Those opposed, no.

The ayes have it, and the amendment is adopted.

Is there further amendment?

The chair recognizes Ms. Clarke to offer an amendment.

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

The Chairman. And the clerk will report the Clarke amendment.

The Clerk. Amendment to H.R. 3922, offered by Ms. Clarke.

The Chairman. Further reading of the amendment, with unanimous consent, is dispensed with. And the gentlelady from New York is recognized for 5 minutes to speak on her amendment.

[The amendment of Ms. Clarke follows:]

***** COMMITTEE INSERT *****

Ms. Clarke. Thank you, very much, Mr. Chairman.

I would like to offer this amendment because my amendment would strike the 6.35 billion in cuts to the Prevention and Public Health Fund.

Since fiscal year 2014, Congress has allocated all of the funding from the Prevention and Public Health Fund through the regular appropriations process. The Centers for Disease Control and Prevention has received much of that funding to support core public health prevention and health promotion activities in every State.

That means that the Republicans' proposal to cut the Prevention Fund by \$400 million next year will be a direct cut to the CDC, the agency on the front line of protecting us against emerging health threats like Ebola and Zika, preventing harmful and costly chronic conditions like heart disease and diabetes, as well as emerging crises like the opioid epidemic.

While I support extending the underlying public health programs, Republicans are making us make a harmful choice. By pitting public health programs against each other, we are being asked --

The Chairman. Would the gentlelady suspend?

I know people are tired and all, but we need to hold down our additional conversations so she can be heard, please.

Please continue.

Ms. Clarke. Thank you, Mr. Chairman.

While I support extending the underlying public health programs, again, the Republicans are making us make a harmful choice. By pitting

public health programs against each other, we are being asked to rob Peter to pay Paul, a scenario that generally fails in the end.

We know that over the last decade public health funding has dwindled. As a result, we are losing capacity to prevent illness and injury. For example, the recent Zika outbreak displayed how cuts to public health programs, such as mosquito control programs, can quickly turn into national crises.

Unfortunately, unlike in other areas where funding has bounced back since the dark days of the Great Recession, funding for public health has not. That is why it is important for the Federal Government to invest more and not less into public health programs.

We know that it is cheaper to prevent rather than to treat disease and that prevention allows individuals and families to avoid the unnecessary pain and suffering that can result from a preventable disease.

What makes this cut particularly glaring is that we know that reductions in public health spending are likely to drive increased utilization for an already overburdened safety net healthcare system. Cutting funding to public health programs to extend existing funding levels for community health centers and the other public health extenders programs is only going to make the needs of medically underserved communities worse.

Like I said, it is robbing Peter to pay Paul. It is counterproductive, and it makes no sense. That is why I urge my colleagues to help promote the health of all Americans by rejecting

this proposal to pay for an extension of the important underlying public health programs through a massive cut to the Prevention Fund. I urge my colleagues to vote yes to my amendment.

And, Mr. Chairman, I yield back.

The Chairman. The gentlelady yields back.

Ms. Clarke. I yield to the gentleman from California, Mr. McNerney.

Mr. McNerney. I thank the gentlelady for this amendment.

As I mentioned before, this section is enough to make me vote against the bill regardless of any other considerations. As I have said before, I have got an outbreak of tuberculosis in my district. If you don't want to see tuberculosis come up in your district, you better vote for this amendment.

I yield back.

Ms. Clarke. I yield back.

The Chairman. The gentlelady yields back.

The chair recognizes the gentleman from Kentucky, Mr. Guthrie, for 5 minutes to speak on the amendment.

Mr. Guthrie. Thank you, Mr. Chairman.

I just want to point out that this does strike the offset from the public Prevention Fund, as was just described. It does not offer another offset. So this merely strikes the offset and leaves a hole in trying to pay for this bill.

And I would just say that community health centers is a proper use of public health and public prevention. I am sure they engage in

a lot of things in my community. If we did have outbreaks and other things, it is important to have vibrant community health centers. And so I just want to point out this does strike the offset without offering another offset.

And I will yield back my time.

The Chairman. The gentleman yields back.

Other members seeking recognition?

Seeing none, the vote now arises on the Clarke amendment.

Those in favor, say aye.

Those opposed, no.

The clerk will call the roll.

The Clerk. Mr. Barton?

Mr. Barton. No.

The Clerk. Mr. Barton votes no.

Mr. Upton?

Mr. Upton. No.

The Clerk. Mr. Upton votes no.

Mr. Shimkus?

Mr. Shimkus. No.

The Clerk. Mr. Shimkus votes no.

Mr. Murphy?

[No response.]

The Clerk. Mr. Burgess?

Mr. Burgess. No.

The Clerk. Mr. Burgess votes no.

Mrs. Blackburn?

[No response.]

The Clerk. Mr. Scalise?

[No response.]

The Clerk. Mr. Latta?

Mr. Latta. No.

The Clerk. Mr. Latta votes no.

Mrs. McMorris Rodgers?

Mrs. McMorris Rodgers. No.

The Clerk. Mrs. McMorris Rodgers votes no.

Mr. Harper?

Mr. Harper. No.

The Clerk. Mr. Harper votes no.

Mr. Lance?

Mr. Lance. No

The Clerk. Mr. Lance votes no.

Mr. Guthrie?

Mr. Guthrie. No.

The Clerk. Mr. Guthrie votes no.

Mr. Olson?

Mr. Olson. No.

The Clerk. Mr. Olson votes no.

Mr. McKinley?

Mr. McKinley. No.

The Clerk. Mr. McKinley votes no.

Mr. Kinzinger?

Mr. Kinzinger. No.

The Clerk. Mr. Kinzinger votes no.

Mr. Griffith?

Mr. Griffith. No.

The Clerk. Mr. Griffith votes no.

Mr. Bilirakis?

Mr. Bilirakis. No.

The Clerk. Mr. Bilirakis votes no.

Mr. Johnson?

Mr. Johnson. No.

The Clerk. Mr. Johnson votes no.

Mr. Long?

[No response.]

The Clerk. Mr. Bucshon?

Mr. Bucshon. No.

The Clerk. Mr. Bucshon votes no.

Mr. Flores?

Mr. Flores. No.

The Clerk. Mr. Flores votes no.

Mrs. Brooks?

Mrs. Brooks. No.

The Clerk. Mrs. Brooks votes no.

Mr. Mullin?

Mr. Mullin. No.

The Clerk. Mr. Mullin votes no.

Mr. Hudson?

Mr. Hudson. No.

The Clerk. Mr. Hudson votes no.

Mr. Collins?

Mr. Collins. No.

The Clerk. Mr. Collins votes no.

Mr. Cramer?

Mr. Cramer. No.

The Clerk. Mr. Cramer votes no.

Mr. Walberg?

Mr. Walberg. No.

The Clerk. Mr. Walberg votes no.

Mrs. Walters?

Mrs. Walters. No.

The Clerk. Mrs. Walters votes no.

Mr. Costello?

Mr. Costello. No.

The Clerk. Mr. Costello votes no.

Mr. Carter?

Mr. Carter. No.

The Clerk. Mr. Carter votes no.

Mr. Pallone?

Mr. Pallone. Aye.

The Clerk. Mr. Pallone votes aye.

Mr. Rush?

Mr. Rush. Aye.

The Clerk. Mr. Rush votes aye.

Ms. Eshoo?

Ms. Eshoo. Aye.

The Clerk. Ms. Eshoo votes aye.

Mr. Engel?

Mr. Engel. Aye.

The Clerk. Mr. Engel votes aye.

Mr. Green?

Mr. Green. Aye.

The Clerk. Mr. Green votes aye.

Ms. DeGette?

Ms. DeGette. Aye.

The Clerk. Ms. DeGette votes aye.

Mr. Doyle?

[No response.]

The Clerk. Ms. Schakowsky?

Ms. Schakowsky. Aye.

The Clerk. Ms. Schakowsky votes aye.

Mr. Butterfield?

Mr. Butterfield. Aye.

The Clerk. Mr. Butterfield votes aye.

Ms. Matsui?

Ms. Matsui. Aye.

The Clerk. Ms. Matsui votes aye.

Ms. Castor?

Ms. Castor. Aye.

The Clerk. Ms. Castor votes aye.

Mr. Sarbanes?

Mr. Sarbanes. Aye.

The Clerk. Mr. Sarbanes votes aye.

Mr. McNerney?

Mr. McNerney. Aye.

The Clerk. Mr. McNerney votes aye.

Mr. Welch?

Mr. Welch. Aye.

The Clerk. Mr. Welch votes aye.

Mr. Lujan?

Mr. Lujan. Aye.

The Clerk. Mr. Lujan votes aye.

Mr. Tonko?

Mr. Tonko. Aye.

The Clerk. Mr. Tonko votes aye.

Ms. Clarke?

Ms. Clarke. Aye.

The Clerk. Ms. Clarke votes aye.

Mr. Loeb sack?

Mr. Loeb sack. Aye.

The Clerk. Mr. Loeb sack votes aye.

Mr. Schrader?

[No response.]

The Clerk. Mr. Kennedy?

Mr. Kennedy. Aye.

The Clerk. Mr. Kennedy votes aye.

Mr. Cardenas?

Mr. Cardenas. Aye.

The Clerk. Mr. Cardenas votes aye.

Mr. Ruiz?

Mr. Ruiz. Aye.

The Clerk. Mr. Ruiz votes aye.

Mr. Peters?

Mr. Peters. Aye.

The Clerk. Mr. Peters votes aye.

Mrs. Dingell?

Mrs. Dingell. Aye.

The Clerk. Mrs. Dingell votes aye.

Chairman Walden?

The Chairman. No.

The Clerk. Chairman Walden votes no.

The Chairman. Are there other members not recorded.

Mr. Schrader. Yeah.

The Clerk. Mr. Schrader?

Mr. Schrader. Aye.

The Clerk. Mr. Schrader votes aye.

The Chairman. How is Mrs. Blackburn recorded?

The Clerk. Mrs. Blackburn?

Mrs. Blackburn. No.

The Clerk. Mrs. Blackburn votes no.

The Chairman. Are there any other members wishing to be recorded? Seems not, so the clerk will report the tally.

The Clerk. Mr. Chairman, on that vote there were 23 ayes and 28 nays.

The Chairman. Twenty-three ayes, 28 nays. The amendment is not adopted.

Are there other amendments?

The chair recognizes the gentleman from New Jersey, Mr. Pallone.

Mr. Pallone. Thank you, Mr. Chairman. This is Pallone PH-D-AMD 05.

The Chairman. 05. We will let the clerk find it, and then the clerk will report the amendment when ready.

The Clerk. Amendment to 3922, offered by Mr. Pallone.

The Chairman. Without objection, further reading of the amendments is dispensed with. The chair recognizes the gentleman from New Jersey, Mr. Pallone, for 5 minutes.

[The amendment of Mr. Pallone follows:]

***** COMMITTEE INSERT *****

Mr. Pallone. Thank you, Mr. Chairman.

My amendment would permanently extend the family-to-family health information centers, double their current funding level to \$10 million, and establish centers in the territories and that serve Indian tribes.

I support the provision in the underlying text to extend the program for 2 years with increased funding and expand the program to territories and Indian tribes. However, I think we can afford to do more.

The family-to-family health information centers were established in 2005. Since that time, these centers have provided valuable support to families of children with special healthcare needs and the professionals who serve them.

Those families face unique challenges in navigating our healthcare system. Those challenges can include children that need to see multiple specialty medical providers, take multiple medications, and navigate various delivery and healthcare financing arrangements.

Unfortunately, for too many of these families navigating the complicated healthcare system has proven confusing and been a barrier to accessing appropriate medical care for their children.

That is why increasing the funding, expanding the program to serve territories and Indian tribes, and making family-to-family health information centers permanent is so important.

These centers help families in various ways, including

communicating with healthcare providers, coordinating specialty medical care referrals, and assisting the transition from pediatric to adult healthcare systems. And such support helps decrease the burden of unmet health needs and helps improve children's physical and behavioral functions.

In New Jersey there are nearly 300,000 children with special healthcare needs. In 2014, Family Voices New Jersey, the New Jersey family-to-family health information center, assisted 113,000 families of children with special needs.

The Chairman. Would the gentleman suspend?

Mr. Pallone. Yes.

The Chairman. Shh.

Mr. Pallone. Thank you, Mr. Chairman.

The Chairman. Please proceed.

Mr. Pallone. For each of those families, Family Voices New Jersey played a critical role in ensuring that their children obtained the healthcare services and supports they needed. For example, a Spanish-speaking mother of twins, each with unique healthcare needs, was assisted by Family Voices after requesting help from their website. She had just moved to the State and needed help finding resources and support for her children.

Family Voices New Jersey was able to help her and connect her with case management and multiple resources, including peer support groups and organizations that serve the special needs community. The mother said, and I quote, "that my outlook for the future has positively

changed after speaking with you," unquote, knowing that she was not alone in her journey.

And it is experiences like this that prove the value of this important program to the children and their families as well as make clear the need to make the services permanent and widely available across the United States.

So that is why I am offering this amendment, to permanently extend the program, expand it to the territories and Indian tribes, as well as double the funding available to help children with special health needs and their families. And, again, we are only talking about a total of \$10 million, Mr. Chairman.

I would yield back.

The Chairman. The gentleman yields back.

The chair recognizes the gentleman from Texas, Dr. Burgess.

Mr. Burgess. Thank you, Mr. Chairman.

I believe the underlying bill extends the family-to-family health information centers, and I agree that they have proven time and again their capacity to reach and support families and the professionals who serve them.

So the program is extended for 2 years in the underlying bill. And at the request of the centers, increasing the funding and establishing centers in Puerto Rico, the United States territories, and the Indian tribes.

So I would recommend that we defeat the amendment and support the underlying bill, which does have this language contained within, along

with an increase.

And I yield back.

The Chairman. Gentleman yields back.

Are there other members wishing to speak? Or can we go to the vote?

Seeing no other speakers, we will now go to -- we will do a voice vote.

Those in favor will say aye.

Those opposed, nay.

The nays appear to have it. The amendment is not agreed to.

We are about to have votes on the floor. I know we have several amendments left to consider. So at this point, I think we will recess, give members an opportunity to get over to the floor and vote, and then we will return immediately after votes and resume our markup.

The Chairman. So the committee stands in recess.

[Recess.]

RPTR TELL

EDTR ROSEN

[9:30 p.m.]

The Chairman. The Energy and Commerce Committee will reconvene. As you know, we are on House Resolution 3922. It is open for amendment.

Mr. Green. Mr. Chairman, could I ask for permission to just state, our colleague, Mike Doyle, his father-in-law passed away last Sunday, and he hasn't been voting here today. In fact, if Mike had been here, we would have been out of this committee meeting a lot quicker, as you all know Mike, but that is the reason he is not here tonight. He is with his wife who lost her father.

The Chairman. I am sorry to hear that. We will have him and his family in the prayers.

Are there amendments? If there are no further amendments -- I figured there might be.

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

The Chairman. Should we vote on whether to have the clerk -- the clerk will report the amendment.

The Clerk. Amendment to H.R. 3922 offered by Mr. Green.

[The amendment of Mr. Green follows:]

***** COMMITTEE INSERT *****

The Chairman. Without objection, further reading of the amendment is dispensed with, and the gentleman from Texas is recognized to speak on his amendment.

Mr. Green. Mr. Chairman, I strike the last word. I have an amendment at the desk. The amendment would extend funding for the Health Centers Fund for 5 years. The Health Centers Fund accounts for roughly 70 percent of all funding for our community health centers. A 5-year extension is the responsible thing to do. Without certainty in funding, the community health centers' more than 2,500 clinics could close, resulting in a loss of over 50,000 jobs and access to care for over 9 million patients.

Since their inception 50 years ago, community health centers have enjoyed strong bipartisan support. Longer-term investments in health centers will give them the certainty they need, allow for the investment in our communities, and support the services they provide. Health centers are the bedrock of our primary care system, and constantly facing funding cliffs makes it harder to secure loans and open new centers in shortage areas, and leads to reduction in services.

There is bipartisan legislation that would extend Health Centers Funds for 5 years, and this approach should be taken. I urge my colleagues to support the community health centers by supporting this extension for a full 5-year reauthorization. And I yield back my time.

The Chairman. The gentleman yields back the balance of his time. Other members seeking to speak on this amendment? The gentleman from Illinois is recognized, Mr. Shimkus, to strike the last word.

Mr. Shimkus. Thank you Mr. Chairman. I speak in opposition of the amendment. There is great support for the community health centers. In fact, when I first got elected, I had none in my congressional district. Now my district has changed through two additional redistrictings, but now I have probably 20. They do a great job serving the underinsured. In this case, sometimes the insured who can't pay deductibles or the uninsured. What we struck out to do through the committee was to make sure, in our extension, that it was paid for. We think that does bring certainty. And the best thing is we get to do this again in 2 more years. So with that, I yield back my time.

The Chairman. The gentleman yields back. Anyone else seeking to speak on this amendment?

Mr. Green. If you do it, we wouldn't have to do it in 2 years.

Mr. Shimkus. I look forward to doing it again, that is why.

The Chairman. The gentleman from Massachusetts, Mr. Kennedy, is recognized for 5 minutes to strike the last word.

Mr. Kennedy. I hesitate to break that up, but I won't take all 5 minutes. Listen, I deeply appreciate Mr. Shimkus' comments and his excitement to do this again in 2 years. I have a number of too many health centers in my district. I don't think there is any debate anywhere amongst any of our members about the extraordinary work that those centers provide for our communities. I also understand that the need to provide certainty and to try to create some framework from this I think what you do here from our side is a bit of a frustration, the

inconsistency is what needs to get paid for and what doesn't, how we are going to go about providing the solid structures that need to be in place.

Heads of a couple community health centers came up to me and said, over the course of the past 10 days, and said this cliff is real, and even though we haven't run out of money yet, that uncertainty, our board has instructed us to actually put in place, or to at least draw up measures where we might have to fire dozens of our staff. And so, even if the money is there, they have to make those contingencies, and that is real. And I think the frustration that you are hearing obviously from our side of the aisle comes from, we all know that these programs are good, CHIP and CHS. There is no debate about that.

Then why are we in a circumstance where we are being forced to make some very tough trade-offs as to what we pay for and what we don't for those programs. And IPAB repeal isn't paid for at all. And a tax cut, according to reports coming out of the Senate are \$1.5 trillion, and that might not be paid for. And so that ends up putting, I think, a number of us in a tough position to go back and, say, force a choice that is unnecessary from folks that are providing essential services to folks that need them, when there is a bigger structure here that would just shrug our shoulders and say we actually don't need to do that, and that decision is the part that, I think, I, at least -- I don't want to speak for my colleagues -- but I struggle with, because when I have to go back to those underserved communities and explain why we have spent 8 hours going around in circles on a program that

everybody likes, I don't really feel like there is a good reason for this. Everybody agrees on this.

But it seems like we are picking a fight here for no good reason, and there is really good people and really important decisions that are going to get caught in that fight. And that is what I feel is extremely frustrating and disappointing about all this. And I will yield to Mr. Cardenas.

Mr. Cardenas. Thank you very much, colleague, and happy birthday, by the way. I think it is important for us to understand that when you have environments of, especially individuals who have gone through the extra effort of becoming educated, working for community health centers and giving not only their professionalism but their heart and soul into their work, and being able to give to American citizens who otherwise would go without that healthcare.

I think it is really important for us to understand that even though we may think that we are being fiscally prudent by only moving this forward for 2 years at a time, versus something like 5 years at a time, which seemed to have been the norm at a time for our United States Congress, for our legislative process, I think it is important for us to understand that, I think, we are losing the understanding of putting ourselves in the shoes of others who are not as fortunate as we, perhaps, are today.

And the reason why I say, perhaps as fortunate as we are today, because when I was a little boy, the place where I got my healthcare and my 10 brothers and sisters and my mother and father got their

healthcare, was one of these community clinics. I would venture to say that had I not received that healthcare, many other things in my life would have not gone as well as I was blessed to have in my life.

Children who don't get adequate healthcare, study after study, shows that they don't do as well as their full potential in school. Communities that don't have true healthcare options suffer economically, emotionally, and on many other levels. And for us to think that we are prudent by not affording these great organizations and these many, many professionals with the opportunity to at least plan for today and tomorrow, to me, that is not fiscally prudent and that is -- I think that in that, in some sense, we are being derelict in our duties and our responsibilities in doing what is best for the American people. I yield back.

The Chairman. The gentleman's time is expired. Any others wishing to speak on this amendment? Move to strike the last word just in response.

I don't think any of us disagrees with the importance of access to quality and affordable healthcare, especially through these health centers. I think I have 63 clinics, fewer ownership or management, but facilities around my district, so I am all in. But some of us also served in state legislatures, and I was thinking as you were talking about our dereliction of duty in only doing a 2-year authorization, I don't know if California operates on a one-year budget or a two-year. We were two in Oregon. I know here, when you are dealing with the entire Defense Department of the United States, we do it every year. And we

get our work done.

And I would like -- I think it is important to the agencies and the programs and for the authorizing committees to continue to play a role on a responsible time period and basis with these programs. I really tried to get us back to sort of regular order in reauthorizing programs, and I am sorry we missed that deadline of September 30th, and we can argue about it, we are close here, and they have got money. But I think of all these programs, the more the authorizers, us, can have a role, and if we say 5 years we will see you then, you will find programs that get a little off course. And so I think States and the Federal Government, if we do our budgeting properly and our appropriations properly, we do our authorizing properly, these programs will be just fine. And so I am thinking of how States match these funds. My State, Oregon, I was in the legislature, it was biannual budgeting, 2 years, boom, done. If there was a problem in the interim, we had an emergency board that got together and would, once a month, look at any shortfalls or overage or whatever.

So I think we are being responsible here, and I don't think it is dereliction of duty, and you have an opportunity to join us in this 2-year reauthorization and SCHIP and all the others. And so I hope we find a way through this.

Mr. Cardenas. Thank you, Mr. Chairman. I appreciate the truth in your statement, but I just want to clarify, my points weren't that we have the authority to have a 2-year versus a 5-year. Mine had to do with the organizations who are on the street level, their ability

to actually plan, hire those professionals, retain those professionals so they can give the utmost care that we are charging them with, and they are taking that charge seriously. And on the note of local governments, yes, you are absolutely right, the State of California budgets on a one-year basis. I happen to be the former chairman of the California State Budget, and so I know that process very, very well. And yet, at the same time, even in that system, whether it is a 1-year or 2-year, what you will find or what any one of us will find is that when we don't do right by our constituents, it is not how the system is set up, it is in the nuanced decisions that we make just as here, when we opt to go with a 2-two year versus a 5-year, and that was the point that I was making, Mr. Chairman.

The Chairman. I understand that. Reclaiming my time, I was on a hospital board for 4-1/2 or 5 years, too. We budgeted annually, met monthly, or twice a month, and so I think the key here is can we get a good program in place, do our accountability, do our oversight, and see what adjustments need to be made in responsible and regular order.

I yield back the balance of my time.

Anybody else seeking recognition or do you want to get into the vote? Mr. Welch is recognized for 5 minutes.

Mr. Welch. Just very briefly, and I will yield to Mr. Green. Mr. Chairman, you have outlined some reasonable points. I think Mr. Kennedy had some reasonable points, too. We would all be better off if on something that we have a mutual desire to support, we do it sooner rather than later, and there is a lot of reasons we don't do

that, but within this committee, there tends to be a desire to have cooperation on the things we agree on. So that is number one.

Number two, I think the reason we put it off is because, in fact, we have these very contentious disputes about how to pay for it. So that never gets resolved until the very end, and then it creates that kind of uncertainty that has boards back in our communities pretty anxious about what is going to happen, because ultimately, they are starting to lose confidence in this, not so much this committee, but this institution, this Congress.

So I would just be a voice of encouragement to do these reauthorizations sooner rather than later.

The Chairman. If you would yield, I would just say I don't disagree with you at all. In fact, that is why we put so much time into the Safe Drinking Water Act. We found good, common ground there, I think. It came out of here unanimously. The same on Brownfields, both of those I don't think have been reauthorized in at least a decade. We learned what happened, went wrong in Flint and other communities. We know what we could do to improve them both, and so that is my only -- we don't have a disagreement here, I think. It is really about how do we look at all these programs on a systematic basis, get ourselves on a timeline where we meet the timelines in advance to prevent that kind of uncertainty out in the real world, and so, I agree. I yield back. Thank you.

Mr. Schrader. Point of order, Mr. Chairman.

The Chairman. Yes.

Mr. Schrader. I have lost track. Which of the remaining 12 amendments are we on? I just want to make sure I know exactly where we are in our process, since we have 12 more amendments.

The Chairman. We are on Mr. Green's amendment to provide 5-year extension of CHS, or community health center authorizations right here.

Mr. Green. Can you yield?

Mr. Welch. I yield to Mr. Green.

Mr. Green. Just for a few seconds, we have a 50-year program here, and we are talking about the 2 years or 5 years. Our committee has the authority even if it is a 5-year reauthorization, to call a hearing any time to deal with it and if there is a problem in it.

But, again, this amendment would give certainty to this 50-year program, and I would submit that the more FQHCs we have in the community, the less we are going to spend on trauma centers with people going in with diabetic episodes, going in with high blood pressure when they have a stroke, instead of being maintained in a community health center. I thank my colleague for yielding.

The Chairman. The gentleman yields back. Other members seeking recognition? The gentleman from Florida, Mr. Bilirakis, is recognized for 5 minutes.

Mr. Bilirakis. Thank you, Mr. Chairman. I appreciate it very much. Strike the last word. Thank you. On the amendment, folks, I met with representatives at the community health centers. Actually, I met with them this morning and yesterday and the day before as well, and they seem to be thrilled with the amount of money, the

\$30.6 billion. No one has complained to me about the 2-year authorization. Everyone loves these centers. They do so many good things in the community. The hospitals love them because they refer people to the centers to alleviate the crowding in the emergency rooms. We are all in support of these centers. And I will tell you, the representatives that I have spoke to from the centers in Florida, in California, all over the country, really, are very pleased with the appropriation, and I haven't seen any -- no one has complained to me about the 2-year authorization, the reauthorization. So I just wanted to make that point, and I yield back the balance of my time.

Mr. Burgess. Will the gentleman yield? Will the gentleman yield? And I would point out the gentleman, I think, brings up a good point. We had a hearing on this. In fact, I think we had a representative from an Oregon federally qualified health center, and the 2-year authorization was what the request was. No one made a request for a longer period of time. This really was something I thought was settled at the time of the hearing in July of this year. So I agree with Mr. Bilirakis. I am not hearing other requests for longer authorization, and I will yield back.

Mr. Bilirakis. And I will yield back, Mr. Chairman.

The Chairman. The gentleman yields back. The chair recognizes the gentleman from California for 5 minutes to speak on the amendment.

Mr. Ruiz. Yes, I think that -- well, first of all, let me just say that I have worked in a Federal qualified health center. I have worked in a migrant farmer worker health center, as well. I worked

in emergency departments. And I have taken care of patients who are on Medicaid. I have taken care of patients who are uninsured. I have done public health programs with FQHCs in order to extend the strategic outplans to get healthcare to underserved communities. And I can tell you that from firsthand experience, and by working with multiple FQHCs, that a 2-year limit on funding and whether reauthorization is very difficult to get a grant off the ground to do public-private partnerships because it takes a whole year just to prepare the program to begin with, and then you have another year to implement, then you have to report on it.

So I do think that a 5-year extension is very good for the longevity of FQHCs and their ability to implement programs that are longer than 2 years. You know, tackling diabetes in a population takes longer than 2 years. Addressing public health education for hypertension and making sure you do it right and getting results takes longer than 2 years. And so, we can't continue to threaten not funding FQHCs every 2 years, or play this political partisanship game where people are trying to figure out what is the pay-for every 2 years and then put their health and their clinics at risk. We should be able to give them continuity and longevity for the programs that they want to start.

Mr. Green. Would you yield?

Mr. Ruiz. Yes, sir.

Mr. Green. I know you are on our Health Subcommittee, and I don't remember anyone saying they wouldn't want to have 5 years. In fact,

the folks in the Houston area would love to have that stability over 5 years, so they can know they would be there. And, again, we can always go back and fix them. And I will promote you to the Health Subcommittee when I get to be chair.

Mr. Ruiz. Well, I appreciate it. I know some day I will be on that. It is a dream of mine to be on the Health Subcommittee, but, you know, I go to the meetings anyway, and, you know, this is just from practical experience being on the ground talking -- I mean, my entire life has been paralleled with FQHCs. I mean, that is where the seed of wanting to be a doctor was born for the enormous need that we see in those underserved communities. And a 2-year program isn't really sufficient for them to tackle the problems that we want them to tackle for the long-term and for the benefits of the patient. And so, I would request everybody to reconsider and to vote yes.

The Chairman. If the gentleman would yield, I am thinking this whole 2-year term thing is kind of too short too, so maybe we ought to do that 5-year thing for us.

Voice. 5 years for Congress? As amended?

Mr. Green. Will the gentleman yield one more --

The Chairman. We are kind of on that 2-year term thing. Yes?

Mr. Green. Well, Mr. Chairman, I happen to have an email here from our community health centers, and they would love 5 years.

The Chairman. Did they send you the pay-for?

Mr. Green. That is our job.

The Chairman. Oh. All right. You yield back the balance of

your time. Anyone else, or are we ready to go to a vote?

All right. I know a roll call is requested on this one, so those in favor will vote aye; those opposed no, and the clerk will call the roll.

The Clerk. Mr. Barton?

[No response.]

The Clerk. Mr. Upton?

Mr. Upton. No.

The Clerk. Mr. Upton votes no.

Mr. Shimkus?

Mr. Shimkus. No.

The Clerk. Mr. Shimkus votes no.

Mr. Murphy?

[No response.]

The Clerk. Mr. Burgess.

Mr. Burgess. No.

The Clerk. Mr. Burgess votes no.

Mrs. Blackburn?

Mrs. Blackburn. No.

The Clerk. Mrs. Blackburn votes no.

Mr. Scalise?

[No response.]

The Clerk. Mr. Latta? No

Mr. Latta. No.

The Clerk. Mr. Latta votes no.

Mrs. McMorris Rodgers?

Mrs. McMorris Rodgers. No.

The Clerk. Mrs. McMorris Rodgers votes no.

Mr. Harper?

[No response.]

The Clerk. Mr. Lance?

Mr. Lance. No.

The Clerk. Mr. Lance votes no.

Mr. Guthrie?

Mr. Guthrie. No.

The Clerk. Mr. Guthrie votes no.

Mr. Olson?

Mr. Olson. No.

The Clerk. Mr. Olson votes no.

Mr. McKinley?

Mr. McKinley. No.

The Clerk. Mr. McKinley votes no.

Mr. Kinzinger?

Mr. Kinzinger. No.

The Clerk. Mr. Kinzinger votes no.

Mr. Griffith?

Mr. Griffith. No.

The Clerk. Mr. Griffith votes no.

Mr. Bilirakis?

Mr. Bilirakis. No.

The Clerk. Mr. Bilirakis votes no.

Mr. Johnson?

Mr. Johnson. No.

The Clerk. Mr. Johnson votes no.

Mr. Long?

[No response.]

The Clerk. Mr. Bucshon?

Mr. Bucshon. No.

The Clerk. Mr. Bucshon votes no.

Mr. Flores?

Mr. Flores. No.

The Clerk. Mr. Flores votes no.

Mrs. Brooks?

Mrs. Brooks. No.

The Clerk. Mrs. Brooks votes no.

Mr. Mullin?

Mr. Mullin. No.

The Clerk. Mr. Mullin votes no.

Mr. Hudson?

Mr. Hudson. No.

The Clerk. Mr. Hudson votes no.

Mr. Collins?

Mr. Collins. No.

The Clerk. Mr. Collins votes no.

Mr. Cramer?

Mr. Cramer. No.

The Clerk. Mr. Cramer votes no.

Mr. Walberg?

Mr. Walberg. No.

The Clerk. Mr. Walberg votes no.

Mrs. Walters?

Mrs. Walters. No.

The Clerk. Mrs. Walters votes no.

Mr. Costello?

Mr. Costello. No.

The Clerk. Mr. Costello votes no.

Mr. Carter?

Mr. Carter. No.

The Clerk. Mr. Carter votes no.

Mr. Pallone?

Mr. Pallone. Aye.

The Clerk. Mr. Pallone votes aye.

Mr. Rush?

[No response.]

The Clerk. Ms. Eshoo?

Ms. Eshoo. Aye.

The Clerk. Ms. Eshoo votes aye.

Mr. Engel?

Mr. Engel. Aye.

The Clerk. Mr. Engel votes aye.

Mr. Green?

Mr. Green. Aye.

The Clerk. Mr. Green votes aye.

Ms. DeGette?

Ms. DeGette. Aye.

The Clerk. Ms. DeGette votes aye.

Mr. Doyle?

[No response.]

The Clerk. Ms. Schakowsky?

Ms. Schakowsky. Aye.

The Clerk. Ms. Schakowsky votes aye.

Mr. Butterfield?

Mr. Butterfield. Aye.

The Clerk. Mr. Butterfield votes aye.

Ms. Matsui?

Ms. Matsui. Aye.

The Clerk. Ms. Matsui votes aye.

Ms. Castor?

Ms. Castor. Aye.

The Clerk. Ms. Castor votes aye.

Mr. Sarbanes?

Mr. Sarbanes. Aye.

The Clerk. Mr. Sarbanes votes aye.

Mr. McNerney?

Mr. McNerney. Aye.

The Clerk. Mr. McNerney votes aye.

Mr. Welch?

Mr. Welch. Aye.

The Clerk. Mr. Welch votes aye.

Mr. Lujan?

Mr. Lujan. Aye.

The Clerk. Mr. Lujan votes aye.

Mr. Tonko?

Mr. Tonko. Aye.

The Clerk. Mr. Tonko votes aye.

Ms. Clarke?

Ms. Clarke. Aye.

The Clerk. Ms. Clarke votes aye.

Mr. Loeb sack?

Mr. Loeb sack. Aye.

The Clerk. Mr. Loeb sack votes aye.

Mr. Schrader?

Mr. Schrader. Aye.

The Clerk. Mr. Schrader votes aye.

Mr. Kennedy?

Mr. Kennedy. Aye.

The Clerk. Mr. Kennedy votes aye.

Mr. Cardenas?

Mr. Cardenas. Aye.

The Clerk. Mr. Cardenas votes aye.

Mr. Ruiz?

Mr. Ruiz. Aye.

The Clerk. Mr. Ruiz votes aye.

Mr. Peters?

Mr. Peters. Aye.

The Clerk. Mr. Peters votes aye.

Mrs. Dingell?

Mrs. Dingell. Aye.

The Clerk. Mrs. Dingell votes aye.

Chairman Walden?

The Chairman. No.

The Clerk. Chairman Walden votes no.

The Chairman. Are there members wishing to be recorded?

The Clerk. Mr. Harper?

Mr. Harper. No.

The Clerk. Mr. Harper votes no.

The Chairman. Mr. Rush?

Mr. Rush. Aye.

The Clerk. Mr. Rush votes aye.

The Chairman. Any other? There he is. Mr. Barton on the amendment is a no.

The Clerk. Mr. Barton votes no.

The Chairman. The clerk will report the tally.

The Clerk. Mr. Chairman, on that vote there were 23 ayes and 28 nays.

The Chairman. Twenty-three ayes and 28 nays. The amendment is not adopted. The chair recognizes the gentleman from North Carolina.

Mr. Butterfield. Mr. Chairman, I have an amendment at the desk as designated.

The Chairman. The clerk will report the amendment.

Mr. Butterfield. May I proceed while it is being distributed?

The Chairman. We need to have it read first, and then we will go.

The Clerk. Amendment to H.R. 3922 offered by Mr. Butterfield.

[The amendment of Mr. Butterfield follows:]

***** COMMITTEE INSERT *****

The Chairman. Unanimous consent. The further reading of the amendment is suspended. Now the chair recognizes the gentleman from North Carolina to speak on his amendment.

Mr. Butterfield. I will talk fast, Mr. Chairman. Mr. Chairman, I rise in support of an amendment that my friend, Mr. Lujan, and I have introduced to extend the National Health Service Corps program through the year 2022. I am sure all of you are familiar with this great program. The language is also included in the substitute to the CHAMPION Act offered by Mr. Pallone, which I also support. The language of this amendment, Mr. Chairman, mirrors the bipartisan legislation of H.R. 3862, the National Health Service Corps Strengthening Act of 2017 that I introduced with Mr. Lujan and Mr. Stewart. Mr. Chris Stewart.

This program, Mr. Chairman, helps support primary care professionals, including physicians and nurse practitioners, dentists, mental and behavioral health professionals, physician assistants, certified nurse midwives and dental hygienists, who work in underserved areas in urban and rural communities. In exchange for that service the program helps to alleviate the burden of debt accumulated during the course of their education through a scholarship and loan repayment program. Today, this program has a field strength of more than 10,000 clinicians who provide care to 11 million people, including your constituents. Despite this level of service, it would still take an estimated 20,000 additional providers to meet the existing need in the more than 15,000 federally designated health

professional shortage areas across the country.

Funding for this program expired September 30th. Our Nation's healthcare workforce serving in federally designated health professional shortage areas depend on this funding, and we must do all that we can to reauthorize this program.

Just last week, I spoke with representatives from the North Carolina Community Health Center Association and health center leaders from my district in North Carolina. Sadly, one of those counties has an infant mortality rate that is the highest in the country, and surpasses many developing countries. The health center in that county is close to hiring an OB/GYN to help address the infant mortality issues, but the professional will only be able to accept the position if this program is extended for at least 5 years. 75 percent of the counties that I represent in eastern North Carolina are federally designated health professional shortage areas. Numerous health professionals that serve in those counties are part of this program.

My constituents, many of whom already lack access to healthcare, would lose even more access to health professionals if this program goes away, or if uncertainty with the program causes them to seek work elsewhere. This amendment, Mr. Chairman, would provide that certainty. It would help grow the program and help deliver care to an estimated 5 million more Americans in shortage areas like those that I referenced. The list of health organizations that support this Act stands at 33 groups, and it is growing. Organizations including the Association of Clinicians for the Underserved, the National

Association of Rural Health Clinics, the American Academy of Family Physicians, and the American Public Health Association, all of these support this legislation.

Many members of this committee have double and triple digit numbers of health professionals serving in their districts under this program. I have many concerns about the CHAMPION Act before us today. I am concerned that it has not gone through regular order, that it takes funding from the important prevention and Public Health Fund, undermining efforts to prevent serious public health problems before they occur. I am highly concerned that this 2-year reauthorization simply kicks the can down the road, does not provide the certainty that our healthcare workforce needs in underserved areas. I urge my colleagues to vote yes. I yield back.

The Chairman. The gentleman yields back. Other members seeking recognition? The gentleman from Illinois, Mr. Shimkus.

Mr. Shimkus. Thank you, Mr. Chairman, to speak against the amendment, although I am really very supportive of it. And I wish my colleague, Mr. Butterfield, would have kind of talked to me in this -- and this is really the same debate, 5 versus 2 -- in this 2-year extension, we have included language to reauthorize the National Health Service Corps for 2 years, and it is paid for. I would have joined with you to offer a bipartisan amendment, but we just folded it into the regular language of the bill. It coincides with this 5 versus 2 and paid for, not paid for. The 2-year extension is paid for.

I am from a big rural area. We rely on this quite a bit. And

we just wanted to make sure that, obviously, that those people who decide to serve get help and repayment, and it is a great program. I just -- so 5 years too long. It is not paid for. It is about \$1 billion more. We will go down the same argument as to whether we should do that or not, but at least a 2-year extension, which is in the underlying bill is paid for and it addresses the extension for 2 more years.

Mr. Butterfield. Will the gentleman yield? I certainly understand, you know, your side of the debate. The only thing I am trying to say is that it creates certainty, you know, among this demographic of professionals.

Mr. Shimkus. Reclaiming my time, it is hard for us to argue against there is more certainty for 5 years versus 2. We can't argue that. Our argument is ours is paid for, and we always talk about certainty is important in any line of work, so I am not going to -- I agree with you, 5 years creates more certainty. I think having programs funded and paid for also creates some certainty, and that is just an area in this bill that we are going to agree to disagree, but I applaud your efforts. I agree with them. We have 2 years in the underlying bill that is paid, and I appreciate the chairman for including that in the base bill. And I yield back the balance of my time.

The Chairman. The gentleman yields back. Other members seeking recognition? The gentleman from New Mexico is recognized to speak on the amendment.

Mr. Lujan. Thank you, Mr. Chairman. And, look, I just want to emphasize the importance of what this means, as well to us in New Mexico. I, like Mr. Shimkus, represent a large rural district and appreciate his commitment to this program, and, Mr. Chairman, I will ask unanimous consent to submit my remarks I have prepared into the record.

The Chairman. Without objection.

[The information follows:]

***** COMMITTEE INSERT *****

Mr. Lujan. If there is a way, you know, for all of us to work together on this, I understand the bill the way it is written today, but look, I think that there is a belief by many that a lot of the pieces that we are working on today it may find itself getting final approval in an omnibus package, and if that is the case, if there would be, you know, an openness, a willingness as we talk about how we might be able to work together on this one, in addition to the previous conversation that ensued with a lot of support. And with that, Mr. Chairman, I yield back the balance of my time.

Thank you very much and I urge adoption of this amendment.

The Chairman. The gentleman yields back. Other members seeking recognition on the Republican side? Seeing none, the gentleman from California is recognized for 5 minutes.

Mr. Ruiz. Thank you. Thank you, Mr. Chairman. I strongly support this bill. When I was home as a premed student I was taking down the Christmas lights at my house and a splinter went in my ear -- I mean, my eye, right in my eye, just right there. I mean, I couldn't blink. It was hurting. I tried to take it out myself. I was using a Q-Tip. I was premed, so I said, Hell, why not, right? I will do it myself. I went to my mother, she saw my eye, it was bulging, it was red, it was tearful. I was like, Take it out, take it out. She said, Oh, my God, let's go to the clinic. So we went to the only clinic in my town, and they were closed, but luckily, there was a doctor still there. And we begged him, look at my eye, I think I have a splinter in my eye. So he took me in and got a needle and did the procedure

and took the splinter out of my eye with a needle. Scared me to death.

The reason why he was there was because he was a doctor from the National Health Service Corps because there was no doctors in the area. And he was working on an FQHC, because FQHCs and the CHCs that you are pretending -- that you want to help rely on these doctors, right? And so, if we are going to support community health services centers we are going to have to make sure that there is enough doctors.

Right now in that same community where my mother still lives there is only one doctor, one full-time equivalent doctor per 9,000 residents. Medically appropriate it is one to 2,000. These are the same numbers in Louisiana, in Alabama, in rural Texas, and other areas. And you mentioned in your opening statement there is a physician shortage. And we are not really addressing this physician shortage. And there is a pediatric shortage, there is a dentist shortage, there is mental health shortage. So this National Health Service Corps is very important for these communities that CHIP and these other community health centers want to serve, so I fully support this amendment, and if anybody else on this end wants some more of my time. No? Okay. Thank you.

The Chairman. The gentleman yields back. Anyone else seeking recognition? Okay. Then we are going to vote. And I know we are on the recorded vote on this one.

Those in support vote aye; those opposed nay. The clerk will call the role.

The Clerk. Mr. Barton?

Mr. Barton. No.

The Clerk. Mr. Barton votes no.

Mr. Upton?

Mr. Upton. No.

The Clerk. Mr. Upton votes no.

Mr. Shimkus?

Mr. Shimkus. No.

The Clerk. Mr. Shimkus votes no.

Mr. Murphy?

[No response.]

The Clerk. Mr. Burgess.

Mr. Burgess. No.

The Clerk. Mr. Burgess votes no.

Mrs. Blackburn?

Mrs. Blackburn. No.

The Clerk. Mrs. Blackburn votes no.

Mr. Scalise?

[No response.]

The Clerk. Mr. Latta? No

Mr. Latta. No.

The Clerk. Mr. Latta votes no.

Mrs. McMorris Rodgers?

Mrs. McMorris Rodgers. No.

The Clerk. Mrs. McMorris Rodgers votes no.

Mr. Harper?

[No response.]

The Clerk. Mr. Lance?

Mr. Lance. No.

The Clerk. Mr. Lance votes no.

Mr. Guthrie?

Mr. Guthrie. No.

The Clerk. Mr. Guthrie votes no.

Mr. Olson?

Mr. Olson. No.

The Clerk. Mr. Olson votes no.

Mr. McKinley?

Mr. McKinley. No.

The Clerk. Mr. McKinley votes no.

Mr. Kinzinger?

Mr. Kinzinger. No.

The Clerk. Mr. Kinzinger votes no.

Mr. Griffith?

Mr. Griffith. No.

The Clerk. Mr. Griffith votes no.

Mr. Bilirakis?

Mr. Bilirakis. No.

The Clerk. Mr. Bilirakis votes no.

Mr. Johnson?

Mr. Johnson. No.

The Clerk. Mr. Johnson votes no.

Mr. Long?

[No response.]

The Clerk. Mr. Bucshon?

Mr. Bucshon. No.

The Clerk. Mr. Bucshon votes no.

Mr. Flores?

Mr. Flores. No.

The Clerk. Mr. Flores votes no.

Mrs. Brooks?

Mrs. Brooks. No.

The Clerk. Mrs. Brooks votes no.

Mr. Mullin?

Mr. Mullin. No.

The Clerk. Mr. Mullin votes no.

Mr. Hudson?

Mr. Hudson. No.

The Clerk. Mr. Hudson votes no.

Mr. Collins?

Mr. Collins. No.

The Clerk. Mr. Collins votes no.

Mr. Cramer?

Mr. Cramer. No.

The Clerk. Mr. Cramer votes no.

Mr. Walberg?

Mr. Walberg. No.

The Clerk. Mr. Walberg votes no.

Mrs. Walters?

Mrs. Walters. No.

The Clerk. Mrs. Walters votes no.

Mr. Costello?

Mr. Costello. No.

The Clerk. Mr. Costello votes no.

Mr. Carter?

Mr. Carter. No.

The Clerk. Mr. Carter votes no.

Mr. Pallone?

Mr. Pallone. Aye.

The Clerk. Mr. Pallone votes aye.

Mr. Rush?

Mr. Rush. Aye.

The Clerk. Mr. Rush votes aye.

Ms. Eshoo?

Ms. Eshoo. Aye.

The Clerk. Ms. Eshoo votes aye.

Mr. Engel?

Mr. Engel. Aye.

The Clerk. Mr. Engel votes aye.

Mr. Green?

Mr. Green. Aye.

The Clerk. Mr. Green votes aye.

Ms. DeGette?

Ms. DeGette. Aye.

The Clerk. Ms. DeGette votes aye.

Mr. Doyle?

[No response.]

The Clerk. Ms. Schakowsky?

Ms. Schakowsky. Aye.

The Clerk. Ms. Schakowsky votes aye.

Mr. Butterfield?

Mr. Butterfield. Aye.

The Clerk. Mr. Butterfield votes aye.

Ms. Matsui?

Ms. Matsui. Aye.

The Clerk. Ms. Matsui votes aye.

Ms. Castor?

Ms. Castor. Aye.

The Clerk. Ms. Castor votes aye.

Mr. Sarbanes?

Mr. Sarbanes. Aye.

The Clerk. Mr. Sarbanes votes aye.

Mr. McNerney?

Mr. McNerney. Aye.

The Clerk. Mr. McNerney votes aye.

Mr. Welch?

Mr. Welch. Aye.

The Clerk. Mr. Welch votes aye.

Mr. Lujan?

Mr. Lujan. Aye.

The Clerk. Mr. Lujan votes aye.

Mr. Tonko?

Mr. Tonko. Aye.

The Clerk. Mr. Tonko votes aye.

Ms. Clarke?

Ms. Clarke. Aye.

The Clerk. Ms. Clarke votes aye.

Mr. Loeb sack?

Mr. Loeb sack. Aye.

The Clerk. Mr. Loeb sack votes aye.

Mr. Schrader?

Mr. Schrader. Aye.

The Clerk. Mr. Schrader votes aye.

Mr. Kennedy?

Mr. Kennedy. Aye.

The Clerk. Mr. Kennedy votes aye.

Mr. Cardenas?

Mr. Cardenas. Aye.

The Clerk. Mr. Cardenas votes aye.

Mr. Ruiz?

Mr. Ruiz. Aye.

The Clerk. Mr. Ruiz votes aye.

Mr. Peters?

Mr. Peters. Aye.

The Clerk. Mr. Peters votes aye.

Mrs. Dingell?

Mrs. Dingell. Aye.

The Clerk. Mrs. Dingell votes aye.

Chairman Walden?

The Chairman. No.

The Clerk. Chairman Walden votes no.

The Chairman. Any other members wishing to be recorded that aren't? If not, the clerk will report the tally.

The Clerk. Mr. Chairman, on that vote, the yeas were 23, and the nays were 28.

The Chairman. The yeas 23, nays 28. The amendment is not adopted. Other amendments? The gentlelady from New York is recognized. Oh, wait, I am sorry, I actually need to go this way this time. The gentlelady from Washington State is recognized, Mrs. McMorris Rodgers.

Mrs. McMorris Rodgers. Thank you, Mr. Chairman. I have an amendment at the desk.

The Chairman. The clerk will report the amendment.

The Clerk. Amendment to H.R. 3922 offered by Mrs. McMorris Rodgers.

[The amendment of Mrs. McMorris Rodgers follows:]

***** COMMITTEE INSERT *****

The Chairman. Without objection, further reading of the amendment is dispensed with. The gentlelady from Washington State is recognized for 5 minutes to speak in favor of her amendment.

Ms. McMorris Rodgers. Thank you, Mr. Chairman. Under current statute, the Health Resources and Service Administration cannot transfer unused funds for the Teaching Health Center Graduate Medical Education program from one fiscal year to the next. My amendment simply lifts this prohibition to provide HRSA with more flexibility to administer this important program.

Since the teaching health clinics run on an academic year, this will ensure they have sufficient funds to provide medical education on a consistent basis throughout a resident's training. I encourage my colleagues on both sides of the aisle to support this important amendment, and ultimately vote yes on this CHAMPION Act. And I yield back.

The Chairman. The gentlelady yields back. Other members seeking recognition? Seeing none, the vote now rises on the McMorris Rodgers amendment. Those in favor will say aye. Aye. Those opposed nay. The ayes appear to have it. The ayes have it, and the amendment is adopted.

Other amendments? Now the gentlelady from New York, Ms. Clarke, is recognized for purposes of an amendment.

Ms. Clarke. Thank you, Mr. Chairman. I have an amendment at the desk.

The Chairman. The clerk will report the amendment.

The Clerk. Amendment to H.R. 3922 offered by Ms. Clarke.

[The amendment of Ms. Clarke follows:]

***** COMMITTEE INSERT *****

The Chairman. With unanimous consent, further reading of the amendment is dispensed with, and the gentlelady from New York is recognized for 5 minutes to speak on her amendment.

Ms. Clarke. Thank you, Mr. Chairman. This amendment is simple. It would repeal Title V Abstinence Education Program, which, for too long, has wasted Federal dollars on ineffective and ideological initiatives that promote abstinence only until marriage.

Since Federal funding for abstinence-only education began, taxpayers have spent more than \$2 billion on these programs, yet research has repeatedly shown that these programs have not resulted in positive changes to youth behaviors.

For over two decades, the weight of scientific research indicates that strategies that solely promote abstinence only until marriage while withholding information about contraception, do not stop or delay initiation of sexual intercourse. Instead, these programs deprive young people of the information they need, such as information about contraception in order to make the best decisions for themselves and reduce the risk of unintended pregnancy and sexually transmitted infections.

Mr. Chairman, I can't hear myself.

The Chairman. Shh.

Ms. Clarke. Thank you Mr. Chairman.

In fact, some research has found that these programs can actually increase the possibility of unintended pregnancy, HIV, and other STIs once young people do become sexually active. We must invest in

programs that work. While unintended pregnancy rates are at a historic low, there is strong evidence that these declines have been driven overwhelmingly by improved contraceptive use. Finding programs that avoid instruction on contraception stands in direct conflict with what we know works.

Many leading public health groups, including the Society for Adolescent Health and Medicine, have long advocated that Federal support for these programs should be abandoned. We should no longer ignore the advice of experts and decades of research, but instead, recognize that abstinence-only education is not effective, and that the Title V program should be repealed. With that --

Ms. DeGette. Will the gentlelady yield?

Ms. Clarke. I will yield.

Ms. DeGette. I just want to add that this abstinence only, it is not science-based, and it does waste money because science shows it doesn't work. The bill still does include the PREP program, the Personal Responsibility Education Program, which is a comprehensive sex education program that actually works. So if we want to try to save -- I don't know, we can get some money to help offset this if we repealed abstinence only. I yield back.

Ms. Clarke. Absolutely. Does anyone else need any time? Well, having said that, I yield back, Mr. Chairman.

The Chairman. The gentlelady yields back. Members seeking recognition on our side? The chair recognizes Mrs. Blackburn to strike the last word and then --

Mrs. Blackburn. Thank you, Mr. Chairman. Just a couple of words about this, because when you say it doesn't work, there are 25 peer-reviewed studies showing positive results from students in sexual risk avoidance classes. And the finding shows that they are more likely to delay sexual initiation and avoid other risk behaviors like smoking, drinking, drug use. The latest CDC research on youth and sex shows a 28 percent increase in the number of high school students who are making the choice to wait. That is significant.

The language in the CHAMPION Act requires States and entities receiving funding to conduct research and further evaluate the effectiveness of the programs. The program was evaluated at a Federal level, and more federally supported research is needed, and it is time to reinforce these positive choices by continuing and reforming the program.

And this is a program that it is time that we update the language, and it retires the antiquated terminology of "abstinence education," and it is now called "sexual risk avoidance education," using the success sequence approach and begins the process of building an evidence-based and evaluation structure for the program.

With that, Mr. Chairman, I will yield back.

The Chairman. Do you want to yield to Mr. Flores?

Mrs. Blackburn. I will gladly yield.

Mr. Flores. I thank Congresswoman Blackburn for yielding to me. I also thank her for correcting some of the propaganda we heard from the other side, which is absolutely false, because this is --

The Chairman. Will the gentleman suspend? Shh. Thank you.

Mr. Flores. The amendment that has been considered now completely repeals the Title V Abstinence Education Program, a program that we were reauthorizing and reforming in the CHAMPION Act. This program, along with the Personal Responsibility Education Program, have traditionally been authorized together, because both are tools that States and organizations can utilize to prevent teen pregnancies and to support healthy outcomes in youth.

Title V, which we are renaming the Youth Empowerment Program, empowers youth to achieve optimal health by providing the knowledge and skills they need to resist sexual risk, unhealthy relationships, and dating violence. The original program was created under the 1996 Welfare Reform Law over 20 years ago, and was supported by President Bill Clinton. It is time to take steps to further refine this program so that it fits the 21st century, and not to obliterate it as this amendment would do.

These program improvements authorized in the CHAMPION Act, along with the data collection, reporting, and evaluation requirements do just that. So I would urge my colleagues to vote no on the amendment, and I yield back.

The Chairman. The gentlelady yields back, or do you want to yield to Mr. Olson?

Mrs. Blackburn. I will yield to Mr. Olson.

Mr. Olson. I thank my friend. Let's look at the history of this program. It may be the most bipartisan, noncontroversial program in

the history of our country. It started with President Clinton signing into law the Welfare Reform Act of 1996. That program survived two vetoes by the House. Not controversial. President Obama extended the program in ObamaCare, the ACA, so if my colleagues' votes the ACA, what is wrong today with this program? I don't get it. This program is a good program. It is good law. It deserves to not be repealed. I urge my colleagues to vote no on this amendment. I yield back to my friend from Tennessee.

The Chairman. The gentlelady yields back. Now we go to the gentleman from New Jersey, Mr. Pallone, for 5 minutes.

Mr. Pallone. Thank you, Mr. Chairman. I won't use the whole time. I just can't believe that my Republican colleagues, or some of them who just spoke, are trying to reframe and rebrand abstinence-only programs as sexual risk avoidance and youth empowerment, and somehow by removing references to abstinence, they change the harmful effects of these programs.

And, look, I think that youth are empowered when they have the necessary tools to make informed decisions about their health and abstinence-only education does not provide these tools. You know, you can reframe it or call it whatever you want, but it is the same thing. The problem is that abstinence-only programs have been widely rejected by medical and public health officials, as research has repeatedly shown that these programs are ineffective in changing youth behavior.

In fact, just this summer, the Society for Adolescent Health and Medicine released an updated evidence review on abstinence-only

programs and found, once again, that these programs did not promote positive changes. We shouldn't be spending Federal resources just for ideological reasons on programs that don't work, nor should we be supporting programs that intentionally withhold needed information from youth about their health. That is not youth empowerment and certainly changing it to sexual risk avoidance is not going to make it any different. It is time to end funding for this ineffective and harmful program, and I urge my colleagues to support the amendment.

The Chairman. And the gentleman yields. Do you want to yield to anybody?

Mr. Pallone. I yield to the gentlewoman.

Ms. Eshoo. I thank the ranking member. How is this program paid for? Someone want to answer? How is the program paid for? It is \$5 billion?

Counsel. \$75 million a year.

Ms. Eshoo. Five million a year?

Counsel. \$75 million a year.

Mr. Eshoo. \$75 million a year. For how many years?

Counsel. Two years.

Mr. Eshoo. Two years. Okay. So \$150 million. How is it paid for?

Counsel. There are offsets with the Prevention in Public Health Fund.

Mr. Eshoo. Ah, the piggy bank. The piggy bank. Rob out of the prevention fund that is supposed to prevent things, but only for the

preventions that aren't a separate list. That is really interesting. I yield back.

Mr. Pallone. I yield to the gentleman from New Mexico.

Mr. Lujan. Thank you, Mr. Chairman, and I just want to speak in support of my friend from New York, Ms. Clarke, with this legislation. You know, if her amendment succeeds, then clearly there is another \$150 million for other programs for us to talk about.

But, Mr. Chairman, before the night got away from us, there was something I was hoping to bring up at some point this evening, and I am hoping that as we are looking for pay-fors that our committee does not give up its oversight responsibilities. There are some articles I want to submit into the record and ask unanimous consent to do so.

The Chairman. Without objection.

Mr. Lujan. There were six articles about Dr. Price and flying on airplanes.

Voice. I object.

The Chairman. There is an objection.

Mr. Lujan. Mr. Chairman, while I still have my time, there have been no oversight hearings scheduled on looking into this abuse, and I hope that the chairman can give us some assurances that the chairman, Mr. Murphy, might schedule some hearings on this as soon as possible; that way we can make sure we can get to the bottom of this.

The Chairman. Are you speaking on the amendment before us?

Mr. Lujan. Mr. Chairman, I was. I spoke in favor of it, but since I had some time, Mr. Chairman, I was hoping to -- there was no

objection when these were submitted, and you asked for that and no one objected. And so we will submit these into the record, but I am hoping that we can hear that from the chairman, and I know it is a sore subject. I apologize. But before the night got away from us I just wanted to make sure I had a chance to bring it up.

The Chairman. We understand given your other role why that needs to happen. We are asking questions of every agency about their travel, or virtually every agency, and we have already sent letters, had before, and I know you have, as well. These are issues that matter. We will do our oversight investigations as appropriate along the way with agencies.

Mr. Lujan. Thank you, Mr. Chairman. And I am just not aware of any of those hearings that have been scheduled. That is why I was bringing it up.

The Chairman. That is because they haven't been scheduled. We are trying to deal with these matters, which you are eager to get done, and that is why we are doing these work sessions and we are -- oh, I am sorry, your time is expired.

Other members seeking recognition? If not, the vote is now before us, and the clerk will call the roll. Those in favor aye. Those opposed no.

The Clerk. Mr. Barton?

Mr. Barton. No.

The Clerk. Mr. Barton votes no.

Mr. Upton?

Mr. Upton. No.

The Clerk. Mr. Upton votes no.

Mr. Shimkus?

Mr. Shimkus. No.

The Clerk. Mr. Shimkus votes no.

Mr. Murphy?

[No response.]

The Clerk. Mr. Burgess.

Mr. Burgess. No.

The Clerk. Mr. Burgess votes no.

Mrs. Blackburn?

Mrs. Blackburn. No.

The Clerk. Mrs. Blackburn votes no.

Mr. Scalise?

[No response.]

The Clerk. Mr. Latta? No

Mr. Latta. No.

The Clerk. Mr. Latta votes no.

Mrs. McMorris Rodgers?

Mrs. McMorris Rodgers. No.

The Clerk. Mrs. McMorris Rodgers votes no.

Mr. Harper?

Mr. Harper. No.

The Clerk. Mr. Harper votes no.

Mr. Lance?

Mr. Lance. No.

The Clerk. Mr. Lance votes no.

Mr. Guthrie?

Mr. Guthrie. No.

The Clerk. Mr. Guthrie votes no.

Mr. Olson?

Mr. Olson. No.

The Clerk. Mr. Olson votes no.

Mr. McKinley?

Mr. McKinley. No.

The Clerk. Mr. McKinley votes no.

Mr. Kinzinger?

Mr. Kinzinger. No.

The Clerk. Mr. Kinzinger votes no.

Mr. Griffith?

Mr. Griffith. No.

The Clerk. Mr. Griffith votes no.

Mr. Bilirakis?

Mr. Bilirakis. No.

The Clerk. Mr. Bilirakis votes no.

Mr. Johnson?

Mr. Johnson. No.

The Clerk. Mr. Johnson votes no.

Mr. Long?

[No response.]

The Clerk. Mr. Bucshon?

Mr. Bucshon. No.

The Clerk. Mr. Bucshon votes no.

Mr. Flores?

Mr. Flores. No.

The Clerk. Mr. Flores votes no.

Mrs. Brooks?

Mrs. Brooks. No.

The Clerk. Mrs. Brooks votes no.

Mr. Mullin?

Mr. Mullin. No.

The Clerk. Mr. Mullin votes no.

Mr. Hudson?

Mr. Hudson. No.

The Clerk. Mr. Hudson votes no.

Mr. Collins?

Mr. Collins. No.

The Clerk. Mr. Collins votes no.

Mr. Cramer?

Mr. Cramer. No.

The Clerk. Mr. Cramer votes no.

Mr. Walberg?

Mr. Walberg. No.

The Clerk. Mr. Walberg votes no.

Mrs. Walters?

Mrs. Walters. No.

The Clerk. Mrs. Walters votes no.

Mr. Costello?

Mr. Costello. No.

The Clerk. Mr. Costello votes no.

Mr. Carter?

Mr. Carter. No.

The Clerk. Mr. Carter votes no.

Mr. Pallone?

Mr. Pallone. Aye.

The Clerk. Mr. Pallone votes aye.

Mr. Rush?

Mr. Rush. Aye.

The Clerk. Mr. Rush votes aye.

Ms. Eshoo?

Ms. Eshoo. Aye.

The Clerk. Ms. Eshoo votes aye.

Mr. Engel?

Mr. Engel. Aye.

The Clerk. Mr. Engel votes aye.

Mr. Green?

Mr. Green. Aye.

The Clerk. Mr. Green votes aye.

Ms. DeGette?

Ms. DeGette. Aye.

The Clerk. Ms. DeGette votes aye.

Mr. Doyle?

[No response.]

The Clerk. Ms. Schakowsky?

Ms. Schakowsky. Aye.

The Clerk. Ms. Schakowsky votes aye.

Mr. Butterfield?

Mr. Butterfield. Aye.

The Clerk. Mr. Butterfield votes aye.

Ms. Matsui?

Ms. Matsui. Aye.

The Clerk. Ms. Matsui votes aye.

Ms. Castor?

Ms. Castor. Aye.

The Clerk. Ms. Castor votes aye.

Mr. Sarbanes?

Mr. Sarbanes. Aye.

The Clerk. Mr. Sarbanes votes aye.

Mr. McNerney?

Mr. McNerney. Aye.

The Clerk. Mr. McNerney votes aye.

Mr. Welch?

Mr. Welch. Aye.

The Clerk. Mr. Welch votes aye.

Mr. Lujan?

Mr. Lujan. Aye.

The Clerk. Mr. Lujan votes aye.

Mr. Tonko?

Mr. Tonko. Aye.

The Clerk. Mr. Tonko votes aye.

Ms. Clarke?

Ms. Clarke. Aye.

The Clerk. Ms. Clarke votes aye.

Mr. Loeb sack?

Mr. Loeb sack. Aye.

The Clerk. Mr. Loeb sack votes aye.

Mr. Schrader?

Mr. Schrader. Aye.

The Clerk. Mr. Schrader votes aye.

Mr. Kennedy?

Mr. Kennedy. Aye.

The Clerk. Mr. Kennedy votes aye.

Mr. Cardenas?

Mr. Cardenas. Aye.

The Clerk. Mr. Cardenas votes aye.

Mr. Ruiz?

Mr. Ruiz. Aye.

The Clerk. Mr. Ruiz votes aye.

Mr. Peters?

Mr. Peters. Aye.

The Clerk. Mr. Peters votes aye.

Mrs. Dingell?

Mrs. Dingell. Aye.

The Clerk. Mrs. Dingell votes aye.

Chairman Walden?

The Chairman. No.

The Clerk. Chairman Walden votes no.

The Chairman. Other members not recorded wish to be recorded?

If not, the clerk will report the roll.

The Clerk. Mr. Chairman, on that vote, there were 23 ayes and 28 nays.

The Chairman. Twenty-three ayes, 28 nays. The amendment is not adopted. Any other amendments? The chair recognizes the gentlelady from Colorado, Ms. DeGette.

Ms. DeGette. Thank you very much, Mr. Chairman. I have an amendment at the desk.

The Chairman. The clerk will report the amendment.

The Clerk. Amendment to H.R. 3922 offered by Ms. DeGette.

[The amendment of Ms. DeGette follows:]

***** COMMITTEE INSERT *****

The Chairman. Without objection, further the reading of the amendment will be dispensed with, and the gentlelady is recognized for 5 minutes.

Ms. DeGette. Thank you very much, Mr. Chairman. I do intend to withdraw this amendment, but I think it is important to continue to assert this committee's joint jurisdiction over the Maternal Infant and Early Childhood Home Visiting program, which is known as MIECHV. And what this amendment does is it extends this wonderful program for 5 years. It is another one of these vital healthcare programs that expired on September 30th. Under the program, nurses, social workers, and other professionals provide evidence-based home visiting services to pregnant women and new mothers in every State, and this is the efficacy and also the cost saving of this program is borne out about the scientific evidence.

But even though it has had wild successes, for example, getting \$5.70 in return for every dollar that we invest in the program, we still only have enough funding to serve one in six eligible children. So what this amendment does is it increases funding for MIECHV to ensure that more children and families benefit from the life-saving program. Even though this committee has joint jurisdiction over this program with Ways and Means, for some reason, that is kind of a mystery to me. The Ways and Means Committee bill on MIECHV was brought up on the House floor last week. This is a bill that -- it is not an optimal bill. It has a lot of problems, including a State match provision that would cut funding for programs in many States, and put additional financial

strain on the budgets of States and also it wouldn't give enough coverage to enough kids.

The Senate bill, which is the MIECHV bill, is the same bill as my amendment is today. And I think it is really important for this committee to, as these talks go forward, to assert the importance of this and to assert that we need to reauthorize what has always been a very bipartisan program that, again, helps many, many children and infants and also saves money. And so for that reason, I am going to offer this amendment with the hopes that we can continue to work with the other side as this moves forward, in particular, into some kind of conference situation. I will yield the rest of my time to the ranking member.

RPTR FORADORI

EDTR SECKMAN

[10:30 p.m.]

Mr. Pallone. Thank you. I just wanted to say that I have seen firsthand in my State what a positive impact home visiting programs can have on the lives of new parents and young children and how evidence-based interventions improved outcomes.

I understand that the House voted on a bill last week to reauthorize the home visiting program, but as you know, Democrats remain very concerned about many of the policy changes that were included as part of that bill, as well as detrimental pay-for-Republicans used to offset the cost of reauthorization.

And I continue to believe that we should come to a bipartisan solution to reauthorize it, as has traditionally been supported on both sides of the aisle, as an effective way to improve the lives of children and families at risk.

So I want to thank Ms. DeGette and Ms. Castor for their leadership on this issue and continue to advocate that we reauthorize home visiting programs as part of a larger package of programs that we are considering here today, before that goes to the floor.

And I yield back to the gentlewoman.

Ms. DeGette. If no one else wants the rest of my time --

Mr. Burgess. Would the gentlelady yield?

Ms. DeGette. I would be happy to yield.

Mr. Burgess. I was just going to point out that, last week on the House floor, we passed H.R. 2824. After an hour of spellbinding oratory by your subcommittee chairman, it passed on a voice vote, and we are waiting the Senate to take it up. But it passed well prior to the end of the expiration of the authorization.

Ms. DeGette. Reclaiming my time. The bill that the Senate passed is a different bill. It is the one that is much more robust for the children. And this is something I think this committee could really get behind on a bipartisan basis. The bill that was on the floor last week was the Ways and Means bill, which was not nearly as great a bill as the Energy and Commerce Committee could ever --

Mr. Burgess. The program is important, and it was reauthorized before the expiration.

Ms. DeGette. It takes two Houses of Congress and the President, so I am sure we will be talking.

I yield back the balance of my time. And I withdraw -- ask unanimous consent to withdraw the amendment.

The Chairman. Without objection, the amendment is withdrawn. Other amendments?

Mr. Rush. I have an amendment at the desk.

The Chairman. The clerk will report the Rush amendment.

The Clerk. Amendment to H.R. 3922, offered by Mr. Rush.

[The amendment of Mr. Rush follows:]

***** COMMITTEE INSERT *****

The Chairman. Without objection, further reading of the amendment is dispensed with.

And the chair recognizes his friend from Illinois, Mr. Rush, for 5 minutes.

Mr. Rush. Mr. Chairman, my amendment will provide \$25 million in additional funding to allow community health centers to participate in the All of Us Research Program under the Precision Medicine Initiative under NIH. All of Us is an ambitious and bold initiative at NIH which will gather data of from over 1 million -- over 1 million people living in the United States, which will accelerate research and will ultimately improve overall health for millions of Americans.

Unlike research studies that focus on specific diseases or populations, All of Us is a national research resource to inform thousands of studies covering a wide variety of health initiatives. The data from this program will be used by researchers to learn more about how individual differences in lifestyle and in environment and genetic make-up can influence health and disease.

As we know, Mr. Chairman, community health centers are at the forefront of assessing health disparities across the country. They are uniquely situated to gather data from a wide variety of economic, racial, and geographic populations. As Dr. Francis Collins, the Director of NIH, explained, and I quote: The more we understand about individual differences, the better able we will be to effectively prevent and treat illnesses, end of quote.

This committee has already acknowledged the importance of

diversity and medical research when we approved my amendment to increase minority access to clinical trials in the 21ST Century Cures Act. This amendment serves as the next logical step in ensuring that a wide range of backgrounds are represented in Federal research projects.

For this reason, Mr. Chairman, I urge my colleagues to support this very worthwhile amendment. And if there are no other members who want to speak on the amendment, I yield back.

The Chairman. The gentleman yields back.

The chair recognizes the gentleman from Michigan, one of the authors of the 21st Century Cures bill.

Mr. Upton. I would just say, in reading this amendment, I would be somewhat inclined to support it. I think it is, you know, more money. However, one thing that goes unsaid is -- it just says at the end, page 2 -- page 15, line 7 through 12, strikes subsection D, and makes such confirming changes in page 15, lines 18 through 22, strike paragraph 2. That is actually the Hyde language. If you didn't strike the Hyde language, I think that some of us might be able to support this. Some of us might be able to support it.

But it is my understanding that you would have to ask unanimous consent to strike line -- strike page 2. Page 2 of the amendment.

The Chairman. We will check it out. We are beginning to like --

Mr. Upton. Maybe we can --

The Chairman. I will tell you what: Why don't we have the staff work on this while we move on to another amendment, since you have

withdrawn it? Can we offer it again if it has been once withdrawn?

Mr. Upton. He can ask unanimous consent that he can offer it again.

The Chairman. All right. We will do -- we want to get the language right. So, yeah -- so, if you will withdraw it, Mr. Rush, and then we will have the modified language and you can offer again.

Mr. Rush. All right. We will withdraw, Mr. Chairman.

The Chairman. They will work on the rewriting. All right. Who has another amendment, while we work out that? The gentlelady from Illinois, Ms. Schakowsky, is recognized. Which amendment did you want to bring up?

Ms. Schakowsky. This would be 01.

The Chairman. Schakowsky 01, is that right? The clerk will report the amendment.

The Clerk. Amendment to H.R. 3922, offered by Ms. Schakowsky.

The Chairman. With unanimous consent, further reading of the amendment is dispensed with, and we recognize the gentlelady from Illinois for 5 minutes.

[The amendment of Ms. Schakowsky follows:]

***** COMMITTEE INSERT *****

Ms. Schakowsky. Thank you. My amendment that I am offering, along with Representative DeGette, protects women's health by allowing each woman the right to make her own personal healthcare decision. Our amendment would strike the provision in the underlying bill that would prohibit community health centers' funding for abortions.

Roughly 6 million women of childbearing age rely on community health centers, one quarter of low-income women in their reproductive years. Health centers are the go-to source of healthcare for the full complement of primary healthcare they need. Prohibiting women from seeking the care they need at community health centers disproportionately will affect many women, including those women most vulnerable in our society who will be pushed deeper into poverty to afford the cost of abortion or raise a child in poverty.

And by the way, Republicans also want to cut \$140 plus billion from the SNAP program that would actually feed the children that would then be born. They should not -- women should not be denied the care that they need, including abortions. I believe that a woman, not politicians, should be able to decide whether to get an abortion based on her health needs, fetal abnormalities, or other moral or religious concerns.

I also believe that our denying women access to State abortions will not end abortions. We have story after story of women who turn to self-induced abortions. The result is often horrible. Roe v. Wade was not the beginning of women having abortions. It was actually the end of women dying from abortions. We know that 7 in 10 Americans

believe abortion should be safe and legal, and our amendment will make sure that community health centers can provide that access.

This bill is yet another attack on women's health and their ability to make their own healthcare choices. I urge my colleagues to support our amendment to ensure that women are not left without the care they need or the decisions they make.

And I yield the remainder of my time to Representative DeGette.

Ms. DeGette. I thank the gentlelady for yielding.

And I thank her for helping take the lead on this important amendment. For over 40 years, the Hyde amendment has denied comprehensive reproductive health coverage to women in Medicaid. I point out that abortion is legal in this country, and it is part of a wide array -- a full range of healthcare that women -- most women -- have access to. The only people who don't have access to this are poor women, who are the women who can least afford to terminate a pregnancy without their insurance assistance, and also, they, as Congresswoman Schakowsky said, they are the women who can least afford to raise unwanted children.

It shouldn't matter whether a woman has insurance coverage from an employer, through the individual market, or under a government program like Medicaid. All women should have coverage for the full range of reproductive healthcare. And I think our thinking has really evolved on this issue over the years as we have realized how important insurance is for healthcare for women. And that is why this amendment is important.

It is really not our place as Members of Congress to decide for someone else whether she can get a procedure that is legal in this country. That decision should be left to the women in consultation with her doctor. And so that is what we are trying to do here. We can't know these women's circumstances. We don't know their finances. Every single woman is different, and we are not in their shoes. That is why we shouldn't allow everybody else who can afford a full range of services to get it, except for poor women. It is just a backward public policy. That is why I urge your support for the Schakowsky amendment.

I yield back to Ms. Schakowsky.

The Chairman. I don't believe your mike is on.

Ms. Schakowsky. Actually, if anyone else wants time, I will yield it. Otherwise, I will yield back.

The Chairman. Did you yield back?

Ms. Schakowsky. Yes.

The Chairman. I am sorry. I have a couple things going on here. Yes. We will recognize in a second the gentlelady from Tennessee, Mrs. Blackburn, for 5 minutes to speak against the amendment.

Mrs. Blackburn. I thank the chairman.

And I would encourage us all to not support this amendment. This amendment would strike a pro-life protection that has been a bipartisan pro-life protection. We do call it the Hyde amendment, and it is important that we make certain that we keep this language and that we ensure that Federal dollars, taxpayer dollars, are not going to be used

for supporting abortion. This is something that has had bipartisan support and bipartisan agreement. Taxpayer dollars are not used for those procedures.

It gets routinely attached to our annual appropriations bills. This is nothing that is new. You can say it is standard procedure and that we follow, as we look at our appropriations bills -- in 2015, this exact policy was agreed to in a bipartisan fashion when we considered extenders in the Medicare Access and the CHIP Reauthorization Act. Then-House Democratic Leader Nancy Pelosi did not oppose the abortion prohibition language regarding community health clinics. She even circulated a Dear Colleague letter, saying that the language is basically how the centers operate now and that it is important to get them the funds.

The National Association of Community Health Centers has stated that their clinics have been subject to the Hyde amendment ban on using taxpayer dollars for abortion since 1979. So let's not relitigate something that has had bipartisan agreement over and over again, year after year. And I urge a "no" vote on this.

And, also, Mr. Chairman, I have a copy of the Dear Colleague that Ms. Pelosi circulated on March 20th of 2015 encouraging the support of the Hyde amendment language.

[The information follows:]

***** COMMITTEE INSERT *****

Mrs. Blackburn. And I will yield to any of my colleagues that would like to claim the time.

I yield back.

The Chairman. All right. The gentlelady yields back.

Other members seeking recognition?

The chair recognizes the gentleman from New Jersey, Mr. Pallone.

Mr. Pallone. Thank you, Mr. Chairman.

I strongly support this amendment. For far too long, the Hyde amendment and similar provisions have restricted access to care for women by banning Federal funding for abortion services. This bill doubled down on these restrictions by including language that would ensure the annual appropriations rider applies to the reauthorization of community health centers.

We know how detrimental and discriminatory these restrictions are. Bans on Federal funding for abortion disproportionately impact low-income women, young women, and women of color. When women are denied coverage for abortion, it can push women further into poverty and exacerbate already existing health disparities. We must ensure that all women have access to comprehensive reproductive healthcare, not just in theory but also in reality.

The only way that is possible is to remove the barriers to access like the restrictions in the Hyde amendment. So I thank Ms. Schakowsky and Ms. DeGette for their leadership on this issue and urge my colleagues to support the amendment.

And I yield back.

The Chairman. Anyone else seeking recognition?

If not, we will go to a recorded vote on the Schakowsky amendment.

Those in favor, vote aye.

Those opposed, nay.

And the clerk will call the roll.

The Clerk. Mr. Barton?

Mr. Barton. No.

The Clerk. Mr. Barton votes no.

Mr. Upton?

[No response.]

The Clerk. Mr. Shimkus?

Mr. Shimkus. No.

The Clerk. Mr. Shimkus votes no.

Mr. Murphy?

[No response.]

The Clerk. Mr. Burgess?

Mr. Burgess. No.

The Clerk. Mr. Burgess votes no.

Mrs. Blackburn?

Mrs. Blackburn. No.

The Clerk. Mrs. Blackburn votes no.

Mr. Scalise?

[No response.]

The Clerk. Mr. Latta?

Mr. Latta. No.

The Clerk. Mr. Latta votes no.

Mrs. McMorris Rodgers?

Mrs. McMorris Rodgers. No.

The Clerk. Mrs. McMorris Rodgers votes no.

Mr. Harper?

Mr. Harper. No.

The Clerk. Mr. Harper votes no.

Mr. Lance?

Mr. Lance. No.

The Clerk. Mr. Lance votes no.

Mr. Guthrie?

Mr. Guthrie. No.

The Clerk. Mr. Guthrie votes no.

Mr. Olson?

Mr. Olson. No.

The Clerk. Mr. Olson votes no.

Mr. McKinley?

Mr. McKinley. No.

The Clerk. Mr. McKinley votes no.

Mr. Kinzinger?

Mr. Kinzinger. No.

The Clerk. Mr. Kinzinger votes no.

Mr. Griffith?

Mr. Griffith. No.

The Clerk. Mr. Griffith votes no.

Mr. Bilirakis?

Mr. Bilirakis. No.

The Clerk. Mr. Bilirakis votes no.

Mr. Johnson?

[No response.]

The Clerk. Mr. Bucshon?

[No response.]

The Clerk. Mr. Flores?

Mr. Johnson. No.

The Clerk. Mr. Johnson votes no.

Mr. Flores?

Mr. Flores. No.

The Clerk. Mr. Flores votes no.

Mrs. Brooks?

Mrs. Brooks. No.

The Clerk. Mrs. Brooks votes no.

Mr. Mullin?

Mr. Mullin. No.

The Clerk. Mr. Mullin votes no.

Mr. Hudson?

Mr. Hudson. No.

The Clerk. Mr. Hudson votes no.

Mr. Collins?

Mr. Collins. No.

The Clerk. Mr. Collins votes no.

Mr. Cramer?

Mr. Cramer. No.

The Clerk. Mr. Cramer votes no.

Mr. Walberg?

Mr. Walberg. No.

The Clerk. Mr. Walberg votes no.

Mrs. Walters?

Mrs. Walters. No.

The Clerk. Mrs. Walters votes no.

Mr. Costello?

Mr. Costello. No.

The Clerk. Mr. Costello votes no.

Mr. Carter?

Mr. Carter. No.

The Clerk. Mr. Carter votes no.

Mr. Pallone?

Mr. Pallone. Aye.

The Clerk. Mr. Pallone votes aye.

Mr. Rush?

Mr. Rush. Aye.

The Clerk. Mr. Rush votes aye.

Ms. Eshoo?

Ms. Eshoo. Aye.

The Clerk. Ms. Eshoo votes aye.

Mr. Engel?

Mr. Engel. Aye.

The Clerk. Mr. Engel votes aye.

Mr. Green?

[No response.]

The Clerk. Ms. DeGette?

Ms. DeGette. Aye.

The Clerk. Ms. DeGette votes aye.

Mr. Doyle?

[No response.]

The Clerk. Ms. Schakowsky?

Ms. Schakowsky. Aye.

The Clerk. Ms. Schakowsky votes aye.

Mr. Butterfield?

Mr. Butterfield. Aye.

The Clerk. Mr. Butterfield votes aye.

Ms. Matsui?

Ms. Matsui. Aye.

The Clerk. Ms. Matsui votes aye.

Ms. Castor?

Ms. Castor. Aye.

The Clerk. Ms. Castor votes aye.

Mr. Sarbanes?

Mr. Sarbanes. Aye.

The Clerk. Mr. Sarbanes votes aye.

Mr. McNerney?

Mr. McNerney. Aye.

The Clerk. Mr. McNerney votes aye.

Mr. Welch?

Mr. Welch. Aye.

The Clerk. Mr. Welch votes aye.

Mr. Lujan?

Mr. Lujan. Aye.

The Clerk. Mr. Lujan votes aye.

Mr. Tonko?

Mr. Tonko. Aye.

The Clerk. Mr. Tonko votes aye.

Ms. Clarke?

Ms. Clarke. Aye.

The Clerk. Ms. Clarke votes aye.

Mr. Loeb sack?

Mr. Loeb sack. Aye.

The Clerk. Mr. Loeb sack votes aye.

Mr. Schrader?

Mr. Schrader. Aye.

The Clerk. Mr. Schrader votes aye.

Mr. Kennedy?

Mr. Kennedy. Aye.

The Clerk. Mr. Kennedy votes aye.

Mr. Cardenas?

Mr. Cardenas. Aye.

The Clerk. Mr. Cardenas votes aye.

Mr. Ruiz?

Mr. Ruiz. Aye.

The Clerk. Mr. Ruiz votes aye.

Mr. Peters?

Mr. Peters. Aye.

The Clerk. Mr. Peters votes aye.

Mrs. Dingell?

Mrs. Dingell. Aye.

The Clerk. Mrs. Dingell votes aye.

Chairman Walden?

The Chairman. No.

The Clerk. Chairman Walden votes no.

The Chairman. Other members wish to be recorded?

Mr. Upton?

Mr. Upton. No.

The Clerk. Mr. Upton votes no.

The Chairman. Mr. Green?

The Clerk. Mr. Johnson you are recorded as no.

The Chairman. Mr. Green?

Does anybody know where Mr. Green is? No. Mr. Green? All right. The clerk will report the tally.

The Clerk. Mr. Chairman, on that vote, it was 22 ayes and 28 nays.

The Chairman. Twenty-two ayes, 28 nays. The amendment is not adopted. I think now that Mr. Rush has revised his amendment.

Mr. Rush. Mr. Chairman, I would like to offer the Rush amendment, as revised, and this revision strikes all of page 2.

The Chairman. All right. So the clerk -- do you have that amendment? Just reread the Rush amendment because what we are doing is -- all the language on page 2 goes away. So that is the Hyde language.

The Clerk. Amendment to H.R. 3922, offered by Mr. Rush.

The Chairman. Without objection, further reading of the amendment with dispensed with.

[The amendment of Mr. Rush follows:]

***** COMMITTEE INSERT *****

The Chairman. Mr. Rush, I believe we have had a good conversation about the amendment, and in the essence of time, our side is open to accepting the amendment, as revised. And so if we could --

Mr. Rush. All I want to say, Mr. Chairman, is thank you.

The Chairman. You are welcome.

Now, take yes for an answer, right?

Glad to work with you on it, Mr. Rush.

All those in favor, say aye.

Those opposed, nay.

The ayes have it, and the amendment is adopted.

Next amendment. Mr. Pallone is recognized.

Do you have a number on your amendment?

Mr. Pallone. It is THC-01. I think it may have been under Mr. Ruiz initially.

The Chairman. The clerk has the amendment. The clerk will report the amendment.

The Clerk. Amendment to H.R. 3922, offered by Mr. Pallone.

The Chairman. Without objection, the further reading of the amendment is dispensed with.

[The amendment of Mr. Pallone follows:]

***** COMMITTEE INSERT *****

The Chairman. The chair recognizes Mr. Pallone for 5 minutes to speak on his amendment.

Mr. Pallone. Thank you, Mr. Chairman.

I am pleased to offer this amendment, which would extend the Teaching Health Center Program for 3 years, and provide robust funding to sustain and grow the program.

It takes significant time and resources to train physicians in this country. A study commissioned by HRSA has found that it costs teaching health centers about \$150,000 to train a single resident. And that cost includes the resident's salary, faculty salaries, and everything else that goes into a medical education.

However, over the past 2 years, the amount Congress provided for the program amounted to less than \$100,000 per resident, and that is a huge difference that teaching health centers have had to make up these past 2 years, and today many are operating in the red because of it. Other teaching health centers have closed or scaled back their programs. Just in the past few months, we have seen centers in Michigan and Oklahoma close their doors.

It is Congress' responsibility to make sure this program has the resources it needs to meet its objectives. So I am glad that we have at least come to bipartisan agreement on a more sustainable funding level for the program as well as some policy changes in reporting that will improve it. However, I feel strongly that we should be extending this program for at least 3 years, not 2 years, as in the bill we are considering.

Teaching health centers commit to a resident for, at minimum, 3 years and, in some cases, even longer. In each year, they need to be thinking about how many residents they can afford to recruit for the next academic year. Programs are hesitant to commit to a new class of residents if they don't actually know they will have the money to pay for the entirety of the residency.

And I can see why they are so hesitant, because here we are talking about extending their program in October when the program expired in September. An extension of at least 3 years will provide the stability needed for programs to successfully train and recruit residents.

I think we can all agree: It is not easy becoming a doctor. We shouldn't be making it any harder by only providing enough funding for a third or half of a person's residency.

Residents in Medicare GME never have to worry about this because their funding is permanent. The program is working and every dollar is accounted for. Residents that graduate from teaching health centers are far more likely to choose to practice primary care and to practice in rural and underserved areas. And this is exactly what our country needs right now.

So, once again, I am glad we have a bipartisan agreement on providing increased funding. But I think we could do more to provide long-term certainty for the program. I know that Representative McMorris Rodgers already has a 3-year bill that would do that. And eight Democrats and seven Republicans on our committee have cosponsored her bill. So I see no reason they can't join us in supporting this

amendment today. And I urge my colleagues to support the amendment.

I yield back.

The Chairman. The gentleman yields back.

The chair recognizes himself to speak on the amendment.

The Teaching Health Center Graduate Medical Education Program supports the training of residents in primary care. It is a really important health workforce program.

I would like to thank Representative McMorris Rodgers. We have talked a lot about this. She is such a real champion for teaching health centers. We appreciate you bringing this to us.

Because of her leadership, we have authorized over \$126 million a year for this program for 2 years. That is more than double what the program received for fiscal year 2017. We recognize the importance of this. We appreciate you bringing this to our attention. And, you know, it doesn't happen too often that we double funding in a program, but we realize, as I think everybody on the committee does, how important this program is.

This amendment authorizes teaching health centers for 3 years instead of 2. While well-intentioned that it is, we need to keep this authorization consistent with the other public health extenders, the 2-year period. So it is nothing against 3, 5, 7, whatever, but we are doing 2 years on all of these. So, with such an increase in funding, a 2-year reauthorization strikes the right balance of certainty for the teaching health centers while allowing for sufficient congressional oversight.

It is also important that the current package is fully offset. Adding an additional year without offsets, we don't think is the way to go to extend these programs. So, unless anybody else wants the remainder of my time, I will yield back. I yield back.

The Chairman. I will now recognize the gentleman from California, Dr. Ruiz.

Mr. Ruiz. Thank you, Mr. Chairman.

I strongly support this amendment. You know, if we are going to do this, let's not do this half right; let's do this completely right. I appreciate the increase in funding, but -- first of all, let me explain why the program is so important. We talked about a physician shortage crisis. There are two -- the two biggest predictors of where a physician ends up practicing are where they are from and where they last trained.

So, if we can get pre-med students from underserved communities into med schools, like I did when I was senior associate dean at UC Riverside School of Medicine, and then put training programs in community health centers, then they are more likely to stay and practice in those areas. So we need pipeline programs in addition to these as well.

So let me tell you why a 2-year funding program or arbitrarily choosing it just because the others are 2 years doesn't make common sense. We all know that family medicine residencies and internal medicine residencies take 3 years. So why would a program start a residency if they only have funding for 2 years and not know if they

are going to continue the funding for that third year? Or why would that resident want to choose a program if they don't have a complete guarantee that they might get that funding or if they might lose that funding?

So this is a very important scenario that I have heard many of the community health centers who want to start these programs and the concerns that they have. It is -- in fact, the 3-year part is part of the bill that Representative McMorris Rodgers has introduced and that I am a colead and fully support and will advocate for it. In fact, the 3 years is supported by eight Democrat and seven Republicans on this very committee.

So it is a very successful program. And if we are going to do this right, let's do this right. Let's not pick arbitrary numbers. Let's do this 3 years so that --

The Chairman. Will the gentleman --

Mr. Ruiz. Hold on. So that residency programs can have the full time they have to develop a family medicine or internal medicine program.

Frank, you wanted time?

Mr. Pallone. Yeah. I just wanted to point out, you know, you are so right. Look, first of all, it is 3, and to give them 2 is insufficient and is going to make some of these places either decide to cut back or just others decide not to start up.

I know that I have tried very hard with one of my community health centers, which expanded quite a bit with the Affordable Care Act, to

try to start a program like this. And every time I discuss it with them, they say, "Well, you know, I don't know if we can afford to do it," right? And the head of this community health center is a woman who is very progressive, would very much like to do something like this. But she is hesitant because of the funding.

So, I mean, if you say -- even with 3 years, they are going to be hesitant because they are making a big commitment, right? But if you are saying -- if all we do is 2, there is no way. So, I mean, you are absolutely right. I yield back to you.

Mr. Ruiz. Thank you very much.

I just want to close by thanking Representative McMorris Rodgers for the original bill. Like I said, I am one of the lead Democrats on it. We worked very closely together. This is very similar to that bill. I really encourage people, if we are going to do this, let's do this right. Let's not take an arbitrary 2 years. Let's do this right so these programs will actually work.

I yield back my time.

The Chairman. The gentleman yields back.

Others seeking recognition?

Seeing none, we will go to a vote, and it is a recorded vote.

Those in favor will vote aye.

Those opposed, nay.

The clerk will call the roll.

RPTR ALLDRIDGE

EDTR CRYSTAL

[10:59 p.m.]

The Clerk. Mr. Barton?

Mr. Barton. No.

The Clerk. Mr. Barton votes no.

Mr. Upton?

Mr. Upton. No.

The Clerk. Mr. Upton votes no.

Mr. Shimkus?

Mr. Shimkus. No.

The Clerk. Mr. Shimkus votes no.

Mr. Murphy?

[No response.]

The Clerk. Mr. Burgess.

Mr. Burgess. No.

The Clerk. Mr. Burgess votes no.

Mrs. Blackburn?

[No response.]

The Clerk. Mr. Scalise?

[No response.]

The Clerk. Mr. Latta?

Mr. Latta. No.

The Clerk. Mr. Latta votes no.

Mrs. McMorris Rodgers?

Mrs. McMorris Rodgers. No.

The Clerk. Mrs. McMorris Rodgers votes no.

Mr. Harper?

Mr. Harper. No.

The Clerk. Mr. Harper votes no.

Mr. Lance?

Mr. Lance. No.

The Clerk. Mr. Lance votes no.

Mr. Guthrie?

Mr. Guthrie. No.

The Clerk. Mr. Guthrie votes no.

Mr. Olson?

Mr. Olson. No.

The Clerk. Mr. Olson votes no.

Mr. McKinley?

Mr. McKinley. No.

The Clerk. Mr. McKinley votes no.

Mr. Kinzinger?

Mr. Kinzinger. No.

The Clerk. Mr. Kinzinger votes no.

Mr. Griffith?

Mr. Griffith. No.

The Clerk. Mr. Griffith votes no.

Mr. Bilirakis?

Mr. Bilirakis. No.

The Clerk. Mr. Bilirakis votes no.

Mr. Johnson?

Mr. Johnson. No.

The Clerk. Mr. Johnson votes no.

Mr. Long?

[No response.]

The Clerk. Mr. Bucshon?

Mr. Bucshon. No.

The Clerk. Mr. Bucshon votes no.

Mr. Flores?

Mr. Flores. No.

The Clerk. Mr. Flores votes no.

Mrs. Brooks?

Mrs. Brooks. No.

The Clerk. Mrs. Brooks votes no.

Mr. Mullin?

Mr. Mullin. No.

The Clerk. Mr. Mullin votes no.

Mr. Hudson?

[No response.]

The Clerk. Mr. Collins?

Mr. Collins. No.

The Clerk. Mr. Collins votes no.

Mr. Cramer?

Mr. Cramer. No.

The Clerk. Mr. Cramer votes no.

Mr. Walberg?

Mr. Walberg. No.

The Clerk. Mr. Walberg votes no.

Mrs. Walters?

Mrs. Walters. No.

The Clerk. Mrs. Walters votes no.

Mr. Costello?

Mr. Costello. No.

The Clerk. Mr. Costello votes no.

Mr. Carter?

[No response.]

The Clerk. Mr. Pallone?

Mr. Pallone. Aye.

The Clerk. Mr. Pallone votes aye.

Mr. Rush?

Mr. Rush. Aye.

The Clerk. Mr. Rush votes aye.

Ms. Eshoo?

Ms. Eshoo. Aye.

The Clerk. Ms. Eshoo votes aye.

Mr. Engel?

Mr. Engel. Aye.

The Clerk. Mr. Engel votes aye.

Mr. Green?

Mr. Green. Aye.

The Clerk. Mr. Green votes aye.

Ms. DeGette?

Ms. DeGette. Aye.

The Clerk. Ms. DeGette votes aye.

Mr. Doyle?

[No response.]

The Clerk. Ms. Schakowsky?

Ms. Schakowsky. Aye.

The Clerk. Ms. Schakowsky votes aye.

Mr. Butterfield?

Mr. Butterfield. Aye.

The Clerk. Mr. Butterfield votes aye.

Ms. Matsui?

Ms. Matsui. Aye.

The Clerk. Ms. Matsui votes aye.

Ms. Castor?

Ms. Castor. Aye.

The Clerk. Ms. Castor votes aye.

Mr. Sarbanes?

Mr. Sarbanes. Aye.

The Clerk. Mr. Sarbanes votes aye.

Mr. McNerney?

Mr. McNerney. Aye.

The Clerk. Mr. McNerney votes aye.

Mr. Welch?

[No response.]

The Clerk. Mr. Lujan?

Mr. Lujan. Aye.

The Clerk. Mr. Lujan votes aye.

Mr. Tonko?

Mr. Tonko. Aye.

The Clerk. Mr. Tonko votes aye.

Ms. Clarke?

Ms. Clarke. Aye.

The Clerk. Ms. Clarke votes aye.

Mr. Loeb sack?

Mr. Loeb sack. Aye.

The Clerk. Mr. Loeb sack votes aye.

Mr. Schrader?

Mr. Schrader. Aye.

The Clerk. Mr. Schrader votes aye.

Mr. Kennedy?

Mr. Kennedy. Aye.

The Clerk. Mr. Kennedy votes aye.

Mr. Cardenas?

Mr. Cardenas. Aye.

The Clerk. Mr. Cardenas votes aye.

Mr. Ruiz?

Mr. Ruiz. Aye.

The Clerk. Mr. Ruiz votes aye.

Mr. Peters?

Mr. Peters. Aye.

The Clerk. Mr. Peters votes aye.

Mrs. Dingell?

Mrs. Dingell. Aye.

The Clerk. Mrs. Dingell votes aye.

Chairman Walden?

The Chairman. No.

The Clerk. Chairman Walden votes no.

Mrs. Blackburn?

Mrs. Blackburn. No.

The Clerk. Mrs. Blackburn votes no.

Mrs. McMorris Rodgers?

Mrs. McMorris Rodgers. How am I recorded?

The Clerk. No.

Mrs. McMorris Rodgers. Aye.

The Clerk. Mrs. McMorris Rodgers votes aye.

Mr. Hudson?

Mr. Hudson. No.

The Clerk. Mr. Hudson votes no.

Mr. Bucshon?

Mr. Bucshon. How am I reported?

The Clerk. No.

Mr. Bucshon. Change my vote.

The Clerk. Mr. Bucshon votes aye.

Mr. Carter, you are not recorded.

Mr. Carter. No.

The Clerk. Mr. Carter votes no.

Mr. Welch?

Mr. Welch. Aye.

The Clerk. Mr. Welch votes aye.

Mr. Chairman --

The Chairman. Yes.

The Clerk. -- on that vote --

The Chairman. Please report the result.

The Clerk. -- on that vote, the yeas were 25 and the nays were 26.

The Chairman. The yeas are 25. The nays are 26. The amendment is not adopted.

Are there any other amendments? Seeing none, I am told there are no other amendments on either side.

The question now occurs on favorably reporting H.R. 3922, as amended, to the House.

All those in favor will vote aye.

Those opposed, no.

And the clerk will call the roll.

The Clerk. Mr. Barton?

[No response.]

The Clerk. Mr. Upton?

Mr. Upton. Votes aye.

The Clerk. Mr. Upton votes aye.

Mr. Shimkus?

Mr. Shimkus. Aye.

The Clerk. Mr. Shimkus votes aye.

Mr. Murphy?

[No response.]

The Clerk. Mr. Burgess?

Mr. Burgess. Aye.

The Clerk. Mr. Burgess votes aye.

Mrs. Blackburn?

Mrs. Blackburn. Aye.

The Clerk. Mrs. Blackburn votes aye.

Mr. Scalise?

[No response.]

The Clerk. Mr. Latta?

Mr. Latta. Aye.

The Clerk. Mr. Latta votes aye.

Mrs. McMorris Rodgers?

Mrs. McMorris Rodgers. Aye.

The Clerk. Mrs. McMorris Rodgers votes aye.

Mr. Harper?

Mr. Harper. Aye.

The Clerk. Mr. Harper votes aye.

Mr. Lance?

Mr. Lance. Aye

The Clerk. Mr. Lance votes aye.

Mr. Guthrie?

Mr. Guthrie. Aye.

The Clerk. Mr. Guthrie votes aye.

Mr. Olson?

Mr. Olson. Aye.

The Clerk. Mr. Olson votes aye.

Mr. McKinley?

Mr. McKinley. Aye.

The Clerk. Mr. McKinley votes aye.

Mr. Kinzinger?

Mr. Kinzinger. Aye.

The Clerk. Mr. Kinzinger votes aye.

Mr. Griffith?

Mr. Griffith. Aye.

The Clerk. Mr. Griffith votes aye.

Mr. Bilirakis?

Mr. Bilirakis. Aye.

The Clerk. Mr. Bilirakis votes aye.

Mr. Johnson?

Mr. Johnson. Aye.

The Clerk. Mr. Johnson votes aye.

Mr. Long?

[No response.]

The Clerk. Mr. Bucshon?

Mr. Bucshon. Aye.

The Clerk. Mr. Bucshon votes aye.

Mr. Flores?

Mr. Flores. Aye.

The Clerk. Mr. Flores votes aye.

Mrs. Brooks?

Mrs. Brooks. Aye.

The Clerk. Mrs. Brooks votes aye.

Mr. Mullin?

Mr. Mullin. Aye.

The Clerk. Mr. Mullin votes aye.

Mr. Hudson?

Mr. Hudson. Aye.

The Clerk. Mr. Hudson votes aye.

Mr. Collins?

Mr. Collins. Aye.

The Clerk. Mr. Collins votes aye.

Mr. Cramer?

Mr. Cramer. Aye.

The Clerk. Mr. Cramer votes aye.

Mr. Walberg?

Mr. Walberg. Aye.

The Clerk. Mr. Walberg votes aye.

Mrs. Walters?

Mrs. Walters. Aye.

The Clerk. Mrs. Walters votes aye.

Mr. Costello?

The Clerk. Mr. Carter?

Mr. Carter. Aye.

The Clerk. Mr. Costello?

The Chairman. Mr. Costello, are you recorded?

Mr. Costello. Aye.

The Clerk. Mr. Costello votes aye.

Mr. Pallone?

Mr. Pallone. No.

The Clerk. Mr. Pallone votes no.

Mr. Rush?

Mr. Rush. No.

The Clerk. Mr. Rush votes no.

Ms. Eshoo?

Ms. Eshoo. No.

The Chairman. I think the clerk --

Ms. Eshoo. No.

The Clerk. Ms. Eshoo votes no.

The Chairman. If you can speak up when you vote and above the ambient noise.

The Clerk. Mr. Engel?

Mr. Engel. No.

The Clerk. Mr. Engel votes no.

Mr. Green?

Mr. Green. No.

The Clerk. Mr. Green votes no.

Ms. DeGette?

Ms. DeGette. No.

The Clerk. Ms. DeGette votes no.

Mr. Doyle?

[No response.]

The Clerk. Ms. Schakowsky?

Ms. Schakowsky. No.

The Clerk. Ms. Schakowsky votes no.

Mr. Butterfield?

Mr. Butterfield. No.

The Clerk. Mr. Butterfield votes no.

Ms. Matsui?

Ms. Matsui. No.

The Clerk. Ms. Matsui votes no.

Ms. Castor?

Ms. Castor. No.

The Clerk. Ms. Castor votes no.

Mr. Sarbanes?

Mr. Sarbanes. No.

The Clerk. Mr. Sarbanes votes no.

Mr. McNerney?

Mr. McNerney. No.

The Clerk. Mr. McNerney votes no.

Mr. Welch?

Mr. Welch. No.

The Clerk. Mr. Welch votes no.

Mr. Lujan?

Mr. Lujan. No.

The Clerk. Mr. Lujan votes no.

Mr. Tonko?

Mr. Tonko. No.

The Clerk. Mr. Tonko votes no.

Ms. Clarke?

Ms. Clarke. No.

The Clerk. Ms. Clarke votes no.

Mr. Loeb sack?

Mr. Loeb sack. No.

The Clerk. Mr. Loeb sack votes no.

Mr. Schrader?

Mr. Schrader. No.

The Clerk. Mr. Schrader votes no.

Mr. Kennedy?

Mr. Kennedy. No.

The Clerk. Mr. Kennedy votes no.

Mr. Cardenas?

Mr. Cardenas. No.

The Clerk. Mr. Cardenas votes no.

Mr. Ruiz?

Mr. Ruiz. No.

The Clerk. Mr. Ruiz votes no.

Mr. Peters?

Mr. Peters. No.

The Clerk. Mr. Peters votes no.

Mrs. Dingell?

Mrs. Dingell. No.

The Clerk. Mrs. Dingell votes no.

Chairman Walden?

The Chairman. No -- yes.

The Clerk. Chairman Walden votes aye.

Mr. Barton. Is that the final vote? I vote yes.

The Clerk. Mr. Barton votes aye.

The Chairman. Tally?

The Clerk. On that vote, Mr. Chairman, the ayes were 28 and the nays were 23.

The Chairman. Ayes are 28, the nays are 23, and the bill is passed, as amended, and sent to the House.

Just for the committee's purposes, we are not going to take up the other piece of legislation that was on the list today. The Ways and Means Committee has already handled that. So we are done.

Without objection, staff is authorized make technical and conforming changes to the legislation considered by the committee

today. So ordered, without objection.

Mr. Burgess. Mr. Chairman. Mr. Chairman. Mr. Chairman.
Point of personal privilege.

The Chairman. Yes, sir.

Mr. Burgess. I need to observe that this is the last markup
for my --

The Chairman. Quiet, please. One more thing

Mr. Burgess. The last markup for my health LA, Seth Gold. I have
yet lost one more staffer to the dark side over to the Senate. And
we will miss Seth. But I really needed to point out, he has been
responsible for all of the acronyms that people have been commenting.
I mean, who else would come up with Helping Insurer Access for Little
Ones, Toddlers, and Hopeful Youth by Keeping Insurance Delivery Stable,
HEALTHY KIDS Act of 2017.

Thank you, Seth.

The Chairman. Nicely done.

All right. The chair recognizes Mr. Pallone.

Mr. Pallone. Mr. Chairman, House Rule XI, clause 2(1) accords
the committee minority 2 additional calendar days to file supplemental
and dissenting views on legislation as reported out and forwarded to
the House. Pursuant to that rule and clause, I am providing such notice
of our intent to file said views. And, again, thank you, Mr. Chairman.

The Chairman. Thank you, Mr. Pallone.

Thank you to all the committee members for your participation.

Without objection, the committee stands adjourned.

[Whereupon, at 11:08 p.m., the committee was adjourned.]